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CONSTANCE “CONNIE” A. CARRINO

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INTERVIEW

Q: Today is February 13 and we are lucky to be interviewing Connie Carrino. So, Connie, I like to start at the beginning, your background, your childhood; what got you to AID (United States Agency for International Development)?

CARRINO: Okay. I was born in upstate New York, in Albany. My parents were professors at SUNY Albany (State University of New York at Albany.) My mother was in speech and drama, and worked with the debate team. And my father was in Latin American literature. I'm an only child. When I was three my father had the opportunity for a sabbatical in Paraguay and we landed up spending three years in Paraguay. He ran the U.S.-Paraguayan bi-national center and my mother became the director of the America school. We stayed in Paraguay from 1959-1961 and that was enough for me to know I wanted to work internationally.

Q: Do you have any memories of that time?

CARRINO: I remember a lot more from there than I do in other places. And a lot of it was playing; I played with the maids and their children and their sisters and got to visit their homes, which were in the Chaco area outside of Asunción. I remember going on a long walk with the maid's sister to buy a single sewing needle. We had fun making fun of English because of course no one there could speak English and by then I could speak Spanish pretty well. When we played being Americans we would talk in gibberish because of course that's what it sounded like to everybody. So, we'd go beep beep beep.

Q: It didn't seem weird to you?

CARRINO: It did, but it was fun. On a personal level my nanny there, Nita, was someone I was very close to. She was 19 when I first met her. To me she was absolutely beautiful. And I wanted her to come back with us when we returned to the states. She did. I went to my parents and they said she should come with us, and from then on the story was always that it was my idea. I have no idea if that's true but I believe it and it gave me confidence.

Nita was pretty special. She wanted to be a hairdresser and had friends in Washington, DC. She moved to Washington though my parents were not thrilled. She was probably 25 by the time she went and it was the early 1960s. She landed up marrying a fellow who worked at the Blair House and so she started working at the Blair House a little, just part time even though she still did hairdressing. Somewhere along the line she became a U.S. citizen. And she started meeting the First Families. She did Tricia's hair, Tricia Nixon's hair for her sister's wedding. And Nancy Reagan ran into her Blair House before they move into the White House and ask her to come as her personal maid. Nita landed up getting a government job as and stayed with the Reagans and the Bushes and the Clintons.

Q: Wow. What a story.

CARRINO: Nita retired at the end of the Clinton administration. So, this little girl from Paraguay who had about a third-grade education was at Diana's wedding and she walked the Great Wall of China and just had this amazing life; I loved sitting with her and

looking through her photo book and memorabilia. A few years after Nita retired she moved back to Paraguay. I felt the power of making a difference in someone's life.

Q: Well, that's great. So, there you were back in Albany.

CARRINO: Soon we went out again. When I was in fourth grade my mother and I went to Hawaii for a semester; she was a visiting professor at the University of Hawaii. I went with her and my father stayed back for a semester and then we met up with him for another sabbatical – this time in Mexico. This was when I was 10. My father was visiting schools and working on education projects for the State Department during that time. He never joined the State Department, but continued working with them for several years. I joined him in the Dominican Republic one summer and in Panama another summer. I liked living overseas.

After high school I went to SUNY Albany and then came to Washington to get a Master's at AU (American University) and never went back.

Q: What did you study?

CARRINO: Political science and Spanish.

Q: Your Spanish was already pretty fluent.

CARRINO: It was pretty good by then but I had to learn to read and write. When I was in Mexico it was first time I read so they put me in a lower. In high school I kept skipping the Spanish courses and then in college I really liked Latin American literature and Spanish literature (and still do but I read it in translation now.)

Q: So, from very early on you saw yourself in an international career and living overseas and not as an academic?

CARRINO: I think I was always the dumb one of the three of us, the one that wasn't as academic as my parents and never saw myself that way though I understood how academia worked. As a teenager I wasn't so self-effacing. I tended to think, and probably said that I was going to go out and do something, not just read and write about it.

Q: Did they encourage you in any way to pursue an international career?

CARRINO: My mother at one point said I would probably like the AID people. My parents had AID friends in Paraguay, but I didn't know any at the time. When I was in grad school AU I got an internship at USIA (United States Information Agency) and that was my first real job. I was finishing up my thesis and that job led me to others. Many of my classmates were interested in AID (United States Agency for International Development). So, yes, I think there was a little influence to look at AID as a place I may like.

Q: When did you graduate from the university?

CARRINO: In December 1975. I was 19. I was very young which is one of the reasons I went to college so close to home.

Q: Because you kept skipping ahead?

CARRINO: I started early, went into a college program that took us out of high school early, and then ended up finishing college early. It wasn't really planned.

Q: So, there you were at 19 with an undergraduate degree.

Graduate school and early government service

CARRINO: Yes, it was awkward because when I had an internship with USIA (The U.S. Information Agency) I was 20 and not old enough to take the Foreign Service exam. I was in the Office of Policy and Plans at USIA and worked for the labor advisor. I went to different parts of the agency looking at labor issues, how do you handle it at a binational center, how did Voice of America handle it. I got to spend a week at Voice of America and saw USIA films and learned a lot about the American labor movement, which was interesting. Then at the end of the internship my office expected I would join the Foreign Service. When they realized that it was too early for the exam one of the office directors said I should look into 100-day jobs in the government and I went and landed up getting a 100-day job at the Endowment for the Humanities. Like the internship, I was GS government employee there but my appointment was for 100 days.

Q: Renewable?

CARRINO: A bit, they kept me to liaise with a group that they'd hired to automate them: Group Operations Incorporated. I then joined Group Operations and worked on their contract with the Endowment. Getting computer skills was helpful for me and for them I could help by understanding how universities and the Endowment's grant programs worked.

Q: It sounds like grants management.

CARRINO: Yes, it's kind of a grants management. And they'd get terribly interesting people for the panels that make the final grant decisions -- academics from all over the country in history, philosophy, literature and foreign languages.

Q: Pretty heady for a 20-year-old.

CARRINO: It was very heady, but there I met someone who knew I wanted to work in international development and I started having informational interviews. While I was at the Endowment I had travelled to Cuba with my father on an educational trip and of course that got me even more interested in development. Someone from the Endowment

knew someone who knew someone at Battelle Memorial Institute and that's what got me into Battelle to work on a contract with the Policy Division in the Office of Population at USAID.

It was backdoor and the topic was new to me. I was asked what kind of development I was interested in, and I'd say education because I didn't know anything else.

Q: And that's what your dad did.

CARRINO: That's what my parents did and that's what my writing at AU focused on -- the use of mass media for education and things like that. But that wasn't the hot issue in the early 1980s; it was population.

Q: Let's talk a little bit about Washington at that time because there was a lot going on. AID at that time had priorities that varied and the employment door opened and closed and opened and closed, right?

CARRINO: American University tended to be pretty radical for the times. I remember when I went down and talked to different schools I chose it because I thought they supported "the people" in developing countries. There was a lot of anti-AID/anti-U.S. corporation sentiment -- The US was seen as going in and forcing approaches to economic development and multinationals were pretty much taking what they wanted. There was a sense in the 1970s that the spirit of the Foreign Assistant Act of 1961, which was dedicated to meeting basic human needs, was not being met -- at least that was the feeling among my colleagues and authors I was reading.

Q: What to do? But there was also the issue of AID being seen as a front for the CIA and the revelations about AID support for the Asia Foundation set AID back a bit.

CARRINO: Yes, and building up trust when that happens is difficult. Even before I joined AID (late 70s-early 80s) I must have been accused two or three times of being an agent and I could see how people can get that feeling. You happen to show up at an international meeting for some reason and not everyone knew why. You can't just say "oh, we're not doing it anymore" and expect people not to be suspicious.

Q: Sure. Trust once gone is almost impossible to rebuild.

CARRINO: Exactly. And those of us in international work can still be approached for clandestine work. I've met two women who I felt were asking whether I was interested in that kind of work.

Q: Oh, yes?

CARRINO: One was a graduate student who lived on my floor in the international dorm in college. She called me two or three years after we knew each other and she was obviously with the Agency and was recruiting. And then, once in India a private member

of a CODEL started asking questions about what I may want to do. She had travelled to Cuba to help release political prisoners. So, it was interesting. It happens.

Q: You began your career as a political scientist, but I know you identified yourself as an economist.

CARRINO: Yes, I started taking economics at the end of college and liked it. At AU I studied international communications and economic policy as my two fields. At GW (George Washington University) my PhD was in economics with field concentrations in international trade and finance and public finance.

Q: You were actually doing your graduate work while you were working, right?

CARRINO: Yes, I was already working at Battelle when I started at GW and finished the course work at night along with classmates from Treasury and the World Bank all doing the same thing. It was a rather adult and internationally savvy group but we needed to learn quantitative skills, using second or third languages, and analytical skills in economics. When it came time for the dissertation I was working at USAID. Anne Tinker was leaving the health office and she had a 32 hour a week, part-time position. Robert Clay was taking over for Anne as Chief of Health Services. He asked me to be his deputy and I took the part time slot. That allowed me to collect data in the IMF (International Monetary Fund) library. I finished my dissertation while I was posted to India. I came back to Washington to both defend my dissertation and deliver my son Julian in April 1993.

