

## MIQDASH BETHEL COVENANT INSTITUTION

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### COVENANT RESEARCH STUDY

# BRIT MILAH:

## THE COVENANT OF CIRCUMCISION

### בְּרִית מִילָה

*Science, Covenant, and the Controversy: What the Torah Commanded, What Medicine Confirmed,  
What No Tradition Has the Authority to Reverse*

*Four thousand years ago, Yahweh commanded a precise act, at a precise time, on a precise day.  
Twenty centuries later, blood science caught up. Today, three of the world's largest religious  
traditions still argue about what it means — while 230 million women have been mutilated  
in a practice no scripture ever commanded. This study puts every controversy before the  
Tanakh and the peer-reviewed record. The Tanakh answers both.*

**Elder Kepha Arcemont | Miqdash Bethel Covenant Institution**

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## A WORD FROM THE PRACTITIONER

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**Most personally:** Elder Arcemont circumcised his own sons — **Noah** and **Nekoda** — on the eighth day of their lives. This is not a citation. This is Bereishit (Genesis) 17:23 lived out — Avraham circumcising his household 'that very day,' as **Yahweh** commanded. A father who has performed the covenant sign on his own sons on the eighth day does not need to be persuaded of the command's authority, its precision, or its weight. He has fulfilled it in his own flesh and in the flesh of those entrusted to him by **Yahweh**. Every word in this study stands behind that act.

**This research study is not written from a distance.** The author, Elder Kepha Arcemont, served for approximately 21 years as an ordained Elder and Judge within the House of Yahweh covenant community in Abilene and Clyde, Texas — a Torah-observant community that maintained the covenant of circumcision as a living practice throughout his tenure. Before his departure in 2008 and the founding of Miqdash Bethel, Elder Arcemont performed over **150 circumcisions** within the covenant community — both infant *brit milah* on the eighth day and adult circumcisions of men entering the covenant.

Every claim in this study about the eighth-day precision, the vulnerability of the newborn's blood in the first days of life, and the optimal healing conditions of the covenant timing has been personally witnessed.

Elder Arcemont has held a newborn on the eighth day, observed the healing difference in infants circumcised at the Tanakh-commanded time versus those circumcised off-schedule, and stood as covenant witness to the mark being placed in the flesh exactly as **Yahweh** specified in Bereishit (Genesis) 17:12.

The science documented in Part Two of this study — the prothrombin peak, the Vitamin K levels, the hemorrhagic risk nadir at days 3–5 — is not abstract data to this author. It is the biological reality behind what he has performed with his own hands more than 150 times over two decades of covenant service. When Dr. Armand Quick wrote that 'it is not a coincidence that the religion of Moses sets its ceremony for circumcision on the eighth day,' he was confirming what covenant practitioners had known and practiced for four millennia. Elder Arcemont's own experience confirms what the science documents: the eighth-day infant heals with a precision that is unmistakable to anyone who has performed the procedure repeatedly and observed the recovery.

**This study speaks from that place:** not from a library alone, but from the covenant floor. The Tanakh commanded it. The science confirmed it. The hands-on practice demonstrated it across 150 individual covenant acts spanning infants and adult men. What follows is the full record — for skeptics, for scholars, for the three religious traditions that claim the covenant of Avraham, and for every community that has confused a covenant act of healing with cultural atrocity.

— *Elder Kepha Arcemont, Founder and Elder, Miqdash Bethel Covenant Institution*  
*Pearl River, Louisiana | June 2026*

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## AUTHORITY & EVIDENTIARY STANDARD

**Primary Authority:** The Tanakh — Written Torah only. Nothing supersedes it.

**Evidentiary Standard:** Devarim (Deuteronomy) 19:15 — Two or Three Witnesses

**Audience:** Judaism | Christianity | Islam — Three-Religion Simultaneous Reach

**Research Standard:** All scientific claims are drawn from peer-reviewed journals, WHO/CDC/UNICEF primary reports, and Named institutional sources. Wikipedia is used for orientation only and never as sole authority.

## DOCTRINAL AUTHORITY — STANDING RULE

This document cites medical researchers, scholars, and institutional reports. Their findings are used as corroborating evidence — what science has observed about what Yahweh commanded. No scientific consensus supersedes the Written Torah. If science and Torah appear to conflict, the Torah governs; but in this study, they do not conflict. They converge. The Talmud, Church councils, and hadith are historical references only — never binding authority.

## HOW TO READ THIS DOCUMENT — TANAKH BOOK NAMES

All Tanakh books are cited by Hebrew name first, followed by the English name in parentheses. The divine name **Yahweh** (יהוה) and the title **Elohim** (אלהים) are always used. Never 'God' or 'LORD.'

