

The Association for Diplomatic Studies and Training
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GARY NEWTON

*Interviewed by: Ann Van Dusen
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INTERVIEW

Today is February 13, 2023, and we are starting our first conversation with Gary Newton.

Early years, 1950-1968

Q: Gary, let's start at the very beginning. Tell us a little bit about your childhood, where you grew up and something about your family.

NEWTON: Thank you, Ann. I was born in Cambridge, Massachusetts on April 14, 1950, the midpoint of the 20th century, the midpoint of the Boomer generation, and a couple months before the outbreak of the Korean War. My first 18 years were lived within a few miles from where I was born -- Mattapan, Newton Lower Falls, and Needham. Life revolved around family, friends, food, and sports. I don't recall being interested in anything international other than the International House of Pancakes. Both my parents worked. Mother was a journalist and father had a variety of jobs mainly involving parking lots, parking garages, and real estate.

Q: Right. So, what took your parents to Boston? Or were they Bostonians from several generations back?

NEWTON: My father and his parents were born in Boston. His grandparents were born in Ireland, emigrated to the States in their 20s, and settled in South Boston, like so many from Ireland did. His grandfather and for a while his father were teamsters. They had a wagon and a team of horses they used to cart goods around the Boston waterfront.

Though he'd been in the Army not the Navy, my grandfather was known as the "Admiral". He was the armorer at the huge Commonwealth Avenue armory in Boston, and, on the side, he ran parking lots -- the big lot at Fenway and the lots around Braves Field which were close to the Armory. He was also said to have had a small restaurant. A busy man.

My mother was born in Chicago. Her middle name -- Gloria -- came from Enrico Caruso's baby girl. Her mother was one of eight children born to a first-generation Swedish couple whose parents had emigrated to rural Minnesota. Her grandfather left the family farm to seek his fortune in the city. He settled in Minneapolis where he had a shoe store, I think it was, and was active in civic affairs. I think he was elected an alderman, but will have to check the archives in the attic on that.

Mother knew very little about her father's family. Her father was born in Queens, in Flushing, dropped-out of school after the eighth grade, and at some point ran away from home. He served in the Army in 1916-17 as a mess sergeant in Pershing's Pancho Villa Expedition. He met the woman he would marry -- our grandmother, Nana -- in 1922 in an elevator at Marshall Fields in Chicago. Nana had a fleck of soot in her eye. A gent stepped forward with a fresh hankie. Soot removed, she gazed at her husband-to-be.

Q: And the rest is history?

NEWTON: Yes. They both worked for Marshall Field's, he as a traveling salesman covering the Dakotas, she in the shoe department where family lore has it, she fit Jack London with a pair of shoes -- and maybe white spats? Their first date was to the opera and their second was to see Al Jolson. They married in Chicago, moved to Minneapolis, Washington D.C., then Watertown, outside Boston, where mother spent most of her childhood. Her father sold Schenley's whiskey but Nana was not pleased with that line of work so he switched to selling Bosco, the chocolate milk amplifier. From booze to Bosco. This was during the Depression. Nana told us that even though her husband had a job they sometimes couldn't pay the rent. Their landlord, a kind-hearted soul, said something like, "Don't worry. No one else can pay either. Just stay where you are."

I don't think mother ever met any of her father's people. He apparently had no contact with them.

Nana went to normal school to become a teacher. She taught elementary school for over fifty years. Her first job, around 1915, was teaching in a one-room schoolhouse in a German-speaking farming community in rural Minnesota where folks got around by horse and buggy. Her letters home sounded like my letters home when I was in the Peace Corps in Niger.

Q: It was a time when not many women were working and certainly not doing the kind of travel work that she was doing. So, that's pretty remarkable.

NEWTON: Yes, she was a remarkable person.

Q: Did you know her?

NEWTON: I knew her well. I knew both grandmothers well -- one Irish Catholic, the other Swedish Methodist. When we knew them, one was mainly stationary on the living room couch, smoking Raleighs, watching the Red Sox on TV; the other, mainly in motion, cooking pies and Swedish meatballs, playing piano, digging dandelions. Both were loving and generous to us and others. I didn't know either of my grandfathers, they both died in their fifties before I was born. Mother said the loss of her father at the age of 54 was the worst thing that ever happened to her.

My mother's father -- the gent in the elevator with the hankie -- had been discharged from the hospital to die at home with an incurable case of cancer. He was in awful pain. Mother said she couldn't bear to see her father in such distress so she and her mother met with a doctor at Mass General to ask how his pain could be relieved. The doctor recommended an experimental palliative lobotomy. It worked. The pain lifted but the operation had an odd side-effect. Lying dying in bed her father began to speak and sing in French, a language his wife and children had no idea he spoke. Quelle surprise.

Q: Oh, that's interesting. And just to close that tangent, this very same thing happened to Anne Tinker's mother: she started speaking French and stopped speaking English towards the very end of her life.

NEWTON: That's incredible.

Q: Did you have siblings?

NEWTON: Yes, an older brother, an Irish twin, we were born less than a year apart, and a sister a couple years younger. I'm a very lucky man to have the two of them as siblings. They're the finest kind as they say in Maine.

Q: Right. You definitely are. So, you went to school in the Boston school system?

NEWTON: No. We moved out of the city a few miles west to Newton Lower Falls where I went to kindergarten through third grade, then moved a few miles south to Needham where I did the rest of my schooling. I graduated from Needham High School in 1968, which, as you know, was a year for the history books what with the Vietnam War at its peak, massive peace demonstrations, the assassinations of Martin Luther King and Bobby Kennedy, urban riots.

Senior year in high school ended with me getting the only salutatorian distinction I'd ever see. The woman who fit us for those funny-looking mortarboard graduation caps told me I had the second largest head in a class of 434.

Q. Well done! Did you have any time for part-time jobs while in school and playing sports?

NEWTON: Yes. I worked summers and some weekends. Summers I mowed lawns, worked at a camp, and worked at Harvard Medical School cleaning petri dishes, pipettes, blood sample bottles, and the like. This was pre-disposables. In high school, on weekend mornings in the winter, I worked at a car wash. Manning the steam gun to clean whitewalls was the most coveted job. Kept you warm.

Q: Before we get you to college. Did you do any traveling as a family?

NEWTON: Yes, in the summer we'd go to the Cape, as in Cape Cod, and on a few occasions to New Hampshire and Maine. We went to New York City twice: once for my uncle's wedding and then to the 1964 World's Fair in Flushing. My main memory of the World's Fair was the UNICEF pavilion where you were pulled along in a little boat with dozens of happy robotic children from many lands lining the hills on both sides of the canal singing *It's a Small World (After All)* over and over and over again. That might have been my first exposure to the concept of international peace and unity. The *Small World* song became my first earworm.

We traveled out of the United States to a foreign land only once -- to Canada, to Québec City. We were settling into our hotel room when, out of the blue, mother starts speaking a weird language to the chambermaid. She said something like, *Madame, nous avons besoin d'une autre lit, s'il vous plait*. We had no idea Ma spoke another language.

Mother was formidable. She was a talker, writer, mover and shaker, and the economic engine of the family when my father lost his job, but maybe I'm getting ahead of things.

Q: Go ahead. Your mother had a career?

NEWTON: Yes. She knew early on she wanted to be a journalist so she applied to a couple colleges in Boston to prepare to be one. Radcliffe offered her a full scholarship. She turned it down and went to Simmons where she felt she'd learn the nuts and bolts of journalism. And she did. After graduating from Simmons in 1944 she got a job at the *Lowell Sun* covering the courts, politics, city hall, which were normally men's beats but the men were off in the military. She wrote obituaries for men killed in the war. She interviewed grieving parents and families. She said the experience turned her into a lifelong pacifist.

Q: Right. I can imagine that.

NEWTON: She went on to write for newspapers in Boston and its suburbs. When I was in high school, she had a daily column in the *Boston Herald Traveler*. She had a pen name and was a bit of a celebrity. Her picture was on newspaper delivery trucks. She ended her career writing for TIME magazine as a stringer.

My father worked and worked hard. He was a responsible, dutiful man, but his career was hampered by the lack of a college education. For a good chunk of his working life, he did

OK, but then lost his last regular job when I was in college. His last attempt to stay employed was as a traveling salesman selling curios to gift shops around New England. That petered out and he became unemployed. At this point, mother decided she needed to make some real money and left journalism to start a business, a career counseling and employment agency catering to women like herself, college-educated women who stopped working to start families but who were now empty-nesters wanting to return to the workforce full-time or to share a job. That idea didn't catch on, what did was meeting the demand for temporary help which was strong at the time because there was a recession and companies were looking to hire more temporary workers. Mother and her team of three women met their needs. The business thrived. Mother became the family breadwinner.

Q: Did she have her own office or did she work out of the house?

NEWTON: As a journalist she worked from home, but when she was writing for one of the Boston papers, she had to fight for the right to do so. The writer's union required everyone to work in Boston. We lived in Newton Lower Falls, a few miles west of the city. Mother fought the requirement and won. She continued to work from home while raising her three kiddos, as she would call us. She'd send her copy into Boston in a taxi.

Her business was successful enough for her to buy the building she'd been renting offices in. My unemployed father, God love him, worked as the building's de facto janitor.

Q: So, it was a family enterprise.

NEWTON: [Laughs] Yes.

Q: I can see you're very proud of her and you should be. That's really remarkable.

NEWTON: Yes indeed, proud of her, and also proud of my father. He made it through a tough period when his wife had to become the family breadwinner. Not easy for a man of his generation and temperament. Grumpy at times, he kept it together.

Colby College: 1968-1972

Q: You went to Colby College in Maine. What attracted you to Colby?

NEWTON: I was attracted to Colby because it was the only college I got into. I didn't know anything about the school. I'd never been. I didn't know anyone who went there. I squeaked in off the wait list.

About a month away from high school graduation, mother was in the stands watching one of my baseball games. I was captain of the team but she wasn't there to watch me play. She was there to talk, socialize, network, she knew everyone in Needham having been a journalist, business owner, and involved in civic affairs there for years.

An acquaintance of hers who owned an insurance agency across from the high school baseball field came over to watch the game, saw my mother in the stands, sat down next to her, saw me on the field and asked, "Where's Gary going to college in the fall?" Ma said, "We're not sure. He hasn't been accepted anywhere, but he's on the waitlist at Colby," at which point the insurance guy says, "Wait here, Phyllis. I'll be right back." He gets up, walks back to his office, calls the baseball coach at Colby, returns to the stands, sits back down next to mother, and says, "He's in."

Lucky me. The insurance guy happened to be a Colby alumnus and happened to know the baseball coach. If the Colby guy hadn't sat down next to mother that day, not sure where I would have ended-up that fall.

It's possible the insurance guy knew about the unassisted triple play I made in 1964 and told the Colby coach and that's what got him interested in me. I'm sure you would have asked about the triple play if it had been on my resume. It used to be, but it was the only thing interviewers expressed any interest in, so I removed it.

Q: Wow. Okay. Did you have an idea of what you wanted to study? It sounds like maybe not.

NEWTON: Anne, you're forcing me to make some awkward admissions here. You're right, I had no idea what I wanted to study, and I didn't want to play baseball, I never played at Colby.

Freshman year I came under the influence of a seriously cool senior. He was an art major, so I became one too.

Q: Ah-ha.

NEWTON: Art majors had to take a class in painting. I went to the first and last class, nothing in between. I showed up at the last class with my slapdash oeuvre under my arm. The teacher says, "What are you doing here? I gave you an F. You didn't give me or your fellow students a chance to critique your work and for you to grow as an artist." Fair enough. I deserved that. I'm probably the only person in Colby history to flunk painting. The college was founded in 1813. I had to switch majors. The default major was sociology.

Q: So, was that devastating for you? Did you think of yourself as an artist?

NEWTON: No, it wasn't devastating, I didn't think of myself as an artist. To fail painting was an unusual, possibly singular academic distinction. It made a good story.

Q: It is a great story. I'm wondering, have you done any painting in parts of your life?

NEWTON: No, I never painted, but I drew. During my brief stint as an art major, I wrote and illustrated a children's book. Got an A. The only one in my college career.

The only painting I ended up displaying publicly was a big sign I did for a used car lot. Junior year I lived with a group off campus in a rundown house across from the longest factory in Maine. Our landlord rented our garage and driveway to a guy who used it for his used car business. I got to know the guy. He hired me to paint a big sign for his business -- *Harry Haines Best Buy Auto Sales*. Paid me \$25. So, I was briefly a successful commercial artist.

Q: (Laughs) Did you have any other jobs in college?

NEWTON: Yes, I checked IDs at the entrance to one of the dining halls. Summers I painted houses. I was a good house painter. I didn't fail house painting. Summer before senior year I was in summer school in Portland taking French which I needed to pass to graduate.

Q: Maybe sociology was a default major or maybe, knowing you, it probably was an area of interest. But tell me, what was that program like? Did you have professors that were particularly meaningful for you? I mean, did it shape in any way how you approached issues after college?

NEWTON: Yes, a professor named Jack Foner. In the early 40s, he was blacklisted and fired from his teaching job at City College for allegedly being a member of the Communist Party. He also got in the soup for overemphasizing the role of race in his U.S. history courses. Foner was unable to find another job in academia for almost 30 years until Colby hired him in 1969. At Colby, with its 12 black students, he established one of the country's first black studies programs. Foner's friend, W.E.B. Dubois, would have been proud. My schooling before college didn't exactly highlight the lives and history of Black people. Foner's course did, it opened my eyes. Learning about Black lives directly from Black people wasn't in the cards growing up in lily-white suburbs, as I did. Racist real estate and lending practices made it unlikely you'd ever have a Black person as a classmate, a teammate, a neighbor. My all-white-all-the-time life changed, of course, living in Niger, Malawi, Kenya and Namibia. When we returned from Namibia, I realized I knew way more about Namibian struggle for freedom and human rights than I knew about Black Americans' struggle. Joan and I went to Montgomery, Selma, and Mobile on a DIY civil rights education tour to try to deepen our knowledge.

Based on my final sociology exam, the department gave me some sort of recognition for being the most improved sociology student. A dubious distinction, but happy to end my college career with any sort of distinction after starting it on academic probation.

Q: Because of the failed art major?

NEWTON: Yes, the F in painting and an F in French. The dean's letter notifying me of my placement on academic probation began, "As expected, you failed French." Real confidence builder.

Q: (Laughs) Oh, boy.

NEWTON: I'd also flunked French in 9th grade. Not good for someone who ended up in the Foreign Service where language proficiency is, of course, a big deal. Thanks to the Peace Corps assigning me to a Francophone country, I finally learned a bit of French. I had to speak some form of it to do my job, make friends, order my daily ration of camel brochettes from a street vendor. I developed just enough proficiency to pass French at the Foreign Service Institute and satisfy that Foreign Service requirement.

If I were given a mulligan on the first shot at college, I wouldn't have gone in 1968-1972. Too many distractions, especially for someone with a touch of ADHD. Too much turmoil. Too much fun. I squandered the only four years in life I'd ever get where all I was supposed to do was read, reflect, discuss, create, write -- paint.

Q: OK. I can understand. And civil rights. Were there protests, sit-ins, riots at Colby on the war and civil rights? Were you active in any of those?

NEWTON: No riots, but sit-ins, meetings, marches, strikes, be-ins.

Be-ins, you may know, were part protest, part performance, part celebration, part whatever. I believe what a group of us did outside the Maine State Armory in April of 1972 would qualify as a be-in. We sat, sang, did a bit of what we somehow called "guerrilla theater", then attempted to physically block then Vice President Spiro Agnew from leaving the armory. Not sure why. He got out. We were bowled-over by a phalanx of officers. A year later Agnew pled guilty to tax evasion and resigned.

A friend and I, mainly my friend, organized a sit-in -- not a read-in -- at the college bookstore. We were protesting the big prices charged by Big Publishing for our textbooks. The price of textbooks somehow didn't immediately fall as a result of our protest. Big Publishing prevailed.

In 1969, in response to a list of student demands for reform, the college held a constitutional convention. I was one of the student representatives at the convention. I recall thinking I was in over my head, the first of several episodes of imposter syndrome over the years. It took me years to feel half-way comfortable in settings other than a baseball diamond or football field. College policies and governance were discussed at the convention in a civil and productive manner, at least for the times. Other than students getting a couple non-voting seats on the board, not sure much else resulted from the gathering. Perhaps the process alone, the college's willingness to sit and talk, helped calm the campus and create the impression the college was open to change.

A change the college wasn't open to was students taking over college buildings. In 1970, the handful of Black students attending Colby and their white supporters occupied the college chapel to protest, among other things, the fact there were hardly any Blacks attending Colby. The college president wouldn't engage as long as they occupied the chapel. The students wouldn't leave. The college got a restraining order to force the

students out. Nowadays, the percentage of students at Colby who are Black is around 5%, I think. Better than 12 students in 1970, but with over 50 years since the chapel occupation to work on it, not very good.

In May 1970, there was a huge anti-war protest on the Colby college green, huge for Maine anyway. It focused on the U.S. invasion of Cambodia and the National Guard killing of Kent State students protesting the invasion. Ed Muskie and Margaret Chase Smith, Maine's Senators, agreed to attend and speak and take questions. In the lead-up to the protest, I attended a meeting where students prepared questions for the senators, anticipated their response, then prepared follow-up questions to probe further. I remember being impressed by the process. It was my first exposure to tactics intended to get truth from power in a public forum. Pretty basic stuff, but new to me.

There was a remarkable exchange at the protest between Margaret Chase Smith and a Vietnam veteran. The senator was asked, "Are American troops in Laos?" She conferred with the aide beside her and said "no". At that point a Bowdoin graduate and Army veteran came up to the mic and said, "I was wounded in Laos last year." In my mind's eye, he hobbled up to the mic as if still disabled by his wounds. The exchange illustrated how secretive and sleazy the Nixon administration was in its conduct of the war, and how ill-informed Maine's legendary Senator had become.