Q: So, what was the topic of your dissertation?

CARRINO: It was on the fungibility of foreign assistance and commercial debt. I looked at five African countries, Morocco, Tunisia, Zambia, Kenya and Malawi. The model I used was a piece of one developed by an IMF economist.

Career focus on the economics of population and family planning

CARRINO: Yes. At Battelle I worked almost exclusively in Jordan and the Dominican Republic with researchers and policymakers looking at the relationship between population growth and development. These were pre-internet days where rapid communication was done through telex and hotels were often very formal about the process. It was especially difficult when the hotel in the Dominican Republic sent a telex to the Hashemite Kingdom of Jordan for me. It took a few tries. When Battelle lost its contract with USAID during a consolidation, I consulted a bit for the Futures Group, the Pathfinder Fund and spent quite a while for the World Bank. This was 1983-84.

The World Bank was working on their first World Development Report on population. I didn't stay long on the World Development Report. In fact I'm not sure I was very useful; I kept using Population Reference Bureau and Demographic Health Survey data in everything when the Bank only uses country data. But what the Bank found useful was

that I could help the health and regional offices with scoping out what was going on demographically and with family planning in their countries. I wrote sections of gray papers for Morocco and Colombia and other countries where the health lead for the country was expert in both negotiating health loans and the countries' health systems but needed help with content about population because the Bank was about to start making significant loans in population and health and population. I had a PanAm bag with my Rolodex, calculator, and a notebook which I took to different offices. I traveled to Mexico for one economist to scope out what their plans were in population and got to see how the Bank operated when directing economic policy. I felt I was bridging two worlds, which in retrospect I've found is a common function for any development professional.

Q: Interesting. So, before the early '80s the Bank wasn't really much engaged in family planning? Was it too sensitive or something else?

CARRINO: Well, the rank and file just didn't know much about family planning, and the World Development Report had just come out. Health officers picked it up in different ways. I remember one Bank official was terribly aggressive and started up population loans in several states in Brazil. all over Brazil. But he may not have understood what he was doing or what the country may try to accomplish with the loan. So, there was a little of that and then there was, of course, a kind of anti-American push to do family planning after the 1984 Mexico City Policy on the part of many Latin American countries and others. Many of my Bank colleagues found support for family planning among countries in Latin American during this period and they felt there was a "U.S. isn't going to do it so we will" attitude.

Q. But after 1984 the assumption was that the U.S. was going to stop funding family planning.

CARRINO: Yes, ironically it was no longer something that the U.S. was pushing down people's throats so with that, accompanied by demographic projections that threatened development, countries started doing it. Besides the Bank, I think the Inter-American Development Bank picked up on this as well.

Q: So, up to that point most of your international work was in Latin America?

CARRINO: Yes. As I joined USAID my field experience was in Latin American and Jordan. I went to Jordan for the first time in 1979 and worked there for about four years. I would go about four times a year. Jordan was very much a home away from home.

Q: Do you remember what the Jordan project was?

CARRINO: Yes. It was to bring together researchers that were from academia with government people in pairs to study different issues of population, not necessarily population control but just population issues, e.g. migration, social defense, health and population. It was a long-term activity under the Queen Alia Fund. Among the researchers and government officials were Palestinians and Jordanians. I became close to

two families during this period – one of a prominent Palestinian researcher with international ties and another a prominent Jordanian family whose patriarch was gunned down during the Black Friday. To say I learned a lot on both sides is underestimating the experience.

When the research was completed and published as a book Princess Basma, the king's sister, led the final conference. Government leaders said privately they wanted to address population issues. At the time Jordanians had a total fertility rate of seven children and rates were higher in the Palestinian refugee camps. I'd always stayed at the same hotel and the minister of information joined me for breakfast one day, supposedly by accident. We started a dialogue and he said the government thought "birth spacing" may be important we met a few times, and it was welcome message for my USAID colleagues.

Q: Still not using the word birth control ?

CARRINO: No control, no family planning, just a little bit on health, health of the mother, health of the child, that was about as far as we went. So, it was very slow. Not surprisingly the project I was working under was among the least popular projects in USAID's Office of Population in terms of funding, where the focus was expanding and improving family planning programs. Around that time The Futures Group gave a RAPID presentation to the King. USAID felt more comfortable with RAPID as it reached high level leaders and could be done relatively quickly.

Q: Did you contribute to the RAPID presentation?

CARRINO: Not for Jordan. USAID projects weren't really encouraged to cooperate at the time, and I'm not sure the Mission in Jordan wanted to give the impression of a full-court press. I would not have wanted to give that impression if I were them. However when I worked for Futures Group as a consultant some time later I did prepare a RAPID for the Dominican Republic.

Q: May I ask you your judgement of rapid presentations; do you think they were effective and why or why not? Why is AID no longer funding that sort of work?

CARRINO: About three years ago I evaluated what RAPID evolved into – USAID's Health Policy Project. I walked in thinking "oh, it's going to be the same old presentation," but it wasn't. These days national leaders don't need the information they used to. They know about population dynamics and are interested in the impact of issues beyond population growth, e.g. malaria, HIV, and education. The new RAPID work is focused on tools that help researchers and program managers in country understand the balance of what government does and what the people want or need. For example, in Guatemala during that evaluation and they had some work with the Ministry of Education where they were putting online all their personnel in the field so that people could see where they are and what test scores were, and at the same time the development of

advocacy groups was assisted at the grass roots level. The policy comes from the country but the tools help the process along.

Q: So, you were doing a lot of travel?

CARRINO: At Battelle I was travelling 25 percent of the time. These days that's nothing but at the time it was a lot. I remember in 1981 actually thinking of going from Jordan to my honeymoon in Portugal because of time pressures. Luckily, I split the two trips.

Joining USAID as a Population Officer in 1984

Q: So, you had lots of experience working with USAID through outside organizations, And you still wanted to join AID?

CARRINO: Yes, and I was so pleased when Sarah Clark, the Chief of the Policy Division in the Office of Population called. My strongest memory of the interviews was when I met with the Director of the Office of Population, Joe Spiedel. I let him know I didn't have a health background and ask if I would have to work on health (as opposed to population)? He response was "oh, no, you'll never have to do health." I was hired.

Q: Interesting. So, did you join as Civil Service or Foreign Service?

CARRINO: I joined the Civil Service. There was a hiring freeze but there was a window to hire economists. I was at the Bank at the time and naïve about what USAID meant by "economist"; I literally went back to some books on monetary policy because that was my weakest area, thinking I needed to ready as an economist.

Q: You came into the Office of Population as a GS economist?

CARRINO: I managed the Population Council's research program in Latin America. It was also a very unpopular program so I was probably a good person to work with them because I could help them understand USAID. Missions didn't see the value of the program and many of them were difficult because the Council didn't always share what they were doing and when they were coming to the country for a visit. It is always important to brief field missions, and the Latin American missions didn't like people going into "their" countries without telling them. And the Pop Council had offices in these countries, so people would go down and work and they wouldn't tell the mission what they were doing. But I managed to make some inroads – luckily the Pop Council work was of high quality and of interest to local experts, so all we had to do was be a more deferential to AID officials and show the value-added of the work. I like the little victories when you can get different sides to appreciate what each other is doing and actually achieve something together.

Q: But I think you have an interesting perspective on these tensions because you've done it all; you've been in Washington and in the field. You've worked as a technical officer and a program manager.

CARRINO: It helped a lot to see different sides of the agency. I think now I find people want to do one or the other; they want to stay in Washington or they want to just stay overseas all the time and I've always tried to get them to do a little bit of both. And I actually think it's harder for the ones that want to stay overseas all the time because then they'll often get frustrated with Washington and not quite know why things are working a certain way.

Q: Well, the system is pretty uncooperative for people who want to stay overseas all the time. I guess part of the problem, though, is that overseas assignments are shorter and shorter, so you could end up just picking up all the time and moving.

CARRINO: True. For the people that want to stay in D.C. -- I had several people in our AIDS office that thought they wanted to stay in Washington -- my advice to them was to begin to understand the budget and legislation. Because that's going to be an important for USAID in both the center and the field.

CARRINO: Yes, you are a good example of that. I mean, that's really what saves the agency.

Q: Well, I think that was really good advice because I've seen the flip side too, people who come in from overseas and don't really know how to work with the Hill or with the State Department or the interagency process, which we'll get to, or even with the budgeteers in Washington and it's not pretty.

CARRINO: No, it isn't. And it's frustrating in that you'd like to meld those two and it's very hard.

Q: We're resuming our conversation with Connie Carrino. It's February 13, 2018.

So, you are in the Office of Population in AID. Talk a little bit about Office of Population at that time because the population program may still have had support on the Hill, but I think the administration at the time was not particularly keen.

CARRINO: I joined USAID in the Office of Population in 1984. We were in a Republican administration that was not thrilled with family planning, but they were interested in private sector work and so while I joined in the policy division there was a thought in the Family Planning Services Division that they needed some large private sector activity. I was interested in the idea of it; you would go into a company and make sure they understood how important it would be to take care of issues like family planning and neonatal births. And there were a lot of large companies around the world that were open to that. Some work was already underway in Kenya by John Snow at the time.

