Gender or genital autonomy: Healthcare and Secularism Part 5

Video available at: https://www.youtube.com/watch?v=oV7oADV2kIQ&

Our next speaker - I'm so grateful to - he's traveled all the way from the United States to speak to us today - the medical ethicist Brian Earp - and Brian's unique ethical perspective, insights and dedication to integrity were true inspiration to many of us who splutter with indignation where Brian finds the words to challenge even the most mendacious of claims and he does so with clarity, grace and kindness.

In 2013 whilst working at Oxford, Brian edited the British Journal of Medical Ethics special edition on circumcision. So Brian will now speak on gender or genital autonomy - why framing non-therapeutic genital cutting as a children's rights issue is both ethically and pragmatically necessary.

Thanks very much. Earlier someone raised the question about whether female genital cutting would be mentioned in this conference and indeed that's a large theme of my talk. I'll try to summarize my point in a nutshell which is that due to some of the anomalies that James laid out in the law, it's the case that female, male and, as I'll mention, intersex genital cutting are going to rise or sink together. The ethical and legal principles apply to both even though the facts about what's done in any particular case may differ significantly and so what I'll argue is - if all you cared about was protecting girls from non-therapeutic general genital cutting, you would have to get on board with the arguments to do with boys because these issues are going to be linked in law and in ethical policy going forward and I'll just show you why that's the case.
in the slides to follow. So here’s my
talk in an outline - a collision course
has been set regarding different ethical
treatment of female, male and intersex
forms of childhood genital cutting and
the collision in law and policy is
actually playing out right now.

Prominent defenders of ritual male
circumcision are aware that the global
zero-tolerance stance toward FGM or FGC
including toward what some people
characterize as minor forms of female
genital cutting, so this is something
that includes
what’s called a ritual nick - this is a
practice where no tissue is actually
removed, an incision is made into some
part of the vulva, a drop of blood is
drawn for ceremonial purposes but the
point here is that if the law says even
that is not permitted and yet it allows
a far more invasive procedure on boys,
something's going to have to give - either
the law is going to have to tolerate
minor forms of FGM, which is what some
are now arguing it should do, or it's
going to have to take a more restrictive
stance toward male circumcision. Now
those who are in favor of ritual male
circumcision are aware of this problem,
they’re aware that there’s a double
standard and so to create a buffer of
protection around male circumcision they
have now begun summoning arguments that
we should indeed tolerate minor forms of
female genital cutting. So I have to
credit them for intellectual consistency
and integrity in this regard but this is
the sort of thing that makes me suggest
that these cannot be treated separately,
these are going to be one and the same
issue to do with children’s rights. So as
I say these defenders of ritual male
circumcision are now advancing arguments
in mainstream journals including the one
that was mentioned the British Journal
of medical ethics which I edited. In a
subsequent issue, some prominent
ethicists said we should tolerate minor
0:03:28.049,0:03:32.940
forms of FGM. Defenders of what they
would call female circumcision have been
0:03:32.940,0:03:37.769
emboldened by these moves and are now in
a more active way taking the arguments
0:03:37.769,0:03:41.010
directly from the male circumcision
playbook - the reasons why people say well
0:03:41.010,0:03:43.980
we should tolerate it, it’s religious,
it’s important and they’re saying well
0:03:43.980,0:03:47.160
that applies to our case and in any
event the form of cutting we do on our
0:03:47.160,0:03:52.260
daughters is less invasive than what you
tolerate on your boys so you, you have to
0:03:52.260,0:03:57.299
extend the same consideration to us. So
the gains of the last 30 years of
0:03:57.299,0:04:00.599
advocacy and consciousness raising on
the part of feminists and global
0:04:00.599,0:04:04.230
activists to try to protect young girls
from cutting in, in many different
0:04:04.230,0:04:09.660
settings is now under threat because of
these developments. And so I'll suggest
0:04:09.660,0:04:13.200
that separate discourses are no longer
sustainable where you have boys over
0:04:13.200,0:04:16.200
children over here. I'll say more about
0:04:16.200,0:04:21.359
this third case in just a moment.
Moving forward, the argument is going to
0:04:21.359,0:04:24.419
have to be, if you're a proponent of
children's rights no matter which
0:04:24.419,0:04:28.349
particular case is the one that matters
most to you there's going to have to be
0:04:28.349,0:04:30.480
a banding
together of those who think that the
0:04:30.480,0:04:33.060
main issue here has to do with the
vulnerability of the person and their
0:04:33.060,0:04:36.630
lack of ability to consent rather than
where they fall along a spectrum of sex
0:04:36.630,0:04:41.100
or gender - and I'm going to be
highlighting some feminist organizations
0:04:41.100,0:04:43.740
that have begun to take up these
arguments and are now leading the charge
0:04:43.740,0:04:49.830
in arguing for all children’s rights to
genital autonomy. Now the notion that
0:04:49.830,0:04:53.430
there is a collision course in law is
not new to me and this was raised back
0:04:53.430,0:04:57.710
in 2001 by Dena Davis who is a prominent
American bioethicist and legal scholar.
0:04:57.710,0:05:02.700
She said, with respect to the U.S.
situation, which applies also in the UK

