



EMPTY CLOSET

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Out Alliance
All Ways Authentic

The Out Alliance works to be champions for LGBTQ+ life and culture. We strive to ensure that all members of the LGBTQ+ communities, at all stages of their lives, are free to be fully participating citizens, living lives in which they are safe, stable and fully respected.

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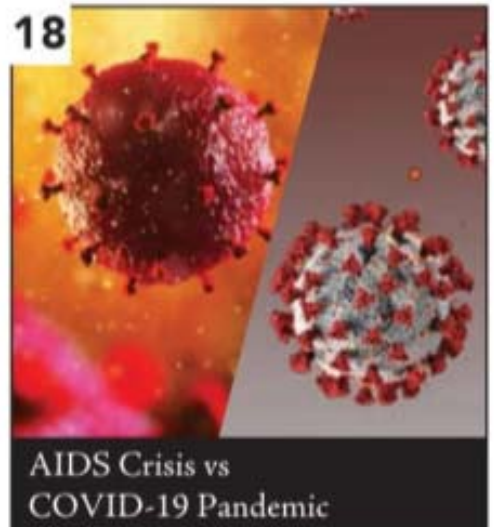
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A cut by any other name:

A deep-dive interview with ethicist Brian D. Earp (Part 1)

BY TIM HAMMOND

Whether called circumcision or mutilation, there's common ground to be explored between genital cutting of boys, girls and intersex children.

May 7, 2020 marks the 8th annual Worldwide Day of Genital Autonomy. This day commemorates the 2012 landmark decision by a German court recognizing that boys have the same right to bodily integrity and self-determination currently enjoyed under German law by girls. Rochester native Tim Hammond interviews a leading medical ethicist on these intersecting issues and their relevance to the LGBTQI movement.



What brought you to explore the connections between genital cutting of male, female and intersex children?

In 2012-2013 I was invited to guest edit for the *Journal of Medical Ethics* about male circumcision. To handle that topic responsibly I read as much of the literature as I could. When searching the term 'circumcision', papers appeared on so-called 'female circumcision.' I learned there are many different kinds of female genital cutting (FGC), some of them less invasive than male circumcision – but still legally forbidden and widely viewed as morally wrong. The stereotypes people have about what's called female genital mutilation (FGM) are pretty uninformed. Then I read about intersex genital cutting, which seemed to be its own discussion. I was surprised by how infrequently writers connected the dots between these three practices. When you consider the full range of how each one is done across societies, the harms overlap. And all of them affect the "private parts" of vulnerable children.

This got me thinking about the underlying ethical principles. When is it wrong to cut a person's genitals, and why? Does it have to do with the precise degree of harm caused, or is it more to do with the lack of consent? On a moral level, the same principles should apply regardless of the person's sex or gender.

What uninformed stereotypes do people have about FGC?

Few people understand that there are virtually no societies, patriarchal or otherwise, that practice only FGC without also practicing male genital cutting (MGC), often in parallel ceremonies for similar reasons. The inverse is not true: there are many groups that cut the genitals of boys only, including U.S. Americans, most Jews, and some (but not all) Muslim sects. Girls are nowhere "singled out" for genital cutting. And depending on the group and the type of cutting, either the male or female ritual is more severe, risky, or deadly.

Many scholars believe FGC was historically introduced in imitation of MGC, as a way to de-center male power and privilege -- traditionally obtained through MGC -- by creating an alternate, female-centered ritual. Cutting is just one component

of these rituals. The idea is to promote solidarity among age-groups of girls (or boys in the case of MGC) and to allow older women (or men) to transmit their wisdom to the next generation.

Still today, FGC is nearly always carried out by women, and MGC by men, often with little mutual oversight or influence. In many communities, men are more likely than women to favor abandonment of FGC. And hierarchies in many African communities that practice genital cutting are based on age more than gender. These facts put pressure on Western stereotypes of FGC which say it's essentially a form of sex-based discrimination – a means for men to subordinate women and deprive them of sexual feeling.