Q: I remember.

CARRINO: There was also other private sector work PSI did using existing private sector distribution systems for subsidized products. I moved to the Services Division to design a new private sector project. The Division was made up of all men who all had at least 20 years on me in USAID. My colleagues in policy and research did not want to be in this Division.

Q: Was the challenge for you as a female or as a youngster?

CARRINO: Well, more as youngster and as someone that was more technically-oriented, someone that would ask questions and that kind of thing. Over time the whole division changed and kind of blossomed. We got some great people in.

Q: Yes? Tell me some of the people you remember.

CARRINO: Alan Getson who I worked with later in AIDS, and Barbara Kennedy now the head of Planned Parenthood U.S.A. They were both very strong field/Washington people came in before I left. Before that though (around 1985) I remember the transition of a retiring foreign-service officer who was one of my bosses. I understood how difficult the movement to retirement was, because my father was making the same transition back in Albany. My colleague (actually one of my bosses) wouldn't open up to a youngster, so I found one of his friends that he had served with overseas and was already retired. The two talked a few times and the transition went much smoother. Sometimes you are not the right person to handle a problem but you can find someone who can help. Retirement is not an easy transition.

Q: No, it's not, especially if your whole life has been in a career that you love.

CARRINO: And as many of us laugh after retirement, you go into a normal community in Vermont or anyplace else in the U.S. (except perhaps Washington DC) and start talking about what you did and people can only handle about five minutes of it. "Oh, you just got back from three years in Japan? Oh, that's interesting. Yes, we have Japanese food once in a while."

Q: You were really at the beginning of USAID's interest in the private sector engagement in family planning.

CARRINO: Yes, it was interesting to see the innovative ways companies took on family planning – some used USAID contractors, some did it themselves and some put it into insurance programs. USAID provided contraceptives for most programs. Later on, when I left the office and joined PPC and the Agency had another private sector push at the end of the 1980s. I helped coordinate a look as what we were doing at the Agency level. I remember abattoirs were popular private sector activities in Africa and in Egypt it was the water supply. It usually came down to the same thing; you'd have a private sector entity or group interested in doing something with government in some way. At times it was pseudo-assistance for the local private sector and others it was for the private sector

to demonstrate social responsibility. Every administration comes up with their own take on this.

Q: Do you remember when you were in the Office of Population whether it felt like you were under siege?

CARRINO: I was so naïve. It wasn't until I left and was in PPC that I knew how isolated the Pop Office was from the rest of AID. And it was interesting because at the time people would say oh, you were so protected in there because there was always funding. It did kind of separate population from other parts of USAID. Once I got to PPC it was very clear that there was a siege mentality within the Office of Pop.

Q; Right, exactly. So, what took you to PPC?

CARRINO: I had met Maureen Lewis, a health economist in PPC and she was leaving AID. The position was an economist position in PPC. As soon as I arrived PPC needed a Population Advisor and I was happy to help fill in. Most of my work in PPC was on the Pop side, especially as we dealt with the implementation and impact of the Mexico City policy.

Q: Who was the AA (Assistant Administrator) at the time, do you remember?

CARRINO: Richard Bissell. Frank Method was my boss. He was the Education Chief. Later on Victor Barnes came in as the education person and Nancy Pielemeier came in as the health advisor. I've been close to both Victor and Nancy both personally and professionally ever since.

Q: Was Jerry Wolgin there or had he moved?

CARRINO: Jerry, who is a great USAID economist, was with the Africa Bureau, and I did enjoy working with him from PPC when the opportunity arose – usually during Project Paper or Country Strategy reviews.

I did get involved with a critical economic issue during that period. Robert Summers (Larry's father) and Alan Heston approached USAID for a small amount of bridge funding to develop a grading system for their Penn World Tables (now used internationally and in the World Bank tables needed a bridge until they could get their next funding. The USAID political appointee they approached was, to put it mildly, not popular with anyone. I set up a grant, and learned about the tables and grading system for countries' ability to demonstrate purchasing power parity. (I eventually used the tables for the currency conversions in my dissertation.) But my office was not happy with anything that came out of that particular political appointee's office and, in turn was not happy with me for helping. The message was I should not gotten involved; never-the-less the outcome of the grant was that AID contribution to an important tool for comparing currencies and purchasing power parity.

Q: Yes, unfortunately I think AID and maybe it's true of any organization, has this NIH phenomenon: Not Invented Here. If we didn't think of it, it probably isn't worth spending time on.

CARRINO: There is an element of that. You could say well, it's not your problem, let somebody else do it, but we are an economic development agency and could have stayed in touch with these guys and easily pulled them in when they needed something. The program had surveys in hundreds of countries.

Q: That's where your economics training came in

CARRINO: Yes, you could see this was an important thing to do.

Q: Okay. So, PPC, Population.

CARRINO: When the Mexico City policy came for the first time one of most difficult issues we had was that USAID was the leading bilateral donor in population and family planning worldwide, and continued to be throughout the period affected by the policy, but outside of USAID people thought we weren't doing anything. We even had an acting administrator who thought we weren't doing any population and family planning. Perhaps squelching the misconception within the agency was the most important part of helping the population program.

And then this nice lady, Ann Van Dusen, who was Director of the Office of Health let me join her office. I had worked with Anne Tinker and Robert Clay, the Director and Deputy in the Health Services Division when they were developing their programs in health economics, and helped identify Bob Emery as a good lead for their program. Bob has gone on to a distinguished career developing many health policy, economics and systems programs, and helping Missions and government think through their health economic options.

Q: So, you went into the health services division?

CARRINO: Yes. But around that time I was also being considered for the Foreign Service as a GS-FS transfer. I was talking to three people about three countries -- Kenya, Nigeria and India -- all of whom had gone through two or three attempts to find someone within the foreign service.

In 1991 India came through. I was sworn in the day U.S. invaded Kuwait.

Q: So, you didn't have much time there.

CARRINO: I didn't but I felt very good about having had time working on child survival, maternal health, orphans and displaced people and health systems programs because I obviously needed all aspects of USAID health experience in the field.

Joining the foreign service and going to India as a health economist

Q: So, you went to India as a health officer?

CARRINO: Yes, but technically as an economist. They had an economist position and that they couldn't fill. I think the health office was just took it. Other economists in USAID who were interested in going to India weren't thrilled, but they didn't really need a U.S. economist. Just looking at the many economic journals and publications proves that point and we had Indian economists in the program office.

Q: Interesting. So, I think that was really the heyday of the opportunity for GS people to convert because that was just about the same time that David Sprague and Anne Aarnes also converted. And I think the head of management at that time was Bob Halligan; he was very supportive of it.

CARRINO: Yes, it was a great opportunity for me and for AID to get new FSOs with considerable USAID experience

Q: Who was the mission director when you went to India? Do you remember?

CARRINO: Walter Bollinger. He had a manner that I liked a lot and was a good role model as both a diplomat and strategic thinker. I'm not sure he cared much for working with women, but I think I won him over eventually.

Q: Right. So, talk a little bit about what you did in India.

CARRINO: The Health Office in India was focused on family planning and there was interest in ratcheting up USAID assistance. Parts of India had high fertility and, remember, any bilateral agreement with India was not affected by Mexico City because the policy could not negate national policies of assisted countries. Abortion is legal in India. I enjoyed working on the performance base grant element of the largest USAID Pop program at the time in Uttar Pradesh. The Uttar Pradesh project was USAID's largest population project at the time.

But what I'm most known for in India is starting the first USAID HIV/AIDS program in Tamil Nadu. Before leaving for India, visited Barbara Torrey, head of the International Division of the U.S. Census Bureau and she showed me the results of mini surveys of prostitutes and truck drivers in South India showing rapid increases in HIV. Once in India, I kept looking into it, got a critical mass of experts and government officials in Tamil Nadu (an epicenter in South India) interested in developing a program -- including the internationally known researcher Suniti Solomon who found the first case of HIV in 1974. My bosses supported the project and the Mission gave the go ahead for what became the APAC (AIDS Prevention and Control) Project. At the time -- 1992 -- it was estimated that while India's percentage of HIV infection was very small, there were as many HIV cases as in South Africa. When I returned to India in 2002 during the PEPFAR years it was pretty heartening to see that HIV rates in Tamil Nadu had fallen

and the program was still active and incorporating lessons learned (like publicly focusing HIV interventions on truck drivers makes it harder for them to find wives because of the stigma.)

Aside from the fact that HIV was a death sentence in India as we started our first USAID program, my memory of those early days of HIV work in India with PEPFAR colleagues years later revolved around how little funding there was. Remember the first PEPFAR authorization in 2002 was for \$12 billion. But in 1992 when my colleague Rekha Masilamani and I travelled to the South to start planning for an HIV project there was so little travel money in the Mission that I had to travel as a diplomatic courier with 20 something crates in tow. Luckily when I landed up in the mail room of the consulate in Tamil Nadu, the Counselor invited me into her office to see what I was doing there and landed up become a first rate proponent of the project.

