

**Golden Handcuffs:
Bill & Melinda Gates Foundation Accountability in Senegal**

Jaclyn Sylvain

A thesis submitted in partial fulfillment of
the requirements for the degree of

BACHELOR OF SCIENCE WITH HONORS

DEPARTMENT OF AFROAMERICAN AND AFRICAN STUDIES
UNIVERSITY OF MICHIGAN

March 21, 2014

Table of Contents

Figures.....	1
Acknowledgements.....	2
Introduction.....	3
Chapter 1.....	9
Chapter 2.....	29
Chapter 3.....	48
Conclusion.....	63
References.....	66
Appendix.....	78

Figures

Figure 1: Map of Senegal.....	9
Figure 2: Gates Foundation Awarded Annual Grants.....	14
Figure 3: Gates Foundation Awarded Annual Grants to Senegal.....	15
Figure 4: Total Gates Foundation Funding to Senegal by Organization Type.....	36
Figure 5: Estimated Total Deaths by Cause for Senegal in 2002 versus Total Gates Foundation Disbursements to Senegal.....	57

Acknowledgements

This thesis would not have been possible without the support from my thesis advisors, Professor Howard Stein and Professor Megan Sweeney. My time spent in Professor Stein's African Health and Socioeconomic Development class initially introduced me to the Western-centric and problematic approaches of foreign aid donors, which are the basic themes throughout this thesis. Also, I am truly indebted to Professor Sweeney's reassurance and the countless hours she spent helping me revise my paper and reorganize my thoughts.

In addition, I would like to thank my friends and family for their continuing support. Moreover, this project would not be what it is without my Senegalese interviewees. I want to thank them from the bottom of my heart for sharing their experiences and taking the time out of their lives to speak with me. Lastly, I want to thank my Senegalese host family for their warmth, welcome, and laughter, as they inspired me to focus on Senegal.

Introduction

During a four-month study abroad in Senegal starting in January 2013, where I studied at Université Cheikh Anta Diop de Dakar, my resolve to write an honors thesis was confirmed. Over the course of my stay, I became passionate about the role of cultural insensitivity in regards to foreign aid. This time abroad, combined with my involvement in the student chapter of an international advocacy organization, the ONE Campaign,¹ led me to realize the problematic message most foreign aid organizations promote. This new outlook inspired me to write a thesis that will illuminate the simplistic way that many Westerners view philanthropy: as an eternally good source for solving health issues without repercussions in the recipient nation.

This paper will explore the extent to which the Bill & Melinda Gates Foundation is continuing unthoughtful, donor-driven approaches of providing aid, which ignores important political and cultural contexts, specifically in the context of Senegal. Although I am not questioning the Gates Foundation's generosity, I am arguing that its funding practices are counter-productive because it marginalizes the people it works to help. I chose to focus on the Gates Foundation because it receives heavy praise with little criticism from other development players and is becoming increasingly more influential. Due to this influence, there is a tremendous lack in

¹ The ONE Campaign is a grassroots advocacy organization dedicated to fighting extreme poverty preventable disease and ten other issues, specifically focusing on Sub-Saharan Africa. The ONE Campaign has received \$135 million from the Gates Foundation and they currently have a large portion of their website dedicated to the Gates Foundation's Living Proof Campaign, which showcases stories on successful development strategies told "by some of the world's poorest people." Moreover, the partnership is "unusually close" due to the friendship between Bono (ONE's co-founder) and Bill Gates.

The Bill & Melinda Gates Foundation. (2013, November 2) *ONE*. Retrieved from <http://www.gatesfoundation.org/How-We-Work/Resources/Grantee-Profiles/Grantee-Profile-ONE>
The ONE Campaign. *About : Living Proof*. Retrieved from <http://www.one.org/livingproof/en/about/>

constructive criticism as development organizations, scholars, and governments all want a piece of the Foundation's \$38.3 billion endowment pie.² I also have a personal connection to the Gates Foundation's philanthropic work as it is a prominent partner of the ONE Campaign. By focusing on this organization, I hope to re-write some of the wrongs I previously advocated and change the unquestioning perceptions that most Americans have of philanthropic aid.

While a country-specific analysis allows for a more in-depth analysis of the Gates Foundation's influence on Senegalese policies and health issues, focusing on a single country does have its limitations. Data availability on specific health metrics is one such limitation as causes of death, morbidity rates, etc. are mostly estimated and therefore not exact. Moreover, I must acknowledge that as with any country, Senegal has its own individual issues and political context which cannot apply to another West African country. For instance, Senegal's strong democratic record, its relationship with the French colonial government, and its predominantly Muslim society represent challenges and health issues that cannot be applied to another context. However, this lack of generalization does not invalidate my work. After deeply and thoroughly researching the Gates Foundation in conjunction with Senegal, I now have a baseline for future studies on more regionally specific analyses. Those studies could carry enough weight to evoke a policy change within the Gates Foundation, resulting in increased transparency and accountability.

Apart from the limitations of a small country analysis, other potential biases could skew my analysis. To begin, I must note that it will be impossible to eliminate

² The Bill & Melinda Gates Foundation. *Foundation Fact Sheet*. Retrieved from <<http://www.gatesfoundation.org/Who-We-Are/General-Information/Foundation-Factsheet>>

a correlation between the priorities of both the Senegalese Ministry of Health (MIH) and the Gates Foundation, due to a lack of documentation on what influenced the MIH's prioritization. For instance, it would be in a country's best interest to match its health prioritization with the issue that is getting the most international attention and, most importantly, funding. Therefore, I cannot assume that there is complete autonomy in the Senegalese government's prioritization, as it could be based on funding allocation prospects rather than the most pressing health concerns within the country. In order to work around this confounding factor, I will analyze mortality data provided by the World Health Organization (WHO) to ascertain which issues are causing the most destruction to human lives in Senegal. In order to capture self-perceptions of health that may not be reflected in WHO data, I gathered personal interviews from Senegalese citizens.

Lastly, the main bias that I would like to address comes from my personal identity as a white, Western woman. Although I cannot specifically measure the influence of the identity differences between myself and my interview respondents, I think it is important to recognize that my identity defines me as a member of a colonial legacy that has continuously exploited people and resources from the African continent. Moreover, my skin color and Western identity have multi-layers of privilege which have socialized me to hold certain implicit biases that could also be a hindrance to the interviewer-respondent relationship. This dynamic could result in a skewing of my interviewees' responses during the interview, especially considering that we will be discussing the heavily-debated topic of foreign aid.

Therefore, despite popular opinion, which hold the Gates Foundation in high regard for its international efforts to reduce poverty and improve health outcomes, I am using Senegal as a case study to argue that the Bill & Melinda Gates Foundation discourages autonomy of recipient countries in five ways: influences the prioritization of health issues, funds mostly non-State actors, focuses on vaccines and technology instead of the social determinants of health, continues a Western-centered approach which leaves out African voices and in consequence, ignores specific cultural contexts. I am examining this argument by drawing on personal interviews with Senegalese citizens currently living in the United States in conjunction with an analysis of Gates Foundation funding priorities compared with the Senegalese Ministry of Health agenda, WHO mortality statistics and ideas from prominent development scholars on the increasing role of Westerners becoming the spokespersons for African health and development. It is my hope that this thesis will change how the Gates Foundation prioritizes issues and funds organizations in order to truly follow their mission “to help all people lead healthy, productive lives.”³

This thesis is organized into three chapters that cover a broad variety of topics related to both Senegal and the Gates Foundation. Chapter 1 provides an overview of Senegal, the Gates Foundation and its grant-making strategies, and the international development climate. In Chapter 2, I analyze the market-driven approaches of the Gates Foundation and the impact of corruption and lack of transparency in Senegal. Chapter 3 explores the Foundation’s vaccine-centered approach and the distribution of issue-specific funding.

³ Bill & Melinda Gates Foundation. *Foundation Fact Sheet*. Retrieved from <http://www.gatesfoundation.org/Who-We-Are/General-Information/Foundation-Factsheet>

Chapter 1 will introduce Senegal in terms of language, religion, and its reliance on foreign aid in the national economy. The Gates Foundation's beginnings and increasing influence in the development community will be extensively introduced in order to illuminate the importance of this philanthropic organization in global health initiatives. From there, I will critique the funding strategies of the Gates Foundation on the grounds that they decrease local Senegalese capacity, through the lack of public proposals and its decision to fund predominately U.S.-based organizations. Lastly, I attempt to answer who the Gates Foundation is accountable to if it funds almost every major development player.

In Chapter 2, I critique the philanthro-capitalist model implemented by the Foundation because it preserves a top-down approach to development that will not generate sustainable change. Instead of a top-down approach, I argue that the Gates Foundation could facilitate sustainable change by implementing a horizontal approach that empowers local communities. This proposition relies heavily on my interviewees' opinions on issues related to the business model of foreign aid, aid conditionality, and a debate on NGOs versus the public sector. In addition, this section will explore perceived corruption in the Senegalese government and its role in anti-foreign aid sentiments.

The focus of Chapter 3 is to explore the Foundation's emphasis on technological solutions instead of working within health systems. I will also analyze the relationship between Gates Foundation grants and the empirical reality of health concerns in Senegal, as well as Senegalese self-perceived health concerns. Drawing on Senegalese Ministry of Health priorities, WHO mortality statistics and Senegalese

opinions, I argue that the Gates Foundation is too heavily focused on generating quick, superficial measured results through technology-oriented funding instead of focusing on the social determinants of health that would lead to long-term health solutions.

Methodology

In order to gain a Senegalese perspective, I interviewed two Senegalese citizens currently living in the United States.⁴ These interviews were conducted by Skype and in person, and lasted 80 – 100 minutes using a digital voice recorder. Pseudonyms were used to preserve my interviewees' identities in order to allow freedom of speech without future repercussions in their professional careers. The names, Mamie and Doudou, were chosen by my interviewees. Mamie is a 29-year-old Senegalese woman and Doudou is a 34-year-old Senegalese man.⁵⁶ They were both given the opportunity to read over their interview transcripts, blot out information they did not wish to share or any other identifying information.⁷ With only two interviewees, I understand that this is not a preferred number, as a larger sample size would be a better indicator of Senegalese views on foreign aid. In addition to the small sample size, it is important to note that both interviewees are in the diaspora. Judging by the difficulties inherent in getting a U.S. visa it can be inferred that they have more financial resources and connections than the average Senegalese person. However, these two acknowledgements could not be avoided, as I had resource and time constraints which made a return to Senegal impossible

⁴ This study was given IRB Exemption Status on January 28, 2014, under Exemption #2 of the 45 CFR 46.101.(b).

⁵ Sylvain, J. (2013, December). Personal Interview

⁶ Sylvain, J. (2013, December 16). Personal interview on Skype.

⁷ Interview Transcripts are found in Appendix B and C.

before the completion of this paper. For future research, it would be imperative to interview Senegalese citizens currently in Senegal and from different geographic regions within the country.

Chapter 1

Senegal Background



Figure 1: Map of Senegal

Before an immediate discussion of the Gates Foundation's work in Senegal, some background knowledge is necessary to understand the cultural, political, and social dynamics of the recipient country. Senegal is a West African country bordering six countries and the Atlantic Ocean. The Senegalese population mostly identify as one of four ethnic groups: Wolof (50%), Serer (10%), Fulani (20%), and

⁸ Senegal Map. Retrieved from: <http://www.landmark.edu/library/citation-guides/landmark-college-citation-guides/apa-citation-style-guide/#Images>

Tukulor (20%).⁹ Wolof is the most commonly spoken language, but French is the official language of the country due to the long-time French colonization of the region. Arabic is also spoken widely, as the Senegalese population is 95% Muslim. Catholicism and traditional religions make up the remaining 5%. Saint Louis, the second largest city in Senegal after the capital city of Dakar, was the capital of French West Africa for the first 250 years of the colonial regime, which began in 1659. During the colonial regime, Dakar, Île de Gorée, Saint Louis, and Rufisque residents were given French citizenship. This status was unusual during the French West Africa occupation, so these areas were significantly more developed with infrastructure and social services as opposed to their rural counterparts. Today, roughly one fifth of the Senegalese population (13.72 million) lives in Dakar.¹⁰ This high population concentration has had negative consequences on the resource distribution of social services throughout the country, as the majority of Senegal's medical professionals, entrepreneurs, and educated elite live in the city.

Senegal is generally recognized as one of the most politically stable African countries, with a democracy based on fair elections and a history of zero coups d'état. Its main source of political instability comes from secessionist desires from the Movement des Forces Démocratiques de la Casamance. This organization's desires derive from the Gambian land barrier between Casamance and Senegal proper. Physical isolation combined with Casamance's historical rejection of central

⁹ Camara, C. Senegal: People. *The New Encyclopedia Britannica*. Retrieved from <http://www.britannica.com/EBchecked/topic/534445/Senegal#toc55040>

¹⁰ Senegal. *The World Bank: Working for a Free World of Poverty*. Retrieved from <http://www.worldbank.org/en/country/senegal>

authority has led to a low-level conflict since the 1980s.¹¹ In relation to foreign aid, in 2012, \$1,118,340,000 or roughly 7.73 percent of Senegal's Gross National Income came from Official Development Assistance (ODA), which includes gross loans, net debt relief grants and other grants from donor government, bilateral and multilateral contributions.¹² This aid was distributed by the Senegalese government into four main sectors: Program Assistance (19.8%), Education (15.6%), Economic infrastructure and services (14.5%), and Health and population (12.9%).¹³

Gates Foundation Background

In order to understand the dynamics of the Gates Foundation in Senegal, it is important to understand the Foundation's origin, endowment, and timeline. The Gates Foundation is the product of a combination of different initiatives. One is the William H. Gates Foundation, which was a private non-profit organization that began in 1994. It had a relatively small endowment of \$94 million and focused solely on global health and the Pacific Northwest community.¹⁴ In 2000, the William H. Gates Foundation merged with the Gates Library Foundation, an organization that sought to bring internet access to all Americans through public libraries, to become the Bill & Melinda Gates Foundation. From thereon, the Foundation gradually increased its influence and endowment, which culminated in Bill and Melinda Gates being named

¹¹ Fall, A. (2010, December). Understanding The Casamance Conflict: A Background. *KAIPTC MONOGRAPH No. 7*. Retrieved from

<http://www.kaiptc.org/publications/monographs/monographs/monograph-7-aissatou.aspx>

¹² Organisation for Economic Co-operation and Development (OECD). (2012). *Development –Individual aid projects (CMS) – Creditor Reporting System, 2008-2012 [Data set]*. Retrieved from <http://stats.oecd.org/Index.aspx?datasetcode=CRS1>

¹³ Organisation for Economic Co-operation and Development (OECD). (2012). *Development –Individual aid projects (CMS) – Creditor Reporting System, 2008-2012 [Data set]*. Retrieved from <http://stats.oecd.org/Index.aspx?datasetcode=CRS1>

¹⁴ Bill & Melinda Gates Foundation. *Timeline*. Retrieved from <https://docs.gatesfoundation.org/Documents/BMGFTimeline.pdf>.

TIME Magazine's people of the year with Bono in 2005 for their philanthropic efforts.¹⁵ The Foundation's funding geographically impacts all 50 states of the United States and roughly 100 countries around the world.¹⁶

The Bill & Melinda Gates Foundation's endowment is based on personal fortunes of Bill and Melinda Gates and the \$31 billion donation from Warren Buffet in June 2006.¹⁷ This giant endowment is managed through the Bill & Melinda Gates Foundation Asset Trust, which is made up of four trustee groups: Bill, Melinda, Warren Buffer, and outside investment managers.¹⁸

Moreover, the Foundation is broken into four main programs: Global Health, Global Development, Global Policy & Advocacy Division and the United States-based program. The Global Health program also includes the Grand Challenges Initiative, which I will not extensively discuss in this paper as it has not funded a Senegalese proposal.¹⁹

After the Gates' Person of the Year recognition, the Foundation has only grown in prestige and now employs 1,194 people, has four international offices and

¹⁵ Gibbs, N. (2005). The Good Samaritans: Melinda Gates, Bono and Bill Gates: three people on a global mission to end poverty, disease and indifference. *TIME Magazine*. 166(26). Retrieved from <http://content.time.com/time/magazine/article/0,9171,1142278,00.html>

¹⁶ Bill & Melinda Gates Foundation. *Foundation Fact Sheet*. Retrieved from <http://www.gatesfoundation.org/Who-We-Are/General-Information/Foundation-Factsheet>

¹⁷ Bill & Melinda Gates Foundation. *Warren Buffett: Trustee*. Retrieved from <http://www.gatesfoundation.org/Who-We-Are/General-Information/Leadership/Management-Committee/Warren-Buffett>

¹⁸ Bill & Melinda Gates Foundation. *Foundation Asset Trust*. Retrieved from <http://www.gatesfoundation.org/Who-We-Are/General-Information/Financials/Asset-Trust>

¹⁹ The Grand Challenges program was founded in 2003 with the National Institute of Health and then evolved with further partnerships with the Canadian Instituted of Health Research and the Wellness Trust of the United Kingdom. This program encourages new breakthrough solutions to 16 major health challenges through accelerated grant initiatives. Only two awarded grants are relevant to Senegal and these involved a testing a new manual farming technique for millet and a nasal drop vaccination clinical trial based in Senegal. Both are solely for research purposes. The Initiative. *Grand Challenges in Global Health* Retrieved from <http://www.grandchallenges.org/about/Pages/Overview.aspx>

a headquarters based in Seattle, and gives roughly \$3.4 billion dollars in grants annually.²⁰ The next most giving U.S. foundation is the Genentech Access to Care Foundation, which has a total annual giving of roughly \$666 million.²¹ On the world stage, the Gates Foundation is at least the second wealthiest private foundation, as it might be dethroned by the Dutch-privately owned, Stichting Ingka Foundation, which is thought to have an endowment of \$36 billion.²² However, in terms of charity, Stichting Ingka gives €100 million annually which is miniscule compared to the Gates Foundation's monetary impact.²³ In terms of location, none of the five Gates Foundation offices are located on the African continent where it focuses its global development and global health programs. To add to the irony, the Gates Foundation did not have a single staff member on the African continent until 2012, when two members were placed in Ethiopia and South Africa, followed by another in Abuja, Nigeria in September of the same year.²⁴ This lack of presence on the continent alone suggests a lack of commitment towards cooperation with developing country capabilities, institutions and local people.

Since its inception, the Gates Foundation has become an increasingly influential foreign aid institution. Figure 2 depicts this phenomenon by showing the

²⁰ Bill & Melinda Gates Foundation. *Foundation Fact Sheet*. Retrieved from <http://www.gatesfoundation.org/Who-We-Are/General-Information/Foundation-Factsheet>

²¹ Foundation Center. (2014, January 25) Top Funders: Top 100 U.S. Foundations by Total Giving. *foundationcenter.org*. Retrieved from <http://foundationcenter.org/findfunders/topfunders/top100giving.html>

²² (2006, May 11). Flat-pack accounting. *The Economist*. Retrieved from <http://www.economist.com/node/6919139>

²³ Orange, R. (2011, September 18). IKEA founder pledges €1bn to charity following Nazi past revelations. *The Telegraph*. Retrieved from <http://www.telegraph.co.uk/news/worldnews/europe/sweden/8772007/IKEA-founder-pledges-1bn-to-charity-following-Nazi-past-revelations.html>

²⁴ Bill & Melinda Gates Foundation. (2012, September 13). Gates Foundation to Open Office in Abuja. *Press Room*. Retrieved from <http://www.gatesfoundation.org/Media-Center/Press-Releases/2012/09/Gates-Foundation-to-Open-Office-in-Abuja>

increase of total aid disbursements since 2000. Although the Foundation's grant expenditures in the early 2000s were not small by any means, Warren Buffet's donation in 2006 had a significant impact on its funding practices, with the large annual increases finally plateauing in 2009. In regards to the seemingly extraneous funding decrease of roughly \$500 million from 2009 to 2010, I am assuming that this decrease may be due to fallout from the global economic crisis and the need for governments to cut spending costs. These two setbacks were noted in the 2011 Annual Letter written by Bill Gates.²⁵

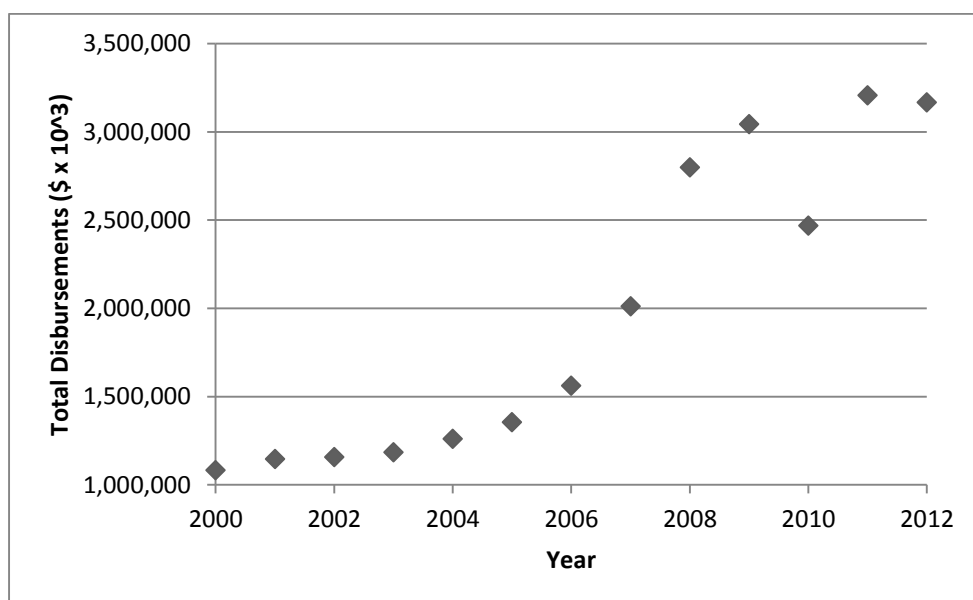


Figure 2: Gates Foundation Awarded Annual Grants²⁶

With respect to Senegal, the number of grants from the Gates Foundation does not reflect the overall increase in disbursements. Figure 3 shows that funding

²⁵ Gates, B. (2011, January 8). Annual Letter 2011. *The Bill & Melinda Gates Foundation*. Retrieved from <http://www.gatesfoundation.org/Who-We-Are/Resources-and-Media/Annual-Letters-List/Annual-Letter-2011>

²⁶ Information in Figure 2 was found in Bill & Melinda Gates Foundation Annual Letters from 2000-2012. Database for letters: Annual Letters from Bill Gates. *Bill & Melinda Gates Foundation*. Retrieved from <http://www.gatesfoundation.org/Who-We-Are/Resources-and-Media/Annual-Letters-List>

was scarce until 2009. The large jump in funding in 2009 to roughly \$12 million was the result of a Family Planning partnership formed between the Gates Foundation, Senegalese Ministry of Health and IntraHealth International for the 2010 Urban Reproductive Health Initiative.

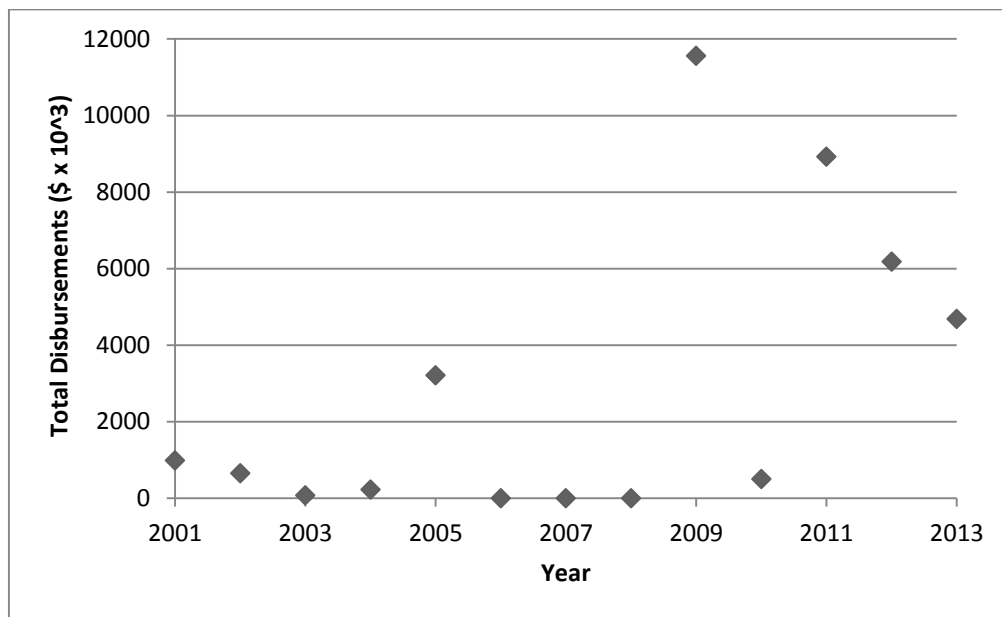


Figure 3: Gates Foundation Awarded Annual Grants to Senegal²⁷

Gates Foundation Grant-Making Strategies and Model

In order to analyze the effectiveness of the Gates Foundation's work, it is necessary to understand the philosophy and model that drives its policy. The Gates Foundation openly states that it "awards the majority of its grants to U.S. 501 organizations and other tax-exempt organizations identified by our staff."²⁸ The funding is typically proactive, as the Foundation reaches out to specific organizations

²⁷ Information in Figure 3 was found in Bill & Melinda Gates Foundation Awarded Grants section, also included in Appendix 1:

Grantmaking: Awarded Grants. *The Bill & Melinda Gates Foundation*. Retrieved from <http://www.gatesfoundation.org/How-We-Work/Quick-Links/Grants-Database#q/k=Senegal>

²⁸ How We Work: What We Do Not Fund. *The Bill & Melinda Gates Foundation*. Retrieved from <http://www.gatesfoundation.org/How-We-Work/General-Information/What-We-Do-Not-Fund>

to fulfill its proposals. However, there are three public proposal programs in which organizations can apply without Gates solicitation: Records for Life, Grand Challenges Grant Opportunities, and Program for Emerging Agricultural Research Leaders.²⁹ Since these three programs are very limited in topic, most organizations that receive Gates Foundation grants must tailor their projects to the desires of the Gates Foundation.

