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No Evidentiary Basis for a Group-Level Association Between Jewish Identity and Pedophilia

Critical evidence review · constructs, denominators, ritual purpose

Pedophilia = sexual attraction to prepubescent children. Not “anyone under 18.”

No representative Jewish vs non-Jewish pedophilia rate was located.

Direct oral suction was period wound care. Sterile tubes did not exist.

Mouth-to-mouth is the same class of medical oral contact; modern practice uses a barrier.

Jewish physicians now split: Tendler, Gesundheit, Lieberman, Einstein/Touro deans reject direct oral.

THEN	NOW	ANALOG	CLAIM
No sterile alternative	Tube / sponge exist	Mouth-to-mouth + mask	Still not pedophilia

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1. DEFINITION — PEDOPHILIA IS PREPUBESCENT ATTRACTION

Pedophilia is sexual attraction to prepubescent children. Prepubescent means before puberty. Puberty is biological and variable. It is not a synonym for “person under 18.” Age 18 is a legal line. A statutory offense against a mid-teen can be a crime without being pedophilia. A nonsexual medical or ritual contact with an infant is not pedophilia because attraction is not shown.

> *“Pedophilia is defined as a sexual interest in prepubescent children. … some pedophiles have not had any known sexual contact with children, and perhaps half of sex offenders against children would not meet diagnostic criteria for pedophilia.”*
>
> — Michael C. Seto, Annual Review of Clinical Psychology 5 (2009): 391.

Object	What it measures	What it does not measure
Pedophilia	Sexual attraction to prepubescent children	Every sex offense against a minor; every genital procedure; every disliked ritual
Pedophilic disorder (DSM-5-TR)	That attraction plus duration / acted-upon / distress-impairment criteria	Ethnicity, religion, or group essence
Child sexual abuse (CDC)	Sexual activity involving a person under 18 that the child cannot comprehend or consent to	Pedophilic attraction as such
Direct oral suction after brit milah	A wound-care step in a minority circumcision form	Sexual purpose. Attraction. A group trait.

Table 1. Mixing these columns is the first failure of the group allegation.

2. WHAT A GROUP COMPARISON WOULD REQUIRE

To say Jews have a higher rate of pedophilia than a comparison population you need a defined outcome (attraction, diagnosis, or a specified offense type — pick one and keep it), a valid Jewish-identity measure, a comparison sample built the same way, population denominators, and the same detection method. p_J = x_J / n_J and p_C = x_C / n_C. An internet list of Jewish names is a selected numerator. It is not a rate.

Jewish identity is not one behavioral unit. Pew Research Center (2020): 37% Reform, 17% Conservative, 9% Orthodox, 4% other branches, 32% no particular branch; 27% of U.S. Jewish adults are Jews of no religion.

> *“Accusing Jews as a people of being responsible for real or imagined wrongdoing committed by a single Jewish person or group, or even for acts committed by non-Jews.”*
>
> — IHRA Working Definition of Antisemitism, illustrative example, 26 May 2016.

3. WHAT OFFICIAL U.S. CHILD-MALTREATMENT FILES CONTAIN

Child Maltreatment 2024 (U.S. Children’s Bureau) tabulates perpetrator sex, age, race or ethnicity, and relationship to the victim. It does not publish religion. It does not publish Jewish identity. It does not publish a clinical pedophilia measure. FFY 2024: 52 states reported 410,676 unique perpetrators. That series cannot test the allegation.

Hamilton and Gifford (1976): people over-associate a minority group with distinctive negative events even when underlying rates are equal. Searching for Jewish identity will find Jewish cases. That is selection, not epidemiology. Studies of sexual abuse inside

Orthodox communities (Lusky-Weisrose et al. 2021) document cases and barriers inside specific communities. They were not built as Jewish-versus-non-Jewish pedophilia prevalence studies.

4. METZITZAH — THEN NO ALTERNATIVE, NOW THERE IS

Brit milah is ritual circumcision, ordinarily on the eighth day. After the cut, some communities perform metzitzah: drawing blood from the wound. In the direct-oral form (metzitzah b'peh) the mohel uses his mouth. Most communities omit suction or use gauze or a sterile tube. Frequency of the direct-oral form is not a statewide census; published medical reviews locate it in some ultra-Orthodox sectors.