Q: Right. I'd love to hear you talk a little bit more about those early days of AID's involvement in HIV because I remember we didn't know how big the problem was or how big it was going to be or whether this was just WHO (World Health Organization) overdramatizing - but I can also remember the political sensitivities. Sometimes you couldn't talk about HIV, you had to talk about STDs or with certain governments you had to talk about HIV programming in terms of getting a handle on the blood supply or on prostitution or something, whatever it was that they were concerned with that was not HIV.

CARRINO: Different people had different ways of going about it. We had a lot of scientists involved. The people I found that "got it" the quickest in that era -- this was '91, '92 -- tended to be the WHO people who had worked on smallpox. They understood the concept of a pandemic and what level of organization was going to be needed to make any impact. We had Jonathan Mann at WHO who was very giving of his time. I remember when he came to India he would just sit there and answer questions from people, mostly Indian researchers and government officials. That was helpful. And we at USAID always presented our work as being part of the WHO global program on AIDS. I'd get interviewed because we were actually doing something, and it would always be that we were part of this WHO program, that USAID is working with WHO and the country. We did not put this forth as a U.S. issue.

Q: Did you actually provide funding to WHO?

CARRINO: No, we worked through our own organizations and we provided funding eventually as a bilateral but first just through USAID partner organizations. Another group that began questioning the importance of AIDS for India but then changed their mind was a prominent women's organization with a strong international reputation. They would talk about how, when they first heard younger researchers come and get all excited about AIDS and they thought it was just some U.S. or Western thing. They took a look themselves and realized it was really an issue for India issue.

Q: Would you say that the Indian government has done a good job of sort of managing this pandemic? It's a huge population, obviously.

CARRINO: Yes. They were more open to assistance. We used to talk about this. They had a very old-fashioned family planning program that was not user friendly.

Q: Well, and you had the issue of sterilization.

CARRINO: Right. Sterilization. It was hard to modernize family planning but HIV was new. It was easier to introduce how to work on HIV because they'd never done it before. And this is something I found in Russia as well later on. When you're introducing something new it's easier for USAID and a country to learn together.

And part of what our side add is the important of evolving to meet new needs and opportunities. I went back in 2002 the program had changed, with the big change being the availability of treatment and efforts to encourage compliance with drug regimens. And of course, targeting truck drivers – who were rather satiated with communication on HIV – had to be more strategic. Plus meetings with prostitutes were now filled with ringing cell phones – something we didn't have earlier. So, you learn, and programs seemed to evolve.

Q: Do you remember what the relationship was like between the AID mission and the embassy in India - how closely or not closely you were engaged with them?

CARRINO: Well, I think it was very good because of Walter(Bollinger). Walter was, I think, the most senior person after the ambassador in terms of his rank. So, he would often be acting Ambassador or the DCM (Deputy Chief of Mission) was out. Walter had an office in the embassy as well as the mission; the mission was separate at the time. And I think he was pretty serious about having the relationship work.

Q: Right. And how long were you there?

Director of Health Policy in USAID Washington

CARRINO: A little over three-and-a-half years. And then I returned to the Office of Health to develop a health policy group. I brought programs from different divisions and bureaus together into coherent program. I also filled in twice as Chief of the Environmental Health Division that covered environmental health, malaria and other ignored diseases, malaria vaccine research and orphans and vulnerable children.

Q: So let me just ask, when you were working on environmental health, and this was certainly several years after the whole debacle with the malaria vaccine, do you remember any consequences of that sad story for the program? I mean, that was sort of my trial by fire.

CARRINO: It was after, and yes, setting up a clinical site in another country without a vaccine candidate is definitely a misuse of government funds. By the time I arrived in 1994 we had a Federal Advisory Group for the Malaria program, and Carter Diggs from the Army as our key research expert. Our interest in a malaria vaccine was and still is to have one for women and children. Carter was instrumental in getting Gates Foundation to fund malarial vaccine research – a tremendous leverage and private sector participation. During that period, Dennis Carroll began focusing on bed-nets for malaria prevention – and that has really taken off and been fine-tuned through the years.

Q: Right. Because I think in the late '80s it was vaccine or nothing-

CARRINO: Yes, yes. And I think many of us in PEPFAR were convinced that the same thing happened with AIDS. At the National Security Council level the only question was “where is the AIDS vaccine” until the end of the Clinton administration. Once drugs appeared to be tenable they took over the headlines and that brought the action to USAID.

Q: Some people say that scientific research and vaccine development is just not what USAID should do; it's not staffed for it, the timeline is all wrong for vaccine development. I don't know whether that's valid or not, but I can't think of too many successful vaccine initiatives that AID has been involved with.

CARRINO: I've gone through this with AIDS too because we had people working on a vaccine in our AIDS office as well. Every time people kind of look at it they think oh, we shouldn't be doing this, but a better plan is probably should be doing very little of this and be a very small part of any global effort. One to focus on who the vaccine will be for and when it is or is not likely to be available, and second because we'll have to be using the vaccine in our programs. Vaccine development in malaria and HIV are global efforts and we often forget what country and culturally specific information USAID has that should be fed into the process.

Then one day Joyce Holfeld, the Director for Field Support in the Global Health Bureau came in my office and asked “didn't you say your husband likes cold weather, what about Moscow?” So we sent Jeff to check it out himself (yes, we paid) and he came back and said yes, we can live there.

Health Chief in USAID Moscow

Q: Okay. So, you went to Moscow in the early days. I mean, there was a mission, right?

CARRINO: Second round. Not during the cowboy years. I arrive as we started realizing that we had to follow United States Government rules and we didn't have gobs and gobs of money. We had to start really programming. Health policy was particularly hard to work on because most health foundations were semi-governmental.

When I arrived as the health lead we worked in family planning, some maternal health, health policy and pharmaceutical management, TB via WHO, and hospital partners between U.S. and Russian entities. Our formal tie to Russia was through the health committee of the U.S.-Russia that was part of the Gore-Chernomyrdin Commission. We introduced extensive work in HIV prevention, Orphans and Vulnerable Children, and some in MDR-TB while I was in Russia. About the time my daughter Alexandra was born in 1998, I took over the Office of Social Sector Restructuring which included health, real estate, and some public finance and engineering. I remember being very pregnant when Janet Ballantyne and I stopped at a McDonalds outside of Moscow after a site visit to a pharmaceutical production facility and she plied me with French fries while recruiting me to be the next Office Director.

Q: Family planning? The challenge of family planning was what? Because they had a low birth rate.

CARRINO: Yes. But they were using abortion as virtually their only method of family planning.

And then the maternal health was really a challenge in terms of the quality of services being provided. I brought in USAID's Quality Assurance Project and John Eisenberg from HHS brought in their Quality Agency initiative. Our program helped bring down maternal mortality and morbidity in facilities and I see years later, the Russians continue to do well.

And then TB (tuberculosis) was an issue. They'd handle it in a very old-fashioned way and there were sanatoriums but also prisons. You could be arrested, go to jail, and before you were convicted you'd get TB, including drug resistant TB. And then HIV, began with some slow policy development, mostly from us and moved into programs for youth, drug users, MSM and prostitutes. We were lucky to have some very technically strong Russian docs in the government ready to take this on and good cooperation with PSI, initially funded by DFID. We brought in CDC experts on STDs and U.S. AIDS NGOs, including a group of former prostitutes, to exchange experiences.

Q: And the government was interested?

CARRINO: The government as a whole didn't think they had an AIDS problem. And so, we just worked quietly with some prominent doctors and they finally actually got Health Ministry leaders to realize that this was an issue and take it on. In Russia it was easier to work on something that was new than it was to work on something they thought they already did.

My HHS colleagues working on cardiology did not have as easy a time. We had this joke about the smoking cardiologist at St. Petersburg University. He would just sit there and smoke in your face. And if you ask about prevention he'd say oh, yes, we're doing prevention; we have men in their 20s already getting heart medicine.

Q: Right. Well, it may not have been the cowboy days, but Russia was in bad shape at that point.

CARRINO: Oh, very bad shape. The currency devalued soon after I arrived.

Q: Yes, right. So, did you travel a lot?

CARRINO: In the West a lot, but I never made it to the Far East. We didn't have as much money, but I got my staff out East. Our only activity there was half of our orphans and vulnerable children program.

Q: So, by the time you got to Russia, had USAID's relations with the embassy improved? I've talked to Barbara Turner about what it was like in the early days.

CARRINO: Not super, but Janet Ballantyne set up a good relationship with the State Department Coordinator, Morningstar, and those of us on her team did as well. Both Janet and Sally Shelton the Global Health AA who would come for the Gore-Chernomyrdin meetings helped. Sally had been an Ambassador and stressed the importance of getting along with the Embassy back in Washington as well. As Ambassadors changed it became easier. I actually think it was easier for those of us at the Mission than it was for Washington.

Q: So, Sally's perspective would be that AID also had a chip on its shoulder.

CARRINO: Yes, and probably vice versa until each side started working on it.

Q: Yes. Okay. It also was a time when lots of other United States Government agencies were getting very much involved in what we might consider development work.

CARRINO: Our work.

Q: Our work. Can you talk a little bit about that? You may have seen some of broad US government engagement in India, but I think in Russia it must have been much more.