The Foundation has a four phase process for grants: Concept Development, Pre-Proposal, Investment Development, and Management and Close.³⁰ In the first phase, the Foundation develops a concept for one of the issues that they prioritize. Once they have discussed the idea with researchers, colleagues, etc., they begin to reach out to specific applicants who could address the problem. From there, the Foundation directly solicits organizations, “When we know a particular organization is well-suited to do the work, we reach out to the organization directly to request a letter of inquiry or grant proposal.”³¹ The Foundation has three methods for expanding the concept and finding an organization: Discussion and Dialog, Letter of Inquiry, and Request for Proposal. The Foundation states that it will sometimes have public proposal requests if they want to “broaden our network or fund multiple-organizations for a project.” Once an organization is selected, the Foundation sets specific guidelines and templates for project proposals, followed by an extensive review process which includes risk assessment, review recommendations, and finally an assessment signed by both parties which confirms payment schedule and other

²⁹ How We Work: Grant Opportunities. *The Bill & Melinda Gates Foundation*. Retrieved from <http://www.gatesfoundation.org/How-We-Work/General-Information/Grant-Opportunities>

³⁰ How We Work : How We Make Grants. *The Bill & Melinda Gates Foundation*. Retrieved from <http://www.gatesfoundation.org/How-We-Work/General-Information/How-We-Make-Grants>

³¹ How We Work : How We Make Grants. *The Bill & Melinda Gates Foundation*. Retrieved from <http://www.gatesfoundation.org/How-We-Work/General-Information/How-We-Make-Grants>

logistical concerns. Although the funded organization is responsible for submitting field progress reports, a Gates Foundation program officer facilitates the final phase by monitoring performance and coordinating discussions between the Gates Foundation and the recipient organization.

With an understanding of the model, we are now able to criticize it. The most crucial flaw of the Gates Foundation model is that its strategies take away the agency of the communities it tries to help. Firstly, the Foundation chooses to think of a specific issue and then finds an organization which can fit those confines rather than accepting public proposal requests. Being a U.S. based, endowed, and staffed organization that funds only U.S. 501 non-profits, and therefore not a member of the communities it hopes to impact, how can the Gates Foundation successfully award grants that will facilitate sustainable improvement in those areas of interest without any input from community members on the local priorities? Moreover, the Gates Foundation generalizes the issues that it strives to ameliorate. In his 2013 Annual Letter, Bill Gates states,

My second concern about the next 15 years is whether the world will align around a clear set of goals. The United Nations is starting to map out new goals for the years following the 2015 expiration of the current MDGs. As with the first round, the next set of goals could help align groups doing the work, remind voters what their generosity supports, and allow us to see where we are making progress in delivering solutions to the poor.³²³³

³² The Millennium Development Goals were created in 2000 and had a 15 year timeline to complete 8 goals: Eradicate extreme poverty and hunger, Achieve universal primary education, Promote gender equality and empower women, Reduce child mortality, Improve maternal health, Combat HIV/AIDS,

In a TED Talk, Ugandan Andrew Mwenda discusses the problem with Gates' belief in having global health and development goals,

The mistake of the international aid industry is to pick these isolated incidents of success, generalize them, pour billions and trillions of dollars into them and then spread them across the whole world, ignoring the specific and unique circumstances in each given village, the skills, the practices, the norms and habits that allowed that small project to succeed.³⁴

Ironically, the poor are completely left out of this decision making process although they are the intended targets. Mwenda explains the lack of developing country involvement by stating, "We have limited input because he who pays the piper, calls the tune – the World Bank, the IMF and the cartel of the good intentions in the world has taken over our rights as citizens."³⁵ Furthermore, this rhetoric on delivering solutions that align with global goals is a way for the Gates Foundation to generalize every community in developing countries on a global scale. The world doesn't need overarching goals and concepts to follow. People know the problems in their own community, and if given the resources, have enough agency to commit themselves to bettering their community and their lives.

malaria, and other diseases, Ensure environmental sustainability, Develop a global partnership for development.

United Nations Development Programme. Eight Goals for 2015. Retrieved from <http://www.undp.org/content/undp/en/home/mdgoverview/>

³³Gates, B. (2013, January 8). Annual Letter 2013. *The Bill & Melinda Gates Foundation*. Retrieved from <http://www.gatesfoundation.org/Who-We-Are/Resources-and-Media/Annual-Letters-List/Annual-Letter-2013>

³⁴ TED. (2007, September 4). *Andrew Mwenda: Let's take a new look at African aid* [Video File]. Retrieved from <http://www.youtube.com/watch?v=Rfobljsj230>

³⁵ TED. (2007, September 4). *Andrew Mwenda: Let's take a new look at African aid* [Video File]. Retrieved from <http://www.youtube.com/watch?v=Rfobljsj230>

Secondly, the Gates Foundation's decision to stay within their comfort zone and predominately fund U.S.-based institutions shows a lack of commitment to seriously bettering livelihoods and lives abroad. While these U.S. organizations typically partner with the public sector in developing countries, why not fund those government institutions directly? In the 2010 Annual Letter, Bill Gates claims, "Another consideration for us is the ability to find partners with excellent teams of people who will benefit from significant resources over a period of 5 to 15 years."³⁶ This statement, when combined with the Foundation's funding patterns, discretely condemns developing country institutions as inferior, unexceptional, and apparently not worthy of future benefits. The desire to stay within known U.S.-institutions is a strong example of how self-interest trumps the interest of those in developing countries, even though the Gates Foundation claims to have the desires of the poorest in mind. By funding mostly U.S.-based organizations, the Foundation creates more inequality between institutions in developed and developing countries. In addition, the Foundation is able to increase its influence and public appeal domestically by funding well-known and highly-esteemed institutions, which only increases its foothold as an altruistic do-gooder.

Lastly, the Foundation deems its funding style proactive, as it reaches out to specific organizations to carry out its work. However, it is very unclear how the Gates Foundation actually chooses those organizations, as it is not listed on their website. Therefore, I can only assume that the Foundation is reaching out to organizations in its informal networks or organizations with name-recognition and

³⁶ Gates, B. (2010, January 8). Annual Letter 2010. *The Bill & Melinda Gates Foundation*. Retrieved from <http://www.gatesfoundation.org/Who-We-Are/Resources-and-Media/Annual-Letters-List/Annual-Letter-2010>

prestige. In order to interact with more organizations in developing countries, it would seem sensible for the Gates Foundation to focus on public proposals, instead of a behind closed doors approach.

International Development Climate

With this baseline understanding of the Gates Foundation, one must grapple with the theoretical model of international development strategies and policies. Understanding the development context navigated by the Gates Foundation is necessary to understand why it follows specific development strategies. David Fidler, an International Law Professor at the University of Indiana, has put forward the theory of open-source anarchy as a framework for understanding the influence of non-State actors in the international development scene. Fidler argues that open-source anarchy has caused government space to be “accessible from States and non-State actors.” This accessibility from non-State actors can have large effects on global health because it gives all parties the ability of freedom of action which allows them to under- and over-exploit certain issues.³⁷ For instance, the Global Fund to fight AIDS, Tuberculosis and Malaria is one of the major multilateral aid organizations and has given approximately \$23,765,000,000 towards the three causes from 2002 to 2012.³⁸ Although these issues are important, as the three

³⁷ Non-State actors are organizations or individuals that can yield political influence, but do not belong to a state or government. The most common forms of non-state actors are non-governmental organizations, religious groups and large corporations.

Fidler, D. (2007). Architecture amidst Anarchy: Global Health’s Quest for Governance. *Global Health Governance*, 1(1). Retrieved from http://ghgj.org/Fidler_Architecture.pdf

³⁸ Since 2002-2012, \$13.190 billion to HIV/AIDS, \$6.759 billion to Malaria and \$3,816 billion to Tuberculosis.

The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Funding and Spending*. Retrieved from <<http://www.theglobalfund.org/en/about/fundingspending/>>

diseases combine to kill roughly 3,330,000 people³⁹ annually, there has been critique that diarrhoeal diseases, which account for 2.2 million annual deaths,⁴⁰ are severely underfunded and less well publicized. In my opinion, the theory of open-source anarchy provides a compelling explanation for the difficulty of coordinating public health responses between State and non-State actors. For instance, the limitations of Senegal's public health capacities, combined with the Gates Foundation's individual priorities could culminate in ineffective grant allocation and an underfunding of important issues

Besides the difficulty in coordinating public health responses with the many development players, non-State actors have become prominent enough to actually set worldwide health agendas. The best examples are the Millennium Development Goals (MDGs), which were adopted by the 191 countries of the UN General Assembly in 2000. They include eight general goals from reducing child mortality to eradicating extreme hunger and poverty, as well as target goals to be reached by 2015. Varun Gauri, a Senior Economist in the Development Research Group of the World Bank, states how the MDGs were formed, "The Millennium Development Goals were developed mostly by international civil servants, at the OECD initially, and then at the United Nations...They did not involve wide consultation with low-

³⁹ The Global Fund's website notes that 1.7 million deaths occur each year due to AIDS-related causes, 1.4 million due to Tuberculosis, with 430,000 among people who were also HIV-positive, and 660,000 due to malaria. Using the Additive Rule, I calculated (1,700,000 + 1,400,000 - 430,000 + 660,000 = 3,330,000).

The Global Fund to Fight AIDS, Tuberculosis, and Malaria. *Fighting AIDS, Tuberculosis and Malaria*. Retrieved from <<http://www.theglobalfund.org/en/about/diseases/>>

⁴⁰ World Health Organization. *Water-related diseases*. Retrieved from <http://www.who.int/water_sanitation_health/diseases/diarrhoea/en/index.html>

income or middle-income country governments.”⁴¹ Unsurprisingly, the fact that these countries were not involved in the process has largely resulted in few target goals being reached in Sub-Saharan Africa. Unfortunately, equitable development collaboration is also not occurring in the Gates Foundation practices, and the partnership between State and non-State actors is far from balanced. This problem is widespread in the international development community and one of the main reasons that there has been such little achievement for the Millennium Development Goals in Sub-Saharan Africa. Because these goals have made little progress, we must ask ourselves if high funding levels are satisfactory or if these goals can only be accomplished with structural changes and improved donor-recipient partnerships.

Mark Kramer, co-founder of FSG,⁴² argues that the MDGs have had little achievement due to a lack of coordination between the three sectors of philanthropy, international aid, and foreign direct investment.⁴³ He claims that the three sectors must direct their “funding to projects that [each sector] can undertake more efficiently or effectively than the other two sectors.”⁴⁴ Although I believe Kramer oversimplifies this collaboration and effectively leaves out the position of recipient-States, he does acknowledge the unique tools philanthropic organizations

⁴¹ Tanay, G. (2012, October 1). The Millennium Development Goals and Beyond: Virtual Roundtable with Branko Milanovic, Gus Ranis, Varun Gauri and Thomas Pogge. *Academics Stand Against Poverty*. Retrieved from <http://academicsstand.org/2012/10/mdg-roundtable/>

⁴² FSG is a non-profit consulting firm which works “across sectors by partnering with foundations, corporations, nonprofits, and governments in every region of the globe to develop more effective solutions to the world’s most challenging social issues”. FSG. About Us. Retrieved from <http://www.fsg.org/AboutUs/Overview.aspx>

⁴³ Kramer, M. (2007, August). *Philanthropy, Aid, and Investment: Creating a Common Language*. Paper presented at Brookings Blum Roundtable, Development’s Changing Face – New Players, Old Challenges, Fresh Opportunities.

⁴⁴ Kramer, M. (2007, August). *Philanthropy, Aid, and Investment: Creating a Common Language*. Paper presented at Brookings Blum Roundtable, Development’s Changing Face – New Players, Old Challenges, Fresh Opportunities.

bring to the international development scene. Kramer notes that Foundations are generally viewed as a development player without ulterior political motives, which makes them more trusted than donor governments or investors, who are regarded as profit driven.⁴⁵ This point is especially profound because I now understand the specific niche that the Gates Foundation is able to occupy and why it might choose to support innovative projects whereas other donor sources do not have that luxury. This idea drives home how unique the Gates Foundation is and why improving its accountability and funding practices could have positive impacts on global health.

Moreover, it is important to recognize that by giving more independence to developing countries, the Gates Foundation would be challenging current aid culture. This task seems only fitting for the Foundation as one of its major goals is to become an innovator in the field and take on tough problems. In my opinion, nothing would be a tougher or more important task than changing the current development aid structural inefficiencies. If the Gates Foundation wants to be a leader, it should adopt this angle, instead of continuing to fund vertically based grant initiatives and keeping problematic donor culture intact.

The Gates Foundation has attempted to revolutionize international development by adhering to Warren Buffet's words, "Don't just go for safe projects...Take on the really tough problems." These words depict the way in which how freedom of action has allowed the Foundation to apply its own priorities to every country indiscriminately. For instance, the Foundation has pursued "high-risk,

⁴⁵ Kramer, M. (2007, August). *Philanthropy, Aid, and Investment: Creating a Common Language*. Paper presented at Brookings Blum Roundtable, *Development's Changing Face – New Players, Old Challenges, Fresh Opportunities*.

high-reward” approaches such as malaria eradication, which solely rely on future vaccination breakthroughs.⁴⁶ To clarify, I am not entirely denouncing high-risk, high-reward strategies, as certain examples, such as smallpox eradication and the polio vaccine have significantly increased quality of life and life expectancy. However, vaccines are not an effective development strategy to center on as will be discussed in Chapter 3.

While Bill Gates remains optimistic about this malaria eradication strategy, it has drawn some critical backlash. For instance, at a Harvard roundtable event held on World Malaria Day in 2011, Barry Bloom, the former dean of the Harvard School of Public Health, declared that anti-malaria publicity campaigns have been waged without an effective vaccine. In addition, he acknowledges the harsh reality that mosquitoes are becoming resistant to current drugs on the market. Bloom also expounds that he doesn’t “know anyone in public health who will take the risk and say eradication will definitely happen.”⁴⁷ Based on this response, it appears the Gates Foundation is lacking major support from the very experts whose opinions it should be taking into account. Perhaps its risk and faith in innovation is the Gates Foundation’s role in development as it has the resources to push for eradication, but couldn’t this money be more effective in other sectors, perhaps to fight the socioeconomic causes of health disparities? Which in turn begs the question: are the Gates Foundation’s goals worthy? While searching to answer this question, I will

⁴⁶ Black, R. E., et al. (2009). Accelerating the health impact of the Gates Foundation. *The Lancet*, 373(9675). Retrieved from <http://www.thelancet.com/pdfs/journals/lancet/PIIS0140673609608862.pdf>

⁴⁷ Powell, A. (2011, April 26). Roundtable says long-term goal may prove beyond reach. *Harvard gazette*. Retrieved from <http://news.harvard.edu/gazette/story/2011/04/eradicating-malaria-a-tall-order/>

discuss the Foundation's influence and exerted pressure on the development community.

Gates Foundation Influence

In one of the few Gates Foundation critiques, David McCoy, a senior clinical lecturer at the Queen Mary University, and his colleagues keenly note, "All key contributors to global health have an association with the Gates Foundation through some sort of funding arrangement."⁴⁸ This point is especially important because it acknowledges the authority and leverage that the Gates Foundation can have on other donor organizations. For instance, the Gates Foundation is the only private member of the Health 8 (H8),⁴⁹ which gives it power in deciding the next international health agenda and subsequent publicity of those issues. The H8 was established in 2007 to "coordinate global health initiatives and determine uniform international health priorities."⁵⁰ Out of the other seven organizations in the H8, all of them have directly received Gates Foundation funding. The average amount granted to each organization is roughly \$615 million.⁵¹ This large sum evolves mostly

⁴⁸ McCoy, D., et al. (2009). The Bill & Melinda Gates Foundation's grant-making programme for global health. *The Lancet*, 373(9675). Retrieved from [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(09\)60571-7/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)60571-7/fulltext)

⁴⁹ The Health 8 (H8) is made up of the WHO, UNICEF, UNFPA, UNAIDS, GFATM, GAVI, Bill & Melinda Gates Foundation and the World Bank. This informal group was founded in 2007 to help increase urgency for the Millennium Development Goals.

(2011, February 23). Health 8 group meet to discuss maximizing health outcomes with available resources and getting "more health for the money". *UNAIDS*. Retrieved from <http://www.unaids.org/en/resources/presscentre/featurestories/2011/february/20110223bh8/>

⁵⁰ Council on Foreign Relations. (2013, June 19). The Global Health Regime. *Renewing America*. Retrieved from <http://www.cfr.org/health/global-health-regime/p22763>

⁵¹ Calculations derived from information from:

Bill & Melinda Gates Foundation. Grantmaking: Awarded Grants. Retrieved from <http://www.gatesfoundation.org/How-We-Work/Quick-Links/Grants-Database>

out of the \$1.4 billion to the Global Fund and \$2.5 billion to the GAVI Alliance.⁵²⁵³

The Gates Foundation has the closest partnership with the GAVI Alliance, as the Gates Foundation has a permanent seat on GAVI's board. How can an equitable collaboration in the H8 remain if the Gates Foundation has leadership positions in two of the eight organizations?

A negative result of the Gates Foundation's disproportionate influence has already become apparent in its 2005 announcement to increase funding to eradicate malaria. Dr. Arata Kochi, the malaria chief at the World Health Organization, complained that this sole focus on malaria will stifle scientific diversity and have "far-reaching, largely unintended consequences."⁵⁴ As mentioned earlier with the criticism from Bloom, this critique comes directly from the WHO, one of the H8 member organizations. The Gates Foundation's increasing power could be threatening to the WHO, especially considering that the Foundation created the Institute for Health Metrics and Evaluation, which would effectively do the same tasks as the WHO.⁵⁵

Accountability

In addition, McCoy et .al.'s paper leads us to question if good intent justifies poor funding decisions and a preference for developed country institutions. How can an organization claim to be accountable to people in developing countries while

⁵² The Global Fund to Fight AIDS, Tuberculosis, and Malaria. Partners: Bill & Melinda Gates Foundation. Retrieved from

<http://www.theglobalfund.org/en/partners/privatesector/gatesfoundation/>

⁵³ GAVI Alliance. The Bill & Melinda Gates Foundation. Retrieved from

<http://www.gavialliance.org/about/partners/bmgf/>

⁵⁴ McNeil, D. (2008, February 16). Gates Foundation's Influence Criticized. *The New York Times*. Retrieved from <http://www.nytimes.com/2008/02/16/science/16malaria.html? r=0>

⁵⁵ McNeil, D. (2008, February 16). Gates Foundation's Influence Criticized. *The New York Times*. Retrieved from <http://www.nytimes.com/2008/02/16/science/16malaria.html? r=0>

consistently funding U.S.-based and supranational organizations, such as the Global Fund and GAVI Alliance? An article by Laura Freschi and Alanna Shaikh asks another important question: “If the Gates Foundation influences governments, NGOs and the media on global health, who will be able to offer objective feedback on its goals, practices and impact?”⁵⁶ This Freschi and Shaikh question exemplifies why critiques like this are important, as the Foundation has no reason to modify its strategies without criticism and pressure to change.

In attempt to answer the first question of accountability to developing countries, David McCoy et al.’s evidence illuminates that only 1.4 percent of Gates Foundation funding was aimed at public sector organizations.⁵⁷ To reiterate, 22 percent of Senegal-focused funding went to the public sector. However, the funding percentage to the Senegalese public sector would be much less if supranational organizations were included in the calculations. This 22 percent is crucial to my belief that the Gates Foundation chooses to circumvent government health systems, which undermines the government’s capacity to help its own citizens. By disproportionately funding non-governmental organizations and global health partnerships, the Gates Foundation leaves developing country governments and Health Ministries in competition with better funded organizations with more international influence. I am forced to question- how this strategy can lead to developing country sustainability in the health sector.

⁵⁶ Freschi, L. & Shaikh, A. (September 1, 2011). Gates – a benevolent dictator for public health? *Alliance magazine*. Retrieved December 13, 2013 from <http://www.alliancemagazine.org/en/content/gates-benevolent-dictator-public-health>

⁵⁷ McCoy, D., et al. (2009). The Bill & Melinda Gates Foundation’s grant-making programme for global health. *The Lancet*, 373(9675). Retrieved from [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(09\)60571-7/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)60571-7/fulltext)

Another clear indication of the Gates Foundation's lack of accountability to developing countries is its ineffective strategic choices, which differentiate it from other donor organizations. An article co-written by Devi Sridhar, an Oxford University lecturer in Global Health Politics, and Rajaie Batniji, Resident Physician in Internal Medicine, identifies funding patterns by the Bill & Melinda Gates Foundation, the World Bank, the Global Fund, and the US government. Sridhar and Batniji find that "Delivery and development of drugs and health technology, which have been the focus of the bilateral and private (BMGF) institutions, are less likely and less politically complex than is long-term investment in infrastructure."⁵⁸ This argument directly relates to the Gates Foundation's circumvention of developed country public sector institutions, as opposed to the Global Fund and World Bank, which predominantly fund in Sub-Saharan Africa and work closely with low and middle-income governments to build up health system capacity. How can the Gates Foundation identify which issues are a top priority in every country if it chooses to fund organizations that are not located in that region? Moreover, how can a government have ownership over its health policies and priorities when donor funding is sidestepping its needs? These questions are especially crucial when considering the historical context of Sub-Saharan Africa. After finally gaining independence from their colonial predecessors, these governments still are not trusted to have complete control over the welfare of their people.

⁵⁸ Sridhar, D., and Batniji, R. (2008, September 27). Misfinancing global health: a case for transparency in disbursements and decision making. *The Lancet*, 372(9644). Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/18926279>

Chapter 2

Vertical versus Horizontal Approaches

To begin a more comprehensive conversation about the Gates Foundation's role in Senegal, I am advocating bottom-up approaches, which contrast with the market-driven and top-down method used by the Foundation. I would describe the Foundation's methods as top-down and disease-specific because the Foundation has consistently funded projects which focus on a specific topic of interest, such as vaccine technology or HIV/AIDS.⁵⁹ As discussed earlier, the Foundation actually chooses an issue or concept first, then reaches out to organizations for proposals. Therefore, the funding is completely issue-specific and allows for little input from the aid recipients. With this top-down approach in mind, I argue that if the Gates Foundation continues to utilize the current ineffective policy of vertically funded approaches to development, the Foundation's increasing influence in the development scene can be detrimental to the welfare of people in "developing" countries.

Vertical approaches or "disease specific" approaches are symptoms of a top-down approach and are currently in use by the most influential donors, such as the U.S. government, and the Global Fund.⁶⁰ Robert Marten and Jan Martin Witte of the Global Public Policy Institute address the ineffective vertically organized programs

⁵⁹ Top-down, or trickle-down approaches rely on larger companies and rich individuals to drive economic growth. On the other hand, bottom up or grassroots approaches works to help local people help themselves through including them in decision making processes with the goal of long-term sustainable solutions.

Slideshare [Ecumene]. (2009, February 04). *Approaches to Development*. Retrieved from <http://www.slideshare.net/ecumene/approaches-to-development#>

⁶⁰ Health Poverty Action. *Vertical and Horizontal Funding*. Retrieved from <http://www.healthpovertyaction.org/policy-and-resources/health-systems/health-funding/vertical-and-horizontal-funding/>

that philanthropic organizations fund, and they discuss these organizations' increasing role in development.⁶¹ Marten and Witte argue that in some instances, "foundations simply provide charity in the form of band-aids for broken bones."⁶² These band-aids represent vertical approaches and often have harsh consequences on the local, horizontal, or state-funded health structures while ignoring the systemic causes of the problems it hopes to address. Consequently, I am arguing for horizontal approaches, which would involve direct collaboration with recipient governments, resulting in sustainable development. Such approaches contrast verticality, which perpetuates and exacerbates existing global hierarchies and inequalities.

As this section will deal with several complex arguments that tie in to the debate surrounding vertical and horizontal funding approaches, I will begin by explaining the conceptual flaws of the market-based model that the Gates Foundation enacts, which is the basis for top-down approaches. Secondly, I will discuss aid conditionality and the idea of the "Golden Handcuffs." Lastly, I will examine debates surrounding NGOs and the public sector in terms of sustainability and public perception to see if the Gates Foundation has merit in prioritizing NGOs over the public sector.

Bill Gates has applied similar business-model policies and strategies to both his company, Microsoft, and his philanthropic organization. However, in contrast to pure capitalism, Gates calls this new system "creative capitalism-an approach where

⁶¹ Marten,R. & Martin Witte, J. (2008). Transforming Development? The role of philanthropic foundations in international development cooperation. *GPPi Research Paper Series No. 10*. 1-40.

⁶² Marten,R. & Martin Witte, J. (2008). Transforming Development? The role of philanthropic foundations in international development cooperation. *GPPi Research Paper Series No. 10*. 15

governments, businesses, and nonprofits work together to stretch the reach of the market forces so that more people can make a profit, or gain recognition, doing work that eases the world's inequities."⁶³ In other words, Gates is acknowledging a market failure, where those who are very poor have little market power. He is attempting to internalize social justice within the economic system by getting rid of negative externalities, such as global inequalities, to make the world a better place. He claims that once externalities are removed, less inequality will occur due to a remaining perfect market-driven system. However, I would argue that philanthro-capitalism is an oxymoron. The idea is intrinsically flawed because it includes the market as a solution. A market system will never be perfect due to the influence of private systems. We should ask ourselves, how would this strategy, which depends on corporations and those in power, cease to further perpetuate inequities by decreasing developing country agency?