Q: So, you graduate in '72. I have to ask about the draft. Was it in place at the time? Was that an issue for you and what you did after college?

NEWTON: When I graduated in 1972, the draft was no longer an issue for me. The draft lottery that would determine the fate of American men aged 18 to 22, was in December 1969 when I was a sophomore. It was the first nationwide draft since WWII and the first to be televised live. Every draft-eligible male in America must have been glued to the tube that night. I was on academic probation at the time and flunking-out and losing my student deferment was within my grasp. If I got a low draft number, my first trip to a foreign country could have been to Vietnam in the Marine Corps rather than Niger in the Peace Corps. As fate and dumb luck would have it, my birth date of April 14 was assigned #234. The number was high enough to safely assume I wouldn't be drafted even if I flunked out of school. So, I was off the hook and could get on with life.

Q: So, the draft wasn't hanging over you. You knew you could go ahead and get a job after college. But did you know people who went enthusiastically or reluctantly?

NEWTON: I didn't know anyone who went enthusiastically. Guys from my hometown volunteered and served. Nine were killed in the war. One of my best friends flunked out of college, got drafted, and was in Vietnam in the blink of an eye. Just this year, he spent five months in a VA hospital with a rare condition he suspects was due to his exposure to Agent Orange in Vietnam.

First job opportunities: 1972-1974

Q: Okay. So, tell me, when you left college, what happened next?

NEWTON: Before the electronic signature on my diploma was dry, I got a job as a bartender in Camden, a scenic coastal town in Maine. It was the home of Edna St. Vincent Millay, Down East magazine, much of Maine's windjammer fleet, and The Bag, where I worked, the only bar in town at the time. That was the summer I fell in love with the coast of Maine. Fifty years later, we bought a place on the Maine coast and that's where we live now.

After a fine postgraduate summer spent serving draft beer and Slim Jims to lobstermen, sailors, blue-blooded summer folk, tourists, and all the rest of the categories of people who drank, I got a job as a teacher's aide at an elementary school in Wellesley, Massachusetts. The principal was a good friend of my parents.

Q: I suspect they were very eager to have young men in the school.

NEWTON: I suppose.

Q: So, how long did you survive as a teacher's aide? It sounds like a rough gig, actually.

NEWTON: I liked it OK, and yes, it was a rough gig, it was tiring, even for a strapping 23-year-old. No idea how teachers do it day-in and day-out for an entire career. The job left me with an abiding respect for them.

There was an incident one day in class. I'm pretty sure the first of its kind in that school. I was doing remedial reading with a second grader. He was seated at his desk, I was standing next to it, leaning over, moving my finger across each word in the book we were reading, probably *Green Eggs and Ham*. Without warning, the lad – and he was a hefty lad – jumped-up, grabbed my beard with both hands, and hung on it. No one had ever hung on my beard. It hurt like holy hell. I had one of those autonomic fight-or-flight reflexes. I couldn't flee, the kid was attached to my beard, so I fought, I smacked the kid across the cheek, open-fisted. The little learner released his grip and fell to the floor. Following the remedial slap, reading resumed and we finished the book.

While working at the school, I decided to apply to the Peace Corps. The decision to apply and the beard incident were not directly connected. The Peace Corps took some time wrestling with my application and the idea of subjecting a group of villagers to my particular skill set, but a letter finally arrived, I was accepted, and a couple months later I was off to Niger, clean shaven.

Bit of a tangent but: a few months into my life in the Peace Corps I received news from home that Whitey Bulger, the mobster from South Boston, firebombed the school. The fire incinerated the 2nd grade's class pets -- a family of gerbils and a boa constrictor. Bulger was bringing the busing war in Southie to the suburban neighborhood of the judge who imposed busing. Bulger thought the judge's children went to the school. They

didn't. No children were hurt. Bulger burned the school on a Sunday night. A mass murderer with a heart.

Peace Corps Volunteer, Agadez, Niger: 1974-1975

Q: Prior to joining the Peace Corps, you seemed to have no particular interest in working internationally, so why did you apply, and how did you get in?

NEWTON: Good question. Why did I apply? I was 24, single, on no particular career path, living at home in Needham, in a bit of a rut. A good friend was also living at home just across the Charles, in Dedham. We were in a rut together. It's good to have company in a rut. After work, to get out of the rut, we'd go into Cambridge and carouse, then that became a rut, we had enough carousing, and realized our post-collegiate lives were going nowhere. We needed a change. We wanted to go somewhere as different from Needham, Dedham, and Cambridge as we could find. So, we joined the Peace Corps. He went to Iran. I went to Niger.

Recruitment materials encouraged folks to join the Peace Corps to "extend a helping hand to mankind" and "vault barriers of indifference." I wasn't indifferent, but I wasn't notably altruistic either, not like the admirable folks who joined the Peace Corps in the early days of JFK and Sargent Shriver. Deep down I felt it important to do something for those less fortunate than myself, and that was part of why I applied, but it wasn't cool in our little circle to go around touting yourself as a humanitarian. The Peace Corps was appealing because it was a way to get an-all-expenses-paid trip to a different country and culture, it offered an adventure, maybe a path to somewhere, like joining the Foreign Legion.

Lucky me, the Peace Corps assigned me to a wonderfully remote town in the far north of Niger -- Agadez -- where French Foreign Legionnaires were actually posted in colonial days. The Foreign Legion fort was still there on the outskirts of town looking just like the fort in *Beau Geste*.

Agadez was considered a plumb posting. Other volunteers were envious. It was seen as a Timbuktu-like place, an ancient cultural capital, picturesque, out there. It was the seat of the Tuareg, the fabled Blue Men of the desert, where the men are veiled, not the women. Men's faces -- on the rare occasion you see them -- turn a light shade of blue after years of wearing indigo-dyed turbans in a strong sun.

As to the question of how I got into the Peace Corps with no apparent experience or interest in things international -- there had been a military coup in Niger a couple months before our Peace Corps group was due to arrive. I heard that the coup caused a few volunteers who'd been accepted to drop-out so the Peace Corps had to dig deeper into the pool of applicants to fill the class of 1974. So, maybe I got into the Peace Corps the same way I got into college, from a wait list.

Q: Right. Okay. So, when they assigned you to Niger did you look it up on the map?

NEWTON: [laughs] How did you know? I had no idea there was a country called Niger. I thought the “i” and “a” had been left off “Nigeria” in my acceptance letter. I went to the *World Book* encyclopedia to read about Nigeria. Leafing through the “N” volume looking for Nigeria, I ran into Niger. There it was. A full-blown country in its own right. I read all I could about it, and found quite a bit to read. Niger and the other countries in the Sahel region, which runs along the southern border of the Sahara, were in the news because a long-term drought had caused a large-scale famine and the alleged mishandling of the famine by the government caused the military to take power.

Q: Right. What kind of training did you have before you actually got to Niamey? Any?

NEWTON: None, but my fault, I missed it. I was supposed to meet-up with the other Niger volunteers in Philadelphia for an orientation but got sick the night before I was supposed to fly to Philly. Maybe an omen. I recovered and flew to Niamey on my own – actually, on the Boston to Paris leg, with my uncle. As luck would have it, he happened to be flying to Paris the very night I was. He asked me to join him and upgraded me. So, on my second flight ever, I was in seat 1-A in first class on Pan Am to Paris. Soon after take-off, my frequent flier uncle donned his sleeping mask and slept until we landed. I ate and drank and watched movies until we landed. Flying to my Peace Corps assignment was the one and only time I flew first class.

Peace Corps assigned me to a Teaching English as a Foreign Language (TEFL) program. But from what I saw and learned during my first few weeks in country, a lot of people were in desperate straits because of the drought and famine and it seemed to me it would be more important to work in a program more directly related to the humanitarian crisis. So, I asked for a transfer out of the TEFL Program. Peace Corps management was accommodating. They asked if I wanted to join a well digging program. I said sure. They sent me to a village to live and work with the Peace Corps’ premiere well digger. So, for a couple weeks, I got on-the-job training with him.

Q. Interesting. Tell me about your well-digging job?

The key thing to know about the job was it didn’t involve digging wells. Though on a couple trips to well digging sites I was lowered into wells to “inspect” them. When cranked back up into the sun and heat I didn’t have much to say about them other than it sure is dark and cool down there.

My job was a desk job. I was a *petit fonctionnaire*. I provided administrative support to the head of the regional well digging program. We volunteers were supposed to train counterparts to perform the work we were doing and make ourselves obsolete. My predecessor didn’t have a counterpart and neither did I.

The head of the well-digging department was a gentleman named Abdou Bagna. He was charismatic, well-liked, and knew well-digging from top to bottom. He managed eleven

teams doing difficult lonely work in remote locations. I served as his white collar so to speak. UNICEF was funding the well digging program as part of a larger drought and famine relief effort and I was responsible for meeting their reporting requirements.

After working a while, I figured it took about two hours a month to do the job. So, I asked Mr. Bagna if I could volunteer at Agadez hospital in the mornings. He said fine. I met with Dr. Talfi Idrissa, the head of the hospital, and asked how I might help. He asked if I knew how to take x-rays. I did not. He said, "Come with me." He walked me to a room with an x-ray machine that looked like it was Korean War surplus, handed me a short lead vest and a dog-eared piece of cardboard with the settings for x-rays of the chest, arm, head, and other body parts, then showed me how to develop x-ray film. That was my training. Mornings I took x-rays mainly of Tuareg with tuberculosis. Afternoons I went to the well digging department and wrote letters home, dozed on sacks of famine relief food, and did the monthly reports for UNICEF.

Q: Interesting. So, was there a lot of TB at that time? Was that the major issue? It wasn't broken bones or anything like that?

NEWTON: Yes, there was a lot of TB. It was then and I think still is the deadliest infectious disease in the world. Difficult to treat and cure, particularly in a country like Niger with so few medical resources.

People broke bones and suffered acute traumatic injuries, no doubt, but I don't think many got the hospital. If you were injured in a car accident or in a sword fight at a well – and there were some – you had to get yourself to the hospital. Distances were long. There was just one hospital for a vast region. I assume many folks were treated on site, some with traditional medicine, some probably succumbed without any medical help. I mainly took x-rays of lungs. On one occasion I x-rayed the leg of a man who'd been bitten by a camel -- it had to be amputated -- and on another I x-rayed a girl with Burkitt's lymphoma, then an incurable cancer, who had a huge round taught tumor on half her face.

Working at the hospital got me interested in public health. With care and treatment in such short supply and so inaccessible, promoting health and preventing disease and injury was paramount. The hospital experience introduced me to one of the core constraints to improving health in the global South -- far too few health workers. I was told that Dr. Talfi, head of the Agadez hospital, was one of six Nigerien doctors practicing in the country at that time. The fact that a dufus from the Peace Corps with zero experience was pulled-in to serve as the x-ray technician in the only hospital in the north of the country illustrated the constraint nicely. Later, in my USAID career, I worked on workforce strengthening initiatives including one to develop the capacity to scale-up responses to HIV/AIDS and another to strengthen the social service workforce to do more to protect children.

Over the years the Peace Corps has served as a kind of post-graduate training for folks who become USAID Foreign Service Officers. It did for me. But the Peace Corps, after

many good years, seems to be floundering with the number of volunteers worldwide dropping from something like 15,000 in its heyday to 3,000 today.

Q: Did you have any knowledge of or exposure to USAID and the Embassy while you were in Niger?

NEWTON: Yes. I became aware of USAID for the first time when I was in Niger. USAID had a visible and important presence providing humanitarian relief to help Niger deal with drought and famine. I think some Peace Corps volunteers worked on USAID-funded projects. The Ambassador and embassy staff were welcoming and supportive of Peace Corps volunteers. I got to know our ambassador a bit. When he came through Agadez he took me and a couple others for a picnic in an oasis outside town. He had a cooler in his vehicle with cold beer. That's something you don't forget. The Deputy Chief of Mission had us over for dinner in Niamey. All in all, it was a good positive introduction to USAID and State.

Q: Were you able to stay the full two years?

NEWTON: No. I left after a year. I got sick. I had dysentery, malaria, and hepatitis, back-to-back-to-back. There was no Peace Corps doctor, but we were given a medical manual to help us self-treat. The section on rabies was a riot. If bitten by an animal we suspected was rabid, we were to capture it, decapitate it, put its head on ice, and send the head to the capital for testing. My refrigerator produced about a tray of ice cubes a week. Chilling down a dead dog's head was not high on my list of priorities for my cherished ice cubes. Neither was getting rabies a priority, which I surely would get if I followed the manual's guidance. If you didn't get rabies from the first encounter with the crazed beast, you'd surely get it in the process of capturing and decapitating it. To treat suspected malaria, we were to take the same medicine we took to prevent it, but at a much higher dose. The manual said it was important to track your temperature, which I tried to do, but at one point the fever must have had me delirious because I remember having difficulty finding my mouth with the thermometer.

Q: Wow. Were no other Peace Corps people around. How did you signal you needed help?

NEWTON: I don't recall signaling to anyone. I made it through pretty much solo. The gent who helped me around the house part-time must have brought me food. A couple weeks after I recovered from malaria, I woke up with the whites of my eyes the color of egg yolks and went to see the French doctor at the hospital to confirm it was hepatitis. He was sure it was. The two other American volunteers in town -- a married couple -- must have organized my medical evacuation to Niamey, I don't remember much about my departure other than the take-off.

There was one flight a week between Agadez and Niamey, a Nigerien military flight, a DC-4, I think it was. I was put on it. The seat next to mine had been replaced with a stretcher holding a Nigerian military guy being medevaced. As we taxied down the

runway, the man had his final agonal respirations and died. In my feeble French, I called out for the French Army doctor who was on board up front. Takeoff was aborted and the poor man's body removed.

In Niamey with my hepatitis, I was put up in an air-conditioned bedroom in the unoccupied Peace Corps doctor's house. There wasn't much you could do about hepatitis, but take me to a French clinic to have my liver readings monitored. Two young men from what was then still called Upper Volta staffed the doctor's house and fed me.

Q: Did you decide or did someone decide for you, that you needed to get back to the States?

NEWTON: It was my decision to return. I could have stayed, recuperated, and the Peace Corps would have found me another assignment, if necessary, in another country. But I decided to terminate. I was sick of being sick, the dysentery, malaria, and hepatitis had me down for about a month, I think it was. I was also a bit anxious about the situation at home. My father was out of work and I remember thinking it would be irresponsible of me to continue futzing around as a volunteer on the other side of the world with my father unemployed and I should get on a career track and start earning. On one of my many afternoons at the well digging department with nothing to do, I had applied to a Master of Arts in Teaching program at Smith College and had been accepted with a full tuition scholarship. I decided to go.

Smith College, Northampton, MA, Master of Arts in Teaching, 1975-1976

Q: OK. So, you thought teaching might be the profession for you, or was an MAT a way of taking some time to figure out what you want to do?

NEWTON: I suppose both. The stint at Smith, which I appreciated greatly, gave me a better understanding of what a teaching career would be like, and gave me time to process the Peace Corps experience. I studied American and African history at Smith. One of my teachers was the late Manning Marable, who won a Pulitzer for his biography of Malcolm X. I took a couple anthropology courses on African cultures. I recall being particularly intrigued by the !Kung, one of the San/Bushmen groups who'd been living in southern Africa forever, mainly in the Kalahari. We studied their intricate, ancient culture and watched a documentary on them. The film showed them tracking and ultimately killing a giraffe with poisoned arrows. The teacher said they couldn't have taken down the giraffe without the filmmaker's Land Rover being there, off-camera, to provide logistical support. Not sure how she'd know such a thing, but didn't ask. When the film ended, I'm sure I thought that was the last I'd ever see of the !Kung. Then in 2004, we moved to Namibia -- home of the !Kung -- who are nowadays called the Ju/'hoansi.

The first work trip I took in Namibia was to fly up to Nyae Nyae in the western Kalahari where the Ju/'hoansi live on a communal conservancy. USAID was supporting the

conservancy through the World Wildlife Fund. We met with the chief and members of the community and heard about their efforts to develop the community through income and jobs generated by eco-tourism, trophy hunting, and selling hoodia, a native species of cactus which suppresses hunger. The San/Bushmen have used it forever when times are tough and food is scarce. They've been fighting with Big Pharma for their rightful share of profits from the sale of medicines derived from their hoodia. Effective appetite-suppressing meds of course have huge potential to generate profits in the diet industry. Not sure where this David versus Goliath struggle stands.

We stayed overnight at the camp of a professional hunter and his Ju/'hoansi trackers. Around a campfire under a baobab tree, the hunter told a story that has stayed with me. He said he'd seen two old elephants eaten alive by hyena. He explained that an elephant's final set of teeth—their sixth—can deteriorate to the point where an elephant can't chew, can't eat, and gets so weak they're defenseless against predators, in these two cases, a pack of hyena. The image of an old elephant being eaten alive, and seeing first-hand the poverty of the Ju/'hoansi, helped shape my view on trophy hunting and its benefits to poor people and elderly elephants alike. It got me thinking about all the horrible ways animals die in nature—eaten alive, burned alive in bushfires, ripped apart in fights with rivals, slowly starved in droughts, killed by a parent, and so on. It puts the quick end of an old bull's life by a well-placed bullet into some perspective. In Namibia, only old bulls can be hunted.

Indigenous people generally have had a tough time when those of us from away blow in and have our way. The San have had a particularly tough time. They were the first people to inhabit southern Africa, but today are probably dead last in terms of wealth and health and education. Dutch Afrikaners hunted them into the 20th century to the point where one group was exterminated. Today, the San in Namibia exist barely on their homelands or working on farms of the descendants of settlers who displaced them during colonial times. Today, they're a tiny poor minority, but at least they have a representative in the Namibian Parliament.

Q: Interesting link between people you studied in graduate school in the '70s and people you got to know in Namibia in the early 2000s.

So, did you ever teach, did you ever use the MAT?

I didn't love the courses on pedagogy and the student teaching. A bad sign. In any event, after getting the MAT, I went ahead and got certified to teach history in Massachusetts, but never taught. Though 40 years later, you could say, I used the MAT degree when I taught the seminar on orphans and vulnerable children in the Global Human Development Program you helped establish at Georgetown.

During this period when I was toying with teaching, I realized I was more smitten by the prospect of international work than teaching. By the way, Ann, this is an interesting exercise you're running me through. As you can tell, I'm straining to make my early

career trajectory sound logical and coherent, probably because it wasn't. Some moves were made with little thought.

Q: OK, take me from there, what did you do after Smith?

Betwixt and between jobs I learned a great deal from:

NEWTON: After Smith and before Columbia, between 1976 and 1978, I had four jobs -- emergency room orderly, librarian, a marketing job that took me to nine countries in the Middle East, and an organizer of blood drives.

Emergency Room orderly, Newton-Wellesley Hospital

I worked as an emergency room orderly on the day shift at Newton-Wellesley hospital outside Boston for about six months. The job was meant to be a gap filler while I looked for more meaningful work, but it turned out to be the meaningful work I sought.

Among other things, the ER orderly is responsible to attend to people once they're declared dead. Orderlies serve as a sort of valet to the dead. You clean them up, empty pockets and inventory contents, tag toes, cover the corpse with a fresh sheet, and transport it to the morgue. I'd known people who had died, but other than the man next to me on the plane in Niger, I'd never seen a person die, or spent time with a dead person, and certainly had never touched one. Over time, it became apparent that those six months working with dead people, in some ways, had more of an impact on me than 40 years working with live people. The experience didn't make me want to spend more time with dead people, it made me realize that on any given day, I could be a dead person, or worse, a loved one could be. This was a gob-smacking revelation you'd expect to be smacked by when on your knees in a church pew or on the summit of Mt. Sinai. I realized that the old cliché, "Today is the first day of the rest of your life" is hokum. It really should be, "Today could actually be the last day of your life." This was a carpe diem gift from that gap filler of a job that keeps on giving.

Q: You didn't have to interact with the deceased's relatives, this was strictly you and the cadaver?

NEWTON: I interacted with a relative once. An elderly man died at home and was brought to the ER wrapped in a small oriental rug by his elderly brother. The brother left without the rug but came back a couple hours later to retrieve it. I offered my condolences to him and chatted a bit before I went to the morgue to retrieve the rug which the dead brother was still wrapped in.

Otherwise, yes, it was just me and the cadaver. It was awkward and uncomfortable to be silent in the presence of a dead person. I had a strong urge to say something, anything, but figured it wouldn't be cool if ER staff overheard the new orderly chatting-up a cadaver.

Q. Sounds like the orderly job made quite an impression on you. You mentioned you had other jobs during this period?

International Educational Representatives

NEWTON: Yes, while working the day shift at the hospital, I worked nights at the Wellesley College library at the front desk checking books in and out. On weekends during that period, I planned a two-month trip to nine countries in the Middle East starting in Beirut and ending in Tunis. The owner of a Cambridge-based educational supply company, International Educational Representatives, was looking for a returned Peace Corps volunteer to travel on the cheap to market the services of his company mainly to oil-rich countries in the Gulf. He hired me. I quit my jobs at the hospital and library and took off for Beirut. It was April 1977.

In late 1976, a ceasefire had been put in place halting a brutal civil war that started in 1975. Most of downtown Beirut had been destroyed. I had called the State Department to see if it was OK for American business to return. They said yes but asked that I check-in at the embassy as soon as I got to Beirut. I landed at Beirut airport on what I was told was the first commercial flight to come in after the ceasefire took effect. The airport was a bit chaotic. Before checking-in at the embassy, I decided to make my first marketing call. I found the address. The company's office was on the top floor of a 4 or 5 story building. As I walked up the stairs, there was more and more rubble under foot. I got to a point where I could see sky, the top of the building was mostly gone, destroyed in the fighting. My meeting was off.

I went to the embassy to check-in. It was fortified. A tank was out front, I was told it was Syrian. Windows were cinder-blocked. A Lebanese security guy with a prominent scar on his face stood at the front door. And, of course, our Marines were there. Embassy security folks told me to get out of town. They were nice about it. They linked me up with a ride. A tobacco salesman who'd also been told to leave, was also going to Damascus. We drove together in his rented car up through the mountains, stopped here and there at checkpoints manned by militia who let us pass and we made it to Damascus with no problem. I later read that embassy staff and dependents weren't allowed back until August. I was there in April. Seems Foggy Bottom and the embassy's security folks on the ground in Beirut weren't on the same page.

That embassy in Beirut, as fortified as it seemed, was blown up in 1983 by a suicide bomber. A USAID officer, Bill McIntyre, was among 63 killed. His spouse, Marylee, was injured. That woman had fortitude. A couple years later she was working in the Health and Population Office at USAID/Dhaka. That's where I had the pleasure of meeting her.

The ceasefire didn't hold, the civil war started up again in early 1976, and went on for another 12 years, pretty much wrecking the Paris of the Middle East.

I'd never been to the Middle East. I traveled to Lebanon, Syria, Iran, Kuwait, Saudi, Jordan, Egypt, Libya, Tunisia. It was all good except, of course, for the sad situation in Lebanon. People I ran into and met with were hospitable. Commercial office staff in our embassies were helpful. I traveled almost the length of Iran by bus from Tehran to Abadan. The Shah's picture was in every office, restaurant and hotel. Everywhere. I returned to the States thinking, man, is this guy popular. Not long after my astute political observation, the Shah was of course overthrown in a broad-based revolution. Every picture and statue of the man was destroyed. In Tripoli on May Day, I heard Gaddafi speak to a stadium full of folks next to my hotel. No idea, of course, what he was talking about. A cousin of a Palestinian-American friend from Colby kindly hosted me in Kuwait. My host bought a tissue slicer through the company I represented. Not exactly in the educational supply category, but whatever. The sale paid for the costs of my trip. Don't know if I generated any other sales. I didn't see any commissions. The experience was priceless.

Northeast Regional Red Cross Blood Program, Boston, MA

When I came back from the Middle East, a friend set me up with an interview for a job with the Northeast Regional Red Cross Blood program in Boston where she was working. They hired me as a Field Representative. I hustled blood. We were paid peanuts. Of course, no commissions for blood collected. We had monthly quotas. To meet quotas, I organized blood drives. It was a cut-throat business based mainly on the work of volunteers, mainly women at local Red Cross chapters. If the boss thought we reps were at risk of missing our monthly quota, she'd use tactics from the Livia Soprano School of Management to suck more units out of us. To keep quota-crazed Livia happy, I once spent a Sunday morning in front of an IHOP corralling blood donors. In 1977 and 1978 I organized the collection of thousands of units of blood. In 2014, I was diagnosed with a condition which requires weekly infusions of immunoglobulin derived from donated blood plasma. I guess I paid it forward with all the blood I collected.

2-month full-time job search leads to a career path (more school): 1978

While hustling blood, I made a plan to quit the Red Cross at about the one-year mark and devote full-time for a couple months to finding a job in international development or finding out what I needed to do to get one. I sent a lot of letters and made a lot of calls and put together a schedule of meetings in Boston, New York and Washington with people and organizations doing the kind of international work I thought I might like to do someday. Because of the Peace Corps experience, I focused primarily on international health organizations. Most meetings were informational interviews, not interviews for job openings. It was great fun and a pleasant surprise to find out how eager folks were to talk about themselves and their work at great length – listen to me carry on. Those two months led me to conclude I needed at least a Master of Public Health (MPH) degree to get started in the field, so I went to Columbia and got an MPH.

Columbia University School of Public Health: 1978-1981

Q: How did things go at Columbia?

NEWTON: It was a good move. Columbia had a strong program in population, family planning and reproductive health due to the prominence of Allan Rosenfield in that field. I studied at the Center for Population and Family Health which he then led. Allan went on to be long-term dean of the school. Its main building is named in his honor. A great man. When I was posted in D.C., he had me up to New York to speak to his students about life and work in the USAID Foreign Service.

Through Martin Gorosh, one of my professors, I met my first mentor, a gentleman named Bob Wickham at the Ford Foundation. I dropped-out of Columbia for a year to work for him on an assessment of the foundation's work to strengthen the management of maternal and child health and reproductive health programs in developing countries. The assessment involved meeting people throughout the population assistance community at USAID, UNFPA, the Population Council, and the like, a sub-sector of the donor community that was new to me.

Working with Bob, I got a taste of what good mentoring looks like. In spite of our difference in age and experience, Bob treated me like a colleague, an almost equal. He would ask for my opinion, then actually listen to what I had to say. The first couple times he did that, I was taken aback, then I got used to it. Though I was a novice, he was genuinely interested in my take on things, he made me feel seen and heard and valued. Wonderful man.

Q: Did you stay in touch with him long after?

NEWTON: Yes, for several years but over the years I lost track of him, which I regret. At this point, he's probably gone to the great beyond, but I did get a chance to let him know on a couple of occasions how much I valued and respected and liked him.

Q: Well, he sounds like a remarkable fellow and I can see why it would be a formative experience for you. When you took a year off from Columbia did you always expect to go back and finish?

NEWTON: Yes.

Life with USAID

Q: So, you finish Columbia in 1981 and did you have a job when you graduated? Or did you have to go looking for it?

NEWTON: I found a job pretty quickly after graduation. The work with the Ford Foundation involved meeting a variety of people in the field of population and family planning so I knew where to look and had some contacts.

AVSC/Engender Health, New York City and Bangladesh: 1981-1986

The head of a New York City-based international family planning NGO called AVSC -- now called Engender Health -- hired me as her special assistant. AVSC was a USAID cooperating agency, the designation indicated that the group received USAID funding to implement a component of USAID's program strategy. So, with that job, I took my first step into the USAID orbit.

A few days after I started the new job, my boss left to attend a conference in Sri Lanka. Word got back quickly to New York HQ that she resigned while giving the keynote. Upon her return, I asked where her resignation left me. She essentially said, "Frankly, I don't give a damn". So, just like that, a couple weeks into my first job after graduate school, I was a special assistant to no one. I was out of a job, my international career derailed before it even started. As luck would have it, there was an opening for an Asia program manager. Though I'd never been to Asia, I was offered the job, and took it. The role of dumb luck has been huge in my career. I worked that job for a couple years in the New York office then was offered the deputy director's job at AVSC's regional office in Dhaka. To decide whether to take it and move from New York to Dhaka, Joan and I met over dinner at the Shanghai Restaurant on the corner of 125th St. and Broadway, near to where we lived. Joan had a good job in the field of psychiatric social work but at dinner convinced me that her dream was to live and work overseas, so our little family -- Joan, 1½ year old Cullen, and I—took off for Dhaka.

Q: What did the Dhaka office program focus on?

NEWTON: The AVSC Asia Regional Office focused on helping governments and NGOs improve access to long-term and permanent family planning -- IUDs, Norplant, voluntary surgical contraception -- vasectomy and tubectomy. I was in charge of our programs in Bangladesh and Nepal.

Temporary contraception had become widely available literally at people's doorsteps through much of Bangladesh due to a cadre of family planning outreach workers doing what was called CBD -- Community Based Distribution. Once women produced the requisite number of children -- generally four with at least one son -- many were interested in a permanent end to child bearing. But using permanent methods was difficult because of the cost and because it typically necessitated travel to get to a clinic in a nearby city and women couldn't travel on their own and might not have the money.

To help poor women access permanent contraception, the Bangladesh government had a policy to compensate people who chose sterilization for the costs of travel and the costs of a companion to accompany them. In addition, for hygiene and infection control women were given a new sari to wear into the operating room. Men were given a new

lungi, the cotton sarong-like skirt men wear in Bangladesh. The government requested USAID to reimburse these costs as part of USAID's overall support to the national family planning program, which USAID did.

In the late 80s, paying these costs became controversial. Cash and in-kind payments to poor people for an operation to end reproductive capacity were seen by some as coercion not compensation. Concern was always greater for women than men. As an element of America's foreign aid program, the payments weren't easy to explain or understand and I suppose were bound to be questioned.

Q: Right. And they were being challenged on whether it was really voluntary?

NEWTON: Yes, exactly, the concern was that payments could cause people to get sterilized who otherwise wouldn't. People might make the decision to get sterilized for the wrong reason, or involuntarily, or not fully informed about the operation and its consequences.

At one point, USAID was taking flak from both ends of the political spectrum for its involvement with payments -- on the right, Senator Jesse Helms maintained that free saris were seen by poor women as "party dresses" for which they were exchanging their reproductive capacity; on the left, feminist groups maintained that payments were coercive and violated women's rights.

USAID brought in a renowned cultural anthropologist to help understand and document the role of payments. Among other things, she looked at Senator Helms' "party dress" allegation. I traveled with her to a few clinics where she asked women about the role the sari played in their decision to get sterilized. The very first woman she asked laughed. The woman found the idea absurd and insulting. She said the sari was so cheap, so threadbare, she was using it as a mosquito net for her youngest child. Women's responses continued in the same vein.

Q: Yeah, I'll bet. But was there some coercion?

NEWTON: Yes, there were isolated cases all involving men in impoverished, distressing circumstances. There was a case where a referral agent hoodwinked a man into getting a vasectomy when the man had no idea what the result would be. There was a case where a man got a second vasectomy to get a second payment. When investigating allegations of problems related to payments, I worked with a couple Bangladeshi colleagues, people with the warmth and empathy needed to discuss such matters and who could relate to fellow citizens from all walks of life. I was generally the one to write-up the results of investigations.

Payments could also create problems among providers. For example, on one occasion USAID/Dhaka's Controller received an anonymous letter alleging that a clinic in the south -- Bhola or maybe Barisal -- was inflating the number of sterilizations reported performed and pocketing the excess government reimbursements. A Bangladeshi

colleague at USAID and I were asked to investigate. It was monsoon season. It had been raining for days. Our motor pool vehicle got stuck on a narrow rickety bridge over a swollen river. We were completely blocking traffic on the only link between two villages. Hundreds of people collected on either side of the bridge. We left our driver to sort it out and rented a canoe to take us the rest of the way to the clinic. The river became choked with water hyacinth and was impassable. We abandoned the canoe and rented a bicycle rickshaw, covering ourselves with banana fronds for protection against monsoon rains. The rickshaw got stuck in the mud, we abandoned it, and walked the rest of the way. I remember more about the trip to the scene of the alleged crime than the investigation. I do recall we cracked the case partly by identifying the typewriter used to type the anonymous letter but can't recall further details. They'd be in a report somewhere in the USAID archives.

The main thing to know about the relatively brief period when the U.S. government was involved with payments, is that USAID went to great lengths to ensure sterilization decisions by women and men were fully-informed and voluntary. In addition to investigating and learning from the rare problems that were reported, USAID supported a Bangladeshi research firm to conduct nationally-representative quarterly surveys of people who'd been sterilized. Results consistently confirmed that satisfaction among those who'd been sterilized was high and decisions were voluntary and informed. Women did not get sterilized unless and until they had produced at least two sons, and had discussed the procedure with a relative or friend who had had the operation and was satisfied, and, of course, had obtained their husband's approval. Quarterly surveys reinforced what Bangladeshis already knew, that a woman's decision to get sterilized was likely the most careful, the most well-considered, the most deliberate decision she'd ever make.

Q: So, this was the early eighties, in addition to Jesse Helms and his ilk, you had the Reagan Administration which was trying to cut back or eliminate the population program; the politics of family planning in the early eighties was pretty dicey. And I don't know whether you felt that directly as a contractor to AID or not. But I suspect funding was cut back before the whole program was eliminated.

NEWTON: Yes, USAID stopped reimbursing the government for sterilization payments in mid-1987, I think it was. We stopped mainly because of one sentence in the executive summary of a World Bank report which it was hoped would provide the definitive word on payments. The sentence was something like, "Payments may serve as an incentive for a small number of men seeking a vasectomy." In the political climate of the day, documentation in a report by the venerable World Bank that payments were an "incentive" was enough. There was no appetite for nuance. Even if the payment was found to have been an incentive for only one man in all of Bangladesh, USAID probably would have stopped reimbursements. The agency was looking for a rationale to get out of the controversial payments business. USAID support for family planning and reproductive health was controversial enough in certain Congressional quarters, we didn't need this additional headache.

USAID/Bangladesh, Personal Services Contractor (PSC), 1986-1987

So, in my first overseas job in the USAID orbit, I got neck deep in the controversial payments issue. Nepal, the other country I was responsible for at AVSC, also had a cash and in-kind payment program for those who chose sterilization, so I developed some familiarity with the issue. When the sterilization payment issue heated-up, became political, and started to divert USAID staff time, USAID/Dhaka decided they needed someone on the case full-time, so they hired me as a Personal Services Contractor (PSC) to provide expertise in the world of voluntarism, informed consent, and the use and abuse of payments. So, for a brief period at the beginning of my career, I was regarded as an “expert”. That would not happen again.

Q: You were there as a PSC. At what point did you become a direct hire?

NEWTON: I was at USAID Dhaka for about a year as a PSC. While there, USAID colleagues encouraged me to apply to the Foreign Service. I applied and flew to DC for an interview where I demonstrated my considerable experience in family planning, especially in voluntarism and all that, and demonstrated my considerable lack of experience in child survival, which was a major USAID focus at the time. In spite of that deficit, I got in. I became a direct-hire Population, Health and Nutrition Officer.

Q: Right. Before joining the USAID mission in Dhaka as a contractor, how did you feel about AID from the outside? Were they partners? I'm just curious what did it look like from the outside for you.

NEWTON: From the outside, USAID looked great to me. Being with a Dhaka-based USAID cooperating agency, I worked closely with a range of USAID Dhaka staff and got to know several quite well. They were supportive, collegial, knowledgeable. I was impressed by USAID folks. It was very much a partnership. I'd like to think that the collegial way mission staff like Sigrid Anderson, Sharon Epstein, Suzanne Olds, Steve Allen, Carol Carpenter, and others, worked with me, influenced how I worked with cooperating agency and contractor colleagues when I became a direct-hire.

Q: Before we go to Malawi, any closing thoughts on your time working in Bangladesh?

NEWTON: Thank you. Just want to say that I was lucky to get an opportunity to begin my career in Bangladesh. Concentrating on family planning and reproductive health at Columbia as I did, and focusing at the Ford Foundation on how to improve the management of such programs, Bangladesh was a good place to work. In many ways it was the global epicenter of family planning. There was strong demand for services and a comprehensive effort to meet the demand. Bangladesh provided an opportunity to learn about every conceivable aspect of family planning policy and programs. Perhaps I learned too much about payments which wouldn't come up again in my career.

Looking back, I marvel at how the Bangladeshis were so welcoming and willing to work with outsiders on matters of sexual reproduction—a private realm in any culture. The fact

that they invited foreign donors like USAID in to assist must have been a measure of how much parents understood the connection between planning families and having adequate resources to provide for their children. If the Russians were trooping about the U.S. meddling in the abortion issue or promoting family planning to reduce the size of American families, I wonder how they'd be received? Suppose it would depend on whether you're a Republican or a Democrat.

Nepal

Q: We didn't talk about your time covering Nepal from Dhaka, any quick thoughts?

NEWTON: I went up to Nepal maybe a dozen times from Dhaka. The change in climate and scenery was dramatic and welcome. Katmandu was more relaxed than Dhaka and of course geared to visitors in a way Dhaka wasn't.

I worked mainly with the Family Planning Association of Nepal (FPAN). Upon arrival, visit protocol was to check-in with FPAN's Executive Director. I'd find him in his office with a couple board members, drinking tea, smoking and chatting. I came to know him pretty well. He was devoted to FPAN's reproductive health mission, but in certain circles, obviously his, proximity to Nepal's royal family was a huge deal. Princess Shanti, King Mahendra's eldest child, was FPAN's patron. I wondered, but of course never asked, whether he'd be associated with FPAN if the Princess wasn't the association's patron. The Princess was one of nine members of the royal family killed by one of their own in the June 2001 "royal massacre." What was left of the monarchy was abolished in Nepal's 2006 revolution. Wonder who people are angling to get close to nowadays in Nepal.

FPAN's medical director, Dr. Tika Man Vaidya, was a renowned public health figure in Nepal. He was famous for his brilliance and devotion to family planning and reproductive health and for being a wonderful human being. He was also famous for performing his own vasectomy. He did it with the help of a mirror. I traveled around Nepal with him and got a sense of the logistical challenges of providing family planning services to a population living in hilly terrain, though a lot of FPAN's work was in the south in the Terai along the border with the Indian states of Uttar Pradesh and Bihar where the land is flatter and much of the population live.

To bring surgical contraception to places where there were no doctors and no viable access to health clinics, FPAN medical staff would set up what they called "camps" in a government office or school. The camps would be well-publicized. People would sign-up in advance and come in from surrounding areas to queue up. Because it was rare to have a doctor available, and because Tika Man was Tika Man, he dealt with surgical walk-ins. Dr. Vaidya told me about a couple cases he handled at FPAN camps in the hills which involved more complicated surgery than a tubectomy and vasectomy. A man showed-up at one camp with a torn carotid artery. He'd been mauled by a bear. Tika Man repaired it. At another camp, a man appeared with a good part of his reproductive equipment ripped off by a drive belt at a grain mill. Tika Man did the necessary repairs. He said the same

man appeared at a camp in the same area a couple years later with his wife and newborn child to thank him. Dr. Vaidya was a miracle worker.

The government of Nepal also had a policy of making payments to people opting for sterilization. So too did India which had a long history of using payments, at times misusing them. On a visit to a camp in the Terai close to the Indian border, which was porous, I was told that Nepalis wanting a sterilization sometimes got the procedure over the border in Uttar Pradesh because the state government was providing free blankets or some such.

On one trip to Nepal, we learned the Ministry of Health was about to enact a new family planning policy. The language in the draft policy directly contradicted USAID policy guidelines on voluntary sterilization which, in the day, were spelled-out in Policy Determination (PD)-70 which became PD-3 in 1982. There's a trivia question for the next USAID Population Office Christmas party. If the policy were to be enacted, there was a good possibility USAID would be forced to suspend family planning assistance to Nepal. My colleague and I raced around Kathmandu meeting with folks in the ministry and influential folks around town to reach consensus on tweaks in the language to get it roughly aligned with USAID policy.

After 12 or 13 work trips to Nepal during my time with AVSC, towards the end of our four years in Bangladesh I took two non-work trips to Nepal. One was with our then 5-year-old son. The highlight of the trip was a visit to Chitwan National Park renowned for its one-horned rhinos, Bengal tigers and Gharial crocodiles. We didn't see any tigers or crocs but did see rhinos, from on high, on elephant back. I decided to travel part of the way to Chitwan by raft on the Trisuli River. The dumbest thing by far I've ever done as a father. The other trip to Nepal was a solo trek -- that is, with a guide and porters -- to Gosaikunda, in the Langtang region, a glacial lake holy to Hindus.

USAID/Washington: new entry training, 1987-1988

Q: So, to USAID/Washington, was there any training and did you go back to Bangladesh then as a direct hire or was your Bangladesh time done when you joined?

NEWTON: The training for our group of new USAID Foreign Service Officers in 1987 was a well-structured and well taught several-week long orientation to USAID. We met together and then went off to do rotations in different offices for on-the-job training and to get to know USAID folks. The average age of new hires in my group was something like 35. I was 37. People joined with significant experience. Most of us started at the FS-3 level.

Charles Gurney, who I'd be succeeding in Malawi, advised me to take time in D.C. to learn about AIDS which he thought would hit Malawi hard and come to dominate our work there, so I did. He was right. It was time well spent.

Q: Well good, I hear people say now that they wished we had IDI training the way we used to. So, when you joined AID, you had no idea where you were going to be assigned. Is that correct?

NEWTON: Correct. Before you're sworn-in, you sign a form committing to worldwide availability, in other words, you'll go wherever you're told. I forget whether they informed us of our country assignment at our swearing in. The swearing-in was forgettable. We stood around an HR person's desk in a cramped office and were sworn-in in a cursory, humdrum fashion. Pretty sad. Joining USAID was a huge deal to me, I'm sure all of us.

I forget when and how I learned we were assigned to Malawi, but Joan and I were delighted. We joined USAID to live and work in out-of-the way places where help was needed and welcome. Malawi was just such a place.

I know the agency overhauled and upgraded the swearing-in process to a ceremony befitting an occasion when folks are being launched on a career representing the United States overseas. When I was in D.C. leading recruitment of new Foreign Service health officers, I attended a few of the upgraded ceremonies. They were well-done and moving.

Q: Great. So, back to the World Book to find Malawi on the map?

NEWTON: (Laughs) Not this time, I could learn about Malawi directly from people at USAID who could have written the World Book entry on Malawi. One, the DC-based Malawi desk officer, a wonderful guy, invited Joan and me to dinner. That evening we learned that the incoming Malawi Mission Director would be Carol Peasley. Once again, I was the beneficiary of dumb luck, as Carol was in so many ways the perfect first mission director.

Q: Right. Definitely a lucky draw for you. So, you didn't have an assignment in Washington other than the orientation to the agency and Africa Bureau before you were sent out to Malawi?

NEWTON: No, not an assignment, just the orientation, a few weeks of French language training at the Foreign Service Institute, and a couple weeks when I was asked to work for the Asia Bureau on the Bangladesh payments issue. Shortly after we moved from Dhaka to D.C. I was sent back to Dhaka to work with World Bank folks on the study I mentioned which was hoped would be the study to end all studies on the payment issue.

In the too-much-information department but relevant to sketching-out a full picture of life in the Foreign Service, while in Dhaka, I picked-up a nice ascaris infection—roundworm—which festered undetected for a couple months to emerge on Christmas day in Connecticut at my brother's place. I had no idea roundworms could grow so large. I brought one into State Med in a Ziploc bag for identification. Treatment knocked them out fast.

USAID/Malawi, 1988-1992

Q: Okay, so you complete your work related to Bangladesh, complete your orientation to USAID and language training at FSI, and you're sent to Malawi as the new population and health officer. What was the program like when you got there? Or was there a program?

NEWTON: Yes, there was a program when I arrived in Malawi in 1988. A good one. The main projects were Combating Childhood Communicable Diseases (CCCD); Water Sanitation and Hygiene (WASH); and the Health Institutions Development Project (HID).

The USAID program was notable for the public health challenges it was addressing like reducing child mortality, improving access to potable water, and strengthening health manpower. It was also notable for the challenges it wasn't addressing like increasing access to family planning, fighting the emerging HIV/AIDS epidemic, and the lack of data on which to base public health policies and interventions. The Government of Malawi, USAID, and other donors, weren't addressing these challenges largely because of Malawi's founding father and President for Life, Dr. Hastings Kamuzu Banda.

On family planning, Banda thought limiting family size was un-Malawian, a Western thing. Family planning was officially frowned upon and into the 1980s services were limited. There were said to be only two family planning clinics in the country in 1983.

On AIDS, for the first critical years of the epidemic, when the infection was taking hold in his country, Banda didn't utter a word about it, publicly anyway. That period of official presidential neglect -- from the first AIDS cases in 1985 to about 1989 when Banda started to acknowledge the epidemic's existence and prevention programs were starting -- must surely have increased the epidemic's toll. By 1996, when a serious response to AIDS was finally underway, prevalence among women of reproductive age was over 30% and Malawi had one of the worst epidemics in Africa. Inaction by the Life President, a medical doctor, cost his country and people dearly.

On the need for more and better data on the health and well-being of Malawians, the word was that Banda wanted his young country portrayed only in the most favorable light as you might expect of a proud Founding Father who saw the nation as his progeny, so less was better than more when it came to national-level data on mortality, health status, access to and use of services, and the like.

Malawi was an interesting first post. Of the four autocracies I lived in, Malawi was the most puzzling. For an outsider to work in Malawi you needed one heck of a good sidekick to navigate its unique political landscape. In yet another example of the role dumb luck played in my career, I was blessed with such a sidekick, one of the Malawian public health professionals on the staff of USAID's health office, Mexon Nyirongo. He guided us away from troubles and towards opportunities not easily seen by expatriate

eyes. He was serious, smart, steady, full of wisdom, cared about his country, and had a warm heart. Malawi calls itself the Warm Heart of Africa. From my experience, it was a legitimate claim to make.

On Good Friday in 1990, driving south, we got a flat. I pulled over in a little town to fix it. I was under the VW Jetta cursing the car's tinny jack which had buckled from overuse when the car miraculously rose above me. A group of young men, coming out of nowhere, had lifted the car and held it up until I could change the tire. I offered them a round of orange Fantas. They politely declined. In Malawi, you learned to expect such random acts of kindness.

Yet, the place was a paradox. Lording over all these warm hearts was a cold-heart, that of Dr. Banda. Expatriates generally found Malawi a delightful place to live and work – peaceful, safe, quiet. But for Malawian colleagues, it was complicated. Malawi was a one-man, one-party, police state with an extensive intelligence network. At the heart of the Warm Heart of Africa was this eccentric, erratic, elderly man who appeared to be a benevolent despot. But Banda wasn't benevolent or benign. Malawians had to watch their Ps and Qs. And Banda had his henchmen to take care of things. His main henchman actually had an office right down from ours. We were told not to expect Malawian colleagues to visit our homes. Fraternizing too much with foreigners could raise suspicion. We did get my health office colleague and his wife over once for Thanksgiving.

Q: Interesting, was the wariness of foreigners because of the Cold War and the U.S. was particularly suspect, or were all outsiders seen as potential underminers of Banda's authority?

NEWTON: I don't think the wariness was related to the Cold War. Banda was pro-American, pro-business, anti-Communist. He was also the head of an authoritarian state which denied Malawians many of the rights and freedoms he himself enjoyed for decades when living in the U.S. and U.K. But as you know, during the Cold War we tolerated authoritarians. In the hierarchy of evil-doers, communist totalitarians were far worse than non-communist totalitarians.

I think wariness of foreigners was related more to Banda's paranoia that outsiders would come in from wherever to incite Malawians to agitate for their rights, call for democracy, and, yes, undermine his control and authority.

Q: Right. So, what was the USAID program like, the overall program?

NEWTON: When I arrived in Malawi in 1988 the USAID program was on the brink of change. Malawi's political climate was becoming somewhat less restrictive, the door was opening a crack for us to help more with family planning, HIV/AIDS prevention, and data collection. These were opportunities which Carol Peasley, our Mission Director, encouraged us to pursue. Much of my four years in Malawi was spent working with American and Malawian colleagues to respond to these opportunities.

When I arrived at post, the USAID mission had started the process of recasting its health strategy. If memory serves, the revised strategy was to be more integrated. Different strands of USAID funding for health were to be tied together under a more coherent sectoral plan. Assistance was to be more bilateral, less out-sourced. Technical partners were to be brought under one roof with specific roles orchestrated by USAID. Assistance was to be more publicly identified as being from USAID, from the American people, not from individual grantees and contractors.

For the first time the new strategy called for a significant ramping-up of assistance for family planning and HIV/AIDS control, both sorely needed by Malawians. The new approach put greater emphasis on building Malawian institutional and human capacity and on sustaining services funded by USAID over the long term with government funding.

Q: OK. How did the transition go from the CDC-led CCCD project to a USAID-led bilateral assistance program?

NEWTON: Prior to the transition, the relationship between CDC and USAID wasn't always collegial, during the transition it got a bit testy, but over time it settled down and according to CDC colleagues even became exemplary.

When I arrived in Malawi, in my early round of meetings to get oriented and get to know folks, CCCD people unloaded issues they had with the USAID relationship. Some of the tension between CCCD and USAID was inevitable and came from the structure of the global CCCD project. Some was interpersonal.

Under USAID's global child survival strategy, USAID outsourced responsibility for much of its child health programming to CDC under the CCCD project. I don't know how it worked in other CCCD countries, but in Malawi the structure created confusion, at times tension, between the CCCD team and USAID. Normally, the head of health at USAID is responsible for representing the U.S. Government to the ministry of health, and for maintaining a sound working relationship with them, and ensuring U.S. funds address ministry priorities. But CCCD staff being based in the ministry and holding the purse strings made it difficult to perform these responsibilities. The ministry saw CCCD as the source of American support to the health sector and saw USAID in a secondary role, a role they saw as ambiguous, even meddling and bureaucratic.

When CDC was informed that under USAID's new health strategy we were thinking about bringing the CCCD project to a close and building on its good work under a USAID-led bilateral program, a well-known and respected doctor from CDC came out to Lilongwe to tell us what he thought of the idea. If memory serves, at a meeting in our conference room, the good doctor and his colleagues quantified the additional child deaths that would result if we terminated the CCCD program.

Q: The ambassador obviously got involved?

NEWTON: Perhaps, but I don't recall the ambassador being directly involved but I was new and didn't know what went on behind the scenes. I assume the USAID director kept him fully informed. We had a good ambassador and a good USAID director. The ambassador likely trusted the director to manage the situation.

Q: So, how did it subside?

NEWTON: It didn't subside as much as it just ended when USAID went ahead with the decision to close out CCCD and implement a bilateral program with the government. Under the bilateral program, USAID would continue a partnership with CDC, but their role would be focused on malaria where CDC was doing groundbreaking work in a number of areas including chloroquine resistant malaria and malaria in pregnancy.

It was a well-timed, sensible decision from a development perspective. The ministry folks must have realized that. CCCD's good work with the ministry had helped answer key questions related to the nature and scope of childhood disease, and technical and clinical questions related to preventing and treating disease. The next step was to work with government to scale-up and deliver and sustain services through a strengthened public health system. To do that required a greater focus on public sector capacity building, especially expanding and training the health workforce, and it involved increasing public investment in health which required working with the finance ministry, the kind of work best done in the context of a bilateral government-to-government relationship.

My talented Malawian sidekick, among others, played a valuable role in the transition. His knowledge of Malawian management culture, politics and people, helped grease the skids. We eventually got back in the good graces of the ministry.

Q: But that is amazing. So, at some point the ministry of health had to acknowledge that going forward it was going to be a bilateral agreement and actually got behind putting their own funding into the program.

NEWTON: Yes. The decision to end CCCD and transition to a bilateral program involved a great deal of discussion with ministry leadership. I think they understood the rationale and benefits of the change. A bilateral program would be more likely to lead to increased ministry funding for child health and was the right vehicle to work with the finance ministry to increase the overall revenue budget for child health.

Let me offer an example of something we planned that probably helped make the benefits of the new approach clear to ministry colleagues. CDC and USAID assistance had helped Malawi identify a set of preventive practices and curative care that would be effective in reducing the country's extremely high child mortality. The problem was there were very few health workers at the village level to promote prevention and deliver care. Malawi had fewer village health workers per capita than virtually any country in the developing world. So, with the ministry, we developed a plan and budget to increase the number of village health workers nationwide from 500 to 4,000. Under the plan, USAID would

finance 100% of the costs the first year, then, starting year 2, the government would start picking-up the costs from us incrementally until they covered all the costs of the expanded cadre of village health workers the year after the agreement ended. This financing plan would be included as a condition in the bilateral agreement which all parties would sign including the ministry of finance. And that's how it worked out. The recurrent costs of a major increase in public sector village health workers became a fixed item in the government's revenue budget, and the workers became a permanent, prominent presence in villages across the country delivering essential services to children and families.

Q: Did you ever do any kind of calculation on changes in infant or child mortality or immunization rates or anything that would capture the changes that happened during that four-year period? I know it's hard. You need more perspective than four years, but—

NEWTON: No. Once we moved to Kenya in 1992, I didn't make time to look back. And yes, it would have been hard and expensive to document national level change in these indicators for that one four-year period. Even if it could be done, as you know, it's difficult to document an association between USAID assistance and changes in national level health status. And it's virtually impossible to establish an association between improved health status and the contributions of a single Foreign Service Officer during a four-year tour, although I'm sure it's been tried in annual employee evaluations. Not mine.

On changes in immunization rates, the first in a series of nationally-representative estimates of immunization rates came from Malawi's first USAID-funded Demographic and Health Survey (DHS) in 1992. Immunization coverage -- meaning fully vaccinated by 12 months -- was 67%. Coverage has gone up -- and down -- over the years and, as you know, there are differences in rural and urban coverage.

On changes in infant and child mortality, in the 70s, the mortality rate for children under 5 in Malawi was horrifying -- for every 1000 children born over 300 died before their 5th birthday. In 2021, for every 1000 children born, 42 died before their 5th birthday. Malawi is one of a handful of countries in the global South to have made that kind of progress.

In 2009, the New York Times ran a piece on how child mortality was declining globally. The piece focused on Malawi. Malawian sources reported that their success was mainly due to thousands of village health workers treating children and doing health promotion in rural areas. This made my heart sing because of the role I knew USAID had played 20 years before working with the government to ease that core constraint to reducing child mortality -- too few village health workers.

On changes in the use of family planning, in the late 1980s when we were beginning to increase assistance for family planning, the contraceptive prevalence rate was somewhere between 3% and 7% and the fertility rate was close to 7 children. By 2020, the contraceptive prevalence was over 50% and fertility was 3.9. I'd like to think USAID assistance was associated with these trends.

On changes in the prevalence of AIDS, in the late 1980s when we were beginning to increase assistance for AIDS prevention, the first HIV seroprevalence surveys found 8% prevalence among women of reproductive age. By 1996, prevalence had increased among that group to over 30%. Since then, it has gradually fallen to about 7% today, which is progress but still concerning.

Today is February 15, and we are starting our second conversation with Gary Newton.

Q: I saw from your resumé that you did the first DHS survey in Malawi. Sounds like it turned out to be timely and useful. Was it at all difficult to get permission from the government to do that kind of survey work?

NEWTON: Yes, it was difficult. We assumed the difficulty was related to Banda's desire to try his level best to always present a positive image of Malawi. But things opened up a bit -- probably due to factors beyond Banda's control -- and ministry colleagues knew how important a survey would be for establishing baselines, shaping strategy and targeting programs, and we finally got approval for a DHS. In the end, we may have made some concessions on what questions would be included but not on the requirement that DHS data be made publicly available.

Because of official Malawi's reticence to share health data, in the early days of AIDS we got in a situation. The Ministry of Health asked USAID for funding to help them respond to the epidemic which was then just emerging. USAID had no bilateral AIDS program at that early juncture but funding was available from USAID/Washington. To get funding, Washington needed data which documented the presence and prevalence of AIDS in the requesting country. Fair enough. Malawi had started HIV screening at antenatal clinics but results were closely held and not shared with donors. We had a sympathetic source in the ministry's then new HIV/AIDS office who knew releasing data would release funds. Hard copies of the results of HIV prevalence surveys were found in an unmarked paper bag in the USAID parking lot. Thanks to our very own Deepthroat, we used the data to get funding from Washington for Malawi.

Funds allowed us to help with a number of things including the first modeling of the AIDS epidemic in Malawi. Ministry officers were trained to use projections of future AIDS deaths to advocate more aggressive action. If memory serves, the model's worst-case scenario in terms of AIDS deaths turned-out to be a significant underestimate of actual deaths. An estimated 500,000 Malawians died of AIDS between 1985 and 2001. The country's total population in those days was between 9 and 10 million.

Another situation that developed in the early days of AIDS in Malawi was related to bilateral donors who were bankrolling the AIDS program not being invited to participate in the first assessment of it. WHO's Global Program on AIDS came to Lilongwe to work with the government on the first assessment of national progress controlling AIDS.

Bilateral donors, including the U.S. and U.K., were funding a significant share of early prevention activities. No one from a bilateral agency was invited to participate in the assessment. A British colleague and I decided to crash the opening meeting. We did a sit-in of sorts but sat in chairs in the front row, not on the floor. Shortly after the meeting was convened it was adjourned. WHO and Ministry of Health officials held an emergency side-meeting to figure out what to do with us. The meeting was re-convened and we were invited to stay and participate. Over time, coordination among the government, donors and WHO became quite good.

Q. What do you think changed, why did the government start to deal with HIV/AIDS more openly?

NEWTON: Two high profile visits from senior U.S. government officials in 1991 may have helped prompt official Malawi to be more forthright and more aggressive about AIDS, one from the HHS Secretary and USAID Administrator and the other from the U.S. Vice President.

In January 1991, President George H.W. Bush sent the Secretary of Health and Human Services Louis Sullivan and USAID Administrator Ronald Roskens and twenty or so public health luminaries on a Presidential Mission to several countries in Africa beginning with Malawi. The delegation was to get a sense of how the U.S. could do more to help reduce child mortality and respond to the HIV/AIDS epidemic. I was the control officer for the several day visit. What doesn't kill you, makes you stronger.

The visit got off to a shaky start -- through no fault of the control officer. The group arrived at the airport which was of course called the H. Kamuzu Banda International Airport. Every building in the country of any importance was named after the Life President -- except Queen Elizabeth Central Hospital in Blantyre. Banda was an Anglophile.

The delegation was traveling on an old Air Force One, the plane that flew John Kennedy's body back to D.C. from Dallas. We took a quick tour of the plane when it was parked on Banda's tarmac. Standing on the spot where LBJ was sworn-in next to Jackie Kennedy eclipsed all else.

The delegation came down the gangway. As the control officer, I zeroed-in on my counterparts for the visit, the chiefs of staff to Sullivan and Roskens. Something was off. We met at the hotel to review visit details and yes, something was off. There was a tiff brewing over which of the two principals was leading the mission. The visit was a huge opportunity to focus on child survival and AIDS and here we were starting off with an interagency squabble. Not sure whether the problem was with the principals or their chiefs of staff. In any event, it got sorted out. As a member of the President's cabinet, Sullivan had seniority over a mere agency head. So, his chief of staff was in-charge.

The delegation visited a village on the shores of Lake Malawi. With several others I sat behind Dr. Sullivan on the dais. He spoke to a large crowd, probably the entire village. I

sat there thinking, what great good fortune to have been born in a country where a man who could well be descended from one of the thousands of slaves who were trafficked through the very area we were in, could be standing before all of us representing the United State of America as a member of the president's cabinet.

Q: Yes, good fortune indeed. How did the delegation's visit go after the leadership question was resolved?

Very well. Secretary Sullivan and Mr. Roskens in their government-furnished Mercedes and their expert delegation and a handful of us in a small bus, traveled all over Malawi for several days. It was a long, serious, substantive visit. The group met a range of people including people dying of AIDS and the people caring for them and villagers queued-up at a spigot to fill pails with water piped down from a distant hilltop thanks to gravity and the U.S. taxpayer. The visit provided opportunities for frank, high-level exchanges on AIDS between Malawian and American officials -- with the exception of one notable meeting, the meeting with the Life President.

At the big meeting with the president at his palace, Secretary Sullivan was primed to ask Banda about his views on AIDS which he'd said very little about in public. When Sullivan asked the big question, there was a pregnant pause, then Banda asked the delegation something like, "Is there anyone here from Ohio, Illinois, Indiana or Tennessee?" Those were the U.S. states where Banda had attended school in his youth. Seems he exercised the dictator's right to change the subject whenever the hell he wanted. I wasn't at the meeting, but this account is from a person who was.

Q: You mentioned that the U.S. Vice President also visited Malawi in 1991. Were you the control officer for that one as well?

NEWTON: Not for the whole deal, but I was control officer for events and meetings in the VP's schedule related to the health sector. My first event began with a breach of protocol. At a school outside Blantyre, we had put together a sort of bazaar in one of the classrooms where folks were stationed at tables and booths prepared to brief the vice president on a variety of U.S.-supported health initiatives. We were waiting in front of the school for the vice president and his wife Marilyn. The ministry's ever-popular USAID-funded health education band was playing in the background. The VP's armor-plated limo arrived, the door opened and out swung Mrs. Quayle's bare legs. I didn't hear an audible gasp but I'm sure eyebrows were raised. She was wearing culottes. Culottes were explicitly forbidden under Banda's dress code. Women weren't allowed to wear anything that revealed the female form or exposed too much skin. The rare woman visitor who didn't get the memo and arrived at the airport wearing tight-fitting or skimpy Western garb was ushered into a changing room to emerge in a *chitenge*, the billowing, loose-fitting, national dress. Mrs. Quayle, America's Second Lady, wasn't made to change into a *chitenge*.

At the wheels-up party, there was much speculation as to whether Ms. Quayle wore culottes to make a statement on behalf of Malawi's over-controlled, overly-covered

women, or whether she was just badly briefed. Was it about women's rights or a missing page in her briefing book?

Q: My hunch is it was probably the briefing book. She just didn't read that part of it. That's amazing.

NEWTON: You may be right, Ann. Then again, her husband came to Malawi to push Banda on human rights and call for movement towards democracy. Perhaps she was aligning her rights message with his.

Q. A possibility. You mentioned that these high-profile visits may have prompted official Malawi to accelerate the response to AIDS. Can you offer an example?

Yes, one example would be the approval we received to proceed with a USAID-funded program to incorporate AIDS education in the national school curriculum. We were surprised to get the green light. AIDS education is sex education and Banda was a puritan. But there was an interesting twist in the roll-out. While the program had been approved at the highest levels, it met some resistance at the community level. Some parents apparently weren't ready for their children to be exposed to the topic of sexually-transmitted disease.

Prior to the introduction of the school curriculum, there was public education on AIDS over the airwaves. With USAID funding, the ministry's health education unit had developed a popular AIDS education program which was being broadcast regularly by the Malawi Broadcasting Corporation -- MBC -- the government-run national radio station which everyone listened to -- it was the only station and there was no television at the time. Our advisor, the late great Bill Mackie, a world class gentleman, was a world class expert in using radio in developing countries to inform and educate.

Q: Right. So, it sounds like the ministry had some autonomy, some scope to decide what needed to be done. They didn't have to go all the way to the life president to get approval for these things. You know, it's not unheard of that you just try to keep the big guy in the dark.

NEWTON: (Laughs) I don't know if Banda was kept in the dark on this. It could have been risky for ministry folks to hide a potentially controversial addition to the nation's school curriculum from the big guy. They probably knew or had reason to believe Banda at least given his tacit approval.

To your point about the ministry having some autonomy to work on AIDS under Banda. I think they did, but it involved calculated risks and a bit of courage. Even during that early period, when Banda was silent about the spreading infection, there was concern and activity within the ministry of health and among some church groups and NGOs. Banda's silence didn't totally stifle early action. Some damage done by his neglect of AIDS was probably offset by good people who stepped-up to fight AIDS and get a few things going before a government response was fully sanctioned.

USAID/Kenya: 1992-1996

Q: Well, it sounds like Malawi was indeed an interesting first assignment for you. Shall we move on to Kenya? Can you talk about how that transition happened? Did you want to go to Kenya?

NEWTON: Yes, I wanted to go to Kenya, but I was torn, I had to choose between Kenya and Nepal. From the dozen or so trips I made to Nepal when living in Dhaka, I grew to love the place and people so a posting there was an exciting prospect. But I knew the Kenya Mission Director, John Westley, from Bangladesh days—he had reached-out to me about the Kenya job—and liked and respected him and working for him would be good. Kenya was the bigger job—I believe it was the largest USAID health program in Africa—and I was told that taking over from David Oot who, as you know, was a highly respected health officer, would have a certain cache. I knew David and admired him so I asked for his advice. He talked me into replacing him in Kenya. Not sure whether I got any cachet out of the move. He ended up taking the job in Nepal.

Q: But no regrets about Kenya? It was a huge program and very important.

NEWTON: No regrets. I had a good four years. It was a fascinating time to be there. Like Malawi, Kenya was on the brink of political change and was beginning to deal with a severe AIDS epidemic among other public health challenges. I had an opportunity to play a big part on political change and a larger part on the public health challenges.

On the political front, with the Cold War ending, the U.S. was no longer willing to be quite so tolerant of the abuses and corruption of Daniel arap Moi, Kenya's anti-communist, authoritarian President. The U.S. and other Western donors made it clear to Moi that the time had come to get on board the democracy train. To motivate him, in 1991 the U.S. and other donors suspended aid to Kenya. It worked. The first multi-party elections since independence were scheduled for late 1992.

Smith Hempstone was our ambassador. He was a Republican and a bulldog for democracy, a dying breed, if not a dead breed. He fit into the macho-man world of Kenyan politics. He was a Marine and Korea War veteran, a big game hunter, drinker, raconteur, journalist, and fluent Swahili speaker. He was a self-described “rogue Ambassador” with a ruddy face, cropped white beard, barrel chest, safari shirt, the whole nine yards, a Hemingway doppelgänger. The Ambassador was known for his constant travels around Kenya, stopping to jaw with locals over grilled meat—*nyama choma*—and a Tusker beer, and in the process no doubt picking-up a good sense for the political mood of the country. He felt Kenya was on the brink of political reform and believed he could facilitate it. He was one of the diplomatic community's most influential voices for democracy. Hempstone provided encouragement, cover and moral support to opposition candidates running against Moi, which could be a risky thing to do, and I mean risky for both the Kenyan candidates and Hempstone.

The December 1992 multi-party election was a huge deal, an opportunity for Kenya to move beyond 26 years of one-man, one-party rule. Moi was expected to try to rig the election so the Ambassador wanted as many eyes and ears as possible out there observing things on election day. He put together several three-person monitoring teams made up of Kenyan and American staff from Embassy and USAID. I was on one. He gave us floppy white Aussie-style hats with the seal of the U.S. government on the front and fancy looking observer credentials with a wax seal. The hat and document were meant to protect us in the event of trouble. The Ambassador sent our team to a trouble spot, an ethnic flashpoint in the Rift Valley, where Maasai had killed Kikuyu with spears and clubs on voter registration day. He thought our presence might deter further violence. My two teammates were the deterrents, they were about 6' 5". I'm 5' 8 ½".

En route to our assigned town in the Mau Forest, we drove by long lines of Maasai queued-up to vote. We spent election day standing by the entrance to a voting site, a school, observing the voting process. We weren't allowed to enter the site or take photos. The line of voters was long and slow when we arrived and long and slow when we left. A couple of young men -- undoubtedly Kikuyu -- came up to us and thanked us for being there. One said if we weren't there, Maasai would come out of the forest and chase them off or kill them. Another said pro-Moi election officials were doing what he called a "go slow", they were taking their sweet time to process voters because the site was in an opposition area. We left at nightfall and reported to the Ambassador that we saw no violence but the fear of it and the procedural slow-down probably suppressed voting.

Following the election, consensus from international observers was that the election barely passed the smell test, but that was seen as progress. Moi used state resources and skullduggery to tilt the proverbial playing field against the opposition. Yet, the opposition still got enough votes to beat Moi had their votes not been split among three candidates. With something like a third of the vote, Moi won another term.

Back then, in 1992, you could stand tall and proud as an American election observer -- even while wearing a slightly ridiculous floppy white hat. Back then, American democracy was a model for many Kenyans. No longer. Sad.

Also, sad to say, the tall, dignified Kenyan gentleman on our monitoring team, Maurice Okach, was killed in the 1998 truck bombing of the American embassy in Nairobi.

Q: The election monitoring sounds like it was quite an experience. Getting back to Ambassador Hempstone for a minute, was he available to people in the USAID mission? If you said, "We really need some muscle on this project", would he help?

NEWTON: During the year I overlapped with him—my first, his last—he was focused on pushing for greater democracy. Outside of USAID's work on democracy and governance, he wasn't much involved with us. During my time he never visited USAID. We were in a different location. About 10 minutes away. Hempstone was a fan of the Ambassador's Self Help Fund. It was his fund. He controlled it. It was easy to use. On his

travels throughout Kenya, he'd make small grants to meet requests for classroom materials, a foot bridge, loom, stove, latrine, that kind of thing. The USAID mission director would see him at weekly country team meetings at the Embassy, and those of us who played tennis saw him fairly often on the court. He played tennis whenever he could, always doubles, only at the net, often with a cigarette in hand. He'd try to rattle the server with a sarcastic comment or two. After tennis, he'd lead us up to the veranda for a drink to listen to his stories. He was a good storyteller.

Q. When the U.S. suspended foreign aid to Kenya to pressure Moi to open up the country's political process, how did that affect the PHN program?

The suspension didn't last long, we had to cut back and make do with funds on hand, funds already obligated, for about a year, I think. I recall putting together a case to maintain funding for our Kenyan NGO partners arguing that they were a core element of an independent civil society and a counterweight to Moi's autocratic rule. The suspension focused on withholding funds from the government of Kenya, so some of our NGO projects were spared.

In addition to the opportunity to point out the link between our NGO portfolio and the mission's democracy and governance work, the suspension had another positive effect. Under the suspension there was no money for new family planning and reproductive health research. That wasn't a bad thing, it was an opportunity. I often had the feeling, a feeling I expect was shared by colleagues, that there were more people to do research than there were people to apply the results; more lessons learned than lessons put into practice; there was a backlog of research results not yet fully utilized. So, we asked the head of our family planning and reproductive contractor team to spend the year working with Kenyan partners to ensure key research findings were applied and used to improve family planning service quality and coverage. When the aid suspension forced us to hit pause on new research and focus on maximizing the utilization of existing research, it's possible that the impact of our family planning assistance improved. That's my undocumented, unproven theory anyway.

Our Administrator at the time, Brian Atwood, had a history with Moi. Earlier in his career, when Atwood was with the National Democratic Institute, he visited Kenya to poke around a bit, get a sense of the state of democracy. Moi didn't appreciate such poking and had him chunked-out, PNG-ed, *persona non grata*-ed. When Atwood became head of USAID, he presumably enjoyed using the aid suspension to squeeze Moi for improvements in governance and democracy.

Q: Right, well, fascinating. So, you inherited a full and ongoing program. Were there any changes of direction in the program while you were there?

NEWTON: Yes, I inherited one of USAID's most comprehensive and successful family planning programs in Africa. Because of the magnitude and continuity of our financial and technical assistance over the years, USAID can claim a connection with the

significant reduction in fertility achieved by Kenya and the accompanying health and economic benefits.

I also inherited a health care financing program. Working with an excellent Management Sciences for Health team, we supported government efforts to improve health care for its most disadvantaged citizens by doing things like instituting a system to generate revenue through user fees and improving cost efficiency at hospitals.

The main change of direction during my time was a move to consolidate USAID assistance to the health and population sector under one bilateral program. My first couple years in Kenya focused on designing and getting approval for a \$100 million, 5-year, bilateral program which we called AIDS, Population and Health Integrated Assistance (APHIA). It had a major HIV/AIDS component. We held the main APHIA project design workshop in Siaya in western Kenya not far from the village where President Obama's father grew up. Obama visited the village in 1987 when he was 26, then in 2006 when he was a Senator, and again in 2015 when President.

To help with the design of the project's AIDS component, a couple of us visited Uganda. At that point, in 1993, it had one of Africa's first and worst AIDS epidemics and was a couple years ahead of Kenya trying to deal with it, so there was much to learn from them. A still vivid memory from that trip was the scene in the hallway of an HIV testing and counseling center. Young people were sitting quietly on the floor waiting for their test results. In those days, an AIDS diagnosis was a death sentence. It was like they were in court waiting to be sentenced. Uganda and other hard-hit African countries were 10 years away from antiretroviral treatments which would make AIDS a manageable chronic disease. In those days, all one could do was make sure you knew how AIDS was contracted and how to prevent it by practicing no-risk or low-risk behaviors including condom use.

Speaking of condoms, a group of Kenyan men burned a pile of USAID-donated condoms in front of the USAID mission in Nairobi. They claimed the CIA had pre-infected the condoms with AIDS in an effort to kill Africans. Intelligence reports documented that the conspiracy theory was spread as part of a Russian disinformation campaign to discredit the U.S.

Q: I guess the Russians were polishing up disinformation skills they seem to have perfected. There was a line in your resumé referring to work with the Japanese aid agency. Africa was not a major focal point for Japan in my memory, so what was that about?

NEWTON: It was about receiving a cable from Washington out-of-the-blue which basically congratulated USAID/Kenya for our upcoming participation in a new binational initiative between Japan and the U.S. launched by President Clinton and Japan's Prime Minister Hosokawa. We would be coordinating our assistance to the health sector in Kenya. It was news to us. We read the cable a couple times. It was a high-level summary with few details. We assumed details would follow. None came. All we knew was that

Japan was increasing bilateral development assistance, they didn't have much experience, we did, so they wanted to learn from us as they ramped-up.

We went over to the Nairobi office of the Japan International Cooperation Agency (JICA) to meet with folks there who we knew a bit mainly through weekend softball. We agreed a good place to begin binational collaboration would be to figure out what it was all about. They knew less than we did. No one on our side spoke Japanese and their English was limited. We used a lot of diagrams. We picked low hanging fruit like information-sharing to start the important sounding but ill-defined initiative.

Shortly before the initiative's official launch, our Ambassador, Aurelia Brazeal, who had served in Japan, kindly briefed us on what she learned about how to work successfully with the Japanese. To the best of my recollection, she said things like -- be ready to spend time developing relationships including time socializing outside work; Japanese are more formal, polite, gracious, and respectful of elders and organizational hierarchies than we tend to be; Japanese are not as direct and blunt as we can be.

The official launch of the Clinton-Hosokawa initiative was held at one of Nairobi's ritziest hotels. USAID folks were arrayed on one side of the table led by our director, John Westley; JICA folks were arrayed on the other side led by the Japanese Embassy's Deputy Chief of Mission (DCM). John offered his opening remarks, then, in excellent English, the Japanese DCM offered his remarks which ended with, "Okay, we got the bucks, you got the brains, let's play ball." Blunt, direct and, of course, with a baseball analogy. (Both laugh).

As you know, these high-level political initiatives typically last only as long as the politicians who lend their names to them, which in Mr. Hosokawa's case, was about a year. As far as I know, the impact of the initiative was marginal. The one tangible thing we did was to collaborate on a U.S.-Japan joint sector assessment and strategy for health, population and AIDS. It was an impressive piece of work which could have been a useful guide coordinate our respective assistance programs had the initiative lasted longer. JICA may have picked-up ideas from us that helped their bilateral program get off to a better start. A wild evening of U.S.-Japan karaoke at a Nairobi restaurant definitely strengthened binational ties. A colleague and I did a terrible rendition of Little Eva's *Loco-motion* but that didn't stop the Japanese from giving us a prize, a stuffed animal, one of the Big Five, forget which. Gracious hosts.

Q: Right, right. I certainly saw that partnership play out in other countries too and I'm just trying to think whether any of them were sustained. I remember that, well, this is about you, not about me, but one of our complaints was always that Japan wanted to fund the hospitals and the infrastructure and often the local systems couldn't staff them, couldn't keep them up and so, a lot of the dialogue was actually about how you sustain it once its built.

NEWTON: Yes, that's a good point. That came up in our discussions but I'm pretty sure there was no Japanese funding of hospitals in our joint strategy.

Q: That's good.

NEWTON: One thing that was sustained for a while anyway was the relationship with the JICA folks we worked with in Nairobi and the JICA folks seconded to USAID Washington who I got to know.

As you know, a post was created at the U.S. Embassy in Tokyo for a USAID person to work on development cooperation. Because folks in Washington knew I worked on the US-Japan beat in Kenya, I was asked about my interest in the Tokyo position but we decided to go to Cairo. As you know, an excellent USAID colleague of ours, Connie Carrino, took the Tokyo job. We were excited about the move to Cairo for many reasons, a major one was that our son was interested in the high school there, Cairo American College.

USAID/Egypt: 1996-2000

Q. Yes, I want to underscore that these decisions in your next post, these are family decisions, not just you alone. And in this case your child was of an age that he had an opinion and I assume you had no regrets about being in Egypt.

NEWTON: No regrets.

Q: Please talk about the program in Cairo because it wasn't HIV.

NEWTON: Correct, there was no HIV/AIDS program, USAID resources were directed at countries south of the Sahara where the epidemic was most severe, but there was just about everything else in Egypt. The Camp David Accords in 1978 resulted in USAID's program in Egypt being our largest. Egypt and Israel both got huge annual hand-outs from Uncle Sam for agreeing to a "cold peace." Israel got boluses of cash electronically-transmitted from our treasury to theirs with no-strings-attached. Egypt got their money programmed by a building full of American bureaucrats with all sorts of strings attached.

Because of the size of the program, there was a layer of management at USAID/Cairo mission found in few other missions—Associate Directors. There were four of us. We reported to the Deputy Director who reported to the Director, John Westley. John brought me to Cairo to be Associate Director for population and health, democracy and governance, and education and training.

Q: Oh, wow.

NEWTON: Yes. Quite a load and range.

Q: Yeah, no kidding. The PHN portfolio just by itself was huge.

NEWTON: Yes, the portfolio in Egypt was large but a talented group of Egyptian staff managed it year-in and year-out as we Americans cycled through on four-year tours. In addition to their technical talents, they brought continuity, historical memory, networks of local contacts, knowledge of how to operate within the USAID system and the Egyptian government system.

As mentioned, when discussing my experience in Malawi, USAID Foreign Service Officers would be seriously adrift without such colleagues. They guided me through the nuances of Egyptian life and culture and politics. In the areas I was responsible for there were superlative Egyptian staff: Sameh El-Saharty on health policy, Naglaa Mostafa on democracy and governance, Adel Gohar on education, Nahed Matta on maternal and child health, to name a few. Some of these folks emigrated to the States. Egypt's loss.

Of course, USAID Foreign Service Officers (FSOs) had a major role to play in all this, I just wanted to emphasize the importance of local staff who, as you know, are called Foreign Service Nationals, or FSNs. American FSOs bring broad development experience, lessons learned from other countries, links to USAID Washington staff and other donor personnel, and, as U.S. citizens, a proud obligation to represent the U.S. Government and American people.

USAID gives greater prominence and responsibility to FSNs than State. To implement effective programs, USAID relies on deep knowledge of local needs, culture, constraints, conditions, and the like, the kind of knowledge possessed only by people from the host country. One of the many reasons I loved working for USAID was the opportunity to work closely with people from the countries in which we lived. The USAID model where American FSOs and FSNs team-up, worked.

Point is, while the large portfolio in Cairo -- \$575 million and 39 projects -- was all new to me, there were 52 Egyptian and American colleagues on the case when I arrived. They knew the portfolio and were managing it just fine. Value added by FSOs during a 4-year tour varies depending on what talents and interests we bring to the job. I didn't bring much to the democracy program, the sector was new to me, so the value I added was probably minimal. In a situation like that, your value can simply be giving highly capable Egyptian colleagues the support and space they need to do their job.

Q: So, democracy programming probably was just getting started? My hunch is that there wasn't a whole lot that you were building on top of. Maybe I'm wrong.

NEWTON: Democracy programs were well established when I arrived. They weren't the kind of programs that would pose an imminent threat to one-man, one-party rule in Egypt. Support focused more on long-term capacity and institution building. For example, we were assisting the parliament to set-up an Egyptian version of our Congressional Research Service (CRS). The idea was that an Egyptian CRS would help better inform policy and legislation. Another example was a project to help streamline Egypt's civil justice system, a system which was infamously slow and opaque. We brought in folks with expertise in the design of efficient systems for administering justice.

The streamlining effort met resistance from a cadre of workers whose job it had been since Pharaonic times to walk files from one desk to another. A computerized system would make them redundant. Not sure how it played out. It's possible the ministry went with the new computerized system and kept the file carriers. The situation reminded me of Calcutta where rickshaws pulled by men are a major mode of transportation. Concerned citizens would try to ban the practice as inhumane. Rickshaw pullers would rise up and protest the ban and create such a ruckus that the effort to save them from this grueling work would peter out. In such cases, it seems work -- grueling or boring -- is better than no work. If you're going to advocate eliminating jobs for thousands of very poor people you better have a Plan B for their livelihood.

Q: Yeah, right.

NEWTON: The Egyptian bureaucracy was something to behold. I was introduced to it in 1977 when I was in Cairo marketing the services of the little educational supply company I talked about. I had the name and address of someone I wanted to call on—a Mr. Mohammed at Mogamma in Tahrir Square. Unbeknownst to me, Mogamma is the Pentagon of Egyptian office buildings, the epicenter of the government's legendary administrative bureaucracy, the Grand Central of paperwork and file carrying. I entered Mogamma and went from office to office, floor to floor, asking for a Mr. Mohammed. In most every office at least one of several men sitting behind desks drinking coffee was, of course, a Mohammed, but not the one I was looking for.

Q: (Laughs) Ok, turning to your work in the health sector, you talked about the difficulty of getting official approval for a Demographic and Health Survey (DHS) in Malawi, what was the Egyptian Government's stance on DHSs?

NEWTON: Egypt's first DHS was conducted in 1995. The launch in 1996 was, I think, the first official function I attended after arriving at post. The 1995 DHS included all the core questions about family planning and fertility, maternal and child health, and the like, but also included detailed questions on women's status and female circumcision.

Questions on women's status included questions on treatment of women in the home. Responses revealed that domestic violence was pervasive and large percentages of women thought some violence was justified, for example, most agreed refusing sex or talking back was justification for a beating. Most women felt a beating for burning the dinner was not justified.

The 1995 DHS documented that female circumcision was pervasive in Egypt. The survey detailed the prevalence, types, and complications of female genital cutting and provided information on attitudes and beliefs about the practice, notably the strength of support for it across generations among Egyptian women.

Q: Well, I think it was that survey where they said, you know, if my mother-in-law doesn't support it, it's not going to change. And I think you did design a program that tried to get at the women opinion leaders in family systems, yeah. Fascinating.

NEWTON: Yes, exactly, mothers-in-law were influential in the practice's continuation across generations. The survey showed women believed female circumcision to be a religious obligation, though it's not mentioned in the Quran, so religious leaders were also influential. The 1994 International Conference on Population and Development in Cairo is said to have given the global effort to ban female circumcision a boost. I'm sure the 1995 DHS helped abolitionists figure out how to go about stopping the practice in Egypt.

Q: Wow. The ministry of health had to agree that the questions were on the survey, right?

NEWTON: Yes. The Minister of Health at the time, Dr. Ismail Sallam, was against female circumcision. He issued a decree banning it in 1997 but legal issues weakened the ban and it apparently had little effect on the practice. The Minister no doubt agreed to include the questions and may have even requested them for the kind of nationally-representative data on beliefs, prevalence and problems needed to change the practice.

The Minister and others who made that initial DHS happen, did a good thing. That first survey led the ministry to conduct DHSs regularly and the surveys have enabled them to track key indicators of national health and well-being over time which generally tell a good and hopeful story. In the case of maternal, child, and infant mortality, surveys document impressive declines over the years. In the case of fertility, surveys document impressive declines as well but with a bump up a few years ago. In the case of female circumcision, surveys document steadily declining prevalence since 1995, though the practice is still far from eradicated.

Because of the magnitude and duration of U.S. support to the health and family planning sector, Egypt is a country, along with Kenya, and no doubt others, where USAID can claim an association with improvements over time in the health of the population. But, as mentioned before, these associations are difficult to quantify and document.

Q: By the way, how did you find the relationship between USAID and the Ministry of Health in Cairo when you arrived? Not as bad as the situation in Malawi, I hope.

NEWTON: Completely different from Malawi. The relationship was excellent no doubt because of the good work of my predecessor, Joy Riggs-Perla, and the FSNs and FSOs in the USAID health and population offices. In Malawi and Kenya, we worked with Permanent Secretaries.

In Egypt, during the time I was there anyway, we worked directly with the Minister of Health, Dr. Ismail Sallam. Working with him was the highlight of my four years in Egypt. The man was charismatic, visionary, hopeful, energetic and, like many of his countrymen and women, had a great sense of humor. And, he and his wife were hospitable. Still remember the Minister coming up to me at a gathering at their home with a tray of little stuffed pigeons. Quite good.

Dr. Sallam took on big complicated health policy challenges -- improving primary and preventive health care and improving the efficiency of secondary and tertiary curative care. We helped him and his ministry with these challenges under our health sector reform program. While Dr. Sallam worked mainly on the macro level and above, he also got down in the weeds and micro-managed. He called my USAID colleague just before midnight on New Year's Eve to ask him where the information on training for his ministry staff was, something we had promised him at a meeting that afternoon.

The minister also took on big complicated health education challenges like smoking and, as discussed, female circumcision, two dangerous practices deeply embedded in Egyptian culture. I accompanied the Minister to Washington D.C. to attend what was billed by Tobacco-Free Kids as the first ever international conference on children and tobacco. The minister launched Egypt's first national tobacco control program in the context of a national health promotion campaign called Healthy Egyptians 2000 modeled on Healthy People 2000, an initiative of the U.S. Department of Health and Human Services. HHS Secretary Donna Shalala came to Egypt to join Minister Sallam for the launch. I worked with the Minister and the HHS Secretary's office on it. It was an extracurricular activity outside the USAID health sector portfolio but complementary to it. In preparing for this interview, I looked up the current status of smoking and tobacco use in Egypt. Alas, it appears the Minister's campaign wasn't terribly effective. There's not been a significant decline in smoking.

I was also involved in another extracurricular activity in Egypt, a binational initiative similar to the Clinton-Hosokawa initiative in Kenya, but bigger and higher profile -- the Gore-Mubarak initiative. I worked on the education component within a larger program of economic collaboration. It involved figuring out how to better align Egyptian higher education with the needs of the private sector so more university graduates -- and there were several hundred thousand annually -- could find jobs. Our committee looked at the U.S. community college model as something Egypt might emulate.

The objectives of the binational initiative were vague, relative to typical USAID objectives anyway, and sunsetted when their namesake politicians did. But I suppose, overall, getting outside the confines of USAID's project portfolio to work with a broader cast of people on a high-profile initiative was a good thing.

Another good thing about the Gore-Mubarak initiative was that it gave me a chance to work with Ambassador Sally Shelton Colby who was then our Assistant Administrator for Global Programs. I knew her a bit from Kenya days and was a fan. As you know, serving overseas for USAID, you're on the receiving end of quite a few visits from Washington and you realize over time that not all Washington visitors are equally comfortable outside the U.S. particularly in some of the settings and situations we put them in. In my experience, one or two were noticeably uncomfortable, but not Sally. You looked forward to her visits. In Kenya, on a visit to a USAID-funded family planning clinic, we were greeted by traditional dancers in ostrich feathers and whatnot, which was not unusual, but what was unusual and well-received was that Sally, the visitor from

Washington, jumped right in and danced and got into the spirit of the thing. Also in Kenya, we took her to meet a group of women receiving USAID-funded training to help them get out of commercial sex work into a trade or small business so they could support themselves and their children without having to sell their body. A woman was explaining what her life was like as a sex worker and what it meant to escape it. I looked over at Sally. She was listening with obvious warmth and empathy and a tear in her eye.

Q. That must have been moving. You had spent eight years in Africa, in Malawi and in Kenya, how was Egypt after that in terms of the donor community, in terms of relations with the embassy? Did it feel different moving into not only a different culture, but a much more visible U.S. foreign policy setting?

NEWTON: Yes, it felt different from the get-go, from the first morning, driving along the Corniche to the USAID Mission with the Nile on the left and the Great Pyramid of Giza in the distance. Good Lord. A bit different than taking the D.C. Metro from Van Ness to Federal Triangle. You're in the midst of one of the world's biggest, liveliest, oldest, most important hubs, driving to work at one of America's largest, most important, diplomatic posts, in traffic that's denser and more chaotic than the traffic on the George Washington Bridge in New York. The traffic in Egypt was insanely chaotic but the drivers were 100 times more accommodating and forgiving than in New York.

On donor coordination, I worked less on that in Egypt than I did in Malawi and Kenya. Could be because Egyptian colleagues handled more of it. Also, in Egypt there wasn't as much of a need to team-up with other donors to exert collective leverage. Given the amount of assistance the U.S. was giving Egypt, we had leverage.

In terms of relations with the embassy, outside of our democracy and governance portfolio, they weren't much involved in my bailiwick probably because they had plenty to do on their own—diplomatic, economic, military, security, and more. In Namibia, a tiny U.S. diplomatic post by contrast, when PEPFAR became the biggest, most visible thing the U.S. was doing in country, the embassy became very much involved.

Egypt attracted VIP visitors and USAID was often involved with the Embassy on CODELs and visits from the likes of Hillary Clinton and Tipper Gore when they were First and Second Ladies. HHS Secretary Donna Shalala visited as well.

Official entertaining was done on a large scale. Now and again, USAID staff were pulled in to work events at the Ambassador's residence. We were assigned to be either pullers or palm trees. Pullers escorted guests from the end of the Ambassador's receiving line, through the residence and out to the garden area, hand guests off to a palm tree, and return to pick-up another guest to escort. Palm trees formed a circle of guests around themselves, made intros, and kept conversations pulsing. The world of pullers and palm trees was new to me. I was more of a puller than a palm tree, better at short bursts of conversation than sustained convos.

Q. How did Joan like Cairo?

Joan loved all our posts, large and small, but I think Cairo was her favorite. She loved the old city, Old Cairo, 12th century Cairo. She got to know the bawabs – the doormen, gatekeepers – at important, ancient mosques. They'd invite her in and show her around. She'd wander around Al-Azhar University, one of the oldest universities in the world. She read virtually every book written by Egypt's Nobel Prize-winning author, Naguib Mahfouz, many about Old Cairo. An Egyptian friend arranged for Joan to have tea with him, one of the highlights of her life in Cairo.

It was a city where you could walk freely and safely virtually anywhere, but it had a dark underside, there was ugly stuff going on. I was walking with an Egyptian colleague near the Ministry of Health when he pointed out a building where security forces dealt with -- tortured -- alleged enemies of the state like certain members of the Muslim Brotherhood. The heavy-handed way the government dealt with the Muslim Brotherhood helped turn them from a political party to a terrorist group.

There were two horrific terrorist attacks during our time in Egypt. In 1997, in front of the Egyptian museum on Tahrir Square, not far from the USAID office, a bus full of German tourists was attacked. Nine Germans and the Egyptian bus driver were killed. When word spread through the office that there was an incident in Tahrir Square, I went running over there toward a cloud of black smoke because Joan was doing errands in the vicinity. The bus was enveloped in flames. I reached Joan on the phone. She was a few blocks away and fine. The same year, in Luxor, at the Mortuary Temple of Hatshepsut, 62 tourists were massacred. A radicalized former member of the Muslim Brotherhood, an Egyptian doctor, orchestrated the murders.

Q: al-Zawahiri.

NEWTON: Yes, and as you know, he also had a hand in the 1998 bombing of our embassies in Nairobi and Dar es Salaam. In 2022, he was done in outside Kabul by missiles fired from a CIA drone.

A Kenyan colleague told me recently that her best friend, a middle-aged Kenyan woman, had died. Her friend was one of the 4,000 people injured by the embassy bombing in Nairobi. She said her friend would sometimes wake up to find a tiny shard of glass had worked its way up from where it had been embedded in 1998 to poke through the surface of her skin. Over the years, her body was able to rid itself of shards of embassy window glass but her mind wasn't able to shake the trauma of that day. My friend implied her friend died from chronic health problems related to the trauma of that day. Al-Zawahiri and his operatives killed people instantly, and very slowly.

Q. So sorry. So sad.

Q. I see from your resume that you moved to another job your final year at USAID/CAIRO. Why?

NEWTON: Yes, I moved to another job. For the first time since joining USAID, I had a situation at work. The Deputy Director had a problem with the Director. The Associate Directors reported to the Deputy. I'd been brought in by the Director, was seen as partisan, got entangled, and was at risk of becoming collateral damage. I was taking the situation home. It was letting it darken an otherwise light and wonderful home life. Our son was a senior in high school. I remember thinking, there's no way this baloney at work is going to sour the final year our dear son is under our roof. There was an easy way to get disentangled -- move out of the front office. So, I asked to move from the Associate Director's job to the health and population office. Folks cautioned me against the move. They said it would be career limiting. It would be seen as a demotion. I did it anyway. It was the first of two potentially career limiting decisions I made in 1998.

Q: How did that work out?

NEWTON: It worked-out fine. I had a terrific year at home. On my 50th birthday my son and I climbed Mt. Sinai. At the summit, I counted my bountiful blessings, starting with him and dear Joan. His outdoor high school graduation from Cairo American College took place in front of the Great Pyramid of Giza. He was one of the class speakers. Standing at the podium, the pyramid and Sphinx were behind him. It was difficult to concentrate on his speech. I'm sure it was good. In any event, it was an occasion to be treasured, the kind of extraordinary thing the Foreign Service makes possible.

And, I had a good final year at USAID. I integrated the mission's long separate health and population offices, led the development of a 10-year close-out strategy for U.S. assistance to the health sector, and worked even more closely with Health Minister Sallam on his policy reforms and health education initiatives. A couple years after we left Egypt, Dr. Sallam and his wife emigrated to the States, to Pittsburgh. Another loss for Egypt.

Q: Did you stay in touch with them?

NEWTON: Stayed in touch for a while. When he was still Minister, I organized a meeting at USAID/Washington for him to talk about health reform in Egypt. I met with him once at the U.N. for coffee. His son came to my swearing-in when I became director in Namibia. But, since he came to live in the States, we've only exchanged an e-mail or two. Bad. One of many people I should have done more to keep in touch with.

For the work I did in the health sector in Egypt I got the 2000 Michael K. White Award. The award was for *Excellence in Improving the Lives of Women and Children*. I was surprised. Maybe I got it in partial compensation for demoting myself? It's one of the awards presented at the agency's annual awards ceremony. I was working away in my new job in the HIV/AIDS division when Duff Gillespie came by and said, "Newton, where the hell were you?" I had been called to the stage to receive the award but was nowhere to be found. HR informs awardees to make sure they pitch up at the ceremony. They thought I was still in Cairo, so they didn't inform me. In any event, it was an honor.

Q. You mentioned a second potentially career limiting decision?

NEWTON: Yes. Joan and I had decided that 2000-2004 would be a good time to do a stint in Washington. We wanted to be in the States when our son was in college. Common wisdom has it that Foreign Service Officers generally don't enjoy Washington assignments. I was going to buck common wisdom. I was offered a job I was quite interested in but it was graded at a level below my personal ranking. Not good for promotions. I took it anyway. It involved working with the head of the HIV/AIDS Division, Paul Delay, who I knew quite well from Malawi where he was the first resident WHO AIDS advisor. I liked and respected him. I knew working with him would be interesting and fun -- to the extent working on the AIDS epidemic can be described as fun -- and knew there'd be a ton of work to do. The Clinton White House, Congress, the UN, among others, were increasingly concerned and engaging in the AIDS fight.

USAID/Washington, 2000-2004

HIV/AIDS

Q: So, you took what looked like a demotion but it was something you really wanted to do, and I guess at that point you were being pressured to come back to the States anyway, right, after twelve years out.

NEWTON: I don't recall being pressured to come back to D.C. Things just came into alignment. We wanted to return for family reasons and there happened to be an interesting job available.

Q. How did it work out joining Paul Delay to work on HIV/AIDS?

NEWTON: It worked out fine. There was a lot going on. HIV/AIDS was the center of the action, or close to it. When I joined Paul in the HIV/AIDS division in mid-2000, funding for AIDS was increasing, and, of course, President Bush would launch the game-changing U.S. President's Emergency Plan for AIDS Relief (PEPFAR) in 2003. It was a critical time for USAID technical leadership to be fully engaged with State, Congress and the U.N. It was a period of political transition from the Clinton to the Bush administration and the new crop of political appointees hadn't arrived so it was particularly critical to have technical leadership who could serve in roles normally performed by political appointees, and that was Paul.

Q: Right. It was a long hiatus, as I recall, a long time before a new AID director was named.

NEWTON: Yes. Being in Washington during the transition was an eye-opener for a political neophyte like me. Political positions were filled by folks in an acting capacity for quite a while. Paul provided great leadership at this pivotal time in the global response to a worsening epidemic. He was good at working across U.S. Government agencies and

with the U.N. and other donors. He had come from the front lines of the fight against AIDS in Africa, and before that, from the frontlines of the fight here in the U.S. He was highly credible.

In June of 2001, the UN convened the first ever UN General Assembly Special Session on HIV/AIDS. The UN loves acronyms -- as do we -- and the acronym for this historic session was UNGASS which sounded like a product you'd find in the Digestive Health aisle at CVS. UNGASS was a huge deal and a huge opportunity to rally the world against AIDS. In planning and participating in UNGASS during the transition we did things political appointees would normally do.

Before UNGASS convened, we worked with State colleagues to prepare for U.S. participation. We worked on drafts of U.S. positions and talking points for various meetings and commented on "non-papers," a wonderful UN term for a discussion paper. We also worked on U.S. input for the Special Session's outcome document -- the 2001 Declaration of Commitment on HIV/AIDS.

In a prep meeting at the U.S. Mission to the UN in New York, our working group had just agreed on a draft talking point that included the phrase "reproductive health and rights," or something like that, when a voice from the periphery piped-up and said, "We're not using that language." No one knew who the guy was. You'd expect some explanation, some give and take. When we pushed back, he ended the discussion simply by saying, "There's a new sheriff in town." The sheriff referred to was George W. Bush who was about 6 months into his first term, and the voice was that of a new Bush political appointee. The less abortion-adjacent language had to be accepted. An era of dumbing-down reproductive rights was dawning. The gentleman on the periphery that day went on to play a central role in global health during the Bush administration and beyond. He did a great deal of good work no doubt, but was associated with early efforts to politicize public health, efforts which were in retrospect kid's stuff compared to what happened during the Trump administration.

In the absence of political appointees, for one not very important UNGASS session, Paul and I got to sit at the U.S. desk in the General Assembly Hall. Something of a kick that was.

Andrew Natsios was sworn-in as President Bush's new USAID Administrator right before UNGASS. In a statement to the House Committee on Foreign Relations, Mr. Natsios expressed concern about the feasibility of treating AIDS with antiretrovirals in some settings in Africa. He was concerned that health infrastructure was insufficient -- which he was right about, PEPFAR had to build it -- but went on to suggest that in some parts of Africa people might have difficulty following a complicated multi-drug treatment regimen.

Q: Because they had no watches?

Yes. That was his gist, that there could be difficulty taking AIDS meds according to a prescribed schedule because keeping precise time could be tough. His comments naturally created a bit of a ruckus. Paul had to deal with the ruckus. He had to respond to questions from the press about his new boss's controversial comments. I was off to the side admiring how deft he was.

Q: Wow. In his very soft-spoken way.

NEWTON: Yes. He did a good job handling a dicey situation where the new head of an agency that could potentially play a central role saving lives in Africa with antiretroviral treatment, questioned Africa's capacity to handle the treatment. Of course, the U.S. Government -- through USAID and CDC -- went on to enable millions of Africans to use antiretrovirals to manage AIDS as a chronic disease and extend life.

Q: Right, yeah. Well, I'm trying to remember, maybe you can help me, especially when the new administration came in, you weren't sure where they were going to be on HIV, whether they were going to actually support growing a program or the reverse. But one of the major changes was Jesse Helms changing his opinion on whether the U.S. should be fighting HIV, and I can't remember whether that happened during the Clinton Administration or whether it was only after Bush II came in. Do you remember? Because I know it made a huge difference in terms of availability of funding and even what you could say.

NEWTON: Yes, the turnaround by Helms was interesting. It was in early 2002 during the Bush administration the year before PEPFAR was launched. Reaching the end of his long tenure in the Senate, thinking about his life and legacy, Helms said he was ashamed at how little he'd done on AIDS and knowing he'd be "answerable to God" called for \$500 million to eliminate mother-to-child HIV transmission. Over the following 20 years, the initiative implemented by PEPFAR and partners prevented over 5 million newborns from contracting AIDS.

Senator Helms's turnaround didn't apply to AIDS in America. He had a problem with the "homosexual lifestyle." I guess he felt God wouldn't question him on that.

Q. I'd be interested in your thoughts on the transition from USAID's pre-PEPFAR AIDS program to PEPFAR?

NEWTON: I found it interesting that some folks thought the US Government's global response to AIDS started in 2003 with President Bush and PEPFAR. That wasn't the case. The US response began well before. We started helping countries fight AIDS in the mid-1980s. When discussing Malawi and Kenya, I touched on the kinds of things USAID was doing pre-PEPFAR under the George H.W. Bush administration. In 1995, President Clinton held a White House Conference on AIDS and in 1999 launched the LIFE initiative -- Leadership and Investment in Fighting an Epidemic. In 2000, Congress passed the Global AIDS and TB Relief Act, then in early 2003, PEPFAR was launched by W.

The White House and PEPFAR presented the “faith based” approach to AIDS prevention as if it was a new approach. By the time PEPFAR was launched, USAID had been working with faith-based groups for years. In the late 1980s in Malawi, one of the first Malawian organizations we worked with on the fight against AIDS was the Malawian Christian Church Association. Malawi is a Christian nation. Fighting AIDS effectively involved dealing with values deeply embedded in Malawi’s Christian culture. Churches and church people had to play a lead role. PEPFAR would have had a tougher time and a slower start without the platform built, the ground prepared, and the experience gained, from years of pre-PEPFAR work on AIDS by USAID and CDC and our many great cooperating agencies.

Q: Well, it’s true, I think anyone who knows about ramping up programs [would agree] that [PEPFAR] would have fallen on its face without the structure AID had already built over twelve to fifteen years.

When you were with the HIV/AIDS office, I see you worked with UNAIDS. Can you tell me a bit about that?

NEWTON: I was the USAID liaison to UNAIDS. The U.S. Government, through USAID, was a major donor to UNAIDS and we were on their board so it was important to have a person at USAID working with them closely. I went over to UNAIDS headquarters in Geneva a few times and attended board meetings in Brazil and Portugal. It was another opportunity, in addition to working on UNGASS, to get to know the inner workings of the U.N. and how a specialized agency like UNAIDS with a global mandate makes policy and carries out programs that reflect the views of the UN, member states who fund them, AIDS advocacy groups, countries fighting the epidemic, and of course people living with HIV/AIDS. It ain’t easy. UNAIDS was exceptionally well led by Peter Piot and Kathleen Cravero.

Q: Working with UNAIDS must have been interesting. I know Peter Piot was one of the key global leaders on HIV/AIDS, and didn’t he help discover the Ebola virus and help lead the response to the first Ebola outbreak? Your resume mentions you worked on upgrading USAID’s HIV/AIDS office. Tell me about that.

NEWTON: On Peter Piot, yes, he played such a prominent global role on AIDS you forget he played a prominent part on Ebola as well. His contributions to public health were exceptional. An admirable, very nice person.

Those first two years in D.C. I served as a kind of coordinating architect for the upgrading and expansion of the HIV/AIDS Division. We expanded USAID’s 11 position HIV/AIDS division to a full-fledged Office of HIV/AIDS with 48 positions.

Q: Right. The work that you did basically created the structure that PEPFAR had to rely on. I think if it had still been a little division you would have sunk with the kind of funding and requirements that PEPFAR imposed.

NEWTON: Yes, creating an Office of HIV/AIDS in 2001 and 2002 was timely. It positioned USAID to deal with the demands and opportunities presented by PEPFAR when it began in 2003. As you know, PEPFAR was the largest commitment by any country to address a single disease. We strengthened the organizational foundation from which USAID could step-up pretty quickly to do our full share under an expanded response, an unprecedented opportunity. We worked on PEPFAR in collaboration with CDC and other USG agencies under the direction of a new Office of the Global AIDS Coordinator at State (OGAC). Another interesting acronym which when pronounced sounds like a gagging exclamation. The PEPFAR model took some getting used to. It involved USAID and CDC subsuming organizational and personal egos under a State Department coordinator and office. Not easy for agencies competing for recognition and funds.

Office of Regional and Country Support

Q: Right. Tell me about your second two years in Washington with the Office of Regional and Country Support.

The second two years were like the first two in that I was involved with the establishment of a new office, in this case an office to house and upgrade the provision of technical and program support to USAID health offices in 70 countries. USAID's health and population community had long considered country support an important Washington function. The idea was to further strengthen and institutionalize it in an Office of Regional and Country Support which I was asked to head up.

Q: But there were myriad ways of supporting missions. And I do remember in the early days, some of the regional bureaus were not particularly happy about it, but the mission said, "Look, it's working for us." And obviously, you saw it when it was much further advanced.

NEWTON: Yes, it worked well. A survey documented a marked increase in mission satisfaction with Washington support. I'm not saying I had much to do with that, it was a measure of the work done by the good people in that office. Supporting country teams was a strong norm among the USAID/Washington population and health community and there was good continuity providing that support from a core group of officers, mainly civil service personnel, a premiere example being Willa Pressman.

Q: Right. And I think in addition to being the norm, the health program had all of those central contracts that were basically designed to support the field.

NEWTON: Yes, exactly. The thickness of the annual guide to PHN resources to support the field was impressive. It represented the depth and range of technical expertise available to our worldwide health programs. And, I suppose it illustrated how dependent we'd become on contractors as our Foreign Service ranks were depleted over the years.

Q: It was, I think, Henrietta Holsman Fore who had really pushed for revitalizing the Foreign Service and bringing in new talent. And I think Health and Population was one of the key areas where people were brought in. So, I know it was a huge job to orient them, to work with them and to help get them placed too. So, that was one of the things that fell to your office in the health sector?

Yes. God bless Henrietta Fore. During my stint in the Office of Regional and Country Support, I was in-charge of the effort to rebuild the ranks of Foreign Service health officers. We increased the number of health FSOs by 33%. It was heartening to see the level of interest in joining USAID's Foreign Service and the quality of folks applying.

Q: During your four years with the Global Health Bureau, were there any shifts in the emphasis in the PHN sector? I mean, obviously HIV became a behemoth, but were there other priorities, either technical or political?

NEWTON: None that come to mind but I wasn't working on bureau-wide planning and strategies, I was focused on HIV/AIDS then on in-house capacity building like staffing up our cadre of Foreign Service health officers.

Within the HIV/AIDS behemoth, you could consider the attention given children affected by AIDS as a new and necessary emphasis. As AIDS mortality among parents and caregivers increased, children left alone had to be helped. USAID played a lead role in quantifying and publicizing the consequences and impact of AIDS on children, particularly in Africa. In time the PEPFAR "OVC" program implemented by USAID became, in a way, a new sector unto itself which dwarfed all other agency programs for vulnerable children including DCOF.

Health workforce strengthening, while not a new emphasis, became a heightened emphasis. AIDS was decimating the health workforce at the same time it was increasing demands on it. In Malawi, for example, something like the 7th poorest country on earth, the pool of local expertise was shallow but growing. If AIDS took away the country's only expert in rural water engineering, there was no one to take over. AIDS mortality was forcing companies in Malawi's private sector, which had finally started filling technical and management positions with Malawians, to revert to expats to fill vacancies. Estelle Quain and I did the early work that led to the design and launch of an HIV/AIDS human capacity development project.

Q. All right. Shall we move on. So, your son, if I'm doing my math correctly, has graduated from college. Time to go overseas again?

NEWTON: Yes, correct, he had graduated from college and was working in D.C. when we went back overseas. I was offered the Mission Director's job in Namibia, I jumped at it, and we left Washington for Windhoek in mid-2004.

Q: So, all the people who said you were taking career-limiting steps, you showed them.

NEWTON: (Both laugh) Yes, exactly, I showed them.

USAID/Namibia, 2004-2008

Q: All right. So, at that point your child was launched, so it was just Joan and you going to Namibia?

NEWTON: Yes, just the two of us, and I'm a lucky man indeed to have Joan as my lifetime travel companion. She loved Foreign Service life. She's content wherever she is, but happiest overseas. We lived in some of the world's largest capital cities – Dhaka, Cairo, Nairobi – and smallest – Windhoek and Lilongwe – she relished life in them all.

In Windhoek, Joan worked as a long-term volunteer with a group of young women at an after-school program. The girls were from disadvantaged backgrounds who lived in a Soweto-like neighborhood. She worked with the girls on their academics and helped them support one another as peers to navigate life in their early teens. She was smitten by them; they were smitten by her.

And Joan did a ton of work-related entertaining at our home in Namibia—and for that matter, everywhere we lived. She loves to cook and loves to get folks around the table for good food and talk. We did a great deal of official entertaining in Windhoek—mainly dinners.

Q: By choice?

NEWTON: Yes, by choice. USAID's representation allowance was peanuts, but we loved the gatherings and considered them a key part of the job and a good chance to get a range of folks together in an informal setting, so we paid out-of-pocket.

Our famous next-door neighbor, Andimba Toivo ya Toivo, came to a few of our gatherings. We met his wife our first week in Lilongwe. She came over to ask if she could store a load of oryx meat in our refrigerator, theirs was full, ours was empty. Game meat is big in Namibia, the country's a meatatopia. Our neighbor Toivo was approaching 80 when we met him. He was a founding father of Namibia and an icon of Namibia's liberation struggle. He co-founded the group at the forefront of the freedom movement -- the South West Africa People's Organization (SWAPO). For fighting to free his country from South African apartheid he spent 16 years imprisoned on Robben Island. I took a tour of Robben Island. The guides are former prisoners. The guide showed me Toivo's cell. It was across from Mandela's. Needless to say, they got to know one another. Toivo was, in many respects, Namibia's Nelson Mandela.

Q: Amazing.

NEWTON: Yes, amazing, it was an honor to live next to such a person. Now and again on weekend mornings we'd meet at the chain link fence separating our driveways. Toivo

was a hand holder. He'd hold my hand through the fence and we'd exchange small talk. He'd always ask, "How is your Minister of Home Affairs this morning?" by which he meant Joan.

Living next to Toivo and getting to know him prompted me to read quite a bit of Namibian history and Toivo's place in it. From the reading we got an idea for a gift for his 80th birthday. Allard Lowenstein, the late Congressman from New York, was an anti-apartheid activist. In the late 50s, on a clandestine trip to Namibia then in the grip of the apartheid government of South Africa, Lowenstein met with Toivo. Toivo asked Lowenstein to smuggle a tape recording out of Namibia and get it to the UN. Toivo wanted the tape played at the UN so the world would know what Namibians were being subjected to by the South Africans. Lowenstein hid the tape in a hollowed-out copy of *Treasure Island* and smuggled it out. We gave Toivo an intact copy of *Treasure Island* for his birthday.

Q: (Both laugh). Oh, he sounds wonderful. And it sounds as if, more generally, people were approachable. It was okay to be an American. You know, there are lots of places where the U.S. was not so popular, but I would think in Namibia that was not an issue. Am I wrong?

NEWTON: You're right. When we were there, it was OK to be American, very OK. But it's complicated, Namibian feelings about America have probably waxed and waned during the war and after. The role we played in the region in the 70s and 80s changed 180 degrees from Carter to Reagan. The Carter administration supported Namibia's right to self-determination and helped bring Namibia and South Africa to the brink of peace. The Reagan administration snatched Namibia from the brink of peace and both sides suffered ten more years of war. Southern Africa was on the frontlines of the Cold War. In the Reagan years, communism was a greater evil than racism. Reagan turned away from Namibia's struggle to liberate itself from racist South Africa and cozied-up to the South African government because it was anti-Communist. Point is, though Americans were seen in a generally positive light in my time, many Namibians who fought and suffered through the war years remember the unhelpful role played by the U.S. during the Reagan years.

When Namibia finally won its independence in 1990 after 25 years of armed struggle, Peace Corps volunteers were the first Americans many Namibians came in contact with. I was told they helped shape a positive view of the United States. The late Lloyd Pierson negotiated the agreement to establish a Peace Corps program with Namibia's first Minister of Education, Nahas Angula. Lloyd said the Namibian government was so new it had no official stationery so the agreement was drawn-up and signed on repurposed stationery with an unrelated letterhead crossed-out. The original makeshift agreement is framed and displayed among other memorabilia at the Peace Corps office in D.C.

Nahas Angula, like thousands of Namibians, went into exile during the war, and like many, attended university to acquire skills useful to building a new nation. Nahas went to Teachers College at Columbia University. My sense was that his time in New York left

him with a positive opinion of the U.S. which carried over to his work in the new government. He was Prime Minister for most of my time in Namibia.

As Prime Minister he was a prime example of the accessibility of Namibian government officials. We'd chat at events and meetings. I'd run into him shopping at our local market. He had an open-door policy at his ministry office. I walked in one day – his door was open – to discuss something quick. No problem. I also had a couple scheduled meetings with him. A gracious, decent man and like other Namibian government officials, serious about building a strong democratic nation.

The U.S. started assisting Namibia shortly after its independence. By the time I got there we'd been providing bilateral aid for 14 years. Our support probably contributed to positive views of the U.S. We were doing good things, things Namibians wanted and needed, like strengthening primary health care and basic education, expanding small and medium-sized enterprises, helping establish conservancies to improve livelihoods, conservation and biodiversity, strengthening a legal assistance center and an anti-corruption commission, supporting parliamentary skills training.

PEPFAR probably generated more goodwill towards the U.S. than any other single U.S. program. Making treatment with antiretrovirals (ART) publicly available, which the U.S. started to do under PEPFAR in 2004, was of huge importance in a country so hard hit by AIDS. People with one foot in the grave were brought back to life by ART. Which reminds me, when Michael Gerson from the Bush White House came to Namibia with David Brooks from the New York Times, on one of our long road trips, David asked Michael about the birth of PEPFAR. Gerson said PEPFAR was born at a White House meeting when Bush realized that treatment with antiretrovirals was feasible and the U.S. could make treatment widely available in Africa. The realization that he -- the U.S. -- could play a Lazarus-like role was an epiphany for the President, folks got emotional, there were tears, PEPFAR was born.

I represented the U.S. Government at the official opening of a few PEPFAR-funded clinical facilities where people could get AIDS testing, counseling, treatment, and care. The gratitude expressed by Namibians was earnest, heartfelt, and moving. All this gratitude was directed at me. I was uncomfortable and embarrassed by it at first, but realized my role was to be a stand-in, a proxy, for Americans and their generosity. I was mighty proud and did what I could – but never enough – to make sure fellow Americans knew about their connection to this life-giving, goodwill-generating program.

Only once during four years in Namibia, I found myself on the receiving end of an angry, anti-American tirade. We were in the north, walking through one village to get to another. We ran across a man, a proverbial village elder, I think he was actually the chief, who was drinking at an outdoor bar that wasn't supposed to be open because it was still morning, but he was the chief and I think they said his son owned the bar, so of course he could be served. The gentleman laid into me about the U.S. invasion and occupation of Iraq and how President Bush was a war criminal. He was clearly drunk so I didn't engage and kept walking.

Q: Right.

NEWTON: The main political confrontation that came up for me in Namibia wasn't with an inebriated chief in the north, but with a sober political appointee at USAID in Washington. I got into a bit of soup with the Assistant Administrator for Africa who came in after Lloyd Pierson. She was one of my two bosses, the other being the ambassador. She and her staff requested me to meet with Namibian government officials and tell them USAID would be ending assistance to all sectors other than HIV/AIDS earlier than agreed and we needed to start planning for the change. This would come as a surprise to them. The context was post-9/11. The U.S. was conducting a global war on terror. The request to me, as far as I understood it, was part of an effort to shift money away from countries like Namibia that weren't on the frontline of the war on terror to countries that were.

Q: Did you fight back?

NEWTON: Yes. I expressed my views in an email to the AA. She wasn't pleased with my reaction to the request or the tone in which I communicated it. Fair enough. I was out of order. But it felt good to write and send it, and at that point I'd been promoted to the Senior Foreign Service and was quite sure my USAID career had peaked, so I didn't care whether the email might be career-limiting. In any event, she was doing her job and I was doing mine.

With input from the Ambassador and others, I pretty quickly folded and informed the Namibian government of our decision, but to this day, I still think the way we handled the situation risked souring the US-Namibia relationship unnecessarily when, post-9/11, we needed every friend and ally we could get, every UN vote, every listening post. It bothered me to have to tell Namibian leadership that the United States unilaterally decided not to respect our mutual agreements. In the grand scheme of things, relative to the mountains of nation-building money we were spending in Iraq, it would have cost peanuts to see our projects in Namibia through to their planned conclusion, have a smooth transition, and maintain a good mutually respectful relationship with a rising star of a country in Africa.

Lloyd Pierson would say, "There'll be no cuts in the Namibia program as long as I'm AA". If he were still AA when the hunt was on for money for frontline states, I wonder if he would have been able to resist the raid on Namibia's modest resources. Lloyd was a Namibiaophile. He knew what the country had been through to achieve independence, and I think he saw Namibia as an emerging model of good governance in Africa and therefore deserved some sort of dispensation.

True to fashion, Namibia handled the unexpected change in the U.S. bilateral assistance program well. They did what they could to minimize the downside of early terminations and transitions were smooth enough. It's important to make clear, before the request from Washington to curtail assistance, we were in the process of a careful phase-out of

assistance to non-HIV/AIDS sectors. The cuts imposed by Washington accelerated the phase-out.

Perhaps the best-known USAID-funded program in Namibia to be ended early was the Community-Based Natural Resource Management (CBNRM) program. I worked with our excellent Namibian program manager, Pat Skyer, and the World Wildlife Fund, the main contractor, to bring USAID's 17 years of involvement with Namibia's conservancies to as smooth a close as possible. I drafted a close-out cable to Washington outlining how our funding and technical assistance under CBNRM helped Namibia's conservancies improve livelihoods, improve conservation, increase populations of key wildlife species, and more. For some reason, the cable was classified. Too bad, because it included information Americans might be interested in, even proud of. Then came WikiLeaks. In a massive leak known as Cablegate, a trove of State Department cables was made public. It included our CBNRM cable. I'm against the leaking of classified information, but frankly, in this case, increasing awareness of an American-Namibian success story wasn't a bad thing.

I didn't go into detail in the cable about the success of trophy hunting on conservancies. It had been mildly controversial in some circles in the U.S. These well-regulated hunting programs were an important source of jobs, cash and meat to communities on the margin, eking out a living. As trophy hunting had a positive impact on communities, Springbok, warthog, Kudu, elephant, living on their land were valued as four-legged 401k's, a kind of community annuity, the people's pension. Communities were keen to manage and grow these animal assets. Once heavily poached species were protected by the community to be hunted legally and profitably. Conservancies performed annual game counts to establish conservative hunting quota for each huntable species. Once depleted animal populations made a comeback, some species are not just surviving but thriving—elephants, for example.

Bilateral assistance: from multi-sector to single sector

When briefing folks on USAID assistance to Namibia we'd use the ABCs, actually ABCDEs where A is for AIDS and TB prevention, care, and treatment; B for Basic education; C for Community-based natural resource management; D for Democracy and governance, and E for Employment creation and enterprise development. During my four years in Namibia, I worked on the transition of our bilateral program from ABCDE to A. I think the AIDS program became larger in terms of funding than the other four sectoral programs combined.

Thank heavens "A" included OVC—orphans and vulnerable children affected by AIDS -- which in Namibia with its severe AIDS epidemic was virtually all children. From the get-go, room was made for OVC under the PEPFAR tent. I had the pleasure of meeting quite a few "OVC" in Namibia. Though small, young and with limited means, these children had huge inner resources that kept them coping and completing homework and getting to school in the face of adversities that would have brought me to my knees. The most remarkable were the young people who headed parent-less households. USAID

supported these households under a program with Project HOPE where the young person left in-charge of younger siblings got a range of support including training in a trade.

The overriding goal in all OVC programs was to ensure children had at least one person -- a grandmother, aunt, sibling, friend, whomever -- to serve as a parent to head the household and make it a safe and secure and ideally nurturing and loving family.

Q: Other than help for orphans and vulnerable children, what else could you fit under the HIV/AIDS umbrella? Agriculture?

NEWTON: A member of Congress on a Congressional Delegation (CODEL) to Namibia was interested in that question. I think he suspected USAID was up to some shenanigans and was funding things under PEPFAR which were disallowed by Congress. But, tucking an agriculture program or any program outside the health sector under PEPFAR would be difficult. PEPFAR policies spelled-out in detail what PEPFAR funds could be used for and there was plenty of oversight to ensure compliance. We explained all that to the Congressman. Incidentally, the CODEL met with us -- the Ambassador and country team -- to fill a hole in their schedule which opened-up when their visit to Etosha, Namibia's renowned, remote national park, fell through. Their pilot said rains made the landing strip too soggy.

The CODELs I worked on over the years were by and large serious, productive and appeared enlightening for members of Congress who had the interest and took the trouble to come out and see what USAID was up to. We relished the opportunity to show off what was being done with U.S. support. I was a fan of CODELs. There should be more of them.

There may have been things force-fit under the PEPFAR umbrella that weren't explicitly permissible but which were necessary to meet the core PEPFAR goal of making treatment available. In some areas, antiretroviral therapy couldn't simply be grafted on to existing health care systems. Systems were barebones, weak. Virtually all hospitals in sparsely populated Namibia were rural and many remote. Virtually all were understaffed. Few could add AIDS treatment without additional staff and none could recruit additional staff without providing housing. PEPFAR policy makers may not have been aware that providing ART in some places was a turnkey operation which included construction of housing for nurses, doctors, and lab techs. The emergency nature of the epidemic justified it even if policies may not have explicitly mentioned it. The epidemic in Namibia was an emergency. The country was hard hit. The impact was evident. People were dying. Joan and I went to several funerals of Namibian colleagues.

Q: HIV?

NEWTON: Yes. The worst, the saddest, most perplexing funeral was for a dear USAID colleague, our senior Namibian HIV/AIDS expert who died in April 2006. She was a prominent voice in the country for AIDS prevention and treatment and our go-to person when we needed the best to brief important visitors like journalist David Brooks and

White House speechwriter Michael Gerson when they came out to assess PEPFAR progress.