## PART ONE

*The Covenant Foundation: What Yahweh Actually Commanded*

### I. THE PRIMARY COVENANT TEXT — BEREISHIT (GENESIS) 17

**The covenant of circumcision was not instituted at Sinai — it is four centuries older.** Yahweh established it with Avraham at age 99, in direct speech, with exact legal provisions:

*Bereishit (Genesis) 17:10-14 — Yahweh further said to Avraham, 'As for you, you and your offspring to come throughout the ages shall keep My covenant. Such shall be the covenant between Me and you and your offspring to follow which you shall keep: every male among you shall be circumcised. You shall circumcise the flesh of your foreskin, and that shall be the sign of the covenant between Me and you. And throughout the generations, every male among you shall be circumcised at the age of eight days. As for the homeborn slave and the one bought from an outsider who is not of your offspring, they must be circumcised, homeborn, and purchased alike. Thus shall My covenant be marked in your flesh as an everlasting pact. And if any male who is uncircumcised fails to circumcise the flesh of his foreskin, that person shall be cut off from his kin; he has broken My covenant.' [JPS 1985]*

**Seven immovable covenant provisions are embedded in this text:**

- **Who:** Every male of the covenant household — biological and acquired.
- **What:** Circumcision of the foreskin — *mool et basar orlah*.
- **Sign:** The act itself is the *ot* — the sign — of the covenant.
- **When:** The eighth day — *yom ha-shemini*. Precise. Non-negotiable.
- **Scope:** Universal within the covenant household. Not ethnic. Not biological-only.
- **Permanence:** *Brit olam* — everlasting covenant. No termination clause.
- **Penalty:** *Karet* — cut off from the people. The highest non-capital Torah penalty.

**Vayikra (Leviticus) 12:3 — *On the eighth day the flesh of his foreskin shall be circumcised.***

Vayikra (Leviticus) 12:3 is the independent second witness on the eighth day command — fulfilling the Devarim (Deuteronomy) 19:15 evidentiary standard. The timing is not advisory. It is precisely commanded in two independent Tanakh texts.

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## PART TWO

*The Science: What Medicine Discovered 4,000 Years After the Command*

### II. WHY THE EIGHTH DAY — THE HEMATOLOGICAL CONFIRMATION

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**This is the question skeptics ask most frequently: why the eighth day?** The Torah does not explain why. It simply commands. But in the 20th century, blood science answered the question that the Torah left implicit — and the answer is the most precise corroboration of divine foreknowledge in medical literature.

#### A. THE PROTHROMBIN DISCOVERY — DR. ARMAND JAMES QUICK, 1939

**Dr. Armand James Quick** (1894–1978), head of the Department of Biochemistry at Marquette University in Wisconsin, was one of the foremost blood researchers of the 20th century. His pioneering work on blood-clotting time and prothrombin measurement — known as Quick's Tests I, II, and III — became foundational to hematology. In his published research, Quick documented something that stopped the medical world:

#### DR. ARMAND QUICK — QUOTED FINDING

*"It appears that an eight-day-old baby has more available prothrombin than on any other day in his entire life."*

Quick further noted: *"It is not a coincidence that the religion of Moses sets its ceremony for circumcision on the eighth day."*

— *Armand James Quick, Biochemistry Department, Marquette University; cited in S.I. McMillen, None of These Diseases; and in peer-reviewed hematological literature.*

**Prothrombin** (Factor II) is the primary blood-clotting protein produced by the liver and activated by Vitamin K. Without adequate prothrombin, even minor cuts become dangerous hemorrhagic events. Quick's research found that:

- **Days 1–3 of life:** Prothrombin levels drop significantly after birth. The newborn's coagulation system is immature and highly vulnerable to bleeding.

- **Days 3–5 of life:** Prothrombin levels reach a dangerous nadir — the lowest point. This is the period medical literature calls the peak risk window for hemorrhagic disease of the newborn (HDN).
- **Day 8 of life:** Prothrombin levels and Vitamin K-dependent clotting factors reach their highest point — both in absolute terms and relative to adult levels. It is the optimal window for any cutting procedure on a newborn male.
- **After day 8:** Levels begin to normalize and eventually stabilize at adult baseline — but never again reach the day-8 peak in the same way.

## B. PEER-REVIEWED CONFIRMATION — JOURNAL OF PEDIATRIC UROLOGY, 2024

A 2024 review published in the *Journal of Pediatric Urology* (Elsevier/ScienceDirect, December 2024) confirmed the same neonatal prothrombin pattern using modern data:

### JOURNAL OF PEDIATRIC UROLOGY — 2024 FINDING

***"Newborn prothrombin (PT) levels fluctuate significantly in the first week: PT levels are high at birth, drop within 24 hours, reach a nadir at 24–72 hours, then rebound."***

— *Journal of Pediatric Urology*, December 2024 (ScienceDirect, DOI: 10.1016/j.jpurol.2024.xx).  
Study: Neonatal circumcisions and parental refusal of intramuscular vitamin K.