Mamie, a 29-year-old Senegalese woman whom I interviewed, discusses another problem with the market-driven approach when she surmises, "I know foreign aid has good intentions, but at the same time, I think it's a business and the way I see it is, they want to give foreign aid with a western business mentality into these countries." In this statement, Mamie alludes to the problem with this market approach: it is at odds with values important in Senegalese culture, a sense of community and different measures of success, not solely based on wealth. Along with the problems of a market approach, Mamie also questions Bill and Melinda Gates directly,

⁶³ Gates, B. (2008, January 24). Prepared remarks by Bill Gates, co-chair and trustee. *2008 World Economic Forum*. Retrieved from <http://www.gatesfoundation.org/media-center/speeches/2008/01/bill-gates-2008-world-economic-forum>

So, for me, ok, it's cool that they are giving all of this money, but in the back of my mind, I'm like, 'all that money that they are giving is tax deductible.' Sometimes I feel like they are giving away all of this money because they have to, because if they don't, the IRS ...are going to come after them.

These sentiments are being expressed by Senegalese citizens in the diaspora, who are being socialized daily with Western values. Imagine then how much of these distrustful views could be expressed by the citizens still in Senegal.

Now that the failures of a market-driven approach are known, I will discuss aid requirements for recipient governments related to aid conditionality. Aid conditionality is meaningful because it serves as an example of the global outlook of the "haves" and the "have-nots", which is perpetuated by the top-down approaches utilized by the Gates Foundation. To begin, Mamie describes her views of the Western "savior" mentality as a large barrier to the effectiveness of foreign aid in Senegal. She explains,

I feel like that approach of it [is] 'We are the bigger people. We're the Americans. We're the Europeans. We're the ones who have more money. Let's just give them the money and tell them how to use it.' And I feel like they are doing that with a Western mentality without thinking, without going from the bottom up.

Mamie touches on a central issue with some types of international aid in this statement. She describes a type of aid conditionality that is sometimes required of countries receiving foreign aid. This more subtle form of conditionality can be

contrasted with obvious types such as the threat of cutting off aid if human rights violations do not improve or disappear. In both forms, I believe that aid conditionality is incredibly harmful to government autonomy and mirrors the same power dynamics visible in past colonial regimes. The idea of aid conditionality specifically ties in with the Gates Foundation, because in order to receive funding, an organization must be hand-selected by the Foundation for an already-specified problem pre-determined by the Foundation.

In another critique of top-down approaches, Ajit Singh, a Professor of Economics at the University of Cambridge, argues that it is important to look at issues regarding aid conditionality from the perspective of developing countries instead of from the perspective of donors. Moreover, Singh notes, "From their point of view aid should be based on need and be free of intrusive conditionalities, particularly with respect to policies and governance."⁶⁴ Singh's argument alludes to the "international economic environment which is primarily the creation of developed countries because of their power and economic weight"⁶⁵ in relation to aid conditionality. However, I want to take this a step further by noting how developed countries and institutions are centering themselves in the affairs of developing countries, thereby exemplifying the economic inequalities and country-level global hierarchy. In the practices of foreign aid donors, developing country citizens and institutions are implicitly viewed as insufficient, and more importantly, not to be trusted without the hand-holding of a Western country to guide their

⁶⁴ Singh, A. (April 2002). Aid, Conditionality and Development. *Development and Change*, 33(2), 295-305. <http://onlinelibrary.wiley.com/doi/10.1111/1467-7660.00255/pdf>

⁶⁵ Singh, A. (April 2002). Aid, Conditionality and Development. *Development and Change*, 33(2), 303. <http://onlinelibrary.wiley.com/doi/10.1111/1467-7660.00255/pdf>

progress and future. The Bill & Melinda Gates Foundation exemplifies this notion as Bill Gates and Melinda Gates, similarly to Bono, act as spokespersons for the African continent, while simultaneously hindering their efforts by not funding African-originated projects.

In regards to aid conditionality, Mamie also offers a statement to describe the relationships between Senegal and its foreign aid donors, “Golden Handcuffs.” I interpret the “Golden Handcuffs” as representing an idea very closely tied to donor conditionality. The term implies that Senegal is receiving aid but is bound by an implied donor prioritization and is confined to a dismal place in the global hierarchy. However, Mamie has a different interpretation: “you have this foreign aid coming in, but you get used to that foreign aid so you don’t really try to figure things out for yourself...it’s as if someone was giving you an allowance every month...so you’re not going to look for a job because you are getting free money.” Although I love the idea of the “Golden Handcuffs,” I have to push back against Mamie’s view as it seems to echo Westerners’ on negative African stereotypes, which imply that African governments are lazy and do not have the best intentions for their own people.

The “Golden Handcuffs” idea is exemplified by a startling point introduced in the article co-written by Devi Sridhar and Rajaie Batniji about the dependence that Sub-Saharan Health Ministries can have on international funding donors. Sridhar and Batniji use Tanzania, Kenya and Uganda, where 40-60 percent of the health ministry budget comes directly from international aid, to illustrate how ministries

are now donor dependent.⁶⁶ In the Senegalese Ministry of Health, 21 percent of the budget came from international aid in 2005.⁶⁷ This finding is noteworthy because it sheds some light on how donor issue suggestions could influence domestic health prioritization. Although health ministry dependence and aid directed towards developed country organizations seem at odds with one another, they actually contribute to the same problem, because as money flows in, governments and Ministries of Health are directed to focus on certain issues.

While funding the public sector in a problematic way that decreases agency, the Bill & Melinda Gates Foundation also decreases government capacities by circumventing the public sector with U.S.-based NGOs. Roughly 63.8 percent of Gates Foundation money to Senegalese-related projects, as illustrated in Figure 4, was awarded to U.S.-based NGOs, such as Tostan, IntraHealth International, and PATH, compared to the 22 percent of grants awarded to the Senegalese government.⁶⁸

⁶⁶ Sridhar, D., and Batniji, R. (2008, September 27). Misfinancing global health: a case for transparency in disbursements and decision making. *The Lancet*, 372(9644). Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/18926279>

⁶⁷ Ministère de la Santé de la Prévention et de l'Hygiène Publique. (2005). Comptes Nationaux de la Santé Du Sénégal Année 2005. *Cellule D'Appui au Financement de la Santé et au Partenariat*. Retrieved from http://www.who.int/nha/country/sen/senegal_nha_report_2005_oct_2009.pdf

⁶⁸ Based on data in Appendix 1: Gates Foundation Awarded Grants to Senegal.

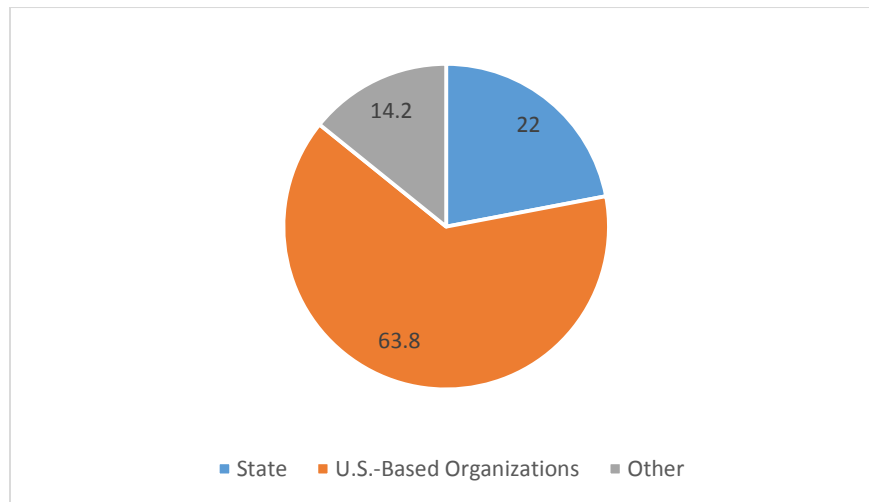


Figure 4: Total Gates Foundation Funding to Senegal by Organization Type

These findings are actually more pronounced in the work of McCoy et al., who found that 82 percent of grants, once supranational organizations were excluded, were given to U.S.-based organizations in all Gates Foundation awarded grants.⁶⁹ With these analyses, it is apparent that the Gates Foundation is not supporting Senegalese Health Ministry capacity by predominantly funding U.S.-organizations. Rather, it is preserving an order where Western organizations are the Good Samaritans. Howard Stein, a Professor in the Department of AfroAmerican and African Studies at the University of Michigan, argues that “the consequence of importing systems from abroad...has led to an undermining of local capacities, because they are frequently displaced by new ones brought by technical assistance.”⁷⁰ Stein’s argument further encapsulates a central theme in the Golden Handcuffs analogy where developing countries are faced with a tough decision:

⁶⁹ McCoy, D., et al. (2009). The Bill & Melinda Gates Foundation’s grant-making programme for global health. *The Lancet*, 373(9675). Retrieved from [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(09\)60571-7/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)60571-7/fulltext)

⁷⁰ Stein, H. (2008). *Beyond the World Bank Agenda: An Institutional Approach to Development*. Chicago, IL and London: The University of Chicago Press.

receive funding while autonomous capacity is diminishing or do not apply for funding even though it is at times desperately needed.

Before turning to my interviewees' takes on bottom-up approaches related to the influence of NGOs, I want to discuss a small case-study from Lacor hospital in Uganda. The case study illuminates the harm of disease-specific approaches that the Gates Foundation typically funds and shows how Ugandan health care workers maintained a horizontal approach for their hospital. Although I don't think the negative outcome of vertical approaches is maliciously done, by richly funding certain issues, development organizations are unequally distributing resources, which leaves to die those patients with other conditions, such as malnutrition, pneumonia, and diarrhea. A letter to the editor, written by Dominique Corti, Opira Cyprian, and Martin Ogwang of St. Mary's Hospital in Lacor, Uganda, articulates my main objection to vertical approaches: they inadvertently prioritize whose life is more valuable. Corti, Cyprian and Ogwang note that instead of building a dedicated unit to AIDS or becoming an AIDS-specific hospital, which would have opened the hospital up to new funding sources, the hospital chose to supply AIDS anti-retroviral to patients with those needs, without regard to the rest of the community with tropical and infectious diseases. Ugandan health workers argue, "The country's health systems – which can be described as 'horizontal', because they offer general, accessible health services to the population without discrimination... experienced an acceleration of this brain drain towards these rich vertical projects."⁷¹ The "brain

⁷¹ Corti, D., Cyprian, O., Ogwang, M. (12 Sept. 2011). Lacor hospital's approach to the vertical funding dilemma. *Capacity.org*. Retrieved November 23, 2013, from <http://www.capacity.org/capacity/opencms/es/topics/voices-of-capacity-development/one-hospitals-approach-to-the-vertical-funding-dilemma.html>

drain” they describe is the movement of health care workers from general hospitals to disease-specific hospitals that pay better due to higher funding from outside donors. This idea is explained in the letter, when Corgi, Opira and Ogwang note that the establishment of a vertically-funded AIDS unit in the hospital would have resulted in wage and patient treatment inequality. Although this context differs from Senegal, it gives some insight into the stress disease-specific strategies can have on local capacities and people.

In theory, I argue for horizontal approaches in development, but it is essential to consider the practicality of this belief. I must ask myself whether the government or public sector is more efficient at empowering and helping aid the local communities. Although I initially suspected that the government would be more trusted than NGOs considering Senegal’s past state as a colonized nation, I was surprised to learn that my interviewees believed that NGOs were a better option for involving local communities and getting aid to those most in need. While I did not ask my interviewees’ questions related to the perceived differences between Western-based and Senegalese-based NGOs, I wonder if this lack of differentiation was a reason for NGO preference. In future research, I would like to address this difference as I speculate that this trust would be considerably higher for Senegalese-based NGOs.

Also critical to my interviewees’ pro-NGO response is their respective identities. As I suggested earlier, it is crucial to remember that I interviewed Senegalese citizens living in the United States. Their experience in the U.S. has likely skewed their views on the government and criticisms from a more Westernized

perspective. For instance, those in the diaspora are possibly upset with their host country's government, which is a potential reason for why they left. In addition, I speculate that NGOs are more trusted because of resource imbalance. It is much more difficult to balance a budget and disperse resources equally from the government's perspective than from an NGO, which typically deals with a very specific region and focuses on just a few topics related to health, education, or microfinance. Moreover, I noticed that both of my interviewees generally preferred NGOs in relation to a dislike of the government's strategies and perceived corruption, which I will discuss in a later section. For example, Doudou, a 34 year old Senegalese male, had serious problems with the Senegalese government's intentions, the centralization of resources in Dakar, and problems with paying healthcare workers, especially doctors.

Unsurprisingly, Mamie and Doudou advocate for grassroots and bottom-up approaches to aid. However, I was shocked when they both noted a preference of NGOs compared to the Senegalese public sector. It is my view that bottom-up approaches involving the public sector are preferred over an NGO, especially a Western-based NGO. Against my views, Mamie argues for efforts such as the Peace Corps, because "they look at already how the people are living and bringing in that ... modern way of living and seeing how it can mesh together and work together, so once they leave they can actually continue with that work themselves." Although space won't permit me to extensively discuss the Peace Corps, I argue that this organization is an example of a problematic bottom-up approach which does a poor job of empowering local people. I agree with other ex-Peace Corps volunteers who

claim, “[Peace Corps] often try to impose their own North American structures... onto communities which have for generations been highly structured according to their own culture.”⁷² Moreover, another former Peace Corps member David Kortava questions, “Is another educational opportunity for people of privilege really an appropriate, let alone optimal, response to poverty?”⁷³ By contrast, Mamie argues that this program is generally more sustainable because it allows community members to continue on the projects after the Peace Corps volunteer departs. However, she does recognize a crucial difference between thoughtful and thoughtless development projects in terms of practicality.

In referencing a successful Peace Corps project that involved making and distributing a nutritional porridge that only required hot water, Mamie also notes a failed project that focused on building a library that was later destroyed by floods during the rainy season. These two projects exemplify both a successful and unsuccessful attempt by United States citizens to work with local Senegalese communities. Mamie’s high esteem for the porridge project demonstrates her preference of deliberate aid where volunteers or donors are listening members of the community. Mamie believes this is a type of assistance where, “you have people on the ground already, who know and live with these people and know what their priorities are, so when they do get the foreign aid they can go ahead and help them, create projects so that they can do it on their own.” Mamie also points out that practicality and Senegalese fear of change are two possible roadblocks to the success

⁷² No Writer Attributed (1968, January 17). The Peace Corps: An Indictment. *The Harvard Crimson*. Retrieved from <http://www.thecrimson.com/article/1968/1/17/the-peace-corps-an-indictment-pwe/>

⁷³ Kortava, D. (2011, October 4). Why the Peace Corps is an Affront to the Poor. *The Morningside Post*. Retrieved from <http://www.themorningsidepost.com/2011/10/04/why-the-peace-corps-is-an-affront-to-the-poor/>

of foreign aid and sustainable development. She describes a new type of mango, which needs less watering than traditional types, to exemplify how new program implementation must be carefully strategized and have an obvious benefit to the community. Mamie puts this idea into perspective beautifully by explaining, “When you come in and tell a person, the way you’ve been doing this for thousands of years is not the right way, you need to change it and do it this way. They are like why? It’s worked for thousands of years, why do I need to change my method now?” This quote is crucial because it has deep historical roots in early missionization and colonization of West Africa. The desire to change, modernize, and civilize those in developing countries has been a constant thread since the start of European and Western influences in Africa. Mamie’s sentiments address how these thoughtless desires to educate and help the less fortunate are still present, but more covertly under a guise of development, philanthropy and foreign aid.

Corruption and Transparency

Corruption has always been a hot topic in debates surrounding the effectiveness of foreign aid. This attention is likely because corruption can have very serious repercussions, as its effects divert money from marginalized people to wealthy bank accounts, further exasperating the economic inequalities in a country. Although there are corruption indices which measure perceived and reported levels of corruption, I argue that these indicators have serious shortcomings, so they will not be included in this paper.⁷⁴ While it is easy to point the finger at the Senegalese

⁷⁴ If interested, Senegal was ranked 48th of 197 countries by the Corruption Risk Index and 77th out of 177 countries in the Corruptions Perceptions Index, by Transparency International. In the Corruption Risk Index, the least corrupt country is listed as 197th.

government's corruption levels to explain the Gates Foundation's funding of non-state actors, the Foundation does not have a clean record in transparency either under similar transparency indicators.⁷⁵ Therefore, instead of metrics, I believe that drawing from my interviewee's perceptions are more helpful for analyzing levels of corruption in the Senegalese government because this can emphasize the impact of corruption on morale and faith in government institutions

To begin, I first want to acknowledge a step that the Senegalese government has taken to increase transparency as it shows positive responses to its citizens concerns. This step is the recent appointment of Aminata Touré, a known anti-corruption fighter, as the new prime minister of Senegal.⁷⁶ In fact, Touré was the justice minister who brought Karim Wade to trial. Karim Wade, the son of former president Abdoulaye Wade, was arrested after his \$1.4 billion fortune was called into question. Touré's involvement in this case exemplifies her willingness to demand more transparent and honest actions from those in power.⁷⁷ This significant step helps contextualize and shows some progress from the bleak situation described by Mamie and Doudou.

(September 24, 2013). Corruption Risk Index reveals long-term lack of will to tackle corruption in BRICs. *Maplecroft: Global Risks Analytics*. Retrieved December 13, 2013 from <http://maplecroft.com/portfolio/new-analysis/2013/09/24/corruption-risk-index-reveals-long-term-lack-will-tackle-corruption-brics/>

⁷⁵In the Corruptions Perceptions Index, the most perceived transparent country is listed as first. (2010). Corruption by Country/Territory: Senegal. *Transparency International: the global coalition against corruption*. Retrieved December 13, 2013 from <http://www.transparency.org/country#SEN>

⁷⁵For instance, in the Aid Transparency Index, the Gates Foundation ranks 43/67 donors, which is in the "Very Poor" category.

(2013). *43: The Bill and Melinda Gates Foundation*. Aid Transparency Index 2013. Retrieved December 13, 2013 from <http://ati.publishwhatyoufund.org/donor/the-bill-and-melinda-gates-foundation/>

⁷⁶Herlinger, A. (September 5, 2013). Senegal names new corruption busting minister. *The Christian Science Monitor*. Retrieved December 13, 2013 from <http://www.csmonitor.com/World/Africa/Africa-Monitor/2013/0905/Senegal-names-new-corruption-busting-prime-minister>

⁷⁷(2013, April 17). Son of ex-Senegalese leader charged with corruption. *France 24*. Retrieved from <http://www.france24.com/en/20130417-senegal-karim-wade-son-former-senegalese-leader-charged-with-corruption/>

From Mamie and Doudou's perspectives, corruption within the Senegalese government is a huge barrier for sustainable aid. Mamie insists, "I feel like the foreign aid is coming into the county, it's going to people but I feel like it's not going to the right people", while Doudou very similarly notes, "You have the foreign aid, and they have to go through the government for this particular project. But most of the time, it's not going there; the money doesn't reach its target or its goal." These two sentiments serve as a small example of public opinion on perceived corruption in the country. Moreover, this illustrates my theory on NGO preference as a result of anti-government beliefs held by my Senegalese interviewees instead of strong pro-NGO feelings. Interestingly, Mamie and Doudou describe the government's corruption in two slightly different approaches.

Mamie is convinced that money is siphoned off somewhere on the chain of command. She notes,

So out of the chain, you have the President, the Ministers and their aides. So I think it might be that the President approves it, it goes down to the next level, but it just stays at those second or third levels and it doesn't really trickle down.

She mentions several examples of low level seemingly inconsequential corruption, such as Shell gas coupons given freely to those in semi-influential positions.

Moreover, she recounts her evidence of corruption within the legislative branch, "I remember I had a friend and we were talking, and I made more money working ... than some of the Senators, but I know that I couldn't send my brother to France with my salary. So how can they send their kids to school abroad?" Mamie's testimony

demonstrates the way that people in positions of power are using their privileges to afford a successful lifestyle for themselves and their family. Addressing this topic in his 2014 Annual Letter, Bill Gates recognizes the existence of this corruption and argues that

Small-scale corruption, such as a government official who puts in for phony travel expenses, is an inefficiency that amounts to a tax on aid. While we should try to reduce it, there's no way to eliminate it ... We should try to reduce that. But if we can't, should we stop trying to save lives.⁷⁸

While it is important to recognize that this type of corruption exists as a reason for Senegalese citizens' lack of respect for government officials and institutions, I actually commend Gates for not using its presence as a deterrent to working with "developing" country governments. However, this notion seems only to be in theory, as one out of the fourteen grants have been awarded to the Senegalese public sector. Therefore in practice, the presence of corruption in Senegal is likely deterring Gates Foundation funding to the government.

In contrast, Mamie acknowledges that corruption is not solely perpetuated by government officials. She explains how people are sometimes using resources not destined for them due to necessity, not because of malice or greed. For instance, she describes a World Food Programme project which sought to provide canned meat to students. However, the teachers had kept most of the canned meat for themselves. Mamie then makes a meaningful distinction, where she notes,

⁷⁸ Gates, B. (2014, January). 2014 Gates Annual Letter. *The Bill & Melinda Gates Foundation*. Retrieved from <http://annualletter.gatesfoundation.org/#section=myth-two>

That's just a little example. There are examples of this all over where the government gets the help and instead of going to the poor, poor people, it's going to the people who are helping the poor, who themselves consider themselves poor. It's not their fault. Because they think that they are poor and they are working hard teaching and they think, why can't I have this thing from the World Food Programme?

This vital distinction makes it impossible to vilify certain people who are participating in the lack of resource transparency in Senegal. How can someone who is poor, who is struggling for the basic necessities, be expected to give away resources which could feed their families? In identifying the presence of corruption, it is crucial to remember that it is not always used for amenities as some of those people prematurely receiving the diverted resources are in need themselves.

In contrast to Mamie's viewpoint, Doudou regards government corruption as a covert technique used to divert money from those in the most need. He suggests that foreign aid money is used by the government to positively influence upcoming elections by uneven resource distribution based on voting regions. While referencing an upcoming malaria season, Doudou states that "the success of that [awareness campaign] is not about how effective they were able to deliver the message but how many people came, because those people are potential voters." Therefore, Doudou questions the government's sincerity to help its own people, because he believes the government prioritizes maintaining power instead of helping those in most need. Furthermore, Doudou states, "With the government, they might say, 'Right now we are having trouble getting voters from Podor so we are

going to put money in Podor instead of another place where they need it more.” In this scenario, resources are distributed based on election needs instead of human necessity. While it could be argued that the government is still educating a specific sector of the population about malaria prevention therefore its’ actions cannot be entirely self-serving, I argue that this behavior is closely related to the Gates Foundation. If voter-based intervention is occurring, the government is choosing its own priorities without consulting the local people. Ironically, for the same methods, the Gates Foundation has good public opinion attached to its efforts while the Senegalese government is more harshly criticized.

However if strategic corruption for political gains is in effect, there is some solace in Doudou’s distinction between the Senegalese government and Ministry of Health, as future funding could go through a different channel of the public sector. For example, when Melinda Gates visited Senegal this past June,⁷⁹ she decided to visit Servir Le Sénégal, a foundation started by the current first lady of Senegal, Marèm Faye Sall.⁸⁰ Doudou criticizes,

People are saying, you know why is she going through that? We know that these people are corrupt and some people don’t like her going through there and they are saying that maybe it would have been better if she had tried the Ministry of Health.

⁷⁹Gates, M. (2013, June 24). One Year Later: Improving Lives in Senegal. *Impatient Optimists: Bill & Melinda Gates Foundation*. Retrieved from <http://www.impatientoptimists.org/Posts/2013/06/One-Year-Later-Improving-Lives-in-Senegal>

⁸⁰Marem Faye Fondation Servir le Sénégal. Alliance Pour la République. Retrieved from <http://www.apronline.org/78-slideshow/69-marem-faye-fondation-servir-le-senegal>

Therefore, it seems that due to its association with the Senegalese government and perceived corrupt political figures, Doudou questions the Gates Foundation's intentions. This compounds the hesitation Doudou holds with foreign aid, when he states, "people think there is foreign assistance but they don't feel it." Moreover, Doudou's observation that the Ministry of Health is more positively viewed than the Executive Branch of government is an important distinction. Therefore, the Gates Foundation should try to focus on funding the Ministry of Health or other Departments, such as the Ministry of Education, as this can improve Senegalese public perception on the Foundation's partnerships

In relation to my earlier assertion that aid should be given to the State, I must clarify that this assertion is based on the belief that the government is currently the best option available as NGOs typically utilize disease-specific approaches like the Gates Foundation. Besides the funding of these approaches, Doudou discusses another problem with NGOs; they often hold different values from the surrounding community. He clarifies,

Not all of them are perfect though and with some of them, the fear is that they will try to impose some of the values that they have...because they might be religious oriented NGOs...They might not force you, but they do try to show that maybe their system is better than mine...They don't tell you up front, they maybe have hidden agendas.

Doudou brings up a lack of transparency in some NGOs with certain affiliations which affect their projects and strategies on community involvement. For instance, he refers to the work of a specific religiously affiliated NGO in Southern

Senegal that reached out to Christians in the area to work for the organization, even though the local population was 95% Muslim. I understand that the organization wanted to preserve the values of its Western donors, but I maintain that this shows a lack of willingness to work with local populations that have different beliefs. In light of this unfavorable example of NGO tactics, I again reiterate that the government is a better avenue for bottom-up approaches.