and in many other Western legal jurisdictions, that the federal and state

laws that criminalize the genital alteration of female minors

are written so broad in their language that strictly speaking they covered

procedures significantly less substantial than newborn male circumcision and she says a complete laissez-faire attitude toward the one practice, coupled with total criminalization of the other, has troubling implications for the constitutional requirement of equal protection because the laws appeared to protect little girls but not little boys

from religious and culturally motivated surgery. Now the United States is facing its first test case of exactly this consideration. This test case is now the first federal FGM law that's being applied to a particular case of a group of Shia Muslims called the Dawoodi Bohra and in this particular sect based primarily in India

and Pakistan but with members all over the world including some in Detroit, Michigan - they perform a practice that they call Khatna which is a word for circumcision - it's the same word they use with respect to what they do to both their sons and their daughters but in this particular Muslim group the form of cutting on the daughters is far less invasive than the form of cutting they do within the same families to their sons. Furthermore, this form of cutting is done in a clinical environment so the way that the debate around FGM has played out in many Western discourses has been focused on these sort of horror stories out of North East Africa where you have these stereotypes of, you know, rusty razor blades and far-off villages. Now in a way a lot of this has to do with misrepresentation of the diversity of practices around the world
and it's a sort of a, media likes to focus on the most extreme cases, so in reality what we call FGM refers to some dozen or more types of practices done in different settings, some of them are done by doctors, as in this case so the practice has been as it's called medicalized just as in the United States, my home country, male circumcision has been medicalised and is considered something that is done by doctors in a hospital setting. The same is true that Dawoodi Bohra so this woman here - Jumana Nagarwala - is facing basically the rest of her life in prison for in a clinical setting performing an instance of cutting on girls, allegedly, that is by the admission of those in this very same group less invasive than what's done to their boys and yet only the female operation is regarded as criminal in US law. So this is the collision course - it's happening right now and this is going to be up before the judge. Now this is a survey by members from within the Bohra community who are reformers - these are women who are very bravely trying to end the practice of female genital cutting within their group and so they wouldn't be motivated to minimize the harm done by female genital cutting and here's what they say 'in most instances the process involves the removal of a pinch of skin from the clitoral hood - that's the tissue that covers the clitoris and is analogous to the foreskin, though it's much smaller in females, they say with respect to the religious significance well it's not strictly mentioned in the Quran the sort of main recognized scripture of Islam it is indeed mentioned in the Daim al-Islam which is a Hadith - a sort of collection of sayings attributed to Muhammad - and they say that in this religious text which is
fact endorsed and so within this community the scriptural support for both male and female circumcision as they would say is equivalent. Now you often hear this argument that because, as it's often said and this discourse, FGM is not mentioned in the Quran therefore it's not religious. Now this is a ridiculous argument in two different ways. First of all, there's an implied suggestion that if something is a religious practice therefore it's automatically permissible or therefore it's worthy of respect - that doesn't follow - there may very well be a religious practice that ought to be criticized. It also seems to imply that 'but if it's merely a cultural practice,' well then it's more just like a bad habit' that doesn't deserve our respect - that doesn't follow either - something might be quote unquote merely a cultural practice yet central to the way of life of a group of people even if it doesn't happen to be codified in some literalistic protestant-like way in how we conceive of religion in this society and so it's wrong on both ends but nevertheless the premise in this case is incorrect. It's not true that it's not a religious practice because what counts as a religious practice in this group is not just what's literally stated in the Quran. So Michael Thomson here along with a colleague and I have pointed out, citing the work of others, that just as in Judaism and Christianity perceived binding religious obligations can arise from oral teachings and extra-biblical sources, Islam also looks to other sources to interpret and supplement the Quran such as the Hadith - the sayings of the Prophet Muhammad - so somebody who wants to make this argument would be saying to a Roman Catholic who opposes abortion that it can't be an opposition on religious grounds because there's no literal opposition to abortion where it
says some line you know abortion is
impermissible in the Bible that's just
clearly not how something attains a
religious standing within a community
and yet people are grasping for these
ridiculous arguments to try to cordon
off female genital cutting and suggest
well it's just a bad habit so we don't
need to really consider it. We do need to
