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Combining Two Ancient Professions (05/13/2004)

Conservative movement renews training of physicians to become mohelim.

Stewart Ain - Staff Writer

CLASSIFIEDS

When he was 13, Harvey Marchbein of Syosset was torn between becoming a doctor or a rabbi. He decided on a medical career, but he recently found a way to combine the best of both worlds.



Marchbein has become one of 73 Conservative Jewish physicians who since 1990 have been trained as a mohel by the Conservative movement's Rabbinical Assembly and Jewish Theological Seminary.

He took the one-week, 40-hour course in November along with 18 other physicians from five countries: the U.S., Canada, Germany, Argentina and Brazil.

The course was open to all physicians who are observant Conservative Jews, that is those who observe the Sabbath and the kosher laws, pursue ongoing Jewish studies and practice daily prayer.

"Being physicians, we already knew how to do circumcision," Marchbein said. "They taught us the halacha [Jewish law] and the michag [customs] associated with brit milah. And there was the study of Torah and Talmud."

"It was probably the most exciting week of my life," he said.

Marchbein, 53 and an obstetrician, said he was the second oldest physician taking the class and that the youngest was 30. He and Leonard Sharzer, a plastic surgeon who was ordained at the seminary last year and now does teaching and research in the area of Jewish biomedical ethics, were the only ones from the New York area.

Rabbi Sharzer said he and perhaps three or four other physicians in the class were actually serving as mohelim before they took the course.

"I had trained in 1998 with a mohel in Vancouver British Columbia," he said.

Although the seminary had offered this class in the past, Rabbi Sharzer said it had not been offered for many years. Led primarily by Rabbis Joel Roth and

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Neil Gillman, under the overall direction of Rabbi Julie Schonfeld, the seminary's director of rabbinic development. It featured input from several other professors at the seminary.

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Rabbi Schonfeld said she found the class "a very unique and transformative experience. These were people with such a great love of Judaism, and they were bringing that love together with their love of people and their skill as physicians to create a positive environment in which to fulfill a mitzvah."

Rabbi Sharzer pointed out that the need for Conservative mohelim is especially acute in other parts of the world.

"There are many areas [of the world] that not served by mohelim but that often in those areas there is a rabbi who will enlist the aid of a Jewish doctor who knows how to do circumcision to perform the brit," he said. "So people who are in situations like that want to learn the laws and rituals [of brit milah] and understand the liturgy. With a brit there are certain legal requirements that you must follow [for instance, the person who holds the baby during the procedure must be Jewish]. There are also customs that enhance the beauty of the ceremony, such as having the family sing certain melodies."

Rabbi Sharzer said he also uses the occasion to teach about certain rituals and customs.

"I believe this is such an important ritual and we want Jewish people to observe it, therefore we should do whatever we can do to make people comfortable with observing it," he said.

The Reform movement also trains physicians to perform brit milah. Dr. Dorothy Greenbaum, president of the movement's National Organization of American Mohelim and Mohalot, said the classes have been held in the New York area on only a sporadic basis but that they are held twice a year in Los Angeles.

"We have had classes for at least 20 years and over 300 physicians and four midwives have been trained," said Greenbaum, who lives in Great Neck, L.I. "They must be recommended by their own rabbi and be a member in good standing of their synagogue."

Rabbi Schonfeld said the classes "serve a critical need" for the Conservative movement. She said the reason there had been a lapse in classes was insufficient registration from qualified physicians.

"We run all programs in cycles," she said. "It was never meant to be an annual program. We hope to do it every few years to fill the need. We want to make sure there are Conservative mohalim and mohelot ... [and] the physicians provide such a crucial service."

Rabbi Schonfeld pointed out that there are Conservative cantors and rabbis who perform brit milah "as a part of their holy work."

Marchbein said his wife, Gail, had suggested several years ago that he consider training to be a mohel but that it wasn't until Rabbi Marvin Richardson suggested it to him last August that he seriously considered it.

"I thought about and realized that I was probably always meant to do this," he said. "This is something I can do and it's a wonderful blending of my medical capabilities and my religious observance. It's an experience the likes of which I cannot describe."

Marchbein noted that he was brought up Orthodox and has been observant all his life. He said he "gravitated to traditional Conservative Judaism" over the years, but that the prayer service he recites at a brit milah is no different than



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that recited by an Orthodox mohel.

Asked about mohelim who contend that anesthesia does not work for a brit milah, Marchbein said the American Academy of Pediatrics requires that physicians use it.

"Two of the people in my class wrote articles about the use of anesthetic in circumcisions, and there is a plethora of material supporting the use of injectable local anesthetic for use with circumcision," he said. "No physician believes that the baby needs to cry. If the grandparents and parents want to cry for joy, let them. But nobody says the baby has to cry."

"It hurts the baby," Marchbein said of the circumcision. "The baby has pain fibers. It is preferable to get pain relief."

He emphasized that Jewish law does not forbid the use of anesthesia.

"Who in their right mind would want a baby to cry and be uncomfortable if he didn't have to be?" Marchbein asked.

He said some non-physician mohelim use an anesthetic cream but that those in the class said they had found that although the cream was a "good start, it is not sufficient." He said non-physician mohelim are not permitted to use an injectable anesthetic.

Marchbein said that an hour before the brit, he asks the parents to give the baby Tylenol and that he uses a cream to anesthetize the skin before injecting a local anesthetic. The baby can also be given gauze with granulated ground sugar that is dipped in apple juice or grape juice.

"It is something similar to a sucrose solution that causes the production of endorphins, which reduce pain perception," he said. "You can do that if the baby is irritable."

In fact, he said he has even had occasion to perform a brit where the baby was so comfortable that he slept through the entire procedure and only cried "when I lifted him afterwards and woke him up."

Because he is now a mohel, he is permitted to perform a circumcision only on non-Jewish babies. If a Jewish mother wants her son to be circumcised but does not want a brit, he said he asks one of his partners to do it.

"I don't want someone to misconstrue and believe that what I did was a brit," he explained.


Asked how he is able to juggle his work as a mohel and his obstetrical practice, Marchbein said he has been able to work around his office hours and that he has "understanding partners who will cover for me at certain times [to allow me] to perform a brit." n

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