Chapter 3

Vaccines over Social Determinants of Health

“Our Global Health Division aims to harness advances in science and technology to save lives in developing countries.”⁸¹ – Bill & Melinda Gates Foundation

In addition to the market-driven approach, the Gates Foundation has taken its model one step further with an emphasis on technological solutions. With this focus, the Foundation has predominately funded projects that involve vaccines, pills, and research as a means to incorporate technology to solve health issues. This prioritization of “innovation” and technology to solve health problems in African countries are the result of negative African stereotypes. Specifically, the decision to prioritize technology instead of investing in health systems is due to a belief that Africans are not capable of delivering their own health care and therefore need technological solutions to do the work for them. It could be argued that technological solutions would increase health access to citizens or take another thing

⁸¹ Bill & Melinda Gates Foundation. *What We Do*. Retrieved from <http://www.gatesfoundation.org/what-we-do>

off health ministries' plates. However, I argue that these technological approaches are a way for the Gates Foundation to disregard the social determinants of health and provide funding around health systems. For instance, the Gates Foundation states, "We work with partners to deliver proven tools-including vaccines, drugs, and diagnostics – as well as discover path breaking new solutions that are affordable and reliable." This approach seems fine to the naked eye, except it is important to ask, why not focus on poverty instead of making vaccines affordable? Instead of investing in a malaria vaccine, why not try to improve local sewage facilities to decrease standing water and clean the current source? Only one of these strategies has overwhelming health benefits to the entire community.

Moreover, the Gates Foundation does not challenge the status quo of international donors, because it does not attempt to understand the underlying causes of global health disparities. I argue that a fuller understanding of poverty and inequality as "multi-dimensional, including not just income but also individuals' health, nutrition, and even civil rights and political freedoms" is necessary to improve health outcomes.⁸² Before the Foundation attempts to address poor health outcomes, it should first understand the systemic causes, which result from neoliberal policies focused on privatization and deregulation. The ignorance of the Gates Foundation is obvious by the top-down approaches it utilizes and is further exacerbated by its overwhelming technological approach.

⁸² Kohl, R. (2003, June 6). Development Centre Seminars: Globalisation, Poverty and Inequality. *Development Center of the Organisation for Economic Co-Operation and Development*. doi: 10.1787/9789264101852-en

Anne-Emmanuelle Birn, a Professor in Global Health at the University of Toronto, Dalla Lana School of Public Health, has questioned the Foundation's technological approach and the negative effects this strategy has on local health systems. For instance, Birn states, "The Gates Foundation has turned to a narrowly conceived understanding of health as the product of technical interventions divorced from economic, social, and political contexts."⁸³ This "narrowly conceived understanding" is the result of the specific successes of certain technological advances, such as the polio vaccine and birth control pills. However, these isolated events should not have resulted in the Foundation's overwhelming focus on technical strategies to improve health abroad. Birn follows this idea with, "global health might be better served through political support for universal, accessible, and comprehensive public-health systems (to ensure vaccine coverage, among many activities) in the context of overall improvements in living and working conditions."⁸⁴ Birn's statement is important because it doesn't remove vaccinations from the conversation, but rather puts this type of health intervention as a piece in a larger health system which must be accountable for the other types of preventative and treatment methods. Although I must admit the positive outcomes of using vaccinations as a preventative measure for future health-related costs, whether a physical or financial burden, I am arguing that this is a problematic development strategy. It is my view that if you are not acknowledging the social determinants of health, which are a product of housing, education, and most importantly income, a

⁸³ Birn, A-E. (2005, August 6-12). Gates's grandest challenge: transcending technology as public health ideology. *The Lancet*, 366(9484) Retrieved from <http://www.sciencedirect.com/science/article/pii/S0140673605664793>.

⁸⁴ Birn, A-E. (2005, August 6-12). Gates's grandest challenge: transcending technology as public health ideology. *The Lancet*, 366(9484) Retrieved from <http://www.sciencedirect.com/science/article/pii/S0140673605664793>.

vaccine is not a solution for poverty. An individual up-to-date on vaccinations could still have resource disparities related to job opportunities, healthcare access, or public safety, which all compound to affect quality-of-life.

Moreover, Birn provides several examples of how funding technological solutions can worsen donor-identified priorities. For instance, she discusses a hypothetical situation where the invention of non-refrigerated vaccines would decrease donor prioritization of infrastructure, such as electricity. In addition, she presents another potential situation where single-dose vaccines would decrease the urgency for continuing infant check-ups, which are a necessity for decreasing high infant mortality rates. These theoretical situations illustrate how technical approaches can circumvent the root causes of many problems by providing an easy means for donors to preserve their own self-interests and ideals without truly investing in the contexts they mean to support. These assertions make it imperative to ask: Can technology/vaccines truly improve health on a wide-scale if the social-determinants of health and basic necessities are still a problem in everyday life?

The Gates Foundation's technology-based approach is exemplified in Senegal, where six of the fifteen grants have explicitly technical solutions ranging from drug regimen trials for malaria, research on a business model to increase demand for mechanized desludgers in Dakar and a Yellow Fever immunization campaign. Out of these technical approaches, I will specifically discuss vaccines, as 17.94 percent of total grant money given to Senegal has focused on this specific technical approach.

Bill and Melinda Gates have championed the vaccine and immunization cause. The Foundation pledged \$750 million to form the Global Alliance for Vaccines

and Immunizations, now named the GAVI Alliance.⁸⁵ Since GAVI's inception, the Gates Foundation has pledged an additional \$1.75 billion to the organization, which is their largest total grant pledge to a single organization. Moreover, Bill Gates has focused on the "Miracle of Vaccines" in several of his annual letters to further stress the Foundation's positive stance of immunization campaigns. In his 2011 Annual Letter, Gates asserts, "[Vaccines] are the most effective and cost-effective health tool ever invented...The benefits of widespread vaccination are mostly explained in terms of the lives vaccines save, and based on that measure alone, vaccines are the best investment to improve the human condition."⁸⁶ Here, Gates uses vaccine distribution as a direct correlation to lives saved to justify the continuation of vaccine-related funding.

In a critique of the GAVI Alliance, Dr. William Muraskin, of the Department of Urban Studies at Queens College, argues that GAVI "is a giant inverted pyramid that rests on the backs of a very small committed base."⁸⁷ Dr. Muraskin clarifies this point when he states,

The GAVI was designed for the countries' good, but not by the countries. It is vital to realize that the demand for this initiative did not emanate from the designated beneficiaries. Rather, the countries as a group have had to be

⁸⁵ The GAVI Alliance's mission is, "to save children's lives and protect people's health by increasing access to immunization in the world's poorest countries." The goal of the GAVI Alliance is to immunize the roughly 22.6 unimmunized children in the world.

GAVI Alliance. *The Bill & Melinda Gates Foundation*. Retrieved from <http://www.gavialliance.org/about/partners/bmgf/>

⁸⁶ Gates, B. (2011, January). Annual Letter 2011. *The Bill & Melinda Gates Foundation*. Retrieved from <http://www.gatesfoundation.org/who-we-are/resources-and-media/annual-letters-list/annual-letter-2011>

⁸⁷ Muraskin, W. (2004, November). The Global Alliance for Vaccines and Immunization: Is It a New Model for Effective Public-Private Cooperation in International Public Health? *Am J Public Health, 94* (11). Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448560/#__ffn__sectitle

wooded, “educated”, and financially enticed to accept the GAVI’s goals as their own.

This quote exemplifies the Golden Handcuffs as discussed in Chapter 2, where developing countries receive funding due to a lack of financial capital, but have to give up their autonomy in the process. In addition, Dr. Muraskin argues,

Donors (governments, philanthropies, and the general public that supports them both) must face up to the fact that short-term gains, no matter how much they lend themselves to public relations sound bites or fit neatly into donor funding cycles, do not achieve their stated humanitarian objectives.⁸⁸

Strategizing around immunization requires that every single person be vaccinated, which is impossible to imagine on a global scale, as vaccines are based on a Western idea of germ theory that is not always agreed upon in other contexts. Moreover, the “short-term” gains of vaccination campaigns do not put systems in place to continue the work. For instance, polio vaccination campaigns typically use a door-to-door method, which requires health care volunteers to be put in place, which is not a sustainable system.⁸⁹

In Senegal, four of the fifteen grants from the Gates Foundation have gone towards vaccines and immunization campaigns, which seem unwarranted considering that Senegal already has a high child vaccination rate. Based on WHO

⁸⁸ Muraskin, W. (2004, November). The Global Alliance for Vaccines and Immunization: Is It a New Model for Effective Public-Private Cooperation in International Public Health? *Am J Public Health*, 94 (11). Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448560/#__ffn__sectitle

⁸⁹ Larson, H. (2012, May 27). The CIA’s fake vaccination drive has damaged the battle against polio. *The Guardian*. Retrieved from <http://www.theguardian.com/commentisfree/2012/may/27/cia-fake-vaccination-polio>

and UNICEF estimates in 2012, the range of child immunization coverage for seven different vaccines in Senegal was 84 percent for MCV and 97 percent for DTP1.⁹⁰ These percentages are excellent, especially considering that the U.S. Centers for Disease Control and Prevention goal for U.S. child vaccination rates is 90 percent.⁹¹ As these percentages are quite high, it would follow that future Gates Foundation funding should steer away from immunizations and vaccines, as the Senegalese government is successfully vaccinating its citizens. While the Foundation may have reason to implement vaccination campaigns in other countries with low immunization coverage, Senegal's already strong record of immunization is another illustration of the Foundation's over-generalized policies.

Basic Needs?

In this section, I will discuss the remaining 82.06 percent of grant money that the Gates Foundation has allocated to Senegal. This analysis will be a mixed assessment of the Gates Foundation's issue prioritization. I hope to illuminate areas in which the Gates Foundation could improve its address to basic health determinants. This analysis is necessary to determine whether or not the Gates Foundation is funding the most central health issues even within the problematic disease-specific approach.

⁹⁰ MCV is the vaccine for meningococcal. DTP1 is the vaccine for diphtheria-tetanus-pertussis. WHO and UNICEF. (2013, June 30). Senegal: WHO and UNICEF estimates of immunization coverage: 2012 revision. Retrieved from http://www.who.int/immunization/monitoring_surveillance/data/sen.pdf

⁹¹ Brown, E. (2013, September 12). CDC reports on U.S. vaccination rates, recent measles outbreaks. *Los Angeles Times*. Retrieved from <http://articles.latimes.com/2013/sep/12/science/la-sci-sn-cdc-measles-vaccines-20130912>

To begin, Mamie raises an important question with regards to the level of success and effectiveness of foreign aid in Senegal when she states, “I feel like water and electricity and the basics are not being met with foreign aid, and that should have been the purpose of it from the beginning.” Again, Mamie questions the Foundation’s prioritization, which does not focus on the root causes of health disparities. In terms of the Senegalese Ministry of Health’s priorities, in the 2005 annual report, they listed reducing infant mortality, improving maternal health, and combatting AIDS, malaria, and other diseases as their three main goals.⁹² It is also important to note that these three priorities are three of the eight Millennium Development Goals, which again emphasize the role of donors in developing country affairs.

Figure 5 describes the relationship between Senegal causes of death in 2002 and the Gates Foundation’s total grant disbursements to Senegal.⁹³ I will address two interesting funding trends from this scatterplot. Firstly, the Gates Foundation has clearly emphasized family planning and water and sanitation programs in its funding, which have indirect positive effects on decreasing diarrhoeal diseases and maternal and perinatal death. The Foundation’s efforts to increase contraceptive access are part of an encouraging pattern as the MIH’s two main priorities are maternal and perinatal health, which received roughly \$15 million from the Gates

⁹² Ministère de la Santé de la Prévention et de l’Hygiène Publique. (2005). Comptes Nationaux de la Santé Du Senegal Année 2005. *Cellule D’Appui au Financement de la Santé et au Partenariat*. Retrieved from http://www.who.int/nha/country/sen/senegal_nha_report_2005_oct_2009.pdf

⁹³ Figure 4 based on Figure 1 in Sridhar and Batniji which compared total disbursements of World Bank, Gates Foundation, US Government and The Global Fund to fight HIV/AIDS, Tuberculosis and Malaria.

Sridhar, D., and Batniji, R. (2008, September 27). Misfinancing global health: a case for transparency in disbursements and decision making. *The Lancet*, 372(9644). Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/18926279>

Foundation. The disbursement of contraceptives and educational programs may decrease unsafe pregnancies. However, there are other determinants of maternal/perinatal deaths, which range from the abundance of skilled midwives, consistent pre-natal care, nutritional deficiencies, breastfeeding, etc. I note this nuance because contraceptive disbursement is a similar type of foreign development as vaccines. In both cases, a single shot, pill or condom is seen as a technical solution to a very complicated issue. Moreover, this type of technical assistance goes along with a quick, results-based method of project success evaluation.

In addition, the strong funding towards water and sanitation programs should be viewed skeptically as the project only went towards the capital city, leaving other regions to deal with negative effects of the rainy season. Moreover, this particular sanitation project on sludge management⁹⁴ exemplifies the problem of the Gates Foundation's technological solution emphasis. This project's intention was to "increase the quality and efficiency of fecal sludge management systems by developing strategies to decrease prices charged by operators and to increase consumers' willingness-to-pay."⁹⁵ The project's method was to increase mechanized sludge removal utilization, through the use of trucks, more than manual desludging. Therefore, the project is using a business-oriented model to increase affordability to the poor. However, desludging does not improve clean water sources, increase clean water accessibility, or improve sewage treatment, it only modifies the way in which feces from a residence was removed. This project only benefits those who are

⁹⁴ Fecal sludge must be emptied (deslugged) in Dakar because the waste is contained in a septic tank or pit.

⁹⁵ Water and Sanitation for Africa (WSA). Market structuring of sludge management. Retrieved from <http://wsafrica.org/en/what-we-do/market-structuring-sludge-management>

already able to pay and doesn't influence the root causes of diarrhoeal disease in the area.

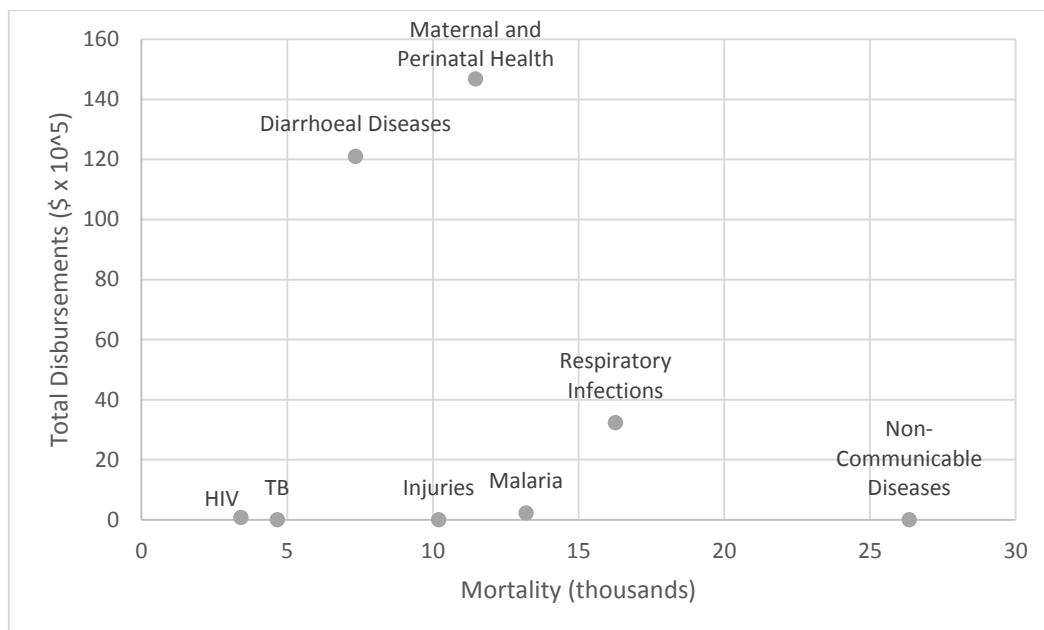


Figure 5: Estimated Total Deaths by Cause for Senegal in 2002 versus Total Gates Foundation

Disbursements to Senegal⁹⁶

In regards to HIV/AIDS and malaria, which were also specified in the MIH's report, the chart illustrates that the Foundation has not focused on these issues, with only \$303,445 going towards the two diseases in Senegal. However, this quantity is misleading, as the Gates Foundation has indirectly supported these diseases by pledging \$1.4 billion to date to the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Global Fund has signed roughly \$240 million to Senegal, with \$127 million for HIV/AIDS, \$86 million for Malaria and \$27 million for

⁹⁶ In Figure 5, the disbursements for Family Planning were linked with the Maternal and Perinatal mortality cause, while the Water and Sanitation disbursements were linked with the Diarrhoeal Diseases. Although, family planning and water and sanitation influences do not explicitly correlate to certain death, I thought these disbursements were indirectly related to decreasing those two causes of mortality. Moreover, Emergency Response grant disbursements were not included in the figure. Department of Measurement and Health Information (December 2004). Table 1. Estimated total deaths ('000), by cause and WHO Member State, 2002 (a). *World Health Organization*. Retrieved from <http://www.who.int/healthinfo/statistics/bodgbdeathdalyestimates.xls>

Tuberculosis.⁹⁷ The Gates Foundation money has likely contributed roughly 5 percent of total Global Fund funding.⁹⁸ Therefore, the Foundation has prioritized the big three mentioned in the MIH's priorities, but this money has been awarded to a supranational organization, instead of directly to the Senegalese public sector.

The next trend evident in Figure 5 is the large lack of funding for non-communicable diseases, which would be largely shaped by access to primary care physicians, clinics or hospitals. Non-communicable diseases include ailments such as cancer, diabetes, heart disease, and asthma. While this discussion did use cause of death statistics from the WHO, we should be cautious that this metric does not take morbidity into account. Moreover, these metrics cannot measure the degree to which these diseases affect quality of life, which would be the most effective way of determining the economic and social effects of poor health. The Disability-Adjusted Life Year (DALY) index attempts to do this work, but I will not include the metric because it "explicitly presupposes that the lives of disabled people have less value than those of people without disabilities."⁹⁹

Therefore, in order to gain a better understanding of the diseases that affect Senegalese people, outside cause of death, I asked my interviewees to share their views. Mamie and Doudou both noted a high demand for malaria intervention with a lower focus on HIV/AIDS. As AIDS is generally viewed as the African epidemic,

⁹⁷ Grant Portfolio: Senegal. *The Global Fund to Fight AIDS, Tuberculosis and Malaria*. Retrieved from <http://portfolio.theglobalfund.org/en/Country/Index/SEN/>

⁹⁸ The Global Fund needed \$13 billion in order to continue funding for 2011-2013. Therefore, the Gates Foundation's \$750 only accounted for 5.8% of the Global Fund's biannual budget. GiveWell. (2010, November). *The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)*. Retrieved from <http://www.givewell.org/international/charities/gfatm>

⁹⁹ Arnesen, T. and Nord, E. (1999, November 27). The value of DALY life: problems with ethics and validity of disability adjusted life years. *British Medical Journal*, 319 (7222). Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1117148/>

these opinions may come as a surprise. However, Mamie noted that by legalizing prostitution, the Senegalese government had successfully lowered the HIV infection rate by distributing condoms and free testing for sex workers. These efforts are a great example of the positive health effects resulting from Senegalese initiated policy changes, which reduced stigma, increased access to marginalized populations, and improved well-being. Besides AIDS and malaria, Doudou feels that the “more regular and common diseases” are not being prioritized, and Mamie echoes this sentiment when she discusses her frustrations that children die from diarrhea. She remarks,

I feel that diarrhea, the flu, even bronchitis, malnutrition...those are the basics, but people die from those there [Senegal]. Whereas, here [United States], the next day or the same day, you can just walk to the pharmacy, get something and that's it.

Here, Mamie refers to health disparities between her encounters in the diaspora and in Senegal. All of these issues could be addressed in funding a regional hospital, but this type of funding activity would not occur in a disease-specific approach such as the one utilized by the Gates Foundation.

In reference to non-communicable diseases, Mamie recounts a story of a Peace Corps volunteers' Senegalese host mother who was diagnosed with Stage 1 cancer, but then returned to her village because she did not have the means nor available care close enough to her home to start oncological treatments. These preventable deaths are rightly viewed as an injustice to Senegalese people who are unable to receive oncological care due to a lack of access and income.

While thinking about these issues in relation to the mortality versus disbursements figure above, it becomes clear that issue-specific funding would not have a serious effect on decreasing deaths in Senegal. For instance, while malaria prevention campaigns are obviously needed, these efforts only affect a single health issue. I am again arguing that the Gates Foundation should focus on collaborating with the MIH for general health system improvement, instead using disease-specific approaches, which typically import Western systems at the expense of local capacities. This strategy would allow the Senegalese government to have autonomy in its own health affairs. For instance, in order to begin the fight against non-communicable diseases, necessary medical instruments along with trained staff would need to be supplied, which could be a possible outlet for Gates Foundation funding. However, the Foundation would need to change its grant application process so that hospitals, governments, etc. in need of this type of funding would even look to the Foundation as a possible resource, as the current funding process deters applications that are not “innovative,” based on technology, or disease-specific.

In my opinion, one of the successful initiatives of the Gates Foundation is its current partnership with the Senegalese Ministry of Health to increase family planning and contraceptive usage; I support this initiative because it collaborates with the public sector. Moreover, family planning was included in the MIH’s top three priorities, and maternal and child mortality was the fourth largest cause of death in Senegal in 2012. This initiative began in 2010 when the Gates Foundation chose Senegal as the francophone country for the Urban Reproductive Health

Initiative. However, the majority of grant money was directly awarded to IntraHealth International, an organization based in Phoenix, Arizona. This initiative is a five year program that focuses on six Senegalese cities and tries to increase contraceptive usage in low-income communities.¹⁰⁰ Dr. Awa Marie Coll-Seck, Senegal's Minister of Health, describes Senegal's current health report at the London Summit of Family Planning, "From 2005 to 2011, maternal mortality has not moved and our contraceptive prevalence rate is 12%, one of the lowest in the world."¹⁰¹ In order to mount a successful campaign that mobilizes marginalized communities, Dr. Coll-Seck states the necessity of "working to make Family Planning socially acceptable, openly supported and widely used."

When I asked Mamie and Doudou about opinions surrounding family planning, their respective identities seemed to have a large impact on how they viewed this hotly debated topic. Doudou believes that reproductive health is an important health problem in Senegal. However, he thinks the government has done a poor job of including religious leaders and local people in these discussions by not utilizing an effective bottom-up approach. He notes,

If you talk about family planning ... [it] would be good to have somebody who knows, like, this is what the religion thinks about it and then try to bridge and marry these ideas. But sometimes, they just come here to educate us and we don't have a say in it.

¹⁰⁰ IntraHealth International. (2012, July 24). IntraHealth's Senegal Program Welcomed Melinda Gates Prior to the London Summit on Family Planning. Retrieved from <http://www.intrahealth.org/page/intrahealths-senegal-program-welcomed-melinda-gates-prior-to-the-london-summit-on-family-planning>

¹⁰¹ Bill & Melinda Gates Foundation [GatesFoundation]. (2012, July 16). Senegal's Announcement at the London Summit on Family Planning: Bill & Melinda Gates Foundation [Video File]. Retrieved from <http://www.youtube.com/watch?v=Qg5-XM9LxgY>

This description of events sounds eerily similar to the way that the Gates Foundation and other Western organizations implement projects without listening or asking for input from the community. For this specific family planning initiative, Doudou's sentiments show that the government needs to improve its strategies to increase contraceptive prevalence and emphasize active participation with community members. In contrast, Mamie believes the educational campaigns on contraceptives are positively affecting change, especially for women, when she notes, "I have met a couple of women who have said, 'I went to this session and they told me that I need to wait two years.'"

I specifically wanted to use family planning to highlight the complexities present in each cultural context in which the Gates Foundation centers its affairs. Contraceptive use is a highly stigmatized issue, especially in Senegal, due to the large presence of devout Muslim and Catholic communities. Therefore, educational campaigns and public health measures must take strong measures to include religious leaders, while also consulting local leaders/chiefs to honor the traditional social structures. Moreover, these campaigns must involve community members in a discussion with a facilitator, instead of just a lecture. Although this is the best example of Gates Foundation positive impact in Senegal, even this project has its downfalls. For instance, it works with the Ministry of Health which is a good first step; however, all of the funding is actually given to IntraHealth International. Moreover, the initiative only involves six cities, which leaves out contraceptive access for rural Senegalese. These are some of the tensions and concepts that the Gates Foundation should be taking into consideration in grant planning. However, a

sustainable impact will never occur unless the Foundation alters its funding practices to depend on the public sector.

Conclusion

“I’m a pessimist because of intelligence, but an optimist because of will.”¹⁰² –

Antonio Gramsci

Strong evidence of Bill Gates’ lack of acknowledgement of his own privilege is made apparent after a dispute with Dr. Dambisa Moyo, a Zambian-born woman who is the author of Dead Aid: Why Aid is Not Working and How there is a Better Way for Africa. At a talk for the ABC TV’s Q&A at the University of New South Wales, Bill Gates responds to a question about Dr. Moyo’s claims that aid creates dependency and has solely been used to solve immediate problems.

Gates responds,

Well, it depends on your value system. Over the last 20 years, the number of children who die in Africa every year has been cut in half. And is that good or not good? It’s largely due to vaccines and the aid programs that have been there in Africa. I think that [Dead Aid] did actually damage [the] generosity of rich world countries. People have excused various cut-backs because of it. I found that [Moyo] didn’t know much about aid and what aid was doing. But if you look objectively at what aid has been able to do, you would never accuse it of creating dependency. Having children not die is not creating a dependency. Having children not be so sick they can’t go to school, not

¹⁰² Gramsci, A. (1996). *Antonio Gramsci: Prison Letters*. (H. Henderson, Trans.). New York, NY: Pluto Press. (First published in 1947).

having enough nutrition so their brains don't develop, that's not a dependency, that's an evil thing. And books like that, they are promoting evil.¹⁰³

Dr. Moyo, who has a PhD in Economics from Oxford, responded on her blog,

I have been under the impression that Mr. Gates and I want the same thing – for the livelihood of Africans to be meaningfully improved in a sustainable way. Thus, I have always thought there is significant scope for a mature debate about the efficacy and limitations of aid. To say that my book 'promotes evil' or to allude to my corrupt value system is both inappropriate and disrespectful.¹⁰⁴

Although I am not advocating for Moyo's view on aid, as she sees the free market as a solution, I think Bill Gates' dismissive attitude of her views shows his lack of respect for her experiences as a person born on the continent he hopes to help. I believe that Gates and Moyo view foreign aid as a black and white issue, where either less dying children is an automatic reason for funding continuation or aid always creates dependency. However in this thesis, I have attempted to contextualize foreign aid, which is more nuanced than Gates and Moyo want to believe, as its ineffectiveness often results from unthoughtful approaches. I hope I have successfully made my readers question the seemingly altruistic strategies and influence of the Gates Foundation by illuminating the problematic strategies it utilizes.