consider it and in this community it has
as much importance and significance as
male genital cutting does and yet we
know what the law says about the
relationship with religion to female
genital cutting. So the religious versus
cultural distinction I think is a red
herring but I'm now going to argue that
actually the distinction between males
and females in the law is also facing a
collision course and I'll raise that by
introducing the example of persons with what
are sometimes called differences of sex
development, some of these individuals
identify as intersex, so they take on the
identity of somebody who's neither fully
male nor female and so about 1 in every
1,500 or 2,000 births occurs
where the child has, in terms of visible
external genitalia characteristics,
genitals that are neither
stereotypically male nor female and
falls somewhere between these extremes.
Now here's the legal situation - if you
move over to the left-hand side of the
spectrum you can cut these genital
structures in any western regime - you
don't need to have a medical license to
do it and it's mostly unregulated - you
don't have to collect statistics either
as long as you call it a circumcision,
you can cut babies with genitals that
look like this. If you move over to the
other side of the spectrum, it is a
criminal offense
sometimes carrying life sentences or
decades in prison, heavy fines, extreme
stigmatization for those who had cut
genitals on this end of the spectrum to
any degree. So I'm not just talking about extreme excisions of clitoral tissue with rusty razor blades, I'm saying any incision that's not medically necessary is criminally forbidden on that side of the spectrum. In the middle you have these intersex conditions and now people are starting to see why the law is going to have to stop drawing lines based on sex or gender because in the middle you have what's sometimes called feminizing clitoroplasty so if you have an intersex child who has a larger than average clitoris but no other functional or medical problem for purely social reasons it's still common in many Western hospitals for the doctors to excise what they consider excess clitoral tissue - they say well she wouldn't want to have a very big clitoris - that might look a little masculine. Well that's making a big presumption about what she might want later in life but it's tolerated now to simply excise clitoral tissue. The problem is that just is FGM on the World Health Organization definition so the law is gonna have to sort this out. Now there aren't just of course six different stages of genitals, this is more of a spectrum and so here's the legal question that we're gonna have to pay attention to going forward - At what exact point is a small penis which is legal to cut become a large clitoris which is illegal to cut? Now embryologically this is the same tissue and normally it diverges because of exposure to hormones in utero where the tissue then diverges and you could characterize the penis as essentially a very large clitoris - that is in fact what it is or a clitoris as a small penis - it's the same tissue with some differences in terms of where the urethra goes through but in the intersex conditions it just is the same structure - it just is the same thing - a large
penis or a small clitoris. You'd have to come up with a ruler and you'd have to make an arbitrary definition— a millimeter this way, that's a penis— a millimeter that way, it's a clitoris— and the law is going to draw a distinction based on sex or gender in terms of whose genitals you're allowed to cut? That's not sustainable. So what's happening is that defenders of both male and female genital cutting are recognizing that some of these distinctions are breaking down and they're both turning now to religious freedom as a way to bolster support for why their cultural practices should be protected. Here's an issue that hasn't received any attention in the literature so I'm just going to put this on the table in this talk. People are now more and more aware of those who identify as transgender— so this is someone who, roughly speaking, has a gender identity that doesn't align with the sex that's been assigned to them at Birth based on their external genital characteristics. When you permanently alter a child's genitals before they've formed an identity, before they've developed even basic preferences or acquired the capacity to say no, you deprive them of the future autonomy that they might have had over the most not sustainable. So what's happening is that defenders of both male and female genital cutting are recognizing that some of these distinctions are breaking down and they're both turning now to religious freedom as a way to bolster support for why their cultural practices should be protected. Here's an issue that hasn't received any attention in the literature so I'm just going to put this on the table in this talk. People are now more and more aware of those who identify as transgender— so this is someone who, roughly speaking, has a gender identity that doesn't align with the sex that's been assigned to them at Birth based on their external genital characteristics. When you permanently alter a child's genitals before they've formed an identity, before they've developed even basic preferences or acquired the capacity to say no, you deprive them of the future autonomy that they might have had over the most
on anyone so much as touching your genitals without your consent, but here we allow for the permanent modification and removal of erogenous tissue from children born with genitals on one side of the spectrum.

