

# Risky Business

*As told by  
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**A number of years ago, the World Health Organization passed a resolution condemning the issue of female circumcision as it occurs particularly in northeastern Africa.** Most countries have passed laws banning female circumcision. In the United States, it's primarily a state issue, and most states have chosen to address the issue using the rules pertaining to child abuse. If a doctor or medical professional observed any evidence of female circumcision, it is mandatory that they report it to Children's Services officials. But California State legislation went even further. Their law also contained language that was not typical of the laws that were passed in other parts of the country. It named particular cultures, particularly east African cultures, as the people who were the target of the law. The assumption was that all girls from those cultures were at risk. In addition, it associated female circumcision with genital mutilation and implicitly labeled everyone from those cultures as barbarians.

One of the unintended consequences of this legislation was that female immigrants and refugees from any one of those cultures felt no safety when it came to getting any kind of health care or support from the social service network. Even those who opposed the practice were afraid, because the very mention of it was enough to spur an investigation of their family. As a result, people in the San Diego public health field saw a steep decline in the general use of all health care services by east African women.

San Diego has a very large east African population of about 25,000. An agency funded by the Anglo-dominated public health system decided to take on the education component of dealing with this issue, but it got complicated along the way because one of the consultants to that group was found to have actually provided testimony and language that shaped the stringent California law. Needless to say, their credibility was destroyed and the community was up in arms.

What made this particularly difficult was that the issue of mutilation was connected with spiritual and cultural traditions. It was also entwined with the question of women's rights, because in some of the cultures, versions of the practice were done to

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a child at an age when they had no choice or even an ability to talk about it. All of this played out in the context of public diatribes about these people being barbarians.

I became involved when a local foundation and a colleague were helping this community find its own source of power and its own solution to this issue instead of having to accept the dominant culture's public health solution. At first, I wasn't certain I wanted to have anything to do with it. Like so many people, I had been influenced by the literature that was widely available about mutilation and choice. What I hadn't been exposed to was that there is a continuum of practices. On one end there is genital mutilation that is abhorrent to even many people in the practicing cultures. At the other extreme is what would best be described as a ceremonial prick or a relatively minor procedure done in a sterile professional setting, very much like the ceremonial circumcision of an adult Jewish male.

During my early involvement, I met an Ethiopian woman who is now a chairperson of the ongoing group working on this issue. She is a licensed social worker in the U.S., but was raised in Ethiopia and came here early in life. It wasn't until the law was passed that she asked her mother whether she had been circumcised. After some uncomfortable conversation, she found out that she had been circumcised using this latter alternative. Contrary to all the stereotypes, she was happily married, had children, had a satisfying sex life, and even her doctor hadn't been able to discern that she had been circumcised.

What I began to realize was that there is a spectrum of alternatives here, and that there were new ways of looking at this. But most of my colleagues in Columbus didn't even want to engage in a conversation with me about whether it was appropriate to take this on. From their perspective, it was clear that it was not a good project. There were several colleagues, mostly women, who were appalled by the fact there was even a project at all. The feedback I received was that unless I was going out there to straighten them up, they didn't want to talk to me about it. It created so much discomfort even to raise the topic I began to wonder if one of the prices I was going to pay if I took it was the loss of personal and professional friendships. In addition, it struck me that even though my organization, ChangeWorks of the Heartland, has historically tried to operate below the radar, something like this had the potential to become visible and somewhat volatile. For a group of people that has relied essentially on word of mouth for business referrals, it seemed that there was a high risk that potential word of mouth would be negative. It felt risky.

In the end, I chose to take the project after having a conversation with my son who is now 23. He was describing a girlfriend who had her labia pierced. What suddenly dawned on me, separate from questions about male circumcision, was that this middle-class white girl and her mother would never be subjected to any kind of investigation or mandatory report if they lived in California. But if an Ethiopian girl had voluntarily had the same procedure and been reported, her parents could be charged with a felony, and she could be removed and put in the custody of Children's Services because she was in a named cultural group. At that point it struck me how racist the law was.