¹⁰³ Dambisa Moyo Official [dambisamoyo]. (2013, May 29). Bill Gates' shocking personal attacks on Dr. Dambisa Moyo and Dead Aid [Video file]. Retrieved from <http://www.youtube.com/watch?list=PLE327717CA0322879&v=5utDdxveaJc>

¹⁰⁴ Provost, C. (2013, May 31). Bill Gates and Dambisa Moyo spat obscures the real aid debate. *The Guardian*. Retrieved from <http://www.theguardian.com/global-development/poverty-matters/2013/may/31/bill-gates-dambisa-moyo-aid>

Throughout this paper, I have written from the standpoint of the pessimism of intellect as I believe criticism is the only way to improve faulty strategies implemented by the Gates Foundation. However, I want to end this thesis on a positive note and acknowledge the approaches that can result in a brighter future. Firstly, the Foundation needs to change its proactive funding process which specifically selects and reaches out to U.S.-based tax exempt organizations. It is very problematic that the Gates Foundation claims itself accountable to those in developing countries when they import Western-based ideas into another cultural context. Secondly, the Foundation must seriously consider funding programs that address the social determinants of health. For instance, the Foundation needs to change its emphasis on a technological approach to funding health systems in order to increase government capacities as they are better well-equipped to fight the systemic causes of poor health outcomes. This decision can only come from a fuller understanding of poverty and global systems that perpetuate inequality. Lastly, Bill and Melinda Gates need to take some time to understand their increasing importance in the world development agenda and discuss the impact of their influence. Two white, wealthy, Westerners with so much influence over the outcome of the world's poorest need to constantly check their privilege, be more open to criticism, and let Africans speak for themselves.

"I feel like a lot of the aid that is given, is just a quick fix. I feel like foreign aid is a quick fix for issues that need to be taken into account, that you need to go from the bottom on up. I'm not saying that you shouldn't get any kind of help because help is something...but I feel like it's not the right way of going about it." – Mamie

References

- (2006, May 11). Flat-pack accounting. *The Economist*. Retrieved from <http://www.economist.com/node/6919139>
- (2010). Corruption by Country/Territory: Senegal. *Transparency International: the global coalition against corruption*. Retrieved December 13, 2013 from <http://www.transparency.org/country#SEN>
- (2011, February 23). Health 8 group meet to discuss maximizing health outcomes with available resources and getting “more health for the money”. *UNAIDS*. Retrieved from <http://www.unaids.org/en/resources/presscentre/featurestories/2011/february/20110223bh8/>
- (2013). 43: The Bill and Melinda Gates Foundation. *Aid Transparency Index 2013*. Retrieved December 13, 2013 from <http://ati.publishwhatyoufund.org/donor/the-bill-and-melinda-gates-foundation/>
- (2013, April 17). Son of ex-Senegalese leader charged with corruption. *France 24*. Retrieved from <http://www.france24.com/en/20130417-senegal-karim-wade-son-former-senegalese-leader-charged-with-corruption/>
- (2013, June 30). Senegal: WHO and UNICEF estimates of immunization coverage: 2012 revision. Retrieved from http://www.who.int/immunization/monitoring_surveillance/data/sen.pdf

Annual Letters from Bill Gates. *Bill & Melinda Gates Foundation*. Retrieved from

<http://www.gatesfoundation.org/Who-We-Are/Resources-and-Media/Annual-Letters-List>

Arnesen, T. and Nord, E. (1999, November 27). The value of DALY life: problems with ethics and validity of disability adjusted life years. *British Medical Journal*, 319 (7222). Retrieved from

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1117148/>

Bill & Melinda Gates Foundation. (2012, September 13). Gates Foundation to Open Office in Abuja. *Press Room*. Retrieved from

<http://www.gatesfoundation.org/Media-Center/Press-Releases/2012/09/Gates-Foundation-to-Open-Office-in-Abuja>

Bill & Melinda Gates Foundation. (2013, November 2) *ONE*. Retrieved from

<http://www.gatesfoundation.org/How-We-Work/Resources/Grantee-Profiles/Grantee-Profile-ONE>

Bill & Melinda Gates Foundation. *Foundation Asset Trust*. Retrieved from

<http://www.gatesfoundation.org/Who-We-Are/General-Information/Financials/Asset-Trust>

Bill & Melinda Gates Foundation. *Foundation Fact Sheet*. Retrieved from

<http://www.gatesfoundation.org/Who-We-Are/General-Information/Foundation-Factsheet>

Bill & Melinda Gates Foundation. *Grantmaking: Awarded Grants*. Retrieved from <http://www.gatesfoundation.org/How-We-Work/Quick-Links/Grants-Database#q/k=Senegal>

Bill & Melinda Gates Foundation. *Timeline*. Retrieved from <https://docs.gatesfoundation.org/Documents/BMGFTimeline.pdf>.

Bill & Melinda Gates Foundation. *Warren Buffett: Trustee*. Retrieved from <http://www.gatesfoundation.org/Who-We-Are/General-Information/Leadership/Management-Committee/Warren-Buffett>

Bill & Melinda Gates Foundation. *What We Do*. Retrieved from <http://www.gatesfoundation.org/what-we-do>

Bill & Melinda Gates Foundation [GatesFoundation]. (2012, July 16). Senegal's Announcement at the London Summit on Family Planning: Bill & Melinda Gates Foundation [Video File]. Retrieved from <http://www.youtube.com/watch?v=Qg5-XM9LxgY>

Birn, A-E. (2005, August 6-12). Gates's grandest challenge: transcending technology as public health ideology. *The Lancet*, 366(9484) Retrieved from <http://www.sciencedirect.com/science/article/pii/S0140673605664793>.

Black, R. E., et al. (2009). Accelerating the health impact of the Gates Foundation. *The Lancet*, 373(9675). Retrieved from <http://www.thelancet.com/pdfs/journals/lancet/PIIS0140673609608862.pdf>

BRICs. *Maplecroft: Global Risks Analytics*. Retrieved December 13, 2013 from <http://maplecroft.com/portfolio/new-analysis/2013/09/24/corruption-risk-index-reveals-long-term-lack-will-tackle-corruption-brics/>

Brown, E. (2013, September 12). CDC reports on U.S. vaccination rates, recent measles outbreaks. *Los Angeles Times*. Retrieved from <http://articles.latimes.com/2013/sep/12/science/la-sci-sn-cdc-measles-vaccines-20130912>

Camara, C. Senegal:People. *The New Encyclopedia Britannica*. Retrieved from <http://www.britannica.com/EBchecked/topic/534445/Senegal#toc55040>

Corti, D., Cyprian, O., Ogwang, M. (12 Sept. 2011). Lacor hospital's approach to the vertical funding dilemma. *Capacity.org*. Retrieved November 23, 2013, from <http://www.capacity.org/capacity/opencms/es/topics/voices-of-capacity-development/one-hospitals-approach-to-the-vertical-funding-dilemma.html>

Council on Foreign Relations. (2013, June 19). The Global Health Regime. *Renewing America*. Retrieved from <http://www.cfr.org/health/global-health-regime/p22763>

Dambisa Moyo Official [dambisamoyo]. (2013, May 29). Bill Gates' shocking personal attacks on Dr. Dambisa Moyo and Dead Aid [Video file]. Retrieved from <http://www.youtube.com/watch?list=PLE327717CA0322879&v=5utDdxveJc>

Department of Measurement and Health Information (December 2004). Table 1. Estimated total deaths ('000), by cause and WHO Member State, 2002 (a).

World Health Organization. Retrieved from

<http://www.who.int/healthinfo/statistics/bodgbddeathdalyestimates.xls>

Fall, A. (2010, December). Understanding The Casamance Conflict: A Background.

KAIPTC MONOGRAPH No. 7. Retrieved from

<http://www.kaiptc.org/publications/monographs/monographs/monograph-7-aissatou.aspx>

Fidler, D. (2007). Architecture amidst Anarchy: Global Health's Quest for

Governance. *Global Health Governance*, 1(1). Retrieved from

http://ghgj.org/Fidler_Architecture.pdf

Foundation Center. (2014, January 25) Top Funders: Top 100 U.S. Foundations by

Total Giving. *foundationcenter.org*. Retrieved from

<http://foundationcenter.org/findfunders/topfunders/top100giving.html>

Freschi, L. & Shaikh, A. (September 1, 2011). Gates – a benevolent dictator for public

health? *Alliance magazine*. Retrieved December 13, 2013 from

<http://www.alliancemagazine.org/en/content/gates-benevolent-dictator-public-health>

FSG. About Us. Retrieved from <http://www.fsg.org/AboutUs/Overview.aspx>

Gates, B. (2014, January). 2014 Gates Annual Letter. *The Bill & Melinda Gates*

Foundation. Retrieved from

<http://annualletter.gatesfoundation.org/#section=myth-two>

- Gates, B. (2010, January 8). Annual Letter 2010. *The Bill & Melinda Gates Foundation*. Retrieved from <http://www.gatesfoundation.org/Who-We-Are/Resources-and-Media/Annual-Letters-List/Annual-Letter-2010>
- Gates, B. (2011, January 8). Annual Letter 2011. *The Bill & Melinda Gates Foundation*. Retrieved from <http://www.gatesfoundation.org/Who-We-Are/Resources-and-Media/Annual-Letters-List/Annual-Letter-2011>
- Gates, B. (2013, January 8). Annual Letter 2013. *The Bill & Melinda Gates Foundation*. Retrieved from <http://www.gatesfoundation.org/Who-We-Are/Resources-and-Media/Annual-Letters-List/Annual-Letter-2013>
- Gates, B. (2008, January 24). Prepared remarks by Bill Gates, co-chair and trustee. *2008 World Economic Forum*. Retrieved from <http://www.gatesfoundation.org/media-center/speeches/2008/01/bill-gates-2008-world-economic-forum>
- Gates, M. (2013, June 24). One Year Later: Improving Lives in Senegal. *Impatient Optimists: Bill & Melinda Gates Foundation*. Retrieved from <http://www.impatientoptimists.org/Posts/2013/06/One-Year-Later-Improving-Lives-in-Senegal>
- GAVI Alliance. *The Bill & Melinda Gates Foundation*. Retrieved from <http://www.gavialliance.org/about/partners/bmgf/>
- Gibbs, N. (2005). The Good Samaritans: Melinda Gates, Bono and Bill Gates: three people on a global mission to end poverty, disease and indifference. *TIME*

Magazine. 166(26). Retrieved from

<http://content.time.com/time/magazine/article/0,9171,1142278,00.html>

GiveWell. (2012, November). The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Retrieved from

<http://www.givewell.org/international/charities/gfatm>

Gramsci, A. (1996). *Antonio Gramsci: Prison Letters*. (H. Henderson, Trans.). New York, NY: Pluto Press. (First published in 1947).

Grant Portfolio: Senegal. *The Global Fund to Fight AIDS, Tuberculosis and Malaria*.

Retrieved from <http://portfolio.theglobalfund.org/en/Country/Index/SEN/>

Grantmaking: Awarded Grants. *The Bill & Melinda Gates Foundation*. Retrieved from

<http://www.gatesfoundation.org/How-We-Work/Quick-Links/Grants-Database#q/k=Senegal>

Health Poverty Action. *Vertical and Horizontal Funding*. Retrieved from

<http://www.healthpovertyaction.org/policy-and-resources/health-systems/health-funding/vertical-and-horizontal-funding/>

Herlinger, A. (September 5, 2013). Senegal names new corruption busting minister.

The Christian Science Monitor. Retrieved December 13, 2013 from

<http://www.csmonitor.com/World/Africa/Africa-Monitor/2013/0905/Senegal-names-new-corruption-busting-prime-minister>

How We Work: What We Do Not Fund. *The Bill & Melinda Gates Foundation*.

Retrieved from <http://www.gatesfoundation.org/How-We-Work/General-Information/What-We-Do-Not-Fund>

IntraHealth International. (2012, July 24). IntraHealth's Senegal Program Welcomed

Melinda Gates Prior to the London Summit on Family Planning. Retrieved from <http://www.intrahealth.org/page/intrahealths-senegal-program-welcomed-melinda-gates-prior-to-the-london-summit-on-family-planning>

Larson, H. (2012, May 27). The CIA's fake vaccination drive has damaged the battle

against polio. *The Guardian*. Retrieved from

<http://www.theguardian.com/commentisfree/2012/may/27/cia-fake-vaccination-polio>

Kramer, M. (2007, August). *Philanthropy, Aid, and Investment: Creating a Common*

Language. Paper presented at Brookings Blum Roundtable, Development's Changing Face – New Players, Old Challenges, Fresh Opportunities.

Kohl, R. (2003, June 6). Development Centre Seminars: Globalisation, Poverty and

Inequality. *Development Center of the Organisation for Economic Co-Operation and Development*. doi: 10.1787/9789264101852-en

Kortava, D. (2011, October 4). Why the Peace Corps is an Affront to the Poor. *The*

Morningside Post. Retrieved from

<http://www.themorningsidepost.com/2011/10/04/why-the-peace-corps-is-an-affront-to-the-poor/>

Marem Faye Fondation Servir le Sénégal. Alliance Pour la République. Retrieved from <http://www.apronline.org/78-slideshow/69-marem-faye-fondation-servir-le-senegal>

Marten,R. & Martin Witte, J. (2008). Transforming Development? The role of philanthropic foundations in international development cooperation. *GPPI Research Paper Series No. 10*. 1-40.

McCoy, D., et al. (2009). The Bill & Melinda Gates Foundation's grant-making programme for global health. *The Lancet*, 373(9675). Retrieved from [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(09\)60571-7/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)60571-7/fulltext)

McNeil, D. (2008, February 16). Gates Foundation's Influence Criticized. *The New York Times*. Retrieved from <http://www.nytimes.com/2008/02/16/science/16malaria.html? r=0>

Ministere de la Sante de la Prevention et de l'Hygiene Publique. (2005). Comptes Nationaux de la Sante Du Senegal Annee 2005. *Cellule D'Appui au Financement de la Sante et au Partenariat*. Retrieved from http://www.who.int/nha/country/sen/senegal_nha_report_2005_oct_2009.pdf

Muraskin, W. (2004, November). The Global Alliance for Vaccines and Immunization: Is It a New Model for Effective Public-Private Cooperation in International Public Health? *Am J Public Health*, 94 (11). Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448560/#__ffn_sectitle

No Writer Attributed (1968, January 17). The Peace Corps: An Indictment. *The*

Harvard Crimson. Retrieved from

<http://www.thecrimson.com/article/1968/1/17/the-peace-corps-an-indictment-pwe/>

Orange, R. (2011, September 18). IKEA founder pledges €1bn to charity following

Nazi past revelations. *The Telegraph*. Retrieved from

<http://www.telegraph.co.uk/news/worldnews/europe/sweden/8772007/IKE-A-founder-pledges-1bn-to-charity-following-Nazi-past-revelations.html>

Organisation for Economic Co-operation and Development (OECD). (2012).

Development – Individual aid projects (CMS) – Creditor Reporting System,

2008-2012 [Data set]. Retrieved from

<http://stats.oecd.org/Index.aspx?datasetcode=CRS1>

Powell, A. (2011, April 26). Roundtable says long-term goal may prove beyond reach.

Harvard gazette. Retrieved from

<http://news.harvard.edu/gazette/story/2011/04/eradicating-malaria-a-tall-order/>

Provost, C. (2013, May 31). Bill Gates and Dambisa Moyo spat obscures the real aid

debate. *The Guardian*. Retrieved from <http://www.theguardian.com/global-development/poverty-matters/2013/may/31/bill-gates-dambisa-moyo-aid>

Senegal. *The World Bank: Working for a Free World of Poverty*. Retrieved from

<http://www.worldbank.org/en/country/senegal>

- Senegal Map. Retrieved from: <http://www.landmark.edu/library/citation-guides/landmark-college-citation-guides/apa-citation-style-guide/#Images>
- Singh, A. (April 2002). Aid, Conditionality and Development. *Development and Change*, 33(2), 295-305. <http://onlinelibrary.wiley.com/doi/10.1111/1467-7660.00255/pdf>
- Slideshare [Ecumene]. (2009, February 04). *Approaches to Development*. Retrieved from <http://www.slideshare.net/ecumene/approaches-to-development#>
- Sridhar, D., and Batniji, R. (2008, September 27). Misfinancing global health: a case for transparency in disbursements and decision making. *The Lancet*, 372(9644). Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/18926279>
- Stein, H. (2008). *Beyond the World Bank Agenda: An Institutional Approach to Development*. Chicago, IL and London: The University of Chicago Press.
- Sylvain, J. (2013, December). Personal Interview.
- Sylvain, J. (2013, December 16). Personal interview on Skype.
- Tanay, G. (2012, October 1). The Millennium Development Goals and Beyond: Virtual Roundtable with Branko Milanovic, Gus Ranis, Varun Gauri and Thomas Pogge. *Academics Stand Against Poverty*. Retrieved from <http://academicsstand.org/2012/10/mdg-roundtable/>
- TED. (2007, September 4). *Andrew Mwenda: Let's take a new look at African aid* [Video File]. Retrieved from <http://www.youtube.com/watch?v=RfobLjsj230>

The Global Fund to Fight AIDS, Tuberculosis, and Malaria. *Fighting AIDS, Tuberculosis and Malaria*. Retrieved from

<http://www.theglobalfund.org/en/about/diseases/>

The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Funding and Spending*.

Retrieved from <http://www.theglobalfund.org/en/about/fundingspending/>

The Initiative. *Grand Challenges in Global Health* Retrieved from

<http://www.grandchallenges.org/about/Pages/Overview.aspx>

The ONE Campaign. *About : Living Proof*. Retrieved from

<http://www.one.org/livingproof/en/about/>

United Nations Development Programme. Eight Goals for 2015. Retrieved from

<http://www.undp.org/content/undp/en/home/mdgoverview/>

Water and Sanitation for Africa (WSA). Market structuring of sludge management.

Retrieved from <http://wsafrica.org/en/what-we-do/market-structuring-sludge-management>

World Health Organization. *Water-related diseases*. Retrieved from

http://www.who.int/water_sanitation_health/diseases/diarrhoea/en/index.html

WHO and UNICEF. (2013, June 30). Senegal: WHO and UNICEF estimates of

immunization coverage: 2012 revision. Retrieved from

http://www.who.int/immunization/monitoring_surveillance/data/sen.pdf

Appendix A: Gates Foundation Awarded Grants to Senegal

Grantmaking: Awarded Grants. *The Bill & Melinda Gates Foundation*. Retrieved from <http://www.gatesfoundation.org/How-We-Work/Quick-Links/Grants-Database#q/k=Senegal>

Global Health Department

Organization	Issue	Money	Description	Year	Location
National Committee Against AIDS	HIV	\$75,000	Support International conference on home and community care for people living with HIV/AIDS in Dakar, Senegal	Nov 2003	Medina, Senegal
London School of Hygiene and Tropical Medicine	Malaria	\$228,445	Support a randomized trial of potential drug regimens for seasonal intermittent preventive treatment of malaria in children in rural Senegal	Sept. 2004	London
PATH	Pneumonia	\$3,211,791	Measure impact of Hib vaccine introduction in Senegal	June 2005	Seattle, Washington

Global Development Department

Organization	Issue	Money	Description	Year	Location
WHO	Emergency Response	\$650,000	Carry out yellow fever immunization campaigns in five health districts in Senegal	Dec. 2002	Geneva, Switzerland
Tostan	Vaccine Delivery	\$990,000	Implement non-formal education for increasing vaccination rates in 250 villages in Senegal	Oct 2001	Phoenix, Arizona
IntraHealth International	Family Health: Family Planning	\$9,999,828	Develop cost-effective integration interventions for increasing contraceptive prevalence rates among urban poor in Senegal	Nov. 2009	Phoenix, Arizona
Oxfam-American Inc	Emergency Response	\$500,000	Provide emergency response to flash floods in Senegal and	Oct. 2010	Boston, Mass.

			Gambia		
Water and Sanitation for Africa	Water, Sanitation, Hygiene	\$2,781,521	Support creation of large scale, sustainable sanitation value chain in Dakar including mechanized fecal sludge management	Nov 2011	Ougadougou, Aiga-i-le-Tai, Burkina Faso
National Sanitation Office of Senegal	Water, Sanitation, Hygiene	\$4,932,446	Support creation of large scale, sustainable sanitation value chain in Dakar including mechanized fecal sludge management	Nov 2011	Dakar, Senegal
Innovations for Poverty Action	Water, Sanitation, Hygiene	\$1,207,064	Support creation of large scale, sustainable sanitation value chain in Dakar including mechanized fecal sludge management	Nov 2011	New Haven, Connecticut
Oxfam-America Inc	Emergency Response	\$500,000	Support an emergency response for flooding in Senegal	Sept. 2012	Boston, Mass.
Oxfam-America Inc	Emergency Response	\$2,499,145	Reduce the risk of outbreaks, mortality and morbidity due to fecal oral contamination in the most vulnerable households in the flood prone areas of Pikine and Guédiawaye, two neighborhoods of Dakar, Senegal	Nov 2012	Boston, Mass.
National Sanitation Office of Senegal	Water, Sanitation, and Hygiene	\$3,183,383	Develop a technical and business model that demonstrates the ability to generate added value from sanitation processes for the benefit of low-income households	Nov. 2012	Dakar, Senegal
IntraHealth International	Family Health: Family Planning	\$4,683,017	Support work with the Ministry of Health and Social Action to scale up	Aug. 2013	Chapel Hill, North Carolina

			implementation of an Informed Push Model for contraceptives throughout Senegal to contribute to an increased contraceptive prevalence rate.		
--	--	--	---	--	--

Advocacy

Organization	Issue	Money	Description	Year	Location
PROMETRA International	Global Policy & Advocacy, Polio	\$1,558,535	For a multi-country advocacy project that will develop and implement an advocacy strategy designed to increase immunization through faith healers coverage in Benin, Nigeria and Senegal	Nov. 2009	Dakar, Senegal

Total: \$37,000,175 Senegal: 8,190,829 US: \$23,590,845

Appendix B: Mamie Interview Transcript

Sylvain, J. (2013, December 16). Personal interview on Skype.

I = Interviewer, R=Respondent

I: Could you tell me your age? Occupation? Racial identification? Religious identification?

R: I am 29, an interpreter/translator, African/Portuguese, not religious, but spiritual.

I: What are your connections to Senegal?

R: I was born in Senegal of a Senegalese father & Cape Verdian mother. Left when I was 10.

I: Where are you from in Senegal? Or where is your family from?

R: I grew up in Dakar. Father was born in [REDACTED] Mother was born in [REDACTED]

I: Why did you decide to study or come to the United States?

R: I came to the states because my parents couldn't continue giving me the best education, my [REDACTED] offered for me to live with him. So I moved to [REDACTED] in 1994 to live with his family.

I: I am interested in understanding how people think of well-being, what would that look like to you?

(My recording device was not recording at this point. The above questions and answers were later asked by email. The actual interview transcript begins below.)

R: The priorities are... in Senegal, because it is a poor country, your priorities are different than those in the United States, for example, in Senegal, the priority are the basics, water, electricity and food, because electricity and the water supplies are so limited, you do everything you can, every day to get those two things. Because with electricity, it means that you need to charge your phone to communicate and if you don't have that then there's a lot that you can't do; you can't call your work, your family members, can't call in case of an emergency, to meet with your friends and be a part of the social world. And if you, of course don't have water, you can't shower, eat, do whatever and so for me, back home, you know when I was there, I wouldn't really think about... I want to watch my show tonight, it was more of I hope that when I go home there will be power. So we can have dinner with the lights, so I can charge my phone or something. Those were the priorities, and I hope there is water, so I can shower. So I feel like those are the different priorities that are there, whereas, in the States, the priorities are different because you have the basics already, so you have to go to the next level, you automatically don't think about it when you flip the switch or when you turn on the faucet, your next priority is do I have hot water to take a

bath, should I buy one pack of 12 eggs or 2 of them so I don't have to keep shopping, so I can buy in bulk. Buying in bulk is a very American, Western thing to do, whereas, back home it is every day. I just look at how my mom does it, she will give, say two or three dollars to the maid to go to the market to buy something for that day and if she has enough money, she will buy enough fish for that month, there's no such thing as a pantry back home, no one has pantries because you can't afford to have pantries. Here in the states, you use pantries for emergency situations or in case guests come, so I think that is how I view the differences in priorities in both countries.

I: And is your mother, is she still in Senegal?

R: Yes, she is. She is still in Senegal with my brother.

I: So, you talked about the basics, but how much does your health play a factor into well-being then? Or, I guess how much do you think about health?