With male circumcision in particular not only do you deprive them of this future choice, you deprive them of quite a lot of tissue in terms of surface area that could be used for surgeries such as gender affirmation surgeries later on. So, again I haven't seen any discussion of this, but I'll put it on the table. When you have a vaginoplasty which is where you take external male genital structures and you invert them to create a neo vagina this can be performed in a single stage and uses the penile shaft skin, foreskin and scrotal skin so you have, if you've just removed about 30 or 50 square centimeters of tissue from a baby - that's what it would be in the adult case - that tissue is now not available for these other potential uses. Now some people say well it's a little snip, how much tissue could we really be talking about? It's true that in an infant it's not very much tissue because the penis is very small when you're born, but it grows by about 200 percent over the course of development and so at the end of the day you have much larger tissue. Furthermore, there's no dotted line on the penis showing where the foreskin ends and the rest of the penis begins, so when you're dealing with the diminutive structure you're just making a guess - you're saying well we're gonna cut here, and we hope that when the penis reaches its full size over a decade later, that we won't have accidentally removed too much tissue - which by the way if we have, that's not going to be recorded anywhere as a medical complication because nobody's keeping track of data that long. So I'm gonna show you some pictures - these are
disturbing but this is what's done at least a million times a year in the United States and more. So the first step in a circumcision is you have to detach the foreskin from the head of the penis to which it's adhered at birth by a membrane in much the same way that your fingernail is adhered to your finger and these structures separate naturally over the course of many years but in order to get the foreskin off at this stage you have to separate them with a blunt probe and even with anesthesia this is excruciating to the infant. In the United States we use what's called a gomco clamp primarily. Circumcision can be performed in many different ways but this is our very civilized way of doing it in the United States and so here's the final step, you remove what you can see is about half the penile skin system. This is what you get at the end. Now, you know, this will heal and it won't look so bad in a couple of weeks but, by the way, while this is healing the child is going to be wearing a diaper and that wound is going to be exposed to urine and faeces and so forth so you're creating a wound which I think people don't realize - that when we say circumcision it sounds very sort of gentle and scientific but if that's what you're doing is creating a wound. Now if you were to wait till this tissue reached its adult size and you're to unfold it so you can see both layers you have at least as much tissue to cover a credit card - this is actually a slightly smaller than average foreskin on a large sample of about 900 men and this is also the most sensitive tissue on the penis. This has been shown in a number of studies but I'll just draw a
recent one. The study here shows a lower bar - represents a lower tactile threshold, so lower means more sensitive, and as you can see the foreskin here is more sensitive in terms of light touch sensation and detection of mild sensation of warmth but it's no more sensitive to pain which is what's on the right-hand side so it's basically an acutely sensitive part of the male genitalia. People often I think, think of male sexuality as this grinding and thrusting masculine kind of thing but in the United States and we actually remove the most sensitive and delicate part of boys genitals as a regular course. Another study showed the same thing - circumcision removes the most sensitive parts of the penis. Now if we weren't talking about the foreskin and we were instead talking about the labia, I think people would have different intuitions about what exactly is wrong with removing this tissue from a person. The labia actually constitute a little bit less tissue in the adult on average. Now, if an adult woman wants to have the labia removed or reduced for what she considers cosmetic reasons you might think that she's been