## C. RESEARCHGATE HEMATOLOGICAL STUDY — 2017

A dedicated peer-reviewed study titled *"Haematological Basis of 8th Day Male Child Circumcision in The Holy Bible"* (published via the Sokoto Journal of Medical Laboratory Science, 2017, also indexed on ResearchGate) stated explicitly:

### SOKOTO JOURNAL OF MEDICAL LABORATORY SCIENCE — FINDING

***"The Vitamin K and Thrombocin (which is a blood clotter) are the highest in a baby on his eighth day of life... It is of significant medical importance that male circumcision be carried out on the eighth day after birth since the level of vitamin K is highest on this day and vitamin K plays a pivotal role in regulation and control of the important clotting factors."***

— *Sokoto Journal of Medical Laboratory Science*, 2017; ResearchGate indexed. Study: *Haematological Basis of 8th Day Male Child Circumcision in The Holy Bible*.

## D. THE COVENANT STATEMENT ON THE EIGHTH DAY

**Yahweh** gave the eighth-day command to Avraham approximately 2,000 BCE. Prothrombin was not identified as a clotting factor until the early 20th century CE. Vitamin K was not discovered until 1929. The day-8 prothrombin peak was not documented until Armand Quick's research in 1939. The Torah commanded it 4,000 years before any human could measure it.

**This is not a coincidence. This is precision.** The Tanakh's standard: *Yahweh's* commands are not primitive guesses from ancient nomads. They are embedded with biological wisdom that modern science is still confirming. Obedience to the command does not require understanding the mechanism. But when the mechanism is confirmed, it becomes an additional witness to the divine origin of the command.

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## PART THREE

*The Medical Case: STIs, Cancer, and Documented Health Benefits*

### III. CIRCUMCISION AND SEXUALLY TRANSMITTED INFECTIONS — THE PEER-REVIEWED RECORD

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**The foreskin is not merely tissue. In the context of sexually transmitted infections, medical research has identified it as a biological vulnerability factor.** The inner mucosal surface of the foreskin contains a high density of Langerhans cells — the primary target cells for HIV — and provides a moist environment that extends contact time between pathogens and tissue. This is not a theological claim. It is documented in cell biology.

#### A. HIV — THREE RANDOMIZED CONTROLLED TRIALS, WHO RECOMMENDATION

FINDING	EVIDENCE	SOURCE
<b>HIV risk reduction</b>	Three independent randomized controlled trials (RCTs) — conducted in South Africa (ANRS 1265, Auvert et al., PLoS Medicine 2005), Uganda (Rakai, Gray et al., The Lancet 2007), and Kenya (Kisumu, Bailey et al., The Lancet 2007) — each demonstrated that male circumcision reduced heterosexual HIV acquisition by approximately 60%. The South Africa trial was stopped early by the data safety board because the evidence of protection was so strong it was considered unethical to continue withholding circumcision from the control group.	<i>New England Journal of Medicine; The Lancet 2007; PLoS Medicine 2005; WHO/UNAIDS 2007</i>
<b>WHO/UNAIDS recommendation</b>	In 2007, the World Health Organization and UNAIDS formally recommended voluntary	<i>WHO, 2024; UNAIDS; CDC MMWR</i>

	<p>medical male circumcision (VMMC) as part of HIV prevention programs in high-prevalence settings. As of 2024, more than 27 million VMMC procedures have been performed in 15 priority countries in Eastern and Southern Africa.</p>	
<b>Protection sustained</b>	<p>A 6-year follow-up study confirmed that the 60% HIV protection from circumcision was sustained long-term — not a short-term effect. A systematic review and meta-analysis published in the <i>Journal of the International AIDS Society</i> (2020) confirmed the RCT findings were replicated in observational studies across diverse populations.</p>	<p><i>Journal of the International AIDS Society, 2020; PubMed PMC7303540</i></p>
<b>Population-level impact</b>	<p>A community-wide VMMC scale-up in Orange Farm, South Africa (2008–2011) increased circumcision prevalence from 12% to 53% and reduced HIV prevalence from a projected ~15% to ~12% — an estimated 3% reduction at the population level within three years. The study found no increase in risky sexual behaviors among newly circumcised men.</p>	<p><i>PLoS Medicine, Auvert et al., 2013; PLOS Speaking of Medicine</i></p>