R: It's funny because I associate health with how you eat and how you eat and what your medical coverage is and how you're able to communicate and keep a social life. One aspect of my well-being that I consider very important is my being able to be around people and have meals with people because that makes me happier, I am able to talk to people, exchange ideas and in America, because of the way cities are built, the way houses are built, it's very easy for people just to stay in their own little bubble. For instance, you can live next to someone for years and not know who your neighbors are. Whereas in home, in Senegal, you can walk outside and anybody can see who you are and say, oh, say hi to aunty for me! Or, I know whose daughter that is, so the sense of community is very important because you do have some people who live in buildings but still, because of the way it is, because of the fact that you don't really have a lot of the basics. For example, outside of my home, we have a faucet outside that always gives us water, were lucky that way. So, you know a lot of our neighbors come to our house to get water to get their basics, so at that same time, you get that sense of community. Also, there's nutrition and what you eat, because when you're in Senegal, you don't think about calories. No one talks about calories, you don't think about gaining weight because you eat what's there, because you eat what the person has made for you, because that's just what you can have, whereas, here, it's all about whether its organic because of the way the food industry is, you have all of these commercials which are saying this is a good thing, but when you look at it, there's actually high fructose corn syrup, and then on top of that you have people looking at you and judging you if your fat, small, when you go shopping you have the different sizes, and you think can I fit into this, so there is a different perspective as to what food means to one person and food ends up playing such a huge role in a person's general well-being. People that are anorexic, people that weight over 400 pounds, like, we don't have that culture of being so concentrated on how a person looks. And now medication, that's a whole other area, because in the states you have the whole Medicare system, whereas there they have the socialistic way of doing things, a lot of medication is subsidized by the government so medication for the flu is maybe 50 cents and some people can afford it, some people can't, I was lucky enough to have jobs where I did have health insurance and I'm an asthmatic. So, asthma plays such a big role in my life, if I can't breathe, I'm not well. And I also look at my family and my mom, she's lucky enough to

work and sometimes she'll just buy a little Tylenol, something for the maid who is sick so she will give her what she has, so those are my areas of well-being that I consider to be important.

I: Ok, so this is just an off the cuff question, and feel free to decline to answer but were you diagnosed with asthma at birth, I mean to say were you in Senegal when you had asthma, and what was that like?

R: So, I was 6, 7 years old and I just remember one night just not being able to breathe while to going to see my mom and my dad in their bedroom. And she took me to a doctor who happened to live in a neighborhood across from us and I went there and she said, oh your daughter has asthma and she just gave me an inhaler. And that was just the best day, I remember it was as if my lungs were just fresh and new. So that's how I was diagnosed, quote-on-quote with asthma.

I: So going back to health, so when you are thinking about your mother, who is currently living in Senegal, are there health issues that are more pertinent to her because she's not living in the US?

R: What do you mean they are more pertinent?

I: Like, is she more at risk for certain things because she's not in the United States?

R: I feel like she is, but because of the fact that she...she doesn't make that much money to start with, but she makes more money than the average person. So she has the ability to get care, even though...well actually she was just diagnosed with Vitiligo.

I: What is that?

R: It's the disease that Michael Jackson had, with like skin pigmentation. And she never had that and it came up, I guess recently in just the past couple years, and I haven't seen her so I haven't seen how it has progressed. But she said that she has been able to get care for it, but for example, I knew a Peace Corps volunteer who brought her village mom to the city to look at a lump. They found that there was a lump, she did have cancer, but she couldn't do anything about it, so they just went back to the village. But at the same time, my mother-in-law who is here, has had breast cancer, she survived it, now they just found that she her Melanoma, skin cancer on her head, the next day she was in the operating room, you know getting a biopsy and everything was just right there, the help was just there for her. So, there are so many things, such as diarrhea, kids die from diarrhea all the time. And I get frustrated, because this is not something that, I mean no one should die from that. No one. But it does happen. So I feel that diarrhea, the flu, even bronchitis, malnutrition, is even considered one, those are the basics, but people die from those there, whereas, here, the next day or the same day, you can just walk to the pharmacy get something and that's it.

I: So, you mentioned that the Peace Corps volunteer brought their host mom to Dakar, so were there no options in her rural village, what was the situation there?

R: I didn't ask, she didn't tell me all the specifics, but I can understand it, because when you treat cancer, you need to have someone there with you, another person with you, you can't go through that alone, so that would mean that she would have had to have one person from her village taken away from those extra two hands that the village needs to work on the farms and to make money for the village. That's one. Two, where is she going to get the money to even pay for the radiation or any kind of treatment, it comes down to funding, to money. And how much money you have in order to do it and how much time you have. So and I do remember that her cancer was not that far advanced, so something could have been done about it, if she had the necessary funding, a place to stay in Dakar, as well, she might not have had anyone to stay with during that time because it's not just a one day treatment, its months of treatment going in, going back. Because you have to think about transportation to and from the hospital at wherever you are staying, if you're staying in another person's home, you have to think about how I can contribute to food and water and electricity and all of that. And if they are already living in the village, where are they going to get all of that money. If the government doesn't give them any money, if they don't work, then they don't have insurance, therefore, they don't have any means to pay for these things.

I: So, how often have you gone back to Senegal after you moved to the US the first time?

R: Umm I would say every two to three years, were lucky enough to be able to do that?

I: Ok, so just walk me through, if you are feeling unwell and you're in Senegal, who would you go see, would you go to a pharmacy or doctors office, I guess kind of walk me through the process?

R: Me or the average person?

I: Both!

R: For me, if I didn't feel good, let's say I had a problem with my asthma. Or a cold, I would go to my doctor. And let's say I would go to my pulmonologist and he will give me a nebulizer treatment and then I would go home and I would be good. And then I would go to the pharmacy with my prescription and it would get filled in five or ten minutes, then I would take that and go. And I would have a \$2 co-pay for the medication and a \$5 co-pay for the visit or no co-pay for the visit because I have health insurance with my doctor. Now the average person, for example, malaria, that's a big one. There have been lots of campaigns, to educate people about malaria, and that's thanks to malaria no more and I do believe the Gates Foundation also has a big one and of course the Peace Corps. They are largely educating, and what happens is, of course a lot of the symptoms at the beginning of malaria are very similar to a cold, because your nose is running, you have a headache, and then you have the chills, so people would just go and get Tylenol at the pharmacy which costs like 5 cents, so they would misdiagnose themselves. You know their child is sick, give them a Tylenol or a syrup and wait it out because they don't have a doctor or anything to go see. Now, if, and this is in the city and the rural area. Now if you are in the village, I haven't lived in a village, but I have had volunteers who have been there, they go towards traditional medicine, that way they don't necessarily have to pay with money, they can pay with

services or goods. So let's say that you see the traditional healer and you bring a bag of potatoes or some gold or whatever it is, and this traditional man will have some traditional herbs and mixes all ready and they will give that to you in exchange and they will try and give that to you to make you better, because that's who they know as their healer. So that's what it is for the village. For the rural areas, they will either try to pre-diagnose themselves and get Tylenol or whatever and then they will wait and see. And that waiting period is the dangerous part because it's just getting worse, it's just bringing down the fever a little bit, but it's not killing the real issue and then they realize that their child is burning up and what do they do, then they go to the hospital, to the main big hospital and they're waiting there, with a bunch of other sick people. The mother might get sick in the process and the doctor then will, now these people, before they went to the big hospital, they probably asked for money from somebody else. Probably from their uncles or other family members who do work, to lend them money in order for them to go to the hospital. So then they leave behind with them a debt to repay to this person just for going to the hospital and paying for the hospital visit, then when they come home to get the prescription, they have to ask for money from somebody else to pay for this prescription. So, they might have this prescription for a couple days or a week because they are looking for somebody to help pay, all while this sick person is getting sicker because they aren't getting the medication on time because their elder is looking for someone to give or lend them the money in order to pay for the prescriptions. That's approximately how it goes.

I: So, you describe the hospital as being kind of a bleak, kind of a dangerous place, is that where you would go or would you go to a specialized doctor?

R: I would go to a private doctor, who has an office. Because you do have lots of specialists and with Senegal, you know, we are a little more advanced than other West African countries because we do have a large ex-pat community, so you can't have a large ex-pat community and people who have lived abroad and not have private clinics, even though, let's just say that if you are having a baby, and if you go to the private clinic and something happens they will take you to the main hospital anyways because that's where the most of the best treatment is because its run by the French military.

I: Oh, which hospital is that?

R: Hôpital le Dantec

I: Are the other hospitals in Dakar also run by the French military or is that the one for the ex-pats?

R: No, no, no. There's no hospital for ex-pats, it's just because it's an ex-French colony through time, they have tried to really...and because we are Senegal, other people from other countries come for medical services. For example, the Peace Corps countries that are around us, if volunteers are really sick and they need to find out what it is, they will send them over to Senegal to find out what it is, in order to get their testing done and their treatment and then send them back to their respective countries. [REDACTED]

[REDACTED]

I: And the doctor that you go to, is that person Senegalese or are they an ex-pat?

R: Well, my pulmonologist is Lebanese and my other main general doctor is Senegalese, he works for SOS Doctors.

I: And you bring up the ex-pat community, and something that I'm always interested in is looking about how Senegalese people are viewing the French now after being colonized for 200 years? So, how do you feel about the French and how do you think other Senegalese people are viewing the French?

R: Well, it's funny, because I am also French, I have the French nationality. So my upbringing is French generally, we eat at the table, we have wine, ham and cheese and all of that good stuff and all of those great things. So, I love the French culture, it's a part of who I am, I feel like its refined culture and when coming here, if I'm at dinner and I'm speaking French with a friend and I will have people come up to us and say that we sound so great and that it's such a beautiful language. I'm like, thanks! So, I have no issues with that because I feel that they have brought, modernized our country and they have kept us safe for all of these years. For example, right now, in Mali and in Central Africa, you have the French troops that are there trying to keep the peace and trying to help Central Africa not have another genocide, basically, that's what's about to happen. And that's where I feel like the French are playing such a good role in still being a part of the Senegalese lives. Now, when I was there, the French military and the French took themselves out of Senegal a little bit, they closed down some of their military bases and they've brought back a lot of their ex-pats because I guess they felt like they were paying so much money for nothing. Because we are a peaceful country and we haven't been at war, they could reduce their presence in the country. Now, if you are in Senegal and...I feel like Senegalese people are very chill and just like, its ok, everything will be good, and there's a saying, that's Inshallah, that's "God Willing". Like, oh, you want me to be there at 3, I will be there at three god willing, so if god wants me to be there at 3, I will be there at three. So that way of thinking, I feel like, makes it so that they don't really think about the presence there, because, you will see French people around, but a lot of them have adapted to the culture, you know a lot of them speak Wolof or wear the traditional clothing or some of them don't. And let's say you are an average Senegalese man and you make friends with a French guy, you know for them its bringing their level of living up, because now you have a friend who has access to other things. Let's say you are the Senegalese guy and you have family members in France, which a lot of people do, you can be like, next time you are in France can you give this to my cousin. So if you happen to be a Senegalese person who happens to know French people, your level of living may be a little bit higher because you have that connection to the Western world. So, your view of the French is not as skewed as someone who is...let's say from the village and you had a French guy come, just on vacation or visit and he did something...and I think that's just for any culture. If you have an outsider come in and do something bad, you're going to have a bad view of that person and not just that person, but of their whole culture or ethnic group. But in general, from when I was living there and all the times I've been back there, I've never really heard someone say, I don't like the French people. It's really hard, because we speak the language, we eat the food, we still have close ties to the actual country and culture so I think it's really hard to say that Senegalese people don't like the French. I really don't

think...I mean some people may have that feeling but I think that some people don't even think about it that much because their priorities once again are different.

I: Ok, so next we are going to shift gears a little bit, so you know there is a current debate about foreign aid funding to developing countries, do you have any thoughts on this? Do you think foreign aid is positive or negative, complicated?

R: Complicated, definitely. Because sometimes, I feel that the foreign aid is there because they feel, the quote-on-quote "white people" feel guilty for all of the hardship that they have given to the black people. For taking our resources, our gold and then the actual people, and then colonizing. So some people will say that the foreign aid is a guilt aid, paying for the guilty feeling that they have had all these years for all the hardship that they have given them. I know foreign aid has good intentions, but at the same time, I think it's a business and the way I see it is, they want to give foreign aid with a western business mentality into these countries. I think that foreign aid has been given to countries, to West African countries for a very long time. And I feel that the change hasn't been significant at all. For me, foreign aid means that you're going to help people with the basics and to this day, the basics are not met. Basics meaning electricity, water, food. USAID, Peace Corps, the American Embassies and other countries, you also have JICA, which is the Japanese Volunteers, you have KOICA which are the Korean Volunteers, and you have some French Volunteers. So you have all these people volunteering money, foreign money to come in and educate and help the people but with a European or American mentality or approach to it. And I feel like that approach to it of "We are the bigger people, we're the Americans, we're the Europeans, we're the ones who have more money, let's just give them the money and tell them how to use it". And I feel like they are doing that with the Western mentality without thinking, without going from the bottom up. That's why I feel like the Peace Corps is such a great organization because they do it from the bottom on up, grassroots. Where they look at already how the people are living and bringing in that modern technology or modern way of living and seeing how it can mesh together and work together, so once they leave they can actually continue with that work themselves. And try to use their imagination and creativity to actually make it better for themselves. One example of that, my husband and I were talking about that, because he was a [REDACTED] and he was saying that one day his host father asked him, like in hiding a little bit, went to my husband's hut and came with cans of meat that came from the World Food Program. So it's interesting because that was actually meant for students who didn't have that much food but instead of students getting the food to bring it to their family, the teachers kind of hogged it and were like, this is for us. And did not continue giving that. That's just a little example, there are examples of this all over where the government gets the help and instead of going to the poor, poor people, it's going to the people who are helping the poor, who themselves consider themselves poor, it's not their fault. Because they think that they are poor and they are working hard teaching and they think 'why can't I have this thing from the World Food Program?' So, I feel like the foreign aid is coming into the country, it's going to people but I feel like it's not going to the right people. And even then, you give canned food to someone who maybe...I'm just thinking here... that most people have knives so that they can open a can, but I use a can-opener. It's like little things like that that don't match up. So you're trying to give a modern thing to someone who doesn't have the modern tools

to make it, whereas. Another example, the Peace Corps, you will have a volunteer, [REDACTED] so volunteers who wanted to do projects, [REDACTED] because the money came from USAID funding and from the federal government at the same time, and Peace Corps. So these volunteers will have this foreign aid money and they will create these projects with the locals. For example, porridge made out of nebedi, which is ...I'm blanking, but nebedi is named for the tree that "never dies", if you cut it down, it will grow back and it has lots of nutrition. So what they will do is, they will work with a group of women to help make it into a powder so that it can be made into a porridge, so all they need to do is make the powder, buy or go to the main town, vacuum seal it in a plastic bag so that when they go to the village, all they have to do is add hot water and make that porridge for their children, so that aspect of the foreign aid works better because you have people on the ground already, who know and who live with these people and know what their priorities are, so when they do get the foreign aid they can go ahead and help them, create projects so that they can do it on their own. Now, I'm not saying that those projects work all of the time, because there are examples of volunteers who come in, build a library, they have their friends and family from the states get all these books, they ship them, the books are in the library but then the next rainy season, it gets flooded, the books are gone and no one decides to save it because they were trying to save their harvest. For their food, so the books were not their priority, the books were just an extra thing for them. So, there are so many different aspects of it. So you also have the will of the people to change. I feel like in Senegal, change is a scary thing for them. I mean for anyone really, so when you come in and tell a person, the way you've been doing this for thousands of years is not the right way, you need to change it and do it this way. They are like why; it's worked for thousands of years, why do I need to change my method now? So, you have to be like, Ok, let's try teaching you how to graft a different kind of mango, because this kind of mango doesn't need as much water, so since it doesn't need as much water, then you don't have to go as far to get as much water, you can spend less time watering it under the sun, so you can save your energy to work on something else. That is one way of explaining it to them. Whereas, if you are just like, this mango just tastes better, they're like no, I'm ok. So it's like you have to really explain the benefits from their perspective because it's like, energy is a big thing. Its hot most of the year, and that just drains you physically, so the kind of food you eat, the amount of time you spend outside, the amount of water you use is so important to your daily life so if you can reduce that in any way, then that help is very much welcome. So that's part of what I think about with foreign aid. It's a good thing to have but I feel like the approach they've taken...how long as foreign aid been around?

I: Decades, since the 1950s it really started increasing?

R: Right, and I'm not saying that things haven't changed, but the right things have not changed. In Senegal, we should not be going to France to get a piece for the water supply. Senegal just recently had two to three months of water not flowing through the main city, it blows my mind. That shouldn't happen in the first place, like that foreign aid that we have been getting all of these years, should have gone towards creating different water supplies within the city, to change that, so that everyone has water. Because when everyone has

water, everyone can cook, everyone can eat and everyone can be more motivated to actually go work and make money for their household. But if you don't have the water, you're sending your two girls who are supposed to go to school to go walk around the neighborhood, trying to get water so they can feed the people in their household. So, I feel like water and electricity and the basics are not being met with foreign aid, and that should have been the purpose of it from the beginning.

I: Going back to why foreign aid hasn't focused on basic needs, why do you think the priorities haven't been basic needs and who is deciding what is being prioritized?

R: I don't know, I would guess the foreign ministry, the government. And I don't know how they go about it, you know, you have, I know you have the Millennium Challenge Corporation which was created by Bush, and they'll say, we will give you this much money but you have to do this first. So for example, we will give you this money but you have to have the requirements for protecting children's rights, so what will happen, so I don't know if you know what the Talibé are, but basically, they are children in Senegal, who are beggars. So what happened when the MCC was going to get ready to give us (Senegal) the money, one day I was going to work and I see the cops in their truck just rounding up all of the kids, putting them in the trucks and taking them to jail, even taking people who are in wheelchairs, taking them to the police station, just so whenever someone would come to see how things were going, they wouldn't see those people for that day or however long they would be there. So, then they will say that, oh, we've met the requirements. But what the MCC doesn't understand is that those kids who are asking for money work for religious leaders and those religious leaders are sitting next to the president's ear talking to him or next to the people who make the decisions and telling them that yes, you can take them off the streets for a few days, but after that they need to go back and start working again. So, I feel like you'll have the, that's one example, another is that you need to make the roads better so you can decentralize Dakar, so people can move out of the urban areas so that it won't be as congested or that you need to build a new airport, or something like that, they have all these pre-requirements, they will try to do everything in that moment, but once they get the money, I don't know where that money goes. I feel like a lot of, of course this is opinion, not fact, because I'm not in the government, I've known people that are in the government [REDACTED], like that was my first job and I got to work with a lot of people there and there's a lot of special treatment for people. So, and I've even taken some of these, so for example, I had a friend, a co-worker who would get these...you could say coupons, but they're already paid for, these Shell, the gas station, actual tickets for gas. And they are given to them by their office of the government. You know, if I talk about my mom not being able to leave home today because there wasn't enough money for gas, then they will be nice enough to give me one or two tickets, and that's just an example of people using their privileges to give to other people. So I'm sure somewhere along that line, you have people getting help from the ones who are taking those advantages but I don't know who sees the budget and who decides where that goes or to who. But I feel like, with a lot of the talk that has gone on, a lot of people have said, this guy, he is the Minister of whatever, we know that his salary is this much, as a government worker, but how is he able to afford to send his kids to France or send his kids to school in the States, how does that happen, he must have gotten the money from

somewhere else. I remember, I had a friend and we were talking and I made more money working in [REDACTED] than some of the Senators, but I know that I couldn't send my brother to France with my salary, so how can they send their kids to school abroad. Or they will get a super nice car and you will see these disparities in the country so much, you will see a Hummer parked in front of a shack. And you just think, how does that happen? It doesn't make any sense, so to make a long story short, I don't know how the money is distributed, but with the examples that I have seen and the people I have heard talk about these things, the money does not go to the right people, so out of the chain: you have President, the Minister's and their aides. So I think it might be that the President approves it, it goes down to the next level, but it just stays at those second or third levels and it doesn't really trickle down. Maybe a little bit is, but the big portion is not, because if that was the case, if that second or third tier used that money properly, and you don't have to distribute it evenly, but at least make some kind of program where the people below can benefit from it evenly, then I feel like that would have made more sense, instead of giving it to the second or third chain of command, asking them to distribute it evenly, because they aren't going to distribute it evenly, they are going to give it to people that they know, so for instance, they might say, well I know the religious leader's son who gave me advise, I'm going to give him some and then to this other person who I went to school with their aunt...there's a lot of I know this person who know this person and that how I'm going to get... and that probably do that because they know that if I give this person something today then I can go and ask him for a favor tomorrow. It's all about favors and who could do what for you.

I: Do you think that could be a possible reason why a lot of the money, the resources, the professionals, are mostly in Dakar and don't really get spread out to any of the other regions?

R: Yeah, I think that makes sense because all of them are in the city, if you lose your ID card or your passport, you have to come to Dakar, to get that re-done. But since the building of the main highway, the toll highway and with the new president, Macky Sall, I hope that that would help with the decentralization of Dakar and bring in different aspects of social help outside of the city. But I do believe that plays a pretty large role because that's where the richer people live, that's what it comes down to, the people that are well off that's where they live, and they are closer to the airport and when you are closer to the airport you are closer to the world, really.

I: Going back to, in terms of foreign aid, when you are thinking about diseases or health issues that are kind of rampant in Senegal, I know you briefly spoke about malaria earlier, but a lot of foreign aid is focusing on HIV/AIDS, malaria and tuberculosis, do you think these apply to Senegal or are there other diseases which are more specific to Senegal?

R: Malaria yes, Tuberculosis yes, HIV not so much, because one thing that they did was that they legalized prostitution, so the women have an ID card so they can go get tested and get condoms for free and stuff like that. So the rate of AIDS in Senegal, is much lower than in a lot of countries. Another one, I think it's called Diphtheria, it's like a stomach one, and then you have the one where the kids belly is blown up, kind of a part of malnutrition and then

the one where the belly button is blown up itself, is out even more. That's a big one, lots and lots of children there have that. Diabetes is a huge problem and there's been campaign to educate people about the amount of sugar intake. Like the amount of sugar that our people eat, like it blows me away. Like a cup of coffee, just a small one, you have the sugar cubes and they will put like 6 or 7 of them in that one cup. And then, there's the sugar in the tea or the coffee, then the sugar in the juice, in the local juices, there's the natural sugar, then the flavored packets, then like mango flavored sugar that you can make on its own, but they put it in that juice too. Then there's a dish, a local dish that is made out of...almost like a millet, almost like a porridge. So then there's also the tea, the ataya, which has tons of sugar in it. But in Senegal, we have a different perspective of food and what that means. So if you were here, sugar is a huge issue, high fructose corn syrup. Like they don't know what that is and it's in all the drinks, Coke, Fanta, Sprite, it's at all the parties that you go to there, and they are so tasty, I remember that I used to love them. But I don't drink soda anymore because of my husband, Adam, got me used to, early on, to change what I considered what I considered tasty early on, and I am very glad about that because if I had not stopped and continued that habit in the States, I would be like 200 pounds right now. So, I feel like diabetes is a big issue, but they are working on it, they are talking about it on the radio and people are listening. So yeah malaria, diabetes, malnutrition, diarrhea...

I: Are there any issues pertinent women? Maternal health?

R: Yes, well there are two things that I can think of right now. One is, I can't think of what it's called, but when a woman gives birth her bladder or vagina loosens up, and they tend to pee a lot involuntarily.

I: Is it a fistula?

R: Yeah, that's what it is. That's a big issue, because then it starts to smell and you can't have sexual relations when you smell and you are discriminated against a lot. Because when you are walking around, you have that odor around you and your husband may not want to have sex with you. That is one thing that I have seen on the news that women are going through that or they have to wear pads when it's not even their period. That's one issue. And then the other issue is, skin pigmentation. So the use of lotions that make you lighter skinned is a huge issue because all of these women want to become white, because the light-skinned women are prettier than the dark skinned women. That's this idea that they have. But the problem is that when you use these products, it's as if your first layer of skin is being taken off and when women go to the doctor and they have to get any kind of surgery done, what they have found is that they can't even stitch these women up because their skin is so thin and loose that their stitches come off. The stitches can't stay on these women because their top layer is gone, practically. So that's a big issue that they having with these women who are getting any kind of surgery done, for even like a small thing, like a fall, their skin is not strong enough to hold stitches. Or if they are having a baby and they need to do a C-section, they can't even sew it up, I don't even know what they do then, but they find a way I'm sure, but regular stitches do not work.

I: So another thing that I want your opinion on is the Gates Foundation, what I am focusing on, they recently had a huge collaboration with the Senegalese government in talking about

family planning and I was wondering; what are your thoughts about family planning, in a predominately Muslim country?

R: Well, I have seen the advertisements, they have been, I have seen the commercials on television, which means they are getting out there, they are teaching couples to talk about spacing their children out and when to you have children. Now, as to how effective it is, I don't know the numbers or how well they are doing in that aspect, but I have met a couple of women who have said, I went to this session and they told me that I need to wait two years, so the women are listening. But now, it's the man. The men, I want to say that you do have a macho perspective and it's also Muslim man, wanting whatever he wants now. He doesn't care...this was actually one of the reasons why I never wanted to marry a Senegalese man, the mentality of the man, sex-wise. For them, they just want children to continue their name or to make their family happy – like oh, you have a woman that can have lots of children, that's good. I still feel that the men don't understand how a woman's body works and why it's important for a man to understand why a woman is important. The Senegalese man to this day, I feel, doesn't respect the women, he'll love the woman, but he still feels uncomfortable talking to the woman face-to-face about having children and acknowledging that they are at the same level. Because you have to, when you talk about spacing your children, he needs to understand that her body needs a break and he also needs to understand that if she's not making a boy, it's not her fault, it's his fault. So explaining that, I mean a lot of Senegalese men today still don't understand that if you don't have a boy, it's because of him. Not because of her. So these little things may not have been, I don't know what the training is, but I feel like it's not in the training. Asking the men to see their wives as an equal on that level, I feel that there is still a ways to go, I can see, with this generation, like with my brothers generation, he is 25, we are four years apart, I have my cousins, they all went to school, but it looks like that biology class didn't go well. They were just like this is for the years, I know what I need to do as a male, and this is all that I need to do. I feel like there isn't enough education for the men. And sexual education in the country is not that big, you don't sex education in the classes, but I think you do have commercials for condoms, you do know about it. You do have organizations who do promotional videos about these things, but in general, with family planning, I feel like they are putting the subject out there, letting the women know when to space out their children, but I feel like the men still have a ways to go because they are still stuck with the mentality that I am the man, all I need to do is have sex with her quickly, impregnate her and go. Not, let's talk about this together, and that's a part of the culture as well, like communication is practically zero. Relationships there it's, I'm the man, I'm talking you need to listen or the woman says yes, yes. It's still that way because he is the man, he is the one whose working, you're the woman at home, so he is the one giving you the money, you have asking for money for the basics, like food. So, you have to do everything in your power to make him happy because he is the one giving you food. Because if you don't do that, he can go and get himself another wife, because as a Muslim he can have four wives, so the women will do whatever the man asks her to do because he is the one providing for her. So as a man, he could say that I have a wife, I love her, but I could go and get another wife and she could make me more babies. That's how I view it, because I have cousins who are male, male friends, male coworkers, and some of them have a Western mentality because they have

gone to school abroad, they have that camaraderie with their women. Being able to joke around with your wife, being open with your wife, plays such a big role in having a prosperous life in your household, because when you don't talk, you end up having so many kids that you cannot feed, they might become a Talibé with the religious leaders because you couldn't afford to feed all of your children.