Ironically, I thought I was getting involved in a project that had to do with female circumcision. What I discovered when I went out to work with the task group of this community was that I didn't hear people talking about circumcision. Rather, their

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focus was on legislation that was passed without anyone ever talking to them. They were concerned about needing to take their daughters to get routine health care, and they were justifiably afraid. People in their community work hard and pay taxes, but they didn't feel appreciated. What I was hearing were the same issues raised by disenfranchised groups in other communities. The more that became clear, the more I saw the possibility of framing this not as a female circumcision issue, but a community empowerment issue. They agreed.

Once I got past the idea that it was all about female circumcision and began to see the incredible strength of this community and that what they wanted was to take responsibility for managing these issues themselves, I got incredibly "jazzed." I felt this way partly because I saw the potential for success, and partly because I was having a relationship with people I would never have imagined being able to get close to. At that point I was really proud of myself, but it did take a while.

Once they decided to engage my services, I had a lot of questions. Why in the world would they want to work with an old, Jewish, midwestern white male? I was disarmed when the committee chair revealed to me that they had tried to work with African-American consultants and community organizers on this issue, along with the Urban League. Interestingly, as immigrants who have come here by choice from countries where their identity is with a clan, or with North or South Sudan, or with a geographic area as small as Eritria that has been at war with Ethiopia for all these years, they do not see themselves as Africans. They identify themselves as members of a clan. African-Americans, for reasons that she felt were perfectly understandable given how African-Americans first came to the U.S., tried to recruit the immigrants into a kind of Marcus Garvey pan-Africanism. The east Africans just couldn't relate to it.

This revelation was a rude awakening for me. After having used the term "black" for so long, it became clear to me how inappropriate that was in some contexts. African-Americans and African immigrants simply don't have a shared identity. I wondered what would happen to my reputation if word got out that I was working with a group of people who specifically didn't feel comfortable working with African-Americans, even though they themselves are black. I spent most of the project learning and reevaluating an awful lot of my beliefs around race and racism in the U.S.

The question that my colleague and I had to address was what approach would most build on what seemed to be the cultural assets in this community, while also being influenced least by our cultural biases. In the past few years, we had some experience with Appreciative Inquiry, and the more I learned about this group, the more I was drawn to using this approach. One of the things that really struck me during my conversations with the task group was that, before they immigrated, they were doctors, professors, and lawyers. These were an intelligent people filled with pride, but they were deeply frustrated because they were not allowed to practice medicine or law unless they went through all kinds of testing, along with having to learn English at a level of sophistication that would take too much time. So they were doing things like driving a cab to earn a living, and this was a huge tension for their community.

With Appreciative Inquiry there is a focus on assets, and problems are addressed from an understanding of your strengths, rather than getting stuck in problem solving and what is wrong. What we were able to do using this model was to bring together a small group of people from the community to raise questions with each other about

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potential, about history, and about experiences. From this, we developed a set of key issues that they would then go out to their respective communities and talk to people about, and about which they gathered stories. When they returned to our sessions they told these stories, and analyzed them from their own perspective. The end result was that they came up with three core issues that seemed to come through in the stories and this became the basis for our work together.

Many wonderful things have come out of this project. A year after we started working together, they applied for and received their 501(c)3 status and got a \$250,000 grant. I had such a huge feeling of elation.

More recently, the Ethiopian woman who headed up this project, and my colleagues, did a presentation at a conference sponsored by the Alliance Healthcare Foundation. They are seeking ways to help other people find more productive ways of dealing with the issue. My counterpart shared with me that she now holds herself in much higher esteem, having been able to negotiate all the different things that she had to do internally to keep that community going. She figured out how to keep things on track over the past two years, even with people joining and leaving the group, and with painful things happening in their own community or Africa. In the past, any one of these things would have stirred up old hostilities or concerns. They now know how to make their own self-corrections. That makes me feel proud because my biggest hope in working with any group is to leave people with the capacity to do this work themselves.

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