## B. HPV AND CERVICAL CANCER — A WITNESS THAT EXTENDS TO WOMEN

**The protection from circumcision is not limited to men.** A landmark multinational study by the International Agency for Research on Cancer, published in the *New England Journal of Medicine* in 2002, studied 1,913 couples across five countries in Europe, Asia, and South America:

FINDING	EVIDENCE	SOURCE
<b>HPV infection rate — uncircumcised men</b>	<p>Penile HPV was detected in 166 of 847 uncircumcised men — 19.6%. After adjustment for confounders (age at first intercourse, number of partners), uncircumcised men were significantly more likely to carry HPV (adjusted odds ratio 0.37; 95% CI 0.16–0.85).</p>	<p><i>New England Journal of Medicine, 2002; PubMed PMID 11948269</i></p>
<b>HPV infection rate — circumcised men</b>	<p>Penile HPV was detected in only 16 of 292 circumcised men — 5.5%. Circumcised men were nearly four times less likely to carry the HPV virus compared to uncircumcised men.</p>	<p><i>New England Journal of Medicine, 2002; Frontiers in Public Health, 2019</i></p>

<b>Cervical cancer risk in female partners</b>	Monogamous women whose male partners had six or more sexual partners and were circumcised had a 58% lower risk of cervical cancer than women whose partners were uncircumcised (adjusted odds ratio 0.42; 95% CI 0.23–0.79). The link between male circumcision and cervical cancer protection in female partners had been noted as early as 1901 among Jewish women.	<i>New England Journal of Medicine, 2002; Frontiers in Public Health, 2019</i>
<b>Penile cancer — almost exclusively uncircumcised</b>	A dedicated review published in Cancers (NCBI PMC3113366) concluded: 'Penile cancer is confined almost exclusively to uncircumcised men.' The lifetime risk in uncircumcised men is 1 in 600 in the USA and 1 in 900 in Denmark. Phimosis and HPV — both more prevalent in uncircumcised men — are the primary etiological factors. Penile cancer is essentially unknown in populations with universal infant circumcision.	<i>Cancers, PMC3113366; NCBI StatPearls, 2024</i>

### C. URINARY TRACT INFECTIONS (UTIS)

<b>FINDING</b>	<b>EVIDENCE</b>	<b>SOURCE</b>
<b>UTI risk — first year of life</b>	The American Urological Association (AUA, 2018) documents that the incidence of urinary tract infections is at least ten times higher in uncircumcised than circumcised boys in the first year of life. The CDC (2014) notes that circumcision reduces UTI risk in males aged 0–1 years by approximately 90%.	<i>AUA Statement on Circumcision, 2018; CDC 2014; Cigna Medical Review 2024</i>
<b>Phimosis and paraphimosis</b>	Phimosis (inability to retract the foreskin) and paraphimosis (foreskin trapped behind the glans, causing swelling and potential necrosis) occur exclusively in uncircumcised or partially circumcised males. Over 50% of all uncircumcised men will eventually develop a foreskin-related medical condition, according to StatPearls (NCBI, 2024).	<i>NCBI StatPearls, 2024; Cigna Medical Review 2024</i>
<b>Balanitis and penile cancer link</b>	Balanitis — inflammation of the foreskin and glans — affects approximately 10% of uncircumcised men and is accompanied by a 3.8-fold increase in the risk of penile cancer. Squamous cell carcinoma of the glans	<i>Cigna Medical Coverage Review, 2024; Cancers PMC3113366</i>

(erythroplasia of Queyrat) occurs almost exclusively in uncircumcised men.
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## D. THE MEDICAL EVIDENCE SUMMARY — WHAT THE DATA SHOWS

The peer-reviewed medical record, drawn from the WHO, CDC, NIH, the New England Journal of Medicine, The Lancet, and multiple RCTs, establishes the following with confidence:

- **~60% reduction in HIV acquisition** — confirmed by three independent RCTs across three countries; WHO-recommended intervention.
- **~75% reduction in penile HPV carriage** — from 19.6% to 5.5% (NEJM, 2002; Frontiers in Public Health, 2019).
- **~58% reduction in cervical cancer risk** in female partners of circumcised men with multiple prior partners (NEJM, 2002).
- **~90% reduction in UTI risk** in the first year of life (AUA, 2018; CDC, 2014).
- **Penile cancer** is confined almost exclusively to uncircumcised men.
- **Phimosis and paraphimosis** are conditions exclusive to uncircumcised males.
- **Over 50% of uncircumcised men** will eventually develop a foreskin-related medical condition (StatPearls, NCBI, 2024).

**The covenant statement:** Yahweh's command embedded every one of these protections 4,000 years before any of them were documented. The Torah did not require medicine's confirmation — but medicine has provided it abundantly.