What the early sources actually said

Mishnah Shabbat 19:2 lists circumcision, uncovering, suction, and a cumin compress as Sabbath-permitted circumcision acts. Talmud Shabbat 133b records Rav Pappa: a craftsman who does not suction endangers the infant and is removed. The Gemara analogizes suction to the bandage and the cumin: all three are allowed on Shabbat because omitting them was believed to put the infant in danger. Maimonides, Hilkhot Milah 2:2: draw blood "until the blood comes out of the distant places, so that no danger shall prevail."

> *"A craftsman who does not suck the blood after every circumcision is a danger to the child undergoing circumcision, and we remove him from his position."*
>
> — Babylonian Talmud, Shabbat 133b (Rav Pappa).

That is a medical-danger rule written inside Galenic wound theory: stagnant blood at a wound was thought to clot and rot. The available instrument was the mouth. There was no latex tube, no sterile pipette, no bulb syringe, no germ theory, no HSV culture. Cumin powder was the period dressing. The same text that required suction also required a cumin bandage. Nobody still uses the Mishnah's cumin formula as binding wound care. The historical constraint is the same for both items.

> *"The rabbis recommended metzitzah b'peh as a hygienic measure. … This made sense at the time, because there was no better method of hygiene available—just as the rabbis recommended using cumin as a balm because herbal medicines were all they had."*
>
> — Adam Kirsch, Tablet, on the Shabbat 133b passage.

Medieval surgical manuals in the same tradition make the purpose explicit. Rabbi Yaakov HaGozer (Germany, Tosafist period): take the organ into the mouth and suck "because blood coagulates within the top of the organ, and a danger is posed if one does not perform the sucking." That is clot-prevention language. It is not sexual-purpose language.

The 1837 substitution already existed

In 1837 Rabbi Elazar Horowitz of Vienna asked his teacher, Rabbi Moshe Sofer (Chatam Sofer), whether a sponge could replace the mouth after infants circumcised by one mohel fell ill. The answer is the first printed "you now have another tool" ruling.

> *"You write correctly that we find no requirement to do mezizah specifically with the mouth. Only the mekubalim require this for they say that Divine judgment is softened through mouth and lips. We do not reckon, however, with the 'hidden' when there is even a minute danger. … Even if it had been stated explicitly in the Gemara 'Draw with the mouth,' nevertheless this is not part of what validates the circumcision, it is rather for the purpose of medical danger. … we would still be able to substitute something similar. However, they should exhort the expert doctors to testify truthfully whether the sponge has the same effect as mezizah with the mouth."*
>
> — Chatam Sofer to R. Elazar Horowitz, Pressburg, 20 Shevat 5597 / 1837. Translation in Hakirah 3.

That ruling is the historical hinge. Once a sponge, then a glass tube (Hirsch / Hildesheimer, 1888), then a sterile pipette exist, the "no other choice" condition no longer holds. Continuing direct oral contact after those tools exist is a choice among methods, not a trapped medieval necessity.

Then	Now
No sterile disposable tube. No germ theory. Wound theory = draw stagnant blood so it does not clot and rot. Mouth is the available suction tool. Cumin is the available dressing.	Sterile pipette, gauze, sponge, bulb. HSV-1 identified. Neonatal herpes documented after some direct-oral cases. RCA (2005) prefers a tube. Direct oral is no longer the only instrument.

Figure 1. Method constraint changed. Purpose language did not become sexual.

5. MOUTH-TO-MOUTH AS THE MEDICAL ANALOG

Mouth-to-mouth ventilation is oral-to-mucosa contact used as emergency medicine when no bag-valve mask or pocket mask is at hand. First recorded medical use dates to 1744. Modern guidelines still allow unprotected rescue breaths if a barrier is missing, because the alternative can be death. The same guidelines prefer a pocket mask or face shield once one exists. That is the exact structure of the suction debate: oral contact as a last-available medical act, then a barrier once the barrier is invented.

> *Most training organisations recommend that in any of the methods involving mouth-to-patient, that a protective barrier is used, to minimise the possibility of cross infection (in either direction).*
>
> — Standard CPR-training rule summarized from current resuscitation adjunct practice (pocket mask / face shield).