CARRINO: Yes, nowhere near what it was in Russia. It was hard for a lot of different sectors because the idea was people thought oh, this is not going to be a development country; this is going to be a country where the U.S. cooperates. So, as part of Gore-Chernomyrdin or any other kind of cooperation you would have it made perfect sense for the domestic agency, whether it's Treasury or Agriculture or Health, to be the ones to interact with the Russians. And in some areas that may be okay. I think what many of us in USAID thought, and our WHO colleagues agreed with us, was that in health Russia needed assistance not just cooperation. There were strange aspects of their health programs that probably needed updating, that you wouldn't just kind of walk in and say this is how we do it. And I think we were lucky in Gore-Chernomyrdin to have some counterparts on the other agencies. Eisenberg was one and Ani Sharkavili from CDC

(Centers for Disease Control) understood that. It helped to engage them in the USAID programs.

And then sometimes you'd have ones that would come and were just very inexperienced abroad. CDC tried to place a person at the Embassy. We got help from Washington to avoid that, but we brought some strong CDC experts in to both develop and implement our AIDS program.

Q: It would have been confusing for the host country.

CARRINO: It would have been very confusing. The Russians liked us. They liked us in health. Environment and democracy was more sensitive. They thought that environmental groups were going into areas of the country that were previously closed and were building up civil society in the form of environmental advocacy groups. That was pushing the envelope too much.

Q: Talk about the hospital partnerships.

CARRINO: That was fun. When I went in I really thought that this was ridiculous. And I got to know them and was very impressed with the idea of partnership. Again, this is a country that should be able to pay for what it does; it's not a poor country. And Hospital Partnerships would set up partnerships between a small city or a hospital group or some health group in the U.S. and then in one place in Russia.

Q: It was like a sister cities program but for hospitals.

CARRINO: Sister cities for hospitals. Not many of them really clicked but the ones that did really did.

Q: And may still be working together?

CARRINO: I'm sure they are. I'm sure the one in Dubna and a group in Wisconsin remain in contact. My predecessor did not get along with the program and so I was told when I arrived that this was a problem program, it was an earmark. But the program had great relationships with the Russians in health and beyond, and they let me know right off they were ready to take my lead. The program was helpful throughout the G-C Meetings, and I think they were just looking for someone within USAID's health program to engage with the Russians. Not a problem. That said, USAID never would have funded some of the partnership activities had the U.S. hospitals not been ready to. For example, the partnership in Dubna had some great public health activities but they also bought the small town a kidney dialysis machine that maybe covered 10 regular patients. It was helping 10 individuals in that community and that was it. So, it's not as though this was a perfect fit for development, but the concept was one that they could keep going without us afterwards, which is especially important now that USAID is no longer in Russia. Eventually other new areas of work in health started taking over the budget.

Q: So, what do you think of organizational partnerships as a future for USAID programming?

CARRINO: Well, I've seen it come up. It came up in HIV, an attempt to do something like that. I don't know how it worked; I left before I ever saw how it worked. When these things click they really do, but many attempts don't. I looked at sister cities programs when I knew I would have the hospital partnership in Russia and that they follow the same pattern. Some click; many do not. Not something to try with a tight budget.

Q: So, as you think about the program in Russia that you were working on, what would you say was the most successful thing that you were working on? And I guess I'm also interested in what you think just fell short?

CARRINO: Probably the most important parts for me were HIV, orphans and quality improvement in maternal health. HIV started from "we have no HIV" and it dealt with marginalized populations. Orphans was difficult because Russia has a culture of protecting orphans and having all sorts of legal requirements for how they should be treated and how they needed to be housed and protected for their first 18 years, and then they are out on the streets without personal or economic skills. And the quality improvement was a matter of making changes in existing system and letting the Russian medical community see what was possible. Working on health economics was great for exchange of thinking in the research community, but didn't amount to much during my time in Russia.

Q: How did the orphans program develop? It wasn't an offshoot of International Adoptions, was it?

CARRINO: We set up programs with two U.S. based groups -- one in the east and one in the Far East in Magadan. Their mission followed the international consensus on how to assist orphans -- get them out of facilities and into families. This posed different levels of challenge, and resulted in different levels success in a country that had many government facilities, parents who would put their children in orphanages to have them cared for, and a U.S. Senator from Alaska who wanted us to make orphanages better places to live. Elena Gurvich on our staff, who was already working on quality assurance, helped design and manage the orphans project. The International Red Cross provided input, as did Russians who supported deinstitutionalization. The Embassy contact for adoptions was a good cheerleader, though we were helping children from a very different perspective.

Q: Right. But did the government say this is something we're interested in? Because it's certainly not in AID's wheelhouse.

CARRINO: No. Senator Stevens wanted aid to orphans, and we took that request and did it the right way. We had all sorts of statistics about what happens to the orphanages. These kids weren't even allowed to learn how to cook because of the regulations. They leave a facility at age 18 and statistics showed high levels of suicide, drug use and prostitution. But Stevens wanted orphanages fixed. His aides or constituents would travel

to the Far East (close to Alaska) and found that some orphans were being frozen to death because the orphanages weren't heated. We compromised. We sent an engineer from another part of my office to investigate and improve the insulation. The heat level went up and it open an opportunity to talk to that orphanage about having family visits. I felt the wrath of my Red Cross and other donor colleagues. My Mission Director, Carol Peasley, kindly share a similar story from her experience and we agreed that sometimes you have to help people at the local level whether or not the approach is PC at the time. We did get a visitation program going at that orphanage.

We had more success in Western Russia. The government was fairly positive because Russia was having a backlash against foreigners taking Russian babies. There was a Delta flight to New York that we called the 'baby plane' because it would be filled with adopted babies and their rather awkward parents. I remember when we took (daughter) Alexandra on the flight once when she was about one-and-a-half. Various people came up and asked us where we got her because of course she was so healthy compared to their new children.

Q: So, I have to ask you, you left before things turned really nasty, but did you see any of the early signs that there was resentment or that the U.S. was seen as highhanded or any of the issues that have subsequently become so prominent?

CARRINO: Well, we should have been out by the end of the 1990s. I remember in early 2000 Carol Peasley and Mark Ward, her deputy, invited a few of us to Carol's house for a discussion with other donors. The issue was "does Russia still need assistance." Public health came up as an area that still needed assistance, but for the most part we all agreed it was time to transition out of a foreign assistance role. Carol and Mark saw it too; it was time to evolve out of there.

Q: Well, did it have something to do with the coordinator in the State Department not wanting this program to evolve?

CARRINO: We didn't have a strong coordinator at the time, this was long past the Morningstar period, so I doubt it, but maybe. One thing was clear was that if Russia wanted us to leave it would be easy to find a reason within our programs (e.g. our work in democracy building, work with NGOs in environment), or even some beef they had with the Embassy or the U.S. in general (e.g. adoptions) and AID would be out.

Q: So, one of the lessons is you can stay too long. You could also leave too soon-

CARRINO: Yes. It would have felt a lot better to leave when we could have designed a transition with Russian counterparts and other parts of the Embassy and U.S. government.

Development Counselor in Japan

Q: We're continuing our conversation with Connie Carrino; it's still February 13.

And we were talking about the program in Russia and some of the things that worked and some of the things that didn't. We had a very interesting conversation about lessons for when it's time for AID to move on or transfer the program. But Connie, you went from one very non-traditional program to another. So, talk a little bit about that, what made you decide to work in Japan?.

CARRINO: Japan was an opportunity. It was an unusual place for AID to be. It's a program that had started some 10 years before I got there and it allowed me to work with different sectors. I started doing that a little bit in Russia where I worked with other social sectors besides health and this was an interesting opportunity. It was also an opportunity to be the lead USAID person. I'm a good team player and very good being part of a team but I felt it was time to grow up and be on my own.

Q: Why would USAID have a program in Japan.

CARRINO: The Japanese asked for it as they started getting more involved in foreign assistance in a big way. They had received foreign assistance from the United States since WWII and in the mid '60s or so they flipped from being a recipient to a being a minor donor. Japan's foreign aid increased and by the mid-80s it was the leading donor. Around that time they asked for a USAID representative because they wanted to learn from and coordinate with us more as a bilateral donor. While USAID was attempting to coordinate with Japan in the field, decision-making surrounding Japan's aid happened in Tokyo. Similarly, Japan encouraged UN agencies to operate from Japan. Paul White was the first long time representative. When he left they had another representative and the person didn't work, he didn't click with the Japanese.

So, when I was asked to come I think the reason I was asked was because USAID thought I was the type of person that could get along with people. I didn't necessarily have the language or work experience in Japan but I was comfortable working in different cultures and certainly was ready to prepare for it. My way was made very positive as I walked in. The embassy in Washington, the Japanese embassy in Washington invited me over and spent time with me before I left and explained that things had not worked out before and that they needed someone who would listen to their needs. The embassy helped me get all the contacts. We had a really excellent person on staff in Tokyo, Rie Yamaki, who was an FSN (Foreign Service National) who has been with the AID program since its inception and she was kind of holding the fort to a certain extent. You tend to hit the ground running when you enter a country I mean, in Russia I literally was there a week and we went right into the Gore-Chernomyrdin meeting. But here you I had to go slow and understand needs, expectations and capabilities.