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## PART FOUR

*Female Genital Mutilation: What the Torah Never Said and What Culture Has Done*

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## IV. FEMALE GENITAL MUTILATION — THE CRITICAL DISTINCTION

**One of the most important and urgent questions raised by the global circumcision controversy is this: if male circumcision is divinely commanded, does that justify 'female circumcision'?** The answer from the Tanakh is absolute and unambiguous: **No**. Female genital mutilation (FGM) has no basis in the Torah — or in the Quran, or in the New Testament. It is a cultural practice, originating in pre-Abrahamic sub-Saharan Africa, that has been falsely wrapped in religious justification by communities in which neither the Torah nor any Abrahamic scripture commands it.

### A. THE GLOBAL SCALE OF FEMALE GENITAL MUTILATION

FINDING	EVIDENCE	SOURCE
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<b>Women and girls affected globally</b>	As of 2024, an estimated 230 million girls and women worldwide have undergone FGM — a 15% increase (30 million more) compared to data from 2016. Africa accounts for over 144 million cases; Asia for over 80 million; the Middle East for over 6 million.	<i>UNICEF, Female Genital Mutilation: A Global Concern, March 2024</i>
<b>Countries where practiced</b>	FGM is currently documented in at least 94 countries across all continents (End FGM European Network / Equality Now report, February 2025). It is most prevalent in West, East, and Northeast Africa, but persists in diaspora communities across Europe, the Americas, and Australia.	<i>End FGM European Network, February 2025; UNFPA 2026</i>
<b>Girls at risk in 2026 alone</b>	UNFPA estimates approximately 4.5 million girls are at risk of undergoing FGM in 2026 alone. An estimated 68 million girls are at risk by 2030 if current trends are not reversed.	<i>UNFPA, 2026 estimates</i>
<b>Highest national prevalence</b>	Somalia has the highest FGM prevalence among women at 99.2%. Mali has the highest prevalence among girls aged 0–14 at 72.7%. In some countries, over 80% of the female population has undergone the procedure.	<i>PMC systematic review 2022, PMC9436112</i>
<b>Primary FGM type globally</b>	The most common type in 19 countries is Type I or II ('flesh removed' — clitoridectomy or partial/total excision of clitoris and labia minora). Type III (infibulation — narrowing of the vaginal opening by stitching) is the most severe and is associated with stillbirth, neonatal death, and severe obstetric complications.	<i>UNICEF; WHO FGM classification; PMC9436112</i>

## B. WHAT IS FGM — THE FOUR WHO TYPES

<b>FINDING</b>	<b>EVIDENCE</b>	<b>SOURCE</b>
<b>Type I — Clitoridectomy</b>	Partial or total removal of the clitoris and/or the prepuce (clitoral hood). Destroys the primary female sexual organ. No medical benefit. Eliminates or severely impairs sexual pleasure permanently.	<i>WHO FGM Classification, 1995/2007</i>
<b>Type II — Excision</b>	Partial or total removal of the clitoris and labia minora, with or without excision of the labia	<i>WHO FGM Classification</i>

	majora. More extensive tissue destruction. Complications include hemorrhage, infection, urinary retention.	
<b>Type III — Infibulation</b>	Narrowing of the vaginal opening by cutting and stitching the labia together, with or without clitoral removal. The most severe type. Creates a nearly sealed vaginal canal. Associated with severe complications in childbirth including stillbirth, neonatal death, and catastrophic obstetric hemorrhage. Must be reversed for intercourse and childbirth, often requiring re-infibulation after delivery.	<i>WHO; PMC systematic review 2022</i>
<b>Type IV — Other</b>	Pricking, piercing, incising, scraping, and cauterization of female genitalia for non-medical purposes. Includes symbolic nicking. No medical justification for any form.	<i>WHO FGM Classification; UNICEF</i>

### C. ORIGINS: PRE-ABRAHAMIC, PRE-ISLAMIC, NOT SCRIPTURAL

**FGM predates all Abrahamic religions.** Scholars trace its origins to sub-Saharan Africa, with evidence of the practice in ancient Northeast Africa — possibly as early as 800 BCE, and practiced among pre-Islamic Arab communities as a cultural practice entirely independent of any religious text. The Egyptian Dar al-Ifta — Cairo's highest Islamic legal authority — convened an international conference in 2006 and formally concluded:

#### EGYPT'S DAR AL-IFTA — OFFICIAL RULING, 2006

*"The mutilation presently practised in some parts of Egypt, Africa and elsewhere represents a deplorable custom which finds no justification in the authoritative sources of Islam, the Quran and the practice of the Prophet Muhammad."*

— Cairo Dar al-Ifta International Conference, 2006. Quoted by Egypt's former Grand Mufti Sheikh Ali Gomaa.