informed by problematic norms that are constrictive about feminine beauty or something like that but at the end of the day I think most people would concede it's her choice, if that's what she wants to do to her body it's up to her - you might try to convince her there's no need to do it but anyway it's your choice. Now what this suggests is that the mere changing or alteration of tissue is not necessarily in itself a bad thing if you want it and you're willing to put up with the risks involved but if somebody were to perform a labiaplasty on a woman without her consent as James pointed out that would just be a severe form of bodily injury, an assault, so we need to separate the issue of harm as in what
exactly is the medical complications, from the moral concept of wrong - you
wrong a person when you violate the bodily integrity without their consent
even if you don't harm them. So consider the example of a sexual assault or a rape. Let's say that you don't actually cause any tissue damage
so you haven't harmed the person physically you certainly have wronged them and that is what is going to be consistent across these cases is the violation of the person's bodily and sexual integrity. So let's imagine that somebody said 'well but there's all these advantages to doing labiaplasty in infancy so that's one reason why we we should just override this issue of consent' so you know, she won't remember it - that's an advantage - I hear this about my circumcision frequently in the United States - it'll heal faster, it maybe is true - it's cheaper and less risky at this age - you don't have to have general anesthesia, the medical risks are lower so that's the reason to do it earlier. Some people will say her future sexual partners will prefer it, that's a common refrain in the U.S. - well you know, some women might not really like it so we'll just go ahead and do it when he's an infant. It's easier to keep her vulva clean, there's less moist tissue that could trap bacteria - a common refrain in circumcising cultures. Fewer labial injuries during sex - that's probably true. Lower risk of labial cancer - probably true - she won't have to take time off work or school assuming that this is something that she would later want. Okay, but it's her body, so it's her choice. Period. That's the whole ethical argument right there. Even if all these things are true, and there are as it were medical advantages to performing the procedure earlier in life, it doesn't matter because she didn't choose it. Here's just a common article about male circumcision
which gives a nice medical gloss to these claims - Infancy is the optimal time for circumcision because an infant's low mobility facilitates the use of local anesthesia, sutures are not required, healing is quick, cosmetic outcome is usually excellent, cost is minimal, complications uncommon, circumcision in adolescence or adulthood might evoke a fear of pain - you'd have to take time off work and school, .... and so forth.... so you see the problem like this. Now why does the infant have low mobility? it's not because the infinite isn't struggling, it's because the infant has been strapped on to what's called a circumstraint. So this is how again we do it in the United States - as a routine hospital measure when boys are brought into the world they have all four of their limbs strapped to this board and then they undergo a genital surgery as one of the first experiences of life. Now the straps here are blue which I guess is to play on the stereotyped colour to show you that this is really something that's done for boys but just imagine that the straps were pink and this was being done to a girl, I think people's moral intuitions would suddenly shift and say well clearly something is wrong about this. Now this sort of medicalized version of circumcision is really a best-case scenario in terms of risks and complications and so forth. This is a traditional Muslim circumcision that has been partially medicalised. So the boy is older here and you see he is just being held down. I mean you just have to kind of imagine the experience of that - somebody you love just literally pinning your arms down while you undergo a genital surgery. Here's a traditional Jewish circumcision. In this case, if it's done traditionally, there won't be any pain control - you may have a drop of wine that's sort of
ceremonially placed on the tongue or