My function really became bringing parts of our agency experience in and then translating what the Japanese cared about and were doing. So, we had everything from the agricultural research work, the CRISPs (Centre for Research on Innovation and Science Policy). We had people that emergency relief -- our DACHA people set up joint training with the Japanese in Nepal. There were quite a few health activities, both in

family planning and HIV and other activities. We had some trade-related capacity building work that came out about the time when Vietnam was trying to join the WTO (World Trade Organization) and both the U.S. and Japan wanted to help. We had different economic meetings held in Tokyo that USAID participated in, including a TICHAD meeting of African Finance Ministers and Ambassadors. So, it was a very interesting. The Japanese were very impressed with the expertise we could provide. In the second year they asked for help in developing their own NGO sector and I was able to bring in people who had done similar work within USAID in the mid-1970s. Invariably people that came, at least somebody on the team, no matter what the sector it was, had an interest in Japan and it was very important to have an interest in Japan to be successful there.

On the USAID side, my challenge was to help Missions and Washington offices not to just expect the Japanese to do what USAID. There was a bit too much “well we’ll ask the Japanese to build this or buy vehicles.” Getting a dialog going and having tenable time expectations was key.

Q: Right.

CARRINO: It was exciting to see Japanese consensus approaches to decision-making work. When the Global Fund for AIDS, TB and malaria (GFATM) was coming together the Japanese actually went through a stage where they let out in the newspaper that they may give \$1 million or \$2 million to the Fund as it starts. When the reception was very positive – Japanese are expert in TB and were just being to worry about HIV in their own country – that and internal government support resulted in a much higher initial donation.

They basically were testing within their own thought leaders and population and then coming up with kind of a consensus approach on how they would proceed. And then look at the organization as it was coming together and decided they were concerned about the new fund’s accounting, so they just plugged in people who would watch the books. And yes, this approach is little slower.

Q: But once you had that consensus-

CARRINO: Then you can go big. And you go big in a way that is not going to change if a new minister or prime minister comes along.

Q: Because it’s actually more than just the organization, it’s the population that has bought in.

CARRINO: Yes, a wide group is brought in. But having the right information is important.

Q: The Common Agenda pre-dated you, right?

CARRINO: It was officially over but the term was still used. I think for AID it was a coordinating mechanism in terms of money, that there was actually money set aside for what was considered common agenda, meaning activities that would be of use and would involve both Japan and the United States. Some of the people from the Common Agenda were well respected in Tokyo – Tim Meinke in health, Amy Bloom in TB and USAID’s polio lead. Years later I see these people coordinating in similar fashion with the Japanese and others-- they’re still using those Common Agenda skills in what they’re doing now. It’s kind of exciting.

Q: Was the embassy very much involved in this?

CARRINO: They were not that involved in USAID’s work, but I got involved in theirs. I was on the country team and was also the Embassy’s economic team. I also served on the U.S.-Japan Fulbright Board at the recommendations of Ambassadors Foley and Baker. Everyone was supportive but not involved in my work. That was rather normal for this Embassy – we had about 23 U.S. agencies and the military in country.

Q: And no one was going to sabotage it.

CARRINO: No, It was pretty nice that way. The one area I worked most closely with the Embassy on was the first funding meeting for Afghanistan in January 2002. Karzai was the main attraction and we had Kofi Anon, Colin Powell and the Treasury Secretary. USAID Administrator Andrew Natsios represented USAID. As it was being planned I helped my colleagues from the domestic agencies understand the importance of the meeting. Initially several didn’t think it was a big deal.

Q: Oh, my goodness.

CARRINO: And, Howard Baker was our Ambassador. He wanted to be a front and center part of the meeting. Baker and Nancy Kassebaum Baker got on the stage for the meeting and were quite present. I had suggested Nancy be on stage. And that’s probably the only time the State Department people were not happy with me because they wanted their own people taking the chairs. By then I knew the Bakers enough to know that she needed to be there and that they would both engage constructively. Howard Baker was the ambassador. I understand the couple had asked to be Ambassadors as a team, but the Japanese were not ready for that innovation. Nancy was always a knowledgeable advisor on international development issues.

CARRINO: Yes. And this was at the end of my time. At the beginning I had Foley, Tom Foley. And I had a pretty good relationship with both ambassadors. It was kind of neat, especially since AID wasn’t providing assistance to the country.

I remember telling you about my only real economic contribution when I was in PPC. Well, I made one real State Department contribution during that Afghan fund raising meeting. There were protests by NGOs who wanted to be part of the meeting and the Japanese would not let them in. As you know, by this time most UN agencies were

bringing the NGO sector into their deliberations and many of these groups were affiliates of NGOs already working in Afghanistan. The Foreign Minister would not let them in and I went back to the Embassy control room and said this is going to be a problem. My State colleagues had me draft some reporting language into the on-going cable traffic. The situation then blew up in the press and the minister lost her job.

Q: Is that right?

CARRINO: It got that bad. Afterwards someone from State Department came back and had me set up meetings with some of the NGOs that were upset, and everyone realized that the Ministry was just in a time warp, just a time warp.

Q: So, I'm curious; do you think the U.S. would benefit from having a development counselor position in other places, even where there's not an assistance program?

CARRINO: USAID should probably have them in a few places. I understand they still have something in Brussels.

Q: So, a counselor for development associated with the embassy?

CARRINO: Yes. There's a complaint about them because they're very expensive. As it happened I got to meet the person in Brussels when I was at the National War College. In that case USAID had a retiree brought back; that could perhaps cut costs a bit. Clearly in Brussels and Tokyo you have to be in the country because that's, again, where the decision-making is happening. Having someone in China may be useful as well.

Q; But the countries you're citing are countries that are major assistance donors themselves and the purpose would be similar to in Japan-

CARRINO: Oh, yes. It's more of a cross between AID and policy, sort to keep assistance and the issues that affect assistance straight. And that's really why you want to do it.

Q: I happen to agree with you. I think it's a really smart way, even in countries that technically have graduated but aren't necessarily big donors but just to keep the dialogue going. But I think part of the issue is it gets lumped under donor coordination, which is sort of soporific and people just glaze over.

CARRINO: It was policy and, in all fairness, they wanted to improve their programs. We wanted them to either complement what we do or fill in where we couldn't. Leveraging was a key part of the effort. But understanding why they made specific decisions surrounding aid was important as well.

Q: Right. Well, it is fascinating and they obviously heard the criticism that they were building white elephants, the hospitals without doctors and the schools without teachers and didn't like it and so I think they certainly were receptive.

CARRINO: They knew both about empty hospitals and that their English wasn't always fluent enough. I had an interesting meeting once with a Japan Bank for International Cooperation (JBIC) official I'd partnered with in India. In India, I'd inherited a project to build a national institute of biological. AID was contributing the engineering side of National Institutes of Health and FDA (Food and Drug Administration). JBIC was paying to build buildings. It was quite a while elephant. My assistant looked up the JBIC lead for the program and we landed up having an interesting lunch with Ambassador Foley and the head of JBIC (who it turns out use my colleague and I for an excuse to talk about North Korea). But I found my JBIC colleague knew I was at the Embassy but had been hesitant to meet with me because the project in India had gone so poorly – for him it was a failure.

Director, HIV/AIDS

Q: Interesting. Well, moving on to probably the biggest job I can imagine anyone having, so talk a little bit about returning to Washington.

CARRINO: When I was first called about being Director of a new HIV/AIDS office I immediately asked about Paul Delay, a physician/epidemiologist who was leading USAID work in AIDS. He had help me develop the program in India, and helped identify AID programs and CDC people to work on HIV in Russia. But what the USAID wanted at the time was to have Paul as the technical lead and outside face on HIV and an experienced director to build up the office. Ironically it was a concept I'd talked to Paul about during a TDY a year or so before. And I loved developing a program and staff.

Q: Right. He knew himself very well.

CARRINO: Yes, and we needed him front and center – he was a world-class expert. For me it was a no-brainer. I was committed to working on AIDS and had started work in India and Russia. As with many of us in those years, it was personal as well. I'd lost a very close friend to AIDS soon after returning from India, and knew others still fighting. Still in Japan I had a change to WHO and GAVI leads on the state of play, and even chatted with former President Clinton at a UN talk about his attempts to get the prices of AIDS drugs down. But when I arrived in D.C., the landscaped changed. Paul soon left for UNAIDS and the Bush political appointees in USAID were not supportive of treatment in general or growing the program (kind of ironic considering President Bush's eventual launch of PEPFAR.) At the time we had about \$300 million a year in AIDS worldwide. A lot of missions had AIDS programs by then. We were doing the first trials with drugs in different countries. I met most of my team at the International AIDS meeting in Barcelona and was terribly impressed with of what they were doing in research, youth, mother-to-child transmission and services. And then, very quickly, the White House interagency initiative on prevention of mother to child transmission came in from the White House. I remember the first meeting with the White House AIDS advisor. It was Paul and me and a group of Health and Human Services people who already knew about the initiative including their political lead. I was literally asked whether USAID was going to participate – we were clearly behind the eight ball on the political side. It was

clear that the White House had already decided to take on HIV, but they needed to start with mother-to-child transmission because it was focused on innocent children. Several legislators such as Jesse Helms was not ready for general initiative on HIV.