Additional finding: *"In any case, the Prophet did not circumcise his blessed daughters (peace be upon them)."*

**The Torah record is equally clear: Bereishit (Genesis) 17** commands the circumcision of every male. There is no parallel command, no parallel institution, and no textual basis whatsoever for applying the covenant sign to females. The Tanakh is explicit that the sign is in the male flesh — *basar* (flesh) — because the covenant sign is located at the precise anatomical site of generational seed transmission. The woman bears the covenant community. The male carries the covenant sign.

### The three-point distinction that the Tanakh establishes:

- **Male circumcision:** Commanded by Yahweh. Precise. Limited. Removes the foreskin only. The surgery is minor; the clotting protection is at peak on day 8; the sign is in the flesh permanently. Health benefits are documented extensively.
- **Female genital mutilation:** Commanded by no scripture. Destroys the primary female organ of pleasure. Causes lifelong physical harm. Associated with infection, hemorrhage, obstetric catastrophe, stillbirth, and psychological trauma. No health benefit exists. Every form of FGM is harm without purpose.
- **The error of false equivalence:** Calling FGM 'female circumcision' is a deliberate linguistic confusion designed to borrow covenant legitimacy for a practice that no covenant text authorized. The Tanakh calls FGM what it is: an act Yahweh never commanded, never implied, and that violates the bodies He created.

## D. THE TANAKH ON THE BODY — WHY FGM IS A COVENANT VIOLATION

**Bereishit (Genesis) 1:27 — *Elohim created humankind in His image; in the image of Elohim He created them; male and female He created them.***

The Tanakh establishes that both male and female are created *b'tzelem Elohim* — in the image of **Elohim**. The female body, as created, is complete. FGM destroys what **Yahweh** made. Male circumcision removes the foreskin — a specific covering that **Yahweh** designated for removal as a covenant sign. No such designation exists for any part of the female anatomy. Male circumcision is *brit Yahweh* — the covenant of Yahweh. FGM is *mar'eh adam* — the work of human tradition imposing destruction on what Yahweh created.

**Devarim (Deuteronomy) 4:2 — *You shall not add to the word which I command you, neither shall you diminish from it.***

FGM is precisely the addition the Torah prohibits — the addition of suffering to bodies Yahweh never designated for that procedure, in the name of a religious requirement Yahweh never gave.

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## PART FIVE

*The Three-Religion Analysis and the Intactivist Controversy*

## V. THE THREE-RELIGION RECORD — WHERE EACH TRADITION STANDS

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### JUDAISM — THE STANDARD CLOSEST TO THE TORAH

Judaism maintains *brit milah* on the eighth day, performed by a trained *mohel*, witnessed by the community, designated as a covenant entry for every male. This is the closest alignment with

**Bereishit (Genesis) 17** of any tradition. The Reform movement's acceptance of male converts without circumcision since 1892 is the only significant departure from the Written Torah — Bereishit 17:14 specifies *karet* for the uncircumcised male. The inner dimension — circumcision of the heart — is acknowledged alongside the physical.

## CHRISTIANITY — THE MOST SIGNIFICANT DEPARTURE

**The Council of Jerusalem (Acts 15, c. 49 CE) ruled that Gentile believers were not required to be circumcised.** Paul's letters extended this to treat circumcision as spiritually counterproductive (Galatians 5:2). Christianity has since replaced the physical covenant sign with baptism, treating *brit olam* as a temporary sign abrogated by the New Covenant. The Written Torah provides no authorization for this termination. What **Yahweh** designated as *brit olam* — an everlasting covenant — cannot be abrogated by an apostolic council or by later theological reinterpretation. The inner dimension — heart circumcision — is preserved and emphasized; but it is used incorrectly as a replacement for, rather than a complement to, the physical sign. Ethiopian Orthodox Christianity and some Coptic traditions maintain circumcision — showing that Acts 15 is not the universal Christian position.

## ISLAM — PHYSICAL PRACTICE WITHOUT FULL COVENANT ARCHITECTURE

**Islam preserves the physical practice (khitan) universally, tracing it to Ibrahim.** All four major Sunni schools and the Ja'fari Shia school affirm it — Shafi'i and Hanbali as obligatory, Hanafi and Maliki as confirmed sunnah. Muslims are currently the largest single group practicing male circumcision globally. The Quran itself does not command circumcision — the practice is grounded in Hadith. The eighth-day timing of Bereishit (Genesis) 17:12 and Vayikra (Leviticus) 12:3 is not maintained. The covenant theology — *brit olam*, the *ot*, the *karet* penalty — is not the organizing framework. Partial faithfulness: the physical act is present; the covenant architecture of the Written Torah is not.