Scholar-activists who focus on FGC tend to ignore the MGC rites practiced in the same communities. And yet, the two rites are often deeply symbolically linked. So common theories about why FGC persists are missing half the data: you can't understand a complex, gendered social system by studying only one sex.^[1] You will come up with explanations based on your own cultural assumptions or prejudices, rather than the local realities. That is exactly what has happened with dominant theories about FGC.

FGC is typically called 'genital mutilation', a term increasingly used to describe what's done to intersex children and boys. Why do you advocate the term 'genital cutting' instead?

There's a long-standing politicized debate about terminology. It touches on colonialist tendencies to label the practices of other cultures as 'barbaric' while viewing one's own cultural practices as 'civilized'. When the term 'mutilation' was introduced, many women who considered themselves 'circumcised' felt this term was demeaning and objected to it. They viewed circumcision as physical and spiritual enhancement (as male circumcision is viewed in Judaism, for example).^[2] Western activists—cultural outsiders—prevailed in drumming up passion for their cause with inflammatory language designed to distinguish FGC from MGC. In fact, the World Health Organization (WHO) has a

footnote in their policy saying that FGM used to be called 'female circumcision' but this has been changed so people don't think of parallels to male circumcision.

“ **The ethical distinction to be drawn is whether the person wanted their body to be cut or altered.** ”

Some feel that mutilation is an appropriate term because they think of FGC in a stereotyped way: the most invasive cutting done with the most unsanitary tools under the most coercive conditions. This does describe a subset of what's defined as FGM by the WHO. But in many places, "FGM" involves a medicalized, ritual nick that does not remove tissue and leaves no visible mark on the vulva. Is that "mutilation" too?

In my own work I argue that **all** medically unnecessary cutting of a child's genitals is morally wrong. No matter how minimal or sterilized. But this is not because it is or isn't "mutilation." It's because it's non-consensual, medically unnecessary, and targets the most "private" part of a vulnerable person's body. Cutting is cutting. People who have experienced genital cutting can decide for themselves whether their body is "mutilated." But forcing victim status on someone who rejects that interpretation literally adds insult to injury.

In my view, the ethical distinction to be drawn is not around subjective judgments about what kind or degree of cutting counts as mutilation versus enhancement, but whether the person **wanted** their body to be cut or altered, and whether they gave their informed consent.

You earlier mentioned intersex. How are intersex children treated by the medical community? How does that affect them in adulthood? What do you understand intersex activists to be demanding?

Estimates vary, but around 2% of children are born each year with sexual anatomy that is not entirely classifiable as male or female. This is either because they have features that are stereotypical of both categories, or indeterminate between them. Some subset of these people identify as intersex.

Many of them want doctors to stop cutting the genitals of healthy children who have natural variations of sex characteristics when it isn't medically necessary. The same I'm saying should apply to all children. Only in the case of intersex cutting, there is the additional risk that the child will be surgically assigned to a sex category that doesn't correspond to their gender identity when they are older.

Even when they do correspond, there can be problems. Take someone who identifies as a girl who was born with what's either a large clitoris or a small penis. In infancy, she might be diagnosed with clitoromegaly (which just means large clitoris) and her

clitoris may be cut down until it looks more stereotypically "feminine." That's a huge presumption to impose on someone's body. Some might be happy to have a large clitoris. Why not? It's sensitive, erogenous tissue.

We don't know what a baby will eventually want their body to look like. We shouldn't presume they will want it to fit a narrow, stereotyped norm. We also don't know how they'll identify from a gender perspective. So early sex-assignment surgeries are taking a huge gamble.

U.S. male newborn circumcision rates fell from 90% in the 1950s to its present 50%. That's still over 1.25 million baby boys circumcised annually. With many circumcision sufferers now pursuing foreskin restoration^[3], is circumcision as harmless as we once thought?