Helms wasn't going to do anything on HIV. But he had to admit that these poor innocent children were dying of AIDS and it wasn't their fault. So, that became pretty acceptable. It got scary when nobody wanted to help the moms and I remember Columbia University did a lot to make sure that people understood that it doesn't do a child much good if they're surviving if their mom doesn't survive.

Q: Right.

CARRINO: And they could talk about reinfection and all sorts of things. So, they finally got people to take care of the moms and the children. USAID was a significant participant in the initiative and we were working well with various parts of HHS. Then it came time for PEPFAR, announced by President Bush in his 2003 State of the Union speech and picked up strongly by both sides of the aisle

Q: And was there was no one from AID in the planning?

CARRINO: I think Natsios may have been in a meeting where he wasn't supportive of it – remember his comment about Africans not having watches so they can tell what time to take their medicine? That came up before I came back from Japan, and was constantly attributed to USAID after that.

It was difficult. And USAID wasn't in the key meetings, especially with the President on this. Our friend Nils Daulaire when he was leading the Global Health Council and others, such as John Donnelly, then with the *Boston Globe* now with the World Bank, were included but USAID was not. Years later I even had PEPFAR colleagues recount the early meetings and assumed I was there.

The drug concept seemed to start with Tony Fauci at NIH. NIH saw the drug program in Uganda demonstrate that you could use drugs and it would be successful. Domestic AIDS advocates saw a commitment for international AIDS work as way to strengthen the domestic programs (which was a valid strategy).

Q: Did anyone ask about the off ramp?

CARRINO: Everybody said it – drug prices hadn't come down yet, so initially PEPFAR was 75% drug costs. Within PEPFAR and among other NGOs such as the Clinton Foundation getting the drug prices down was a priority and that ended up happening in spades. The FDA even blessed off-shore generic production in some countries. But yes, pretty much everyone in USAID complained about not having an off-ramp. I lived the whole five years listening to that.

It's almost easier now because there is a lot of synergy with other health programs and other kinds of development programs in countries. But obviously at the beginning it was set up like smallpox -- you do it, and this is how you do it, and they're going to get it done. And it was very easy to tell from the first year-and-a-half that it was going to achieve what it was meant to and that was to cut the rate of transmission by half in countries already demonstrating the highest rates of HIV infection. Though some countries didn't make the list.

Q: Some political reason?

CARRINO: Yes. Secretary of HHS, Tommy Thompson, wanted to focus on Guyana -- just weird. India didn't get in because -- I remember telling your students at Georgetown -- because it was too wealthy. Condoleezza Rice said no to India and Vietnam was chosen instead. And Zimbabwe didn't make it because of its leader. But, yes, it worked. In the first five years, we went from 50,000 people on treatment to two million people and now they're up to like 13 million, 14 million.

Q: What was AID's role after all the announcements

CARRINO: In 2003, we were the only ones that could move quickly, and we got by far the most programming set up through existing programs and some incredible contract, legal and technical staff in Washington and the field. But then Congress and OMB started asking for more specifics on what funds were used for. We started off with lists of who got the money and what did they do with it and then moved to indicators.

Q: So, it really wasn't an interagency White House initiative in implementation?

CARRINO: The concept was interagency and the White House made it clear that we were all to work as one, which would bring HHS agencies much farther into field implementation overseas, but AID was just more prepared to take off. For us the move to interagency implementation was not pleasant. The White House set up policies to move activities over to CDC that USAID had started, e.g. work with Elizabeth Glaser Foundation and Columbia University, and later PEPFAR decisions to cut the number of partners in a country crowded out USAID partners.

As the program continued AID and CDC were the key players, with DOD and Peace Corps programs in several countries. People often talk about the difficulties between AID and CDC (Centers for Disease Control) and there were quite a few because we both had a field presence. Our U.S. and foreign national staff often had overlapping experiences that the PEPFAR countries were tried to benefit from. Within HHS there were interagency problems between NIH (National Institutes of Health) and CDC on HIV that dated back to the discovery of the HIV virus.

Q: Right. And you could stay out of the fray then?

CARRINO: We could stay out of that fray when that was happening, and we could be friends with both sides.

Q: The role of State Department?

CARRINO: I was one of the supporters of having the State Department take the lead. The White House leads were making sure AID wouldn't have a lead the way we do today with malaria and TB. Plus the State Department made sense – they could be objective (note I said could) and no matter what agency you are from, when you are working in a country the Ambassador is your boss for that country. I still like that model for HIV.

Q: Well, I know it enjoys or it enjoyed a lot of congressional support. Did it have that from the beginning or did you do a lot of briefing and sort of talking it up?

CARRINO: The Hill was very supportive. Legislators and staff travelled to sites and helped us on various key issues. For example, Senator Leahy's office helped when we asked for a more flexible drug fund so that when a country program ordered drugs we could procure them, but then move them to another if the need arose as long as there was a paper trail.

Q: But sometimes I think congressional staff would look for fissures, too, to exploit or to try to get information from one side.

CARRINO: Yes, they loved doing that, though I remember that some liked it even more when they could talk to the few of us who got along and knew what the whole program was doing. It sort of made them more comfortable and gave a better in.

Q: That's the way it should be.

CARRINO: Yes.

Q: So, lessons from PEPFAR?

CARRINO: Oh, so many.

Q: So many. And I'm sure that you've written on it.

CARRINO: For USAID, a really strong agency appreciation of the need and opportunity up front and then a commitment to the effort would have really helped. We should have had that from our Administrator and political leaders. We did get it from some Mission Directors (e.g. Dawn Liberi, Ray Kirkland) and the administrative and legal side of USAID, but not from the political side.

On the personnel side, Roxana Rodgers, my deputy, and I had to protect our staff from the onslaught of requests, critiques, changes in direction and work, and keep the field informed. (One of our key staff members came in one day with a T-shirt that said:

PEPFAR 24-7.) Part of doing that was staying close to PEPFAR leadership and the interagency leads so as to participate and shape where PEPFAR was going. Luckily I respected these people and could work and travel with them as a team. Within a year, the \$300 million AIDS budget in USAID had move up to about \$1.6 billion; staffing in my office rose from 17 to about 60 (It's multiples higher now), and so did staff levels in Missions.

Q: To get in front of it and own it?

CARRINO: Yes, own it, exactly, that's all it would have taken. And it's hard because this vertical program came in much later than the population or a child survival push when other health programs were becoming more integrated and Mission strategies were harder to change. In Washington, I got hit in my own Bureau with more political concerns – don't fund so and so; fund so and so; that was even less helpful.

Q: Right. Could you see this type of an interagency commitment working in other fields? And is it a model that you would recommend?

CARRINO: The U.S. government is using a similar model for malaria and TB, but with USAID as a lead. There is also the Global Health Security Initiative (GHSI) launched in February 2016 and made up of 67 countries focusing on epidemics and emerging infectious diseases. It is chaired at the NSC and USAID is a prominent (I'd say predominant) player.

Q: Oh, yes. And Dennis Carroll's involved with it? Yes.

CARRINO: Dennis is, as is Richard Green. Much of the work is based on a program Dennis developed for avian influenza that moved into a focus on other pandemic threats. Admiral Zimmer, the former lead for malaria with AID, is the U.S. lead for GHSI in the NSC. CDC and DOD (Department of Defense) are part of it and Gates and other foundations participate. I think interagency approaches are the wave of the future, and much like the military's attempts at becoming more purple (a meld of all services), it will likely be a start and stop process with some joint work and some single agency work for the long time.

Q: Interesting. So, I think I've taken too much of your time but I do hope maybe we could have one other conversation about your post-AID career because so much of what you've done recently has built on what you did at AID and much of it was for AID and so I think it would be useful.

CARRINO: Sure. Sounds great.

Q: Well, thank you. What an amazing career.

CARRINO: Well, thank you.

SENIOR HEALTH CONSULTANT POST-RETIREMENT

Q: We are resuming our conversation with Connie Carrino. Today is February 20, 2018. When we concluded the last discussion, Connie had just wrapped up her work in AID but certainly not for AID. And I guess for the last 10 years you have been a very busy health professional. So, I'd love to have you talk a little bit about some of those assignments and any thoughts that you have about working on these issues from outside of AID, looking back.

CARRINO: I had family health reasons for leaving USAID when I did in 2007. Thanks to an excellent State Department retirement seminar I was more prepared by the time I hit the ground in Stowe, Vermont. Most of the last 10 years I've helped international health programs review or evaluate what they have done and strategize about their next steps. I've also done a small amount of helping missions when they are in a pinch.

One takeaway that I have that I often tell people about is that in evaluating programs some of them are ones that were in my offices at one time or another but most of them aren't and I see a whole different side of how AID operates, how central projects operate in missions, how mission projects operate within a country, how USAID partners work, interact and make decisions and how they work with each other and with AID. It's very eye opening. One thing for sure – I feel useful. It's amazing what you can learn by going to a Mission or a country for a week and talk to the stake holders involved in an AID program, the donors, the government people, the NGOs, and talk to people in communities to sort out how what you see juxtaposes that with what you're reading in documents and what decisions are being made. I wished I could have done more of this during my career at USAID.