## THE INTACTIVIST POSITION — A COVENANT RESPONSE

**The intactivist movement argues that circumcision violates bodily autonomy and constitutes harm to children who cannot consent.** This argument requires a direct response from the Written Torah:

- **On bodily autonomy:** Tehillim (Psalms) 24:1 — 'The earth and all it contains belongs to Yahweh.' The body was not created as autonomous property. Yahweh, as Creator and sovereign, has authority over the bodies He made. This is not a philosophical claim — it is the foundational declaration of the Tanakh.
- **On infant consent:** The covenant sign was given on the eighth day precisely because it is a household covenant, transmitted by parental authority under Yahweh's command — not subject to the future consent of the individual. The same logic governs naming a child, raising a child in covenant instruction, and every other parental covenant act. Requiring individual consent for a covenant sign whose purpose is to mark the child's entrance into the covenant community inverts the covenant structure entirely.

- **On harm:** The medical record shows that the health benefits of male infant circumcision — 60% HIV reduction, 90% UTI reduction, near-elimination of penile cancer and phimosis — substantially exceed the minor, transient surgical risks (complication rate under 0.5% in clinical settings). The intactivist claim of harm is not supported by the cumulative peer-reviewed evidence.
- **On the charge of mutilation:** Male circumcision removes a specific covering designated for removal by Yahweh. FGM destroys organs Yahweh never designated for removal and causes lifelong harm. To call male circumcision 'mutilation' while applying the term's weight equally to FGM is to confuse a covenant act with a cultural atrocity. They are not equivalent. The Torah, the WHO, and the medical record all confirm this.

## PART SIX

*The Covenant Verdict: Claims, Witnesses, Findings*

### VI. THE COVENANT VERDICT — DEVARIM (DEUTERONOMY) 19:15 APPLIED

CLAIM / CONTROVERSY	COVENANT & SCIENTIFIC WITNESSES	VERDICT
<i>The eighth-day timing of circumcision is an arbitrary ancient custom with no rational basis.</i>	Armand Quick (1939): prothrombin peaks day 8 — 'more available prothrombin than on any other day in his entire life.' Journal of Pediatric Urology (2024): PT nadir at 24–72 hours, then rebounds. ResearchGate hematological study (2017): 'Vitamin K and Thrombocin are highest in a baby on his eighth day of life.' Vayikra (Leviticus) 12:3 independently confirms the eighth day.	<b>REFUTED</b> — Three independent scientific witnesses plus a second Tanakh text confirm the eighth day is the optimal healing window. The command predates the scientific discovery by 4,000 years.
<i>Male circumcision provides no significant health benefit.</i>	WHO/UNAIDS (2007): ~60% HIV reduction confirmed by 3 RCTs. NEJM (2002): penile HPV reduced from 19.6% to 5.5%. AUA/CDC: ~90% UTI reduction in first year of life. Cancers journal: penile cancer confined almost exclusively to uncircumcised men. StatPearls NCBI (2024): over 50% of uncircumcised	<b>REFUTED</b> — Five independent medical sources from major institutions confirm multiple, significant, documented health benefits.

	men develop foreskin-related conditions.	
<i>Female genital mutilation is equivalent to male circumcision — both are religious practices.</i>	Bereishit (Genesis) 17: commands male circumcision only. No Tanakh text, no Quranic text, no NT text commands FGM. Egypt's Dar al-Ifta (2006): 'no justification in the authoritative sources of Islam.' UNFPA/WHO/UNICEF classify FGM as a human rights violation. FGM predates Islam by centuries — it is a pre-Abrahamic cultural practice.	<b>REFUTED</b> — No Abrahamic scripture commands FGM. Male circumcision is a covenant command with documented health benefits. FGM has no scriptural basis and causes documented lifelong harm. They are not equivalent.
<i>Circumcision should be deferred until the individual can consent.</i>	Bereishit (Genesis) 17:12: eighth day is the specific command. Devarim (Deuteronomy) 4:2: do not add to or subtract from Yahweh's command. Medical evidence: day-8 prothrombin peak makes it the optimal biological window. Covenant structure: it is a household covenant transmitted by parental authority — not a personal lifestyle choice.	<b>NOT CONFIRMED BY TORAH</b> — The Written Torah specifies the eighth day precisely. Deferring to individual adult consent removes the covenant sign from the optimal biological window and contradicts the household-covenant structure of Bereishit 17.
<i>Christianity's replacement of the physical sign with baptism is authorized.</i>	Bereishit (Genesis) 17:13: brit olam — everlasting pact, no termination clause. Shemot (Exodus) 12:48: uncircumcised excluded from Passover — sign and redemption feast linked permanently. Devarim (Deuteronomy) 4:2: do not subtract from Yahweh's command. Acts 15 and Pauline letters are post-Tanakh interpretations, not Tanakh authority.	<b>NOT CONFIRMED BY TORAH</b> — The Written Torah designates circumcision as brit olam. No Tanakh text authorizes its replacement. The Acts 15 ruling holds pastoral authority within Christianity but carries no Written Torah standing.
<i>Yahweh's circumcision command is a primitive cultural artifact, not divine instruction.</i>	Day-8 prothrombin peak (Quick, 1939; NCBI confirmed). HIV reduction 60% (3 RCTs, WHO). HPV reduction ~75% (NEJM 2002). Cervical cancer protection in female partners (NEJM 2002). UTI reduction 90% (AUA, CDC). Penile cancer — virtually absent in circumcised populations. All confirmed without knowledge of the Torah's existence.	<b>REFUTED</b> — The covenant command embeds biological wisdom that 20th-century medicine confirmed across multiple independent disciplines. Six independent categories of documented medical benefit corroborate the divine precision of the command.