I: Shifting gears a little bit, so I know you spoke a little bit about them earlier but have you heard of the Bill & Melinda Gates Foundation?

R: Yes, I even applied for a job, but didn't get it.

I: So what are your perceptions of this organization?

R: Well, first can you give me, I just have a general idea, I know that they give lots and lots of money to, and I know that they have a large portion of their money that goes towards malaria funding, but I don't know what other sectors of aid they get.

I: Yeah, of course. So, the Bill & Melinda Gates Foundation is a private, non-profit organization, so every year they have grant applications, so they don't do any on the ground work, it's all about funding people that apply to them, so they give roughly \$3.4 billion a year, they have three programs, the US program towards education, global health and global development. So, one of their big things is malaria, and they also try to focus on other things but most of their priorities are vaccines, innovative work and technology. There are mostly a funding source, so I guess, what do you think about that kind of strategy, since it's not necessarily grassroots.

R: It's like, I don't want to call it the Golden Handcuffs...but at the same time.

I: I'm sorry, could you elaborate, I don't know what that means.

R: The golden handcuffs, it's like you have gold but they are handcuffs. That's what they say a lot about like law school students because they are making all of this money in the law firms but they don't have a life. They're not happy. You have this foreign aid coming in, but you get used to that foreign aid so you don't really try to figure things out for yourself. So, I guess that's my idea, or my thought about this, is that: Yes, money comes in but it's as if someone was giving you an allowance every month, like imagine getting an allowance and it getting raised every year by ten dollars but you keep getting that allowance and you are trying to say a little bit so that you can keep it, but you are still getting an allowance so you're not going to look for a job because you are getting free money. So, for me, ok, it's cool that they are giving all of this money, but in the back of my mind, I'm like all that money that they are giving is tax deductible. Sometimes I feel like they are giving away all of this money because they have to, because if they don't the IRS or all of these other people are going to come after them. I don't know Bill and Melinda Gates, I'm sure they are great people and they want to help people, but just sending the money and not concentrating on the skill for someone to actually help themselves...or maybe they are, maybe they are employing people to train other people, but I haven't heard that. So, I don't know if it's just sending money to the government or just sending money to the organizations and then the organizations pay their trainers and then their trainers will go on and train somebody else.

Or it's given to the organization and the organization buys a bunch of things that they need, whether its cement to build a house or paint to paint the houses or school or if they need chairs to put in the school. So, they will buy all of those things, but then they will just give them to the community, when you are giving it to the community, you are not showing the community that you're not going to keep getting this money all of the time so you need to figure out a way to use what they have given you already and build on that... so another example is, ok, the whole malaria thing is a part of the UN's 2015 goals and their strategy is mosquito nets, mosquito nets is a huge business, that's what it is, a business. But right now, it is the cheaper way to prevent it, they're all of these campaigns, I don't know if you have seen it but Ashton Kutcher is in a few of the commercials and Ed Helms, [REDACTED] because he was filming a clip saying thank you, and seeing the different programs for Malaria No More, so you have all of these stars coming in and doing all of these commercials, for mosquito nets, but they don't know that Senegalese people like to stay up late so let's say you are in your village and it is about 6 o'clock and your making tea, you're talking outside by the fire, your might be on your porch, the mosquitos are already biting you, by the time you get to your bed, yes you may be sleeping under the mosquito net at night but the mosquito could have already bitten you by that time. I feel like they are just putting a Band-Aid on something that could have been prevented. So for example [REDACTED] and they had an office in Senegal, and they would work in the mines, in the iron ore mines which are in [REDACTED]. And [REDACTED] is in an area of the country which is very high in malaria and other things as well, so that's how I came into contact with [REDACTED] because [REDACTED] was looking for funding for malaria and for the [REDACTED] so they have to attribute a certain percentage of their budget to local health, so they give some of their budget to the local people, so one project that [REDACTED] was working on with the university research area to come up with an alternative to...or something to help out with malaria. So what they found, well not found but Artemisia is the main plant that is used to make malaria medication. What pharmaceutical companies do is extract the main medication, change it so they can make it into a pill so that it can be distributed directly into your bloodstream. Now, Artemisia as a plant alone has been used to China for a very long time and a tea to prevent malaria, so it has been used. So [REDACTED] and the University were getting there, they were able to take the Artemisia, put it into tea form, make it into a bag, not like little tea bags but into big bags with like loose tea and they said that you could take the tea and it would protect you for seven days, as a preventative measure, so that you won't get sick. However, because the government of Senegal has such close ties with all of these pharmaceutical companies, they prevented this research from going forward because there is such a good relationship between the country and these pharmaceutical companies, imagine if a Senegalese person takes an Artemisia plant, grows it into their backyard, it's a plant that can grow very well in very harsh conditions, so anyone can go in their background, plant the Artemisia, pick it within like a month or two, make themselves some tea so that in seven days their body, at the beginning of the malaria season, their body can be protected from malaria. But I feel like there are little steps in science that are being blocked by the pharmaceutical companies so that they can make more money off their medication. And that was something that happened in Senegal, so I feel like a lot of the aid that is given is just

a quick fix, I feel like foreign aid is a quick fix for issues that need to be taken into account, that you need to go from the bottom on up. I'm not saying that you shouldn't get any kind of help because help is something...but I feel like it's not the right way of going about it.

I: So to have a bottom-up effect, what would need to happen? Would it be local communities being empowered and how would that come about, would it have to be social change or would there need to be more money?

R: I think social change is a big thing, like something has to change in the mentality, the person has to want to change first, and that has to happen. The mentality of, I mean it's hard to change your mentality, especially if your everyday depends so much on, today I am going to meet this guy in order to get money so that I can go and pay for my prescriptions. It's not something that can happen overnight, because people's needs today are so important, the country is a monochromatic or something society, like that's what we are, we are concentrating on today, not in one month because you can only think about today, and maybe tomorrow, if that's all the money that you have to survive for that day. So, starting out by getting young people to be educated enough to change how their mothers, well not to change their mothers mentality, but I just feel like it should start with the young people. The teenagers, the ones who are strong enough to go out there and protest and talk about what needs to happen. I feel like if you give the youth of Senegal, the right tools, they will go out and actually do something about it. Like if you tell them, today we are going to train you in how to run a good business, how to turn this mango into a business for tomorrow, I feel like that way the young people will be able to talk and people will listen to them and their way of talking, their way of actually enjoying life. I mean, as a Senegalese young person, we love music, we love dance, we love all of these kinds of things and I feel like they will take that love of music and dance and spread that kind of mentality. So, I feel like getting the youth to actually, not give them the money, because they will spend it on Ipods or iPhones, but maybe even create an organization that employs the youth, trains them to do whatever you were trying to do in the first place and let them be the pioneers for these things. Because the youth have more motivation, they have a future to look forward to, whereas if you are just giving this money to a man in his fifties, who has already lived a long life and his only responsibility is to help his children, because he has two wives and maybe five children, the young people don't have these things yet, so they have a future to look forward to. And young people's minds or still developing, you can still change a young person's perspective of approaching different things, whereas when your old, you've lived your life already, you already know, you have seen a lot of things so your priorities are totally different. So, I think that you do need to have a social change and in order to have that social change, I feel like they should concentrate on the youth. Because young people in Senegal are getting so down on themselves, because they aren't getting any job opportunities and that pushes them to get on these boats and go out into the ocean and they die. Because they thought that Senegal doesn't give them enough opportunities, so they take these little dinghy boats, go and try to get to France and they die in the process. As you've heard recently, all of these boats coming from Egypt or Syria or wherever, trying to make it and they get to Italy and they are either tired, they've lost their mom or their baby on the way, so I feel like that aspect of it needs to...getting the kids to change their mentality, giving the young people of Senegal hope that they can have a better future and it

all depends on the tools that we can give them, they can build better lives for themselves and for their future. And we're a country that has only had four presidents and with the last presidency with Abdoulaye Wade you could tell that power gets to a man's head, what stopped him from just being like, I'm not going to run again because the Constitution says so, and I'm going to go retire in France, in my wife's castle. Like, his wife has lots of money, just to show you, this year, this president's wife is the first African, first lady that we've had. All of our past presidents have had white French or white wives. This is the first Senegalese first lady and I really hope that with this first lady... and I'm not saying that Viviane Wade didn't do much, because she did, she built hospitals and all of these great things, and maybe this new woman/first lady will actually know what it is to be a Senegalese woman running a Senegalese typical household. So that she can help her husband make the right decisions for the country, but I don't know if that is actually going to happen, because once you are in that palace, life is good. You have power every day, you get to travel and to have all of these dignitaries come and visit you, so I don't know what she's going to do but I just hope that with her new role, she will be able to influence her husband in a way that he can make the right decisions for everyone.

I: So on the same vein as the Senegalese woman, what do you think about, Aminata Touré's new post as the Prime Minister, do you think that will be really positive, because I know that she is known as an anti-corruption fighter?

R: I don't know personally, I haven't been back to Senegal in the past two years, I have only seen and heard a lot from the news and from this documentary [REDACTED] [REDACTED] About the election, so I don't really know, but I hope so because the mere fact that this past election, there were two women running for the presidency, that was such a shock to me. Because I didn't think that that would happen in our country for a very long time, yes, Liberia has a female President but for me, she was going to be the only female president for a long time, so it was much unexpected. But it was great to see how well our country has accepted these women, like smart women...granted Diouma Dieng Diakhate I think was just, she's the fashion lady, I think she was just something fun, like she doesn't speak French well, it was just not good for her. But the other lady, I forgot her name, but she was well-spoken, she had great ideas, she was very strong at the same time, so I think the fact that already the community is accepting of them as playing a very important role, a role that has been played by the man for a very long time, and as a Muslim society, for men to listen to this woman, to accept her views that is already like a big thing. So I only have positive things to say about that, having a woman as a prime minister, because I have always said that women should rule the world. We have more compassion for people, really see, like I said, what it's like for the woman in Senegal, because she is the one that does everything. The man gets up, what does she do, she has his clothes ironed on the bed, she has his breakfast all ready, all he has to do is get his clothes on, get in his car and go to work. He comes home from work, she has maybe a bowl for his feet, and then she has incense, the dinner is already made, he sits down, he eats then he watches TV. Don't even think about the man thinking; oh let me help you with the dishes, that's not going to happen. So, I think that having a woman as a prime minister, because the woman doesn't just do that for her husband, she does that for her children, and she's the one that is packing the lunches, and even in America, this is what women do in America too. I mean the ones who are married or

with their boyfriends, there are still women in America, who still have that older generation mentality that as a woman you are the center of the household, you are the one that has the ability and the capabilities to actually do things. Ok, I am going to pack the lunches, I am going to go and pick up my children, and then come back, go drop off the pet to be shaved, or whatever, so in Senegal, it's I have to take my kids to school, then I have to go to the market and then go home and cook or give the food to the maid and she'll cook, while I get a new outfit for my husband or whatever. So having a woman, a Senegalese woman, in that role, I think will definitely help influence the laws and help influence the way that men perceive the woman. And hopefully, that will make men respect what they do more, because I feel like it has become more of, oh that's what they're supposed to do. It's not even; she's doing this because she is a good woman. So, I think that having a woman as the prime minister in Senegal can only be a good thing. I mean, not all the way, because I knew a woman who was at the right hand of Abdoulaye Wade and she worked at the Senegalese Embassy in DC [REDACTED]. I heard that she was working with Abdoulaye Wade as one of his advisors, and then not long after that, an audit was done of her office and they found that she spent like \$50 on like a spoon and just spent money ridiculously and it was government money and us women, are very prone to buying nice things and for example, I'm sure as a prime minister, little things like, she's not going to walk up and speak with men with just braids in her hair, No, she's going to get her hair blow-dried, her weave. And it can cost up to \$200 but it doesn't matter because she can afford it. So I'm afraid that the power might get to her head, but I think that her experience as a woman, I don't know if she is a woman, probably, I'm assuming. So if she is a mother or has been a mother for a while, she understands the hardships of raising your children and of being of Senegalese woman running a household in Senegal. And hopefully she will be able to influence the laws and the men who are around all of these other women to respect what they do and once they respect what they do, I feel like we can work together to make things better for our society.

I: Alright, well that was actually my last question, so is there is anything else you would like to tell me?

R: You know I have been thinking about this for a couple of days and I think I have said almost everything. Because it's a hard thing to think about, because, my uncle whom I grew up with worked for the [REDACTED], he was a [REDACTED] and we've benefitted from his job, in the sense that we moved to two different countries to live, [REDACTED] [REDACTED] and I know what the [REDACTED] role is in these countries, you know they lend the money but I also know that the [REDACTED] was originally created for short term lending and not long term, therefore, a lot of people criticize the [REDACTED], like their lending is too much or there is too much interest over the time. But I have a different perspective on it, so as I have a different perspective on the [REDACTED], I am sure that other people have a different perspective on foreign aid and its pluses and its minuses. So I think where you come from definitely, what your background is specifically has an influence on how you view certain things. Like yes, I worked with [REDACTED] who were doing the [REDACTED] distribution and all of that. I even wrote my thesis on that for my bachelors, but I also worked for a multinational corporation, but that's only because for me, at the time, I didn't see it at the time as working for a

multinational corporation, for me, it was, I got a good job. A job that pays more than my mother, I am a second income in the house; therefore, I can help her pay the bills and she can relax a little bit. That's how I dealt with those kinds of things; I mean I think I've touched on almost everything I wanted to. Yep, all good.

Appendix C: Doudou Interview Transcript

Sylvain, J. (2013, December). Personal Interview.

I: To begin, could you tell me your age, occupation, racial identification and your religious identification?

R: So, I will start with the religious one, Islam. And then, race...black. Age 34 and I am a student, [REDACTED]
Also, I am a GSI in [REDACTED]

I: What are your connections to Senegal?

R: Senegal, my entire family lives there. My parents are there, like all the other relatives are there, [REDACTED]

I: What part of Senegal are you from?

R: From the Northern part of Senegal, from [REDACTED], maybe 350 miles from Dakar. It's closer to Saint Louis, I mean it's like Saint Louis is at the middle of [REDACTED] and Dakar.

I: It's by the river?

R: Yeah, by the river of Senegal.

I: Why did you decide to study in the United States?

R: I don't know that's a tough question, like when I was in Senegal I was in the [REDACTED] [REDACTED]; I was working on [REDACTED] I was particularly working on [REDACTED], and when I was there after my Master's Degree, I was also in contact with some of the [REDACTED] professors who used to work in Senegal, and then I met, she was not a [REDACTED] professor, she graduated, in fact, from [REDACTED], but she works in [REDACTED] [REDACTED]. And then I met her, she was trying to establish a kind of exchange program with the University of Dakar, [REDACTED] [REDACTED] and she was trying to put together an exchange program. And I was very close to one of the professors, she was working with and then we had some discussions and she said "why don't you consider applying to our program?". And at that time, I already finished my Masters Degree and I was just trying to go for a PhD Program but at [REDACTED] [REDACTED] Because I was doing [REDACTED] but then I thought I will do [REDACTED] and maybe for a PhD I will do [REDACTED]. But I ended up doing [REDACTED] there and they say ok, I will just continue with [REDACTED] and after [REDACTED] [REDACTED] I got my Masters Degree and then that same professor who graduated from [REDACTED] she said why don't you also try to apply in [REDACTED] so apart from [REDACTED], I applied to [REDACTED] and I was accepted to all of those three schools, but I decided to [REDACTED] Maybe [REDACTED] was a part of it because I was interested to do something else, since I didn't want to lose my training as an [REDACTED]

and maybe [REDACTED] would be a good department. Then my first semester I took classes here but that following semester I took a class [REDACTED]

I: Ok, so I am interested in understanding how people think about well-being, so what does that look like to you?

R: Well-being, like in general? Like for me, I think health is a really important part of it. In the Fulani proverb they say that Health is the first child of life. Like this is something that is very important. To me, and also freedom of religion, like well-being to me, the spiritual plays a lot. Wherever I am, whether in the US or any other parts of the world, I would be ok, this is a part of me and this is something that I have to look forward to, not imposing on other people, but this is me. And health, religion, wealth plays a little bit of a role, but as long as I know that I can get by it is fine. And family also, is something that is very important, something that I really value. [REDACTED]

[REDACTED] but at least you know it's helping me a little bit, being more social because when I came to the US, that was a challenge for me, you do not know how to socialize coming from a different background. There were some opportunities but most of the time it's not easy for me to be a part of it. [REDACTED]. I obviously have some other friends that I interact with, especially in the Muslim community, and some of [REDACTED], I have interactions with.

I: Ok, so speaking of health, how much do you think about the health of the people that you love, or your family members?

R: Yeah, you know. Alhamdulillah (God willing). I mean, we don't really have those issues, it's a little bit different, you know in Senegal it's a challenge. Like I'm not even from [REDACTED] in fact, I'm from a village maybe 3 miles from [REDACTED], it's called [REDACTED], and health is a big issue. [REDACTED] has a center, like a district hospital and it's a decent hospital, but where I'm from we don't have that, we have what they call the case de santé, small, like little hospitals. And if I remember it well, we had it in cooperation with [REDACTED], you know in France, and they were the first ones to put it there, but it's not functional, now it's just a building there. We don't have a nurse, nobody is working there. We don't really use that at all for years now, you know like the government was not working there at all. We are really having those issues and where I'm from, so the other challenge is like we get very remote. Like [REDACTED] is a city, not a village, but during the rainy season there is no way that you can get there, it's really tough, it's like 3 miles but it can take you more than an hour to get to the hospital and sometimes people do deliver on the horse cart. It's really a challenge, I don't know, probably going to share with you a personal story, like my mom she passed away when I came here, at [REDACTED] like my first year here and when I was here they didn't want to let me know that she was sick, because of the culture and everything, so they waited a long time before letting me know, because they didn't want to say like, he's going to be thinking a lot about it. They just kept saying that she is safe, but after I went there in 2010 and I discovered that she died from cancer, it was really unfortunate because we don't have those regular check-ups. When I was living there, you know she was fine, and just a year after she was in a very critical condition and she passed away after maybe a

month, maybe it's the very time that she discovered that it was cancer. So the doctors don't really know what it is.

I: So going back to the clinics in your village, why do you know that those were not functional?

R: Because we just don't have help, as you know, we depend on the Ministry of Health, and generally they are the ones who appoint somebody to be there 24/7, and they are the ones who bring the materials and stuff, they bring it there, but since it's a small village, they don't probably have enough, you know they don't do it for everybody. I mean they try to take care of the villages, but most of the time in the city, they are kind of city oriented. And you know that we have the building and also I remember that the people from [REDACTED], those French, they brought a bunch of medicine and stuff but we couldn't get it all from them. And then we don't have somebody working there because in some villages they appoint somebody to go there and they give them a salary, but in my village we don't have that because we only have about 400 people. People are maybe not that active, because sometimes if you put a lot of pressure on the Ministry of Health or on the politicians, the local politicians, they help you with it, but we don't have that chance at all and it's still there, even with the friends, we are trying to see what we would need to make it operate, because my elder brother is a [REDACTED] His [REDACTED] is in [REDACTED] in another city, it's a little bit far but when he comes back to the village, he just brings some medicine with him and gives it for free to people or sometimes he will have little prescriptions, but he's not doing it like full-time, he's just doing it on his own. And the difference from like my village to the other villages is that some of the other villages, like even if the government doesn't help, like they have a lot of people in the US and France, they try to put a project together and they try to fundraise. So if the government can find someone to be there we are going to have like consistent funding, like we will appoint somebody to stay in the village, they give them food, drink, a salary. But in my village we don't have a lot of people like that, but some other villages, they can't just wait for the government, they have to find another solution, and some of the solutions they do is that. And sometimes they have a lot of people, and they try to do a project, like they try to get funds from other institutions, it can be in France or in the US, sometimes they send an ambulance, you know like materials that can help them maintain. Sometimes they even go from scratch, like do the building, materials, hire a person, and just does a lot of stuff.

I: Do you find that strategy effective?

R: Its very effective because, generally, those people, being here, maybe they can give them a salary of \$200-\$300, like if you have a lot of people donating money, it's really more feasible. Because sometimes, with some of the doctors, they are going like a month or two months without being paid, in some cases, the government is not very regular on the payment. But with those local initiatives, it works well, but that is provided that you have a lot of people who can sustain the project. For instance, like me, I don't have a lot of people in the US who come from the same village, some of them, their relatives are there, but they grew up in Dakar, they are Dakarois, so it's a little bit different and difficult. For me, religion was really important to me, and what we are starting now, is like me and my other friends

from the village, me and another cousin who is in France we put together a project for the mosque, you know we are trying to rebuild the [REDACTED] and we really are almost done with that project and we thought that maybe once we are done with that project, we can try to tackle another project, like the medical building, maybe that's something that we could try to consider. But really what we need is somebody who can be there. I mean people are trying; it's just taking a long time. I heard that they are trying now with the new government, trying to get in touch with the government to get somebody there who can be there at least four or five days a week, because some of the people don't want to be there because it is remote from a lot of stuff, they are really hesitant to go there, but I heard when I was talking to one of my uncles, who is in Dakar, that he's trying to talk to the government to get somebody at the case de santé .

I: So, when looking for help, would you go to the government first or would you go to an outside source?

R: Yeah, I think now they are trying with the government because the government is more sustainable and even sometimes the government is more reliable. I mean, provided that there is a follow-up. But in our case, it's really hard, we could sustain it for maybe two or three years but it would be really hard, because we don't have the means. Because if we were going to hire somebody, we would need to pay them at least \$300 or \$200, by the end of the year 1000, 1500 and we don't have enough for that, so we could do it for one year, two years but you can't always rely on fundraising, but the other villages I was talking about, they are big villages and they have a lot of ex-pats all over the world, in US, France and in other parts of Africa and I don't know but from what I heard is that, for this money [REDACTED] would take care of the salary, for the next money the other person takes care of it. But if it were us, if I did it once, twice, you know I'm a [REDACTED] student. But for the other villages they really have the means there. I think they might even have an account that they put the money in at the beginning of the money and he is good to go to take care of the people.

I: So where is that funding coming from? Personal funds?

R: Personal funds, most of the salaries are personal funds but some of the other materials, such as ambulances, they can get them from other institutions, you know if you build a project, you can try to find money and people to help you with that project. But most of the salaries come from personal funds.

I: You kind of spoke of this in terms of your village, but when you think of health in the Senegalese context, what comes to mind? The positives or the negatives?

R: It depends on the people who are in charge of it. Today, for instance, we really have someone with a lot of experience as the Ministry of Health, it's Awa Marie Coll-Seck and she's really doing a good job. Overall, I would say that it is there, but it is far from being perfect. But the problem is that they neglect, I mean they put a lot of focus on Dakar, so it's not very decentralized. Everything is kind of in Dakar and the rest, they have the hôpitaux régionaux but it's not something that is really functional. And I think overall, it's there and people are getting more educated because of the campagne de sensibilisation, the discussions that they have all over Senegal. I don't know, I haven't been following it

recently, but I know that the problem is that, they have a union now of doctors, but they have gone on strike. And with the teachers, they go on strike too, but that's whatever, but now doctors are going on strike which is very dangerous because in Dakar, some of the doctors were just leaving the hospital, because they aren't getting paid, like if the payment is late, that is one thing. Also, they aren't really hiring people a lot, like even though the faculté de médecine à Dakar is renowned, but now you know you finish your PhD in 7 or 8 years, and even though the need is there, they don't hire, it's a really big problem. Because sometimes you have to go through some steps, a contract and then as a doctor, but it really takes a long time for them to put people. Even though there are a lot of people defending their dissertations and graduating from med school, they are not putting people in the right places. And as I said, the focus is more on Dakar, you go to ██████ for instance, and ██████ is one of the 3 departments of the region of Saint Louis, and in that department you only have like three main hospitals there and in those hospitals they have maybe two or three full time doctors and then you have the infirmiers (nurses), I think the staff is one of the major problems. Some of the diseases that have been really fighting and trying to get rid of are still there, and maybe recently I would say santé de la reproduction is a challenge and has been a challenge for a long time. And also, I don't know, I don't know that much about it but I think if you are looking at the help, like NGOs and outside organizations, I don't know I think they focus a lot of HIV/AIDS, I mean it's there, I'm not denying that it's not there but they shouldn't focus as much on that, and should focus on more regular and common disease. And then putting too much of the money of Family Planning, I think it's a big thing, if you think of outside NGOs, I think there is too much focus on that. And I mean I'm not saying that it's not good, but more focus on malaria and sensibilisation, you know just letting people know about hygiene, would be something important to stress.... Decentralizing is also very important. Sorry, I talk too much.