If you assign any value to the foreskin itself, as most people who possess one do, its sheer removal counts as a harm. ”

First, you have to decide what counts as a harm. One way of thinking about harm is that it's a dispreferred state: something that goes against your considered desires. Suppose you desire to have intact genitalia, or at least a choice in how your genitals should look or function. If that choice was taken from you, then you are necessarily harmed by circumcision. And if you assign any value to the foreskin itself, as most people who possess one do, its sheer removal counts as a harm.

So that's a baseline. Then you have to ask whether there are additional harms beyond the loss of choice and the loss of sensitive tissue from the penis. This is where people start to talk about estimates of surgical complications, which I can come back to.

Given that, why do you think Americans generally see newborn circumcision as harmless?

One reason is there's a lot of ignorance about what a non-circumcised penis looks like and how it works, and what circumcision actually removes. Even the 2012 policy from the American Academy of Pediatrics (AAP) ignored foreskin anatomy and functions.^[4] There's a cultural myth which says that the foreskin is a little skin flap that gets dirty. But the foreskin is not a "flap" of skin. It's a sheath of retractable erogenous tissue that's no harder to keep clean than any other body part. Female genitalia have folds of skin as well, but removing the labia from an infant girl for "hygiene" reasons would be unthinkable in our society.

In terms of complication rates, there's very poor record-keeping in the U.S., especially regarding long-term harm. In its 2012 report, the AAP acknowledged that "The true incidence of complications after newborn circumcision is unknown."^[5]

Do we have any idea about the risk of complications?

Assuming a circumcision is done by a skilled practitioner—which isn't a safe assumption since many are done by medical residents doing practice surgery—the risk of serious, non-treatable complications is usually thought to be low compared to more invasive forms of surgery. However, when considering the harm of surgery, you have to think not just of the likelihood of something happening, but how bad it would be. Permanent nerve damage, for example, or cutting off part of the glans sometimes happens. We don't know how likely these outcomes are in absolute terms, but when they do happen, the person must spend the rest of their life with something that's a significant harm.

In short, you have to multiply the likelihood of a harm by its severity to get a reasonable sense of what is really at stake. It's not as simple as just tallying up complications.

Current debates center on the prospect of benefit versus the risk of surgical errors. But as the medical historian Robert Darby^[6] has argued, that is not the right comparison. Because we are talking about a non-consensual surgery on a healthy organ, you have to compare the prospect of benefit that's **not achievable by other means** versus—not just the risk of surgical complications—but any potential harm, including psychological harm.^[7] We shouldn't ask, "Are there some statistical health benefits that this surgery might bring?" We should ask, "Does this provide essential benefits that can't be achieved in a less invasive and risky way?" Routine circumcision doesn't pass this basic test of medical ethics.^[8]

Some circumcised men and women report disliking intact genitals and defend their own childhood circumcisions. You've written that this may have to do with holding certain false beliefs. What do you mean?

In some cultures where the external clitoris is excised, it's justified by the belief it'll grow to the size of a penis or will have negative consequences during childbirth. Imagine if you and your sisters and all your friends had this part of your body removed when you were too young to have much experience with it. It might be a comfort to think it wasn't a useful body part anyway, and you're better off without it.

A similar thing might be happening in cultures where MGC is common. The psychologist Ronald Goldman found, in an informal study, that circumcised men who were happy to be circumcised, when asked to estimate the average surface area of the foreskin, underestimated it considerably. These men didn't seem to understand that it was a substantial amount of tissue, and they were more likely to say the foreskin had no particular value or function.

Conversely, those circumcised men who were unhappy about being circumcised gave more accurate estimates and understood that the foreskin is functional tissue.

In the U.S., infant male circumcision is usually a medical procedure...

Sorry to interrupt, but I'd resist characterizing it as a medical procedure. Although it's done by people with medical credentials, medical procedures aim to treat disease. That's not the case here. There is no disease or deformity in having an intact penis. This is a medically unnecessary cultural practice. And if we go with legal definitions, unconsented surgeries that are not medically necessary are a form of violence, not medicine.