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## VII. CONCLUSION — THE COVENANT ANSWER TO EVERY CONTROVERSY

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### THE CONCLUSION OF THE MATTER

**The covenant of circumcision is not a cultural preference, a primitive custom, or a negotiable tradition.** It is *brit olam* — an everlasting covenant command, inscribed in the Written Torah by **Yahweh** Himself, at a precise moment in a newborn's biological development that 20th-century medicine independently confirmed is optimal for healing. The command preceded science by 4,000 years. Science arrived as a witness.

**Male circumcision is:** (1) commanded by Yahweh in Bereishit (Genesis) 17 and confirmed in Vayikra (Leviticus) 12:3; (2) designated *brit olam* — everlasting; (3) precisely timed to the eighth day — the prothrombin peak; (4) documented to reduce HIV acquisition by ~60%, penile HPV by ~75%, UTI risk by ~90%, and to nearly eliminate penile cancer in circumcised populations; (5) universal within the covenant household, not ethnically restricted.

**Female genital mutilation is:** (1) commanded by no scripture — not the Torah, not the Quran, not the New Testament; (2) a pre-Abrahamic cultural practice originating in sub-Saharan Africa; (3) affecting over 230 million women and girls globally (UNICEF 2024); (4) associated with hemorrhage, infection, obstetric catastrophe, stillbirth, and lifelong psychological harm; (5) formally condemned by Egypt's Dar al-Ifta, the UN, WHO, UNICEF, and UNFPA as a human rights violation. It is not the female equivalent of covenant circumcision. It is a violation of what Yahweh made.

**The intactivist argument** from bodily autonomy does not override the covenant claim of Yahweh over the bodies He created. The timing He specified is medically optimal. The benefits He embedded are scientifically confirmed. The command remains what it has always been: *brit olam* — forever.

**The Tanakh's both/and standard remains:** the physical sign in the flesh (Bereishit 17) and the circumcised heart (Devarim 10:16; 30:6) are both required. The outer mark and the inner transformation belong together. What **Yahweh** wrote in the covenant He confirmed in creation itself.

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## COVENANT CLOSING CITATIONS

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**Bereishit (Genesis) 17:13**

*V'hayetah v'riti biv'sar'chem li'orit olam — 'Thus shall My covenant be marked in your flesh as an everlasting pact.' What Yabweh called everlasting, no tradition, council, or medical lobby has authority to terminate.*

**Vayikra (Leviticus) 12:3**

*On the eighth day the flesh of his foreskin shall be circumcised. — The independent second witness: the eighth day is not a preference. It is the command. It is also the prothrombin peak. The covenant and the creation agree.*

**Devarim (Deuteronomy) 10:16**

*U-maltem et orlat levav'chem — 'Circumcise the foreskin of your heart.' — The physical sign and the inner transformation are both commanded. A circumcised body with an uncircumcised heart is the very condition Yirmeyahu (Jeremiah) 9:25-26 condemns.*

**Devarim (Deuteronomy) 4:2**

*You shall not add to the word which I command you, neither shall you diminish from it. — FGM adds a procedure Yabweh never commanded. Replacing brit milah with baptism diminishes what Yabweh designated as everlasting. Both departures fall under the same prohibition.*

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Shemot (Exodus) 4:24-26 | 6:12, 30 | 12:43-49

Vayikra (Leviticus) 12:3 | 26:41-42

Devarim (Deuteronomy) 4:2 | 10:16 | 19:15 | 30:6

Yehoshua (Joshua) 5:2-9

Yirmeyahu (Jeremiah) 4:4 | 6:10 | 9:25-26

Tehillim (Psalms) 24:1

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*miqdashbethel.org | Authority: The Tanakh — The Word of Yahweh Alone | Devarim 19:15 — Two or  
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