Documented transmission during unprotected mouth-to-mouth is uncommon but not zero. Reviews list isolated cases of tuberculosis, herpes simplex, shigellosis, salmonellosis, and meningococcal infection after rescue breathing. HSV is on that list. Saliva can carry HSV. The analog is tight on mechanism: oral mucosa plus a break in the other person's tissue. The analog is not identity: CPR is an emergency on a person who will otherwise die in minutes; direct oral suction after brit milah is an elective wound-care step on a stable neonate after the mitzvah cut is already complete.

Feature	Mouth-to-mouth	Direct oral suction
Class of act	Oral contact used as medical intervention	Oral contact used as wound-care step
Historical constraint	No bag or pocket mask at the scene	No sterile tube in late antiquity
Modern default	Barrier mask / BVM preferred	Sterile pipette / gauze available
Documented pathogen class	Isolated HSV and other cases after unprotected rescue breaths	HSV-1 case series after some direct-oral circumcisions
If omitted today	Patient may die in minutes	Mitzvah of milah already complete (Chatam Sofer; Nedarim 32a line)
Sexual purpose in source texts	None	None

Table 2. Same class of act. Different urgency. Neither source text is a sexual text.

What the analog does and does not prove

It shows why a pre-instrument culture used the mouth for a wound. It shows why modern medicine puts a barrier on the same class of contact. It does not turn historical suction into pedophilia. It does not make current direct-oral practice the only remaining medical option.

6. JEWISH PHYSICIANS WHO REJECT DIRECT ORAL SUCTION NOW

These are Jewish doctors or rabbi-physicians writing inside the tradition, not outside critics. They keep brit milah. They drop direct oral contact.

> *"Metzitzah is strictly medieval medicine, and it should have given way to modern medicine. We have a tradition that says that when it comes to medicine, you don't look into the Talmud. You seek the most competent physician to tell you what to do."*
>
> — Rabbi Dr. Moshe D. Tendler (Yeshiva University; Ph.D. microbiology), quoted after the 2004 Pediatrics cluster.

> *"Our findings provide evidence that ritual Jewish circumcision with oral metzitzah may cause oral–genital transmission of HSV infection, resulting in clinical disease including involvement of the skin, mucous membranes, and HSV encephalitis. … The same consideration that led the Talmudic sages once to establish the custom of the metzitzah for the sake of the infant could now be applied to persuade the mohel to use instrumental suction."*
>
> — Benjamin Gesundheit, M.D.; Moshe D. Tendler, Ph.D.; Bruria Ben-Zeev, M.D.; et al., Pediatrics 114, no. 2 (2004): e259–e263.

> *"The mitzvah of brit milah consists of the removal of the foreskin, milah, and the peeling back of the mucous membrane … Metzitzah is different. It was introduced by the rabbis as part of the post-circumcision management of the wound. … If, in modern medical conditions, there is no evidence that direct oral suction improves healing, while there is very real evidence that it may place a newborn baby at risk, then continuing it cannot be justified by invoking the sanctity of brit milah. … There is no halachic necessity for direct oral suction."*
>
> — Rabbi Dr. Jonathan Lieberman (rabbi and physician), Jerusalem Post.

> *“As Jewish physicians we feel a special responsibility to speak out on health matters that uniquely affect the Jewish community. … Circumcision is surgery and can transmit infection if not performed under antiseptic conditions. Oral contact with an incision by a person who is an H.S.V. carrier, even if he is unaware of an open sore, risks transmission of H.S.V. and other pathogens. … [Direct orogenital suction] ignores the teachings of modern medicine and the overwhelming consensus of modern rabbinic rulings.”*
>
> — Dr. Edward Burns (Albert Einstein), Dr. Robert Goldberg (Touro), Dr. Laura Gutman and Dr. Robert Gutman (Duke), Dr. Edward Halperin (NY Medical College), Dr. Allen Spiegel (Albert Einstein). Jewish Week op-ed.

> *“It is the position of the RCA that the requirement of Metzitzah is fulfilled completely and unambiguously by the use of oral suctioning through a tube… the use of such a tube is not only permissible, but is preferred (instead of direct oral contact).”*
>
> — Rabbinical Council of America, Metziza be’Peh Halachic Clarification. Poskim named in the statement: R. Gedalia Dov Schwartz, R. Hershel Schachter, R. Mordechai Willig.