Medical people who perform non-therapeutic infant male circumcision know there's no medical indication, often justifying it by deferring to "parental rights." Your thoughts?

I'd ask them to consider other cases where they'd have different intuitions. One example would be neonatal female labiaplasty, like I mentioned before. No doctor in the U.S. would dream of doing this. In fact it would be illegal. Even if the girl is older, if a parent asks for their daughter's labia to be removed for purely cultural or cosmetic reasons, most doctors will refuse. This is in the official guidelines of medical societies. They say labiaplasty should not be performed before a girl reaches age 18. This is for three reasons: her genitals haven't finished growing, she's not old enough to consent, and it isn't medically required.

If this is true of labial tissue I see no reason why it shouldn't also be true of the penile foreskin.

Circumcision advocates claim that it reduces HIV risk in males. How is that relevant to men who have sex with men (MSM)?

There are some very important distinctions here that are often glossed over. The only controlled evidence for circumcision seeming to reduce HIV risk—I say 'seeming' because the studies were not as well-controlled as they should have been—is from studies of adult men being voluntarily circumcised in African regions with high rates of heterosexual transmission. The trial looking at male-to-female transmission actually showed an increase in HIV infections in the circumcision condition so had to be stopped early. None of the trials looked at same-sex transmission.

There is also **no** controlled evidence that neonatal circumcision, specifically, protects against HIV, whether transmitted heterosexually or through same-sex encounters. The population-level data suggest it does not. The U.S. has both the highest rate of non-religious neonatal circumcision in the Western world, and among the highest rates of HIV transmission. The data from sub-Saharan Africa have no known applicability to men in the U.S. gay-bi-trans community.

In the U.S., Canada and England, gay and bisexual men are especially outspoken against infant circumcision. Why might this be?

In a heterosexist view of sex, there is an unsophisticated attitude toward male genital anatomy and sexuality. It says that as long as a man can get an erection and ejaculate—that is, potentially impregnate a presumed female partner—then his penis works "well enough." Men who have sex with men might

have a more nuanced experience with the possibilities of male sexuality and how various sexual acts differ with a foreskin versus without.

Does newborn male circumcision have implications for transgender individuals seeking to transition from male to female?

Yes, definitely. This hasn't been emphasized very much, but a colleague and I recently published a paper where we highlight this concern.^[9]

In male-to-female sex change or gender affirmation surgery, the standard procedure to convert a phallus into a neo-vagina involves using the foreskin either as vaginal lining or to create labia or other tissues. Although an infant's foreskin doesn't look like a lot of tissue, by adulthood it's dozens of square centimeters on average of highly sensitive tissue. If you don't have this tissue available, you're more likely to have to use skin grafts from other parts of the body.

When you circumcise the baby



This is what the man loses.

been used to create a neo-vagina disadvantages the person seeking transition surgery. Note that the foreskin depicted in this image is within the normal range of foreskin surface areas, but definitely on the high end. The average surface area is somewhere between 30 and 50 square centimeters (with a lot of individual variance), which is roughly 4.5 to 8 square inches.

'Genital autonomy' is increasingly used as framework for understanding the ethics of genital cutting of boys, girls and intersex children. What does that mean?

Circumcision proponents often point out that very young children don't have autonomy. Infants, for example, don't have long-term decision-making capacity.

That's true of course. But advocates of children's rights argue that pre-autonomous children should have their **future** choice preserved for how their genitals should look and function. Take again the hypothetical case of neonatal labiaplasty. Technically, this might be simpler and safer to do in infancy. But since we don't know if the girl will want a labiaplasty when she grows up, it should be her choice. Most people can intuitively see that.

“ ...children should have their future choice as to how their genitals should look and function preserved for them when they become autonomous.

The same reasoning applies to intersex children and boys.

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