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something like that.
Some Jewish circumcisions do involve

0:22:52.150,0:22:57.070
anesthesia but if it's done in the
traditional way there won't be any and

0:22:57.070,0:22:59.950
because of the great deference that's
given to religious practice, you have

0:22:59.950,0:23:03.820
even more extreme forms of religious
genital cutting that are not regulated

0:23:03.820,0:23:08.200
and I'll just show you an example of
this. This is a procedure called metzitzah
b'peh,

0:23:08.200,0:23:11.770
which is an ancient form of
circumcision where the mohel uses his

0:23:11.770,0:23:16.690
mouth to supposedly cleanse the wound. Now,
thousands of years ago that may very

0:23:16.690,0:23:20.380
well have been a hygienic measure but we
have better methods now and the point is

0:23:20.380,0:23:26.920
you can transmit the herpes virus this
way. And so this is 100% legal in the

0:23:26.920,0:23:31.720
United States, also in England. Again, you just
have to imagine if this we're done to a

0:23:31.720,0:23:37.750
girl I don't think the laws would be
quite so kind. Here we have an attempt to

0:23:37.750,0:23:40.690
at least regulate this practice in New
York City. This was met with great

0:23:40.690,0:23:43.650
resistance - the thought was that even
having the parent sign a consent form

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saying they acknowledge, they know in
advance that there will be oral contact ,

0:23:47.220,0:23:52.770
was seen as too much among this very
Orthodox community and so Romi Cohn, a

0:23:52.770,0:23:56.850
representative said that he'd performed
more than 25,000 circumcisions in New

0:23:56.850,0:23:59.730
York City and elsewhere almost every
time he puts his mouth from the baby's

0:23:59.730,0:24:02.790
penis. Now I was going to say when I was
preparing this slide that thankfully

0:24:02.790,0:24:06.150
this is rare, I was going to say well this is
kind of a rare thing that , you know,

0:24:06.150,0:24:09.720
it's a little bit unusual - most Jews
don't know about it and that's true but

0:24:09.720,0:24:13.230
the Orthodox community is very large and
this is not rare. In New York City it

0:24:13.230,0:24:20.400
happens 3,600 times every year. Baby boys
are born and there's no regulation. It's not that it's

0:24:20.400,0:24:25.770
not illegal - it's that it's
not even regulated. Between 2000 and 2011,
eleven babies contracted herpes and as a result died. Two further had permanent brain damage. Okay, so when people are saying well what's the harm of a circumcision? I mean it's just a bit of skin - well, I mean, maybe they think, they're thinking well there's not that big of a risk of infection if you do it in a hygienic way or something or maybe they think the risk of surgical complications isn't that high compared to other surgeries - I'm not sure what the claim is exactly - but as we've discussed there's the difference between harm and wrong. So here you don't have to start to make these gradations about exactly how much tissue is removed, is it this much or that much, the wrong is done simply in virtue of the non-consensual cutting of an extremely personal part of the body without urgent medical need. That's why it's wrong regardless of any debate you may have about the degree of physical or other harm. So I'm on to the, the final bit here - I recognize I'm on a short schedule - so I'll breeze through this part. If you accept that there should be an exception made for religion, this is going to place us into a dilemma with respect to female genital cutting in the following way - if male circumcision should be permitted generally and for any reason because in some groups it is regarded as an explicitly religious practice, then relatively more minor forms of female genital cutting, that are regarded by some groups as explicitly required by their religious understanding, should be given equal consideration and should be permitted for anyone regardless of the reason. Indeed, some prominent defenders of ritual male circumcision who are aware of the existing double standard in the law have recently begun to argue that mild forms of female genital cutting should in fact be tolerated in Western
law to detract attention away from the issue of male circumcision. So, here's a prominent article in the Journal of medical ethics by some leading bioethicists whose explicitly argued that because male genital cutting is tolerated in our societies, so too should we tolerate minor forms of female genital cutting. This is the leading medical ethics journal in the world, this is not an obscure publication but it wasn't just confined to academics - the Economist picked up this argument and here they say well, you know, 30 years we've been trying to eradicate a barbaric practice, we haven't made much traction so it's probably time to try a new approach, by which they mean we should tolerate minor forms of female genital cutting. So this argument is gaining steam. Last bit here. Defenders of female genital cutting are capitalizing on this issue of the double standards that we we just accept in our regular discourse so here's a website that some have launched, very nicely put together, very professional. You go here to the consent and parental rights section and well, what kind of arguments do they put here? I'll just walk you through some quotes - minors by definition are incapable of making decisions for themselves. Therefore consent on behalf of minors is routinely provided by parents where parents determine what is in the best interest of the child. This right of course is not limited by notions of bodily integrity and medical benefit alone rather, in securing the best interest of a child, parents rightly consider "social, cultural, religious, and familial benefits and harms". Now you notice there's a hyperlink there - they're actually quoting another source and I'll just show you what that source is - it's the American Academy of Pediatrics task force statement on male circumcision. So
they take, literally copying and pasting the text from American medical support