I: Ok, so going back to the diseases, such as malaria and reproductive health which has been continuously being funded, do you think that it is getting better?

R: I think it is getting better, but sometimes I think we are just missing the target of getting people on that. And also I don't know, like trying to put everybody, sometimes I notice that we have a vision and just go with that vision without having local members participate, instead, it's just a one-way thing, instead of having double. For instance, when they talk about family planning, they say this is how we see it

I: Who is doing that?

R: Like the government, the medical staff, they are the ones taking care and charge of it, they have a campagne de sensibilisation, and they come to a village or a city and try to get people. It's a good initiative, but I think it would be good to make it more appealing or more captivating to try to include other people, you know like the religious leaders. For instance, if you talk about family planning, people have really strong views of is that good or is that bad, they need somebody, because as you know Senegal being 95% Muslim would be good to have somebody who knows, like this is what the religion thinks about it and then try to bridge and marry all these ideas. But sometimes, they just come here to educate us and we don't have a say in it. And even sometimes, maybe people like me are complicating it. But it

would be good to have other people involved. I mean, they want to do it but we don't feel involved that much but it would be good to have that. I think they are trying to do it a little better, but they are only doing it on a national level, so they will have a Cheikh or an Imam talking about it but it should have been something from below and up.

I: So you said that the family planning initiatives are leaving people out, do you think it's the Muslim community..?

R: I mean, I think everybody, the Catholics, everybody. They have different views. When I have seen people talking about family planning, I have seen that on TV, but on a national level. Like on the music, but most people don't follow those programs, so they have this thing called LMD which stands for in French Lutte-Musique-Danse, and bringing a family planning program on there, I mean who is going to watch that. I think it would be good to go to the local people and have it there, and I have experienced a little bit of what I said before since my brother is a [REDACTED]. So I remember on summer holidays, since we would spend all of our time in Dakar and then we would go back to the village in the summer for the holidays and what we used to do was have different programs, like family planning or hygiene, but we used to have program called thé-débat (tea debate), the ataya. So we would have like 50 people come to this thé-débat on a weekly basis, we have tea, we have the "gerte" (Wolof – "peanuts"). And then what we used to do was we would discuss something, it wasn't always something related to health, it could be politics or about anything else, but we would have like a debate, so like today we are going to talk about politics in Senegal, or family planning and say what do you guys think and people would say this is what I think, all these different varied views, but then someone gives their views and other people jump in. So we were doing it in a more kind of involving way and people would say oh I didn't know that, and we used to do it on a weekly basis. Programs like that, they might only do it like once a year or once a season, that's it. And we were doing it on a weekly basis and after the summer, I noticed that people, you know we had something on malaria, we would say this is how you do this, this, and this. And people would end up following and doing it, and after that we would say, your homework is, go out and do this. So it was more like communal, where everyone was expressing their views instead of someone saying I am going to teach you, you know like the traditional way of teaching. So the reverse thing of it not just being me teaching you would be a more practical thing. I am adding it.

I: Where were these talks being held, were they in Dakar or [REDACTED]?

R: In my village, and in other villages too. But at that time, my brother was a student, and he would do that on a weekly basis. It was a little bit slow in the beginning, but then people started getting interested. I don't know if he is still following up, but that is how we used to do it. It was very interesting, because you know the diseases are there but we need to show that prevention is better than the cure, the focus was more on how to prevent stuff which could be health or other things. He used to do that. I mean on the government level, they have this thing called campagne de sensibilisation in health or environment issues, but it's not something that they do on a regular basis. For instance, they say this is the season for malaria, ok, we have one campagne de sensibilisation but it's not always enough, you know

they try once a year or once a season. I mean it's the Ministry of Health that sends people all over the country to do that, they have specific dates depending on other things.

I: Why do you think they only do it once a season? Lack of funding?

R: Maybe lack of funding because it takes a lot of programming and even money to do that but I think it's also a lack of local programs like the thé-débat I was doing with my brother, but it's not always easy. So you know you could have this program and go to the Ministry of Health and say to them, this is the project, this is how I want to do it, so that they could fund him or help him set it up, or make it easier to collaborate. So that they could come in today and do a campagne de sensibilisation in the village, and generally the government doesn't do it on a village basis they do it in like the bigger villages, or the department, ok, so then they would do the program, but then the follow-up would be with us and I don't even think it needs that much money, it think it just needs organization and collaboration.

I: How is the government bringing people from the villages to these meetings, is there an incentive or?

R: Uhh, I mean sometimes, like with malaria, they will bring mosquito repellent. So if you come, you can get some free mosquito repellent. So that could be some of the incentive and others it could just be that I heard it on the local radio, but most of the time it's just too political. I'm not sure about this current ministry of health but what they generally do is, ok election is coming soon, ok we have this new project. So as I was saying there is a lack of collaboration on some of the issues, but politically they always have some representative, who is working close to the village, and year-round. So the success of that campagne de sensibilisation is not about how effective they were able to deliver the message but how many people came, because those people are potential voters sometimes that are how it works. And they will put it on the local radio, we have this project, we want you to come and sometimes they give funds to that guy to facilitate the transportation for those types of campaigns, so mostly they have a political incentive.

I: Related to the healthcare that you received, when you were in Dakar versus when you were in [REDACTED], what were the differences in the healthcare that you received?

R: I didn't receive much of it, but it's there, I mean rarely. It was like, you need it, and ok you go. You have a place to go and depending on the season and staff, that might affect it, but overall it was available. But in the village, I didn't even think of it. I tried to do my best not to go in fact unless you have to go, if you have an injury that is bleeding, you go and they will take care of it. I mean Dakar, it's always packed, because if I am ever at a hospital, I mean people fall sick and especially during the rainy season there are the mosquitos and they say that you have to go and visit them, could be a cousin could be your mother, but you have to go and you look at the room, and you think is she going to get more sick because you find that 7 or 5 people in a small room like that, but in Dakar, there are some parts of Dakar, I was living in [REDACTED], it's not like Pikine or the boggy area, or the crowded areas, I had a place I could go or I could go to the university center, that was easy for me so it was easy for me to get it when I needed it. It was available, over there (in the village), depending on the season, and you have to go, its 3 miles and sometimes you are surrounded by water, you have to go

in the water. I mean 3 miles is not bad, but 3 miles is something during the rainy season, if it's like regular season they go, it's tough, but they go. It's tough for pregnant women in the rainy season because they have to cross the flooding to go and get those regular checkups. And education wise, people are getting more educated about it, in particular, in my village, which was very traditional, but now people are getting more educated because we now have a school in the village, an elementary school and after that they go to [REDACTED] to continue their studies, and if you go there, you finish elementary school you are in middle school, you are at the top-level now and you try to come back and help them, help people read things, like sons reading things for their family, its helping since they are going to school. But before, 15 or 20 years ago it was not like that, I mean it was just me and my brothers going to school. But now everybody is going to school, so they know more, like if your mom is pregnant or your sister is pregnant, you have to force her and tell her that she needs to go to her check-ups even if it is far away.

I: What has been the cause of so many more people going to school?

R: Just now it's available, because before if you wanted to go to school you had to leave your village, go to this town and stay there and go home on weekends and stay with your family. But now they have the school there, like they have the elementary school so then you can maybe go to college and the possibilities of getting a job or bettering your life is there now.

I: When you were in the hospitals, how were your interactions with the doctors?

R: With the doctors, yeah this is challenging too. I was going mostly to the campus (UCAD) because it was easier and it wasn't bad or a big deal, but if I'm talking about the overall rule, it is hard because it's not like I have an appointment, I mean some like pregnancy, you have an appointment, but mostly it's just like you get sick and then you go to the doctors. Sometimes it's not easy to see them, you have to go through all of this stuff, this protocol, and it takes time to see the doctor, and sometimes you don't even have the chance to see a doctor, and the funny part is that they do it all over, you come and they ask you "I have a headache" and they write a prescription and they just give you it, they don't even check your temperature. Some of the places do, other places are more professional, but it's not always easy. But then when you are interacting with the doctor, you know that it is serious. Also, the ratio is not good; you might have one doctor for like 1000 people.

I: Is it expensive to go to the doctor?

R: It is...

I: For a general Senegalese person?

I: Yeah, it is expensive. All the pills and stuff are expensive, the pharmacy you know. I mean you might be looking at this in your research but people are turning to traditional medicine, because they can't afford some of the fancy pills. Like in my village for instance, people in my village, go to the doctor after they had tried all of these other things such as roots and other stuff. So if they try it if they have no other option and they really need to go that day. And sometimes, the use of traditional medicine, I mean I'm not against it, it just lacks professionalism, and people like me could just put herbs in something and sell it. But there

are the elders who do know that this tree is good for this, that tree for this... some of them, they trust it more in fact, some is because they can't afford it and they don't want to go to the pharmacy, especially if something is going to cost you \$20, there is no way that you can afford it. I mean, I think it really is expensive and what they are doing, I think Macky (Sall) followed that, that if you are 60 or 65, you get the stuff for free, and I know this because when my dad goes sometimes, he gets the stuff for free. And if you work in some organizations, you have health insurance, that service, they take care of it.

I: Ok, so there is a current debate over foreign aid funding to "developing countries", do you have any thoughts on that, on foreign assistance?

R: Ok, overall it's good. But the problem is that it doesn't get to the target because. They come, they go through the government, and the money doesn't go to the people most of the time. Like, for instance, an organization comes to Senegal, and they say that we want to help people on this particular project and they have the funding and they know where they want to put the money, but the problem is that sometimes. You have the foreign aid, and they have to go through the government for this particular project. But most of the time, it's not going there, the money doesn't reach its target or its goal. That's one thing. I don't know about this current government but you hear that this organization gave 10 million dollars to the Senegalese government for this particular project, but they are not going to put the money there, because it's not getting to us. I mean some of those big organizations try to go through NGOs, and most of the time they do a good job of getting aid to the local people, but most of those big ones have to go through the government and it doesn't reach the people.

I: Is it because of corruption?

R: Yeah, corruption.

I: So like Abdoulaye Wade's son?

R: Yeah, Karim, they talk about him, the current president he was there too, I mean all of them, all of those guys. Foreign funding, that's something, but the issue that poorer people have with the foreign funding is that depending on some of them, some of them say this is the help we have for you, and others have conditions. Some is like this is aid, you don't have to pay it back, but most of it you have to pay back and they put a lot of conditions in it. It's not even feasible, it doesn't benefit the people, it does get there, this is another issue that people have, and you know they really want to help us, they have interests in it, but they have goals. And some of the people just feel that the priorities are just not set well. Ok, this is my interest, foreign aid, and they feel that they are just forcing them into what they want, instead of what the local people want. As I told you before, I am not very familiar with the Gates Foundation and I was just reading about the visit that Melinda Gates made to Senegal and an example is that she went to the "Servir le Senegal" by Mareme Faye Sall which is the organization of the former president's wife. And people are saying, you know why is she going through that? We know that these people are corrupt and some people don't like her going through there and they are saying maybe it would have been better if she had tried the Ministry of Health, maybe, some people that is my thinking. They have this closed, you

know targeting Mareme Faye, because I think if you want to help people I think one of the goals of that Gates Foundation was family planning was one and HIV, and say, and some people why this, why family planning? You know they have these preconceived why are they giving money to those, and then they might say that you know they are trying to reduce the number of people, and some of them might have a problem agreeing with that concept. And some of them, it's because of the way that they try to get to them; I mean if you tried the local people, you would find some corrupt people too. So people think there is foreign assistance but they don't feel it. Some of it, they will try to put it, like for the first day they will say Melinda is in Senegal, a lot of people are showing some interest and a lot of people are saying, well she is here, so we should be as professional and practical as we can, but then it doesn't reach its destination. And also, they kind of deviate of foreign aid. They say are we going to look at the places that need it more or the people where we can get more voters or ballots and stuff like that, ok, I am going to give this money to this guy and instead of giving it to the program, I am going to do this for political reasons. One of the things about corruption that is bad is that these people want to get the power for as long as they can. So they say that they are going to get the Gates money for you know, a project that will have political gains.

I: So, do you see a difference in funding going through the Executive Branch, with like Macky Sall and the Ministry of Health? Do you see those as separate entities or all them all kind of in the same..?

R: I think they are all kind of into the same thing, but some people will talk about Servir le Senegal, the money going through the foundation created by his wife is different than the money going through the executive branch. Because they will say, this is her, and there is also some fixation that people have, they will say that we know that she likes this thing and that thing and they would have preferred that it goes elsewhere. So people will say that Servir le Senegal is with Macky Sall and the others and is Servir le Senegal serving themselves?

I: So, in regards to foreign assistance, if it's coming in, where would you prefer it to go through, NGOs, government or...you talk about the local people, but how would that work?

R: I mean, the local people, I don't know how that would work because they don't have the mechanisms ready for that. I mean personally, I would prefer the money to go through an NGO, even though there are some problems, but at least I know that it is going to get to the people. I mean, I haven't worked with an NGO, but I was about to work with an NGO that you might know, [REDACTED]. I mean they do a good job overall, I mean there are some things, some of the people might think that the staff is overpaid, but at least I would prefer the money to come from the NGOs because I feel like the practice that they have is more suitable to the local people than the government. Because they know the local people more and don't have all this background or preconceived interest, because with the government, they might say, right now we are having trouble getting voters from Podor so we are going to put money in Podor instead of another place where they need it more and NGOs don't have that. Most of the NGOs that I know, World Vision, Save the Children, they're goals are

very clear, I mean clearer than the government, and also there is nothing politically attached to it.

I: When you think of those NGOs, do you think of them as being made of Senegalese people on the ground or are there Westerners on the ground?

R: Like the executives?

I: Like locally?

R: Locally, they try to put people, like local people working, it doesn't necessarily have to be people from that area, but at least some Senegalese people who know what's going on. So, talking about my experience might help, I was about to work with [REDACTED], they were going to put me in the Southern part of Senegal even though I am from the Northern part of Senegal, in the Casamance, in Kolda in particular. They speak Fulani down there and they know that I speak Fulani, which is why they wanted to put me there. And say ok, if we put this person down there he might help us interact with the people, so I was going to be working, they have like different sectors, educational, social, etc. and I was going to be working with the educational system for instance, because they have some people in the West giving the money and then it was more about sponsoring a child for school, but in my branch, it was like I am being there as a liaison between the sponsor and the sponsored, but at least it's still at the local ground and level. It's great because even in Senegal they still have Westerners, but locally it's still people who are Senegalese and know the area. I mean they don't have to be from that same region but at least they have some people who can have easy access to the people. So naturally, there are some barriers like cultural, language, but at least at the lower, local area they try to put people from the same area and country.

I: In regards to foreign aid, other people from your village or other people that you know, who aren't as educated as you would feel the same way as you about these issues?

R: Yeah, I think so because most people seem to think of it in that way. I mean the problem with then corruption thing, is that the government is corrupt and they have succeeded to corrupt the people. And that is the problem with new projects coming in, is that who are they going to give it to because it can be a relative or a friend, but the way that it functions now is that people are transforming and beginning to think the same way. That's hard, but still you can find some trustworthy people who can help you execute some programs, but money.... I mean even at the local level, it is getting really hard to find people who are going to take care of it, and that is not always a given.

I: When you are saying that the people are becoming more corrupt, is that they are putting more power on wealth and money?

R: Yeah, wealth and money. Because now that's what they think, so like for the political leaders for instance, they really are hoping to get it back, I mean you know that they have this government that they put in place and they have a change of people at the Ministry level, and sometimes you write here and people say, we have a minister from our zone, from our region, even sometimes, people will go on strike because the government didn't appoint someone from their region. And now that means that we aren't going to get our part of the

cake. I mean it's putting more, before it wasn't like this, it was more about honesty and values and now it's all about money, people are really money-minded. You feel it in the family and it's just not good, like it's really sad. Like now they think if I help you with this, then you are going to help me with this. Putting things where they're supposed to be, so like I helped this person become minister so if I go to your house, I expect you to give me money. There are too many calculations now, because before it used to only be politicians, but now it is transforming into everybody, at all levels. It's really sad and that why things are going really slow. But I still would go with the NGOs, then local people, because there are still some good people, and there are also some people they know that if the government helps me it's going to solve the problem for that particular day, but it's not going to solve the problem in a sustainable way. But you will find other people that think I would be better off with something more durable, than just things that I can take care of on a daily basis.

I: Ok, so in regards to sustainability, do you think that you see as NGOs as more sustainable with aid than the government?

R: Yeah, I think so because even with the experience with my village, we have had more help with the NGOs than the government and that's not right. I mean the NGOs have really helped us a lot and the fact that I like about it is that its more local and they mostly deal with the local people, I mean there are some NGOs which are exceptions, but most of the time, they are really good at helping the people instead of having things go through all these things, then it doesn't get to the target.

I: Is there a fear that because NGOs are funded from the West, that that funding could eventually leave?

R: Yeah, I mean it does leave. Some of the NGOs have a timeline or 4 or 5 years and it's not always as sustainable as it used to be, but at least some of them put in mechanisms to have them be self-sustainable.

I: What kind of mechanisms?

R: Like, I was talking about educating people, so what we do is teach them this is how you do things in this certain culture and then before they leave they try to train the local people in how to do things. So even if the funding is not there they have some mechanisms to reproduce that. For instance, my village, there was like nobody planning agriculture. So they used to have, you want to run this farm, its collective, you have to put in money, and then every family puts in some money, I am just giving an example - \$50, people pay 50, some people don't have the money and then with the NGO at the time, I can't remember the name, and they said, ok we are going to help you if you don't have the money, you do a campaign, you work and when you finish you give us the money back. After that, because if you force the people to give you money at the very start, some of them can't afford it, so what they do is, I will help you now and then after the harvest, they can give the money back then and that was effective for some people. So people can say that if they don't have money, they can still work as hard as they can to have not only the money to pay back their bills but to have some left over. So what they do is put that money in a bank account, so that if they needed it, the money is still there so that if they (NGO) left, they would try to

organize people in an organization, called a GIE (groupe d'intérêt commun). So they have a GIE with the president, treasurer and secretary, more in a very professional way and they want to build a campaign with money that they can use and that people can pay back at the end of the harvest. You know it helps sustain, in the case of my village, it's not a big deal, since they were able to put it in that place, but now, the farms that they have, the land is too poor and too old to sustain, so what they need now is to get like newer land, but that requires a lot of money. So the light is there but they need a lot of help to do that. But sometimes they try to leave something; I mean that is the policy that they have. Not all of them are perfect though and with some of them, the fear is that they will try to impose some of the values that they have or some of the ideas that they have, because they might be religious oriented NGOs, that might say, they might not force you, but they do try to show that maybe their system is better than mine. Some of it is there. They don't tell you up front, they maybe have hidden agendas. For instance, I can talk about it openly that in my case, one of the main reasons that I didn't want to work with [REDACTED] I did the orientation, like a week orientation with them and other things, and then, the last day, they talked about, I didn't know at the time that there was anything religious in it, but then they talked about the importance of Christianity in [REDACTED], because most of the money that they get is from the churches and the people. For me, the way they did it wasn't very neat, because I know that if you are strong in your beliefs, there is no way that they can convert you into Christianity, but I would have preferred that in the presentation of the project they tell us that this is who we are with a clear mission statement, that this is who we are and this is what we want to achieve. But instead they say this is what we want to achieve and after, this is who we are. I wasn't really comfortable with that, I mean even in the hiring process they put a lot more Christians, asking local people if they were Christians and if they wanted to be involved in the positions. Even though, they work with Muslims, I mean, its Senegal, come on. You're going to be working with a lot of [REDACTED]. I mean, some people don't even get that part of it, but some of them, it's just [REDACTED]. But it just wasn't clicking for me and I was also planning to go to school and if I go there, then I will get stuck and there will be no way that I could come to the [REDACTED]. But also, the tactic did not seem that fair.

I: Related to that, what do you think are the NGOs or even Western governments that are the most positively viewed in Senegal?

R: Hmm, I don't know because I can only think of them from myself. Ok, for this new president, for instance, he's struggling a lot, he's not like Wade, Wade struggled too, his son is in prison and a lot of other people are in prison, but I think people really have issues with France. There is still that colonial influence, you know. I think that people really appreciated that when Wade was there at least tried to break that tie, asking some Administrative Francais to go back and leave, I mean he still continued working with them but he really did try to cut the tie, he was trying to get new partners, like India or China, or other countries in the European Gulf, like Qatar or Saudi Arabia, and other countries, he tried that and people were really happy about it, enough of the French. And now the challenge that our new president had is that he's trying to reestablish that broken tie with France, he's kind of French-oriented, like he went to France his first visit, like first visit to the West or maybe even his first official visit was to France, and he's really trying to go back to that and people

don't see that very positively. America, I think it is still positively viewed, mostly appreciated, like Macky Sall was invited by Barack Obama, and people were excited about that, but I don't know about the reverse since he came to Senegal, which I don't know if you have heard about the debate but some people kind of viewed it as if he wanted to impose some of the values that they have here, for instance, like gay marriage. They viewed it as Macky Sall was invited by Obama in the heat of the debate in the US about gay rights and Obama came there and one of the journalists asked him a question about that and his response was, the same one that he gives here and that's his views, that there is no difference and such. So now some people are saying that now, this is why he is in Senegal, that he has a hidden agenda to push that, even though he only said that, because it didn't include that in his speech. But since he was asked about it, and he presented his view, it didn't click well with some people, but overall, they really appreciate, I think, like the Peace Corps, they view them as practical. I think it's really positive. There was that MCA challenge and they see it as a potential. But with the French, they don't have a really nice, good reputation, like not even about like foreign aid, but just the French as a person. And then, America being a bigger superpower, it's better that you go to American than France, even though it would be easier for you in France because of the language, and also some of the egos that they get from some of the people here, like me for instance, going back to Senegal and someone else going back from France, so in Dakar, the people really know what's going on in the world, for instance, I would talk about religion, and how some people are really upset about the law in France about the laïcité. They are very upset, and they think that America is a possibility. But then they also ask me like if I go and pray in the mosque, and that I should be careful because of extremism, but if I told them that that's not what you think, they appreciate that, and that you have that freedom. As opposed to the other country (France) where they think that you are supposed to have it because of the history that linked the countries. My only experience was when I went to France a year and a half ago, but I felt a little targeted, because it's different, so for instance, I went to the National Library and I wanted to pray and I asked the dude if I can do that, and he just looked at me like I was coming from the sky and he just said, you know in France, he was explaining laïcité, and I said sir I asked you a simple question, do you have a reflection room or not, he just started going again and I just left. And I was telling him that you know I am from Senegal and I am coming from America and that at [REDACTED] you have some prayer rooms all over and in the airport you can pray, and you know that ends up being important. So some people in Senegal, they follow things and they think of where they would be better off, and that's what they really don't like and Sarkozy also played a part of that, I mean he's a zero there. People really appreciated not dealing with them. And America, they had a president who was in Senegal...so we seem pretty exceptional to other countries in Africa who didn't have that.

I: Going off of the religion portion, do you think for future NGOs or organizations going into Senegal, do you think working with religious leaders is key to establishing connections?

R: Yeah, it might be. I mean some of the religious leaders who are there are corrupt too, but it would be easier, and it wouldn't have to be about those values, but just dealing with the chef du village, or the older generation, dealing with them is good because there is still that respect there that we have with the older generation. So government-wise, NGO-wise, it is

always good to put those people in mind and to collaborate with those people to get things done. You know, [REDACTED] [REDACTED] and if you want something, ask him and then they can for sure get a response instead of just saying we are doing this on this certain day and you aren't going to get the same response. But it would be good to collaborate more with the community that would be key, especially if you want to get things done. It's not just about you being there, it's more about you interacting with those people to put things into place, instead of just presenting and wanting people to follow your way, your way or the highway. Even like me, for instance, working with my cousin in France for rebuilding the [REDACTED], we had to go back, to take some pictures and things like that, but I had to let them know in advance instead of giving them a surprise, so I had to get their agreement before doing anything.

I: So this is actually my last question, but I guess, is there anything else you would want to tell me about health or foreign aid in Senegal?

R: I mean, health is still a really big challenge. I think also foreign powers or NGOs they don't want to get too much into it into decision making of the country, they kind of respect that, in that they don't want to cross the line, but I think helping people with money and materials but still good to have that, but it's better to ask the government to hire more, since the people are there, so maybe putting in a mechanism for salaries or something, so that the money is used wisely. So putting those people in power that could help prevent those diseases would be good.

Appendix D: Interview Questions

- 1) Could you tell me your age? Occupation? Racial identification? Religious identification?
- 2) What are your connections to Senegal?
- 3) Where are you from in Senegal? Or where is your family from?
- 4) Why did you decide to study or come to the United States?
- 5) I am interested in understanding how people think about well-being, what would that look like to you?
- 6) How much do you think about your health?
- 7) How much do you think about the health of people you love?
- 8) What does being healthy mean to you?
- 9) As a man.. OR As a woman, do you have any health issues important to that identity?
- 10) I studied abroad in Senegal and I want to get your sense, when you think of health in terms of Senegal, what comes to mind?
- 11) When in Senegal, when you feel like you're unhealthy, what would you do?
- 12) What was your experience like there?
- 13) Did you have other options?
- 14) Would you want to change anything about the care you received?
 - What would you like to see more of?
 - What was not ideal?
- 15) How comfortable did that setting feel for you? Familiar?
- 16) How did interactions go with those doctors? Where are the doctors from?
- 17) Where did your neighbors go for their health issues?
- 18) There is a current debate over foreign aid funding to "developing countries", do you have any thoughts on that? OR Lots of foundations and governments are giving foreign assistance; some people have conflicting views of this, what are your feelings?
- 19) How would other people in your community feel about your thoughts?
- 20) Are you familiar with any organizations that do health work in Senegal?
- 21) Have you heard of the Bill & Melinda Gates Foundation?
- 22) What is your perception of this organization?

23) If you could talk to Bill Gates, what would you say to him?

24) Do you have anything else you would like to tell me?