Q: Right. You know, a former AID administrator, Doug Bennett, initiated a major impact evaluation program and insisted that it pull in people from across the agency so, for example, even if you had nothing to do with Nepal, if they were looking for a health person you might be asked to join the evaluation team. And of course, the sending office wasn't thrilled about losing staff for a month but because the administrator was so insistent and keen on this it happened. And I don't know anyone who didn't appreciate that chance to see a program comprehensively and from the outside. And also, to interact on a team with people from across the agency and outside experts as well.

CARRINO: Yes, that is just what I mean. There is a policy now for USAID officers to be part of evaluations when possible, but it is hard for the right people to get away. Plus there is a difference between an internal evaluation and an independent evaluation. However you do it, and evaluation is expensive, either in manpower or resources.

Q: Right. So, clearly you learn a lot by being on evaluations and also the point of the evaluation is so that AID and its counterparts can learn, draw lessons. But do you have thoughts on how well AID actually does profit from the lessons that are gleaned from evaluations?

CARRINO: I have to say that when I work on an evaluation the juice I get out of it is when we find where improvements are possible or where successes need more attention, and we work on how those changes might be made. Sometimes program managers or others in a Mission or an Office get very defensive and aren't ready to take a clear look at what they are doing or how they are operating. But most of the time they want to know how their programs are going and what you are finding. So you start putting ideas, findings and possible solutions on the table. I think to a certain extent the evaluator becomes somewhat of a catalyst for whatever change is going on or whatever change could happen. A key element of recommendations is to try to make them implementable, but a bit harder or even more inspirational than client thought was possible. You recommend solutions you know AID, their partners and stakeholders can see how to implement -- they can go from point A to point B, and if you tell them to go to point E they have no idea how they're going to get there.

Q: Right. So your value was not just your technical skills but the fact that you knew how AID worked and you understood what your client in the mission or in Washington needed so you became an extension of them.

CARRINO: Yes, I may never have worked in a particular technical area, e.g. malaria, zoonotic diseases. But I can get up to speed as an AID person does, and work with technical or country experts who will round out the team. Many outside experts have little knowledge of AID, so as a team leader I become a translator of AID policies and objectives.

Q: Right. As you think about the consulting and evaluation work you've done over the last 10 years, does one assignment stand out as either particularly frustrating or particularly rewarding?

CARRINO: Not difficult but perhaps awkward. Some of the most awkward ones were ones when higher levels in management in AID were concerned about a program, and wanted to make a decision but the decision didn't figure in the evaluation scope or it was just too programmatically or personally sensitive. Examples include cutting an element of a program or combining projects.

Q: So, it's politicized?

CARRINO: More strategic than politicized. And I've had about two or three of those. It's awkward but important. You have to go offline to have discussions that may not be related to the actual evaluation questions, and occasionally provide a memo separate from the formal evaluation report.

Q: As a result of your analysis?

CARRINO: Yes, I've been part of evaluations that have led to parts of programs being cut, personnel changed, new programs developed, or follow-on programs developed with

new areas of emphasis. Sometimes the recommendations that help AID make those decisions occur directly within an evaluation and sometimes on the side.

Q: Right. So, you have worked directly for AID as a contractor, you worked for AID cooperating agencies, and I guess you've done a couple of things that had no USAID connection. Any comparisons among them?

CARRINO: A lot of it is choosing an activity you want to work on and hopefully be useful to the program and policy leaders both in AID and the countries in question.

Q: Got it.

CARRINO: You're the one who started me off with this career when you put me in touch with Save the Children as they were working an evaluation of aid programs. From then on, I've been careful to work on assignment I felt were important and with programs I wanted to learn more about. Most of my work has been with GHPro, the Global Health Bureau's evaluation program or its predecessors. I've also worked with for Jefferson Consulting, Georgetown University, and Save.

Q: One of the myths out there is that the cooperating agencies are inclined to pull their punches when it comes to assessing the effectiveness of AID programs and what I'm hearing from you is you've not seen that at all. Was there never any pressure on you?

CARRINO: Oh, there's a lot of pressure. But it doesn't come from the cooperating agencies or the evaluation projects such as GHPro; it comes from AID.

Q: Oh, okay.

CARRINO: Something I've learned a lot about is how to get to and report on the findings when a client is trying to push back on your findings and recommendations. I'm not sure every evaluator does this, but I do.

I actually had an interesting experience last year. I was asked to conduct an internal assessment for an AID evaluation contractor. It gave me the chance to interview other consultants, both consultants that were part of small businesses and consultants like me that just get hired directly. For the most part they said that when attempts to make changes occurred, it was AID managers who tried to jigger the findings and conclusions around during their reviews. During that assessment I also receive feedback from a few outside consultants, some that you would recognize as being very well-respected in global health, who said that AID officials or even retirees like me should not be part of independent evaluations. So, there are problems all around on this issue of "pulling punches."

Q: Right. Yes. Because if you have a team that is totally without connections to AID you risk having recommendations that are totally unimplementable if not unintelligible to AID.

CARRINO: And that's what I would say after doing this for some time. I'd vote for having outside expertise on the team, but at least one person who understands how AID operates.

Q: Yes, I get that.

CARRINO: I have looked at evaluations by AID and other donors. One area the U.S. seems sensitive to is findings about host governments. An evaluation team needn't be the group to upset a government that isn't producing or is corrupt. Wording focused on what USAID needs to do in terms of policy dialog goes a long way, as does discussing corruption or lack of transparency in a general sense and brief your client separately. Some other donors aren't so politic, and that narrows their audience. Again, providing some findings privately, and keeping formal recommendations focused on solutions are more likely to ensure a change is made.

Q: Right. So, looking back over this incredibly impressive career, any lessons that you would draw or that you think would be useful for future AID workers?

CARRINO: I have a passion for my work. You can tell from listening to me, I never quite always knew what I was going to be working on. I was often asked to do something because others thought I could, and that worked well for me. My advice is: don't be too wedded to one issue. In international development we've seen dramatic changes in health, development and political issues over the last 20 years. And finally impact – walk away knowing you've had an impact. I get really excited about having worked on PEPFAR. And, I still get a smile on my face thinking about how Nita came back from Paraguay with us in 1961 and what happened to her life. And there were countless examples of impact in between.

Q: Though looking back over a career like yours, it looks like it was all planned!

CARRINO: Never, never. I remember a conversation with Len Rogers from DCHA who collaborated with the Japanese about the time I was leaving for the PEPFAR job in Washington. I told him I was very excited about the job but I hadn't gone after it. He said he's always been the same way and that people you've worked with know what you are capable of and more often than not, following informed popular opinion works.

Q: Yes. Right. So, having that network and basically relying on that network to identify opportunities; building the trust within the organization are critical skills, I think.

CARRINO: Yes, and it's the organization that becomes yours. And it goes beyond the organization. You plop yourself in a country and you feel the same comfort working with the government people in a country, the NGOs, the other donors. We've been fortunate in AID to have very, very wide networks.

Q: So, you spent part of your career in Washington, part overseas and part sort of working remotely. And in the last 10 years you've had to do a lot of travel, no?

CARRINO: Yes. I've worked in 27 countries in Africa, Asia, Europe and Latin America. These days I probably visit three countries a year on average.

Q: So, you've been away from your family-

CARRINO: I have, but I keep the time down to 4 or 5 weeks away at the most. That wouldn't have been possible years ago, but with call lines, Face Time and Skype, it's quite doable. Face to face is still the best however, so those weeks away are extremely packed.

Q: Yes. Well, and you're obviously very good at it, too. I do want to let you go but you've also done stints where you step into the shoes of someone who's either left a job that hasn't been filled in a timely manner or someone who has to be away for a month or two; do you enjoy doing that?

CARRINO: I've done a few, but I don't like to just sit in. I was in Ukraine to cover for the health director when the new president was brought in and VP Biden and USAID Administrator Shah attended the swearing in. And that wasn't the hard part – the refugee situation of people getting out of Crimea as Russia moved in got bad and the health office was tasked as the hub for programming the Ambassador's initial donation and DCHA's subsequent assessment. On the side, I helped the health office lobby AID Washington for some polio money (but didn't get any). It works for me if there is reason to be in a country. In a very different vein, I filled in in South Africa when the health office was waiting for a new director and deputy. Both were friends and former colleagues – one from Russia and one from the AIDS office. South Africa has a huge PEPFAR portfolio which I could update myself on quickly and I knew I could help the team prepare for a transition to two very experienced leaders.

Q; Right. Which in normal times or at least in times when AID was better staffed, the outgoing person would be able to do some of that preparation but in new programs or when there are staff shortages you don't have that luxury. Obviously AID is going through a lot of changes and who knows where the budget issues are going to lead the organization.

CARRINO: That's true. Yes. And I don't know if you're inferring this, but I can see USAID needing more and more temporary staff to fill in. There are projects in USAID Washington dedicated to getting technical advisors out to the field.

Q: What a remarkable career you had and are having. And AID is incredibly lucky that you're still actively engaged. I think you could write the history of AID's health and HIV program through your resumé, which is really exciting. But I do appreciate your taking all this time and I hope to see you when you're next in Washington or when I'm next in Vermont.

CARRINO: Thank you so much, Ann.

End of interview