for male circumcision for cultural religious familial and whatever other benefits, and then they put that on their website and say well we get the same consideration and you know what? - they're right -

it just is anti-muslim bigotry to say that well in your case you're not going to get these protections but you know we'll let this other religious group have these protections. I mean that that just is a double standard. So the point here is that they're making good argument, which means that those who want to protect children's rights need to make a better argument and the argument is that we shouldn't be tolerating one of these practices and allowing the other. So, they say, as noted elsewhere on the site, female circumcision is anatomically similar to male circumcision - they're referring to the nick - the minor form that doesn't remove tissue - so in fact although it's analogous, it's less invasive than male circumcision and they say 'it's our assertion that the female circumcision if performed correctly under medical supervision causes no harm' so they now want to medicalize the practice. So they say -

well in the United States you do circumcision in hospitals, that's, I mean you know if you're concerned about medical harm, just have doctors do it -

we're happy to do the same, just let us keep cutting our girls. Now what they mean by no harm is there's a relatively low risk of surgical complications as far as we know. I mean, you'd have to conduct some controlled studies to do this and how long should we be experimenting on the genitals of girls this is a non-starter. Furthermore the issue of harm is not just the risk of
surgical complications, it's the risk of something times the magnitude of the badness if it happened. If you're cutting a baby's genitals, you know, the risk of something going wrong might be quite small but if it does go wrong you've maimed their genitals and so the magnitude is quite large and those have to be multiplied together when considering what is a really morally at stake. Also, there are many harms besides just medical harms - there's risk of psychological harm when somebody reflects back and is upset about what happened to them. I think I'm on my last two slides here. So Dena Davis says as long as Western countries continue to countenance male genital cutting, the criminalization of even the ritual nick cannot fail to dilute the persuasiveness of the official stance against FGC while carrying the unmistakable taint of intolerance and double standards and I argue that to push back against this trend, what's needed is a coherent and conjoined effort on the part of advocates of children's rights to emphasize that it's the lack of consent without medical necessity that's the ethical and moral concern here not where along a spectrum of sex or gender a person's body happens to fall. The genitalia are not like other parts of the body. These points hold regardless of contestable benefit/risk ratios and regardless of the supposed motivation of the parent - as long as you say there's an acceptable motivation for cutting children's genitals, parents simply have to cite that motivation - you can't get inside their head and ask them what's their true motivation - they say oh well, we do it for religious reasons, if that's what you need to hear. So this is the strongest argument for protecting children's rights and I'll just end with a graph. So I'm suggesting that instead of...
of drawing a line here on the x-axis where we say it's permissible to cut genitals to the left of that line but not genitals to the right of that line.

we should turn our attention here to the y-axis which is about autonomy and we should say it's not permissible to cut genitals on somebody who can't consent unless there's an urgent medical need and you have to do to save their life and preserve their future bodily autonomy but if it's above that line if somebody wants this under their body that's fine, it's up to them - it's their body. A quote here to conclude - feminist organizations are taking up this argument this is Terre des Femmes - a German group recently celebrated worldwide day of genital autonomy and they say whether it's medical or in a mild way, FGM remains a violation of human rights, so any discussion of whether there could be an acceptable mild form of FGM is rejected by our group and for that reason analogously there's no discussion as to whether it might possibly be acceptable to tolerate a boy's genital injury. Thank you.