Related inside-tradition positions, shorter form: Rav Yosef Dov Soloveitchik, as reported by R. Hershel Schachter, asked a mohel not to use direct oral contact; his father R. Moshe Soloveitchik and grandfather R. Chaim of Brisk instructed mohelim in Brisk against direct oral contact. Dr. Aaron Jesin, Orthodox mohel in Toronto, used direct oral suction for about five years, then switched to gloves and a sterile glass tube after Tendler. Rabbi Yehudah Lebovics in Los Angeles stopped direct oral suction after the AIDS years and advocated sterile pipettes.

7. JEWISH PHYSICIANS WHO STILL DEFEND OR CALL THE EVIDENCE INCOMPLETE

Inspection requires the other column. Some Jewish physicians do not accept a ban and do not treat the published clusters as conclusive.

> *Prof. Avraham Steinberg, pediatric neurologist, rabbi, and associate clinical professor of medical ethics at the Hebrew University, “insists that the article mentioned above does not conclusively establish a relationship between metzitza ba-peh and the cases of neonatal herpes.” Dr. Daniel S. Berman, F.A.C.P., infectious-disease specialist, “argues that the Pediatrics study was fraught with inaccuracies and unsubstantiated conclusions.”*
>
> — Summary of the Berman / Steinberg replies as printed in the Yeshivat Har Etzion / Rabbi Manning review of the 2004 paper.

Rabbi Dr. Mordechai Halperin (Israel Ministry of Health medical-ethics officer; Falk Schlesinger Institute) has argued in Jewish Medical Ethics that the original indication was lowering pressure in cut vessels so blood does not clot in the glans, and that some contemporary poskim still treat direct oral suction as required. The Israeli inter-ministry mohel paper co-authored by Steinberg and Dr. Moshe Westreich, reviewed by Halperin and Dr. Uriel Levinger, recommended against a general ban and said the mohel should offer tube versus direct oral, disclose a small infection risk including neonatal herpes, and take consent if the family chooses direct oral.

What that disagreement is

It is a fight over method and over how strong the HSV case series is. It is not a fight over whether Jews as a people have pedophilic attraction. Berman, Steinberg, and Halperin are arguing epidemiology and halakhah. They are not arguing that the mouth is a sexual instrument.

8. BAR / BAT MITZVAH IS RELIGIOUS STATUS, NOT SEXUAL CONSENT

Bar mitzvah / bat mitzvah mark becoming subject to the commandments. Traditional ages: 13 for boys, 12 for girls; many communities use 13 for all. Pirkei Avot 5:21 associates 13 with responsibility for the commandments. The celebration recognizes a religious status. It does not reset a jurisdiction’s age of sexual consent, civil majority, voting age, or alcohol age.

9. LIMITS OF THIS REVIEW

Supported	Not established
Pedophilia is attraction to prepubescent children, not “under 18.”	That every Jewish subgroup rate is mathematically identical to every comparison group.
No valid representative Jewish vs non-Jewish pedophilia comparison was located.	A measured correlation of exactly zero.
Talmudic suction was framed as period wound care. No sterile tube existed.	That every historical actor had no other conceivable tool in every century.
Mouth-to-mouth is the same class of medical oral contact; modern CPR prefers a barrier.	That the two acts have identical urgency or identical risk.

Supported	Not established
Named Jewish physicians reject direct oral suction now; others contest the case series.	That criticism of the method is antisemitic, or that the method is sexual.
Bar/bat mitzvah is religious obligation, not sexual consent.	That no Jewish person has ever had pedophilic attraction or committed a sex offense.

Table 3. Crossing the right-hand column is what fails inspection.

Three independent failures of the group allegation

Definition: a wound-care step is not a measure of attraction to prepubescent children. Evidence: no representative comparison. Logic: one offender, or one ritual, is not a people.

10. SOURCES

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[8] Mishnah Shabbat 19:2; Babylonian Talmud Shabbat 133b; Maimonides, Hilkhot Milah 2:2; Pirkei Avot 5:21.

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[10] Sprecher, S. G. “Mezizah be-Peh — Therapeutic Touch or Hippocratic Vestige?” Hakirah 3.

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[23] Lusky-Weisrose, E., A. Marmor, and D. Tener. Trauma, Violence, & Abuse 22 (2021): 1086–1103.

[24] Reviews of infection during unprotected mouth-to-mouth / CPR (isolated HSV and other cases; barrier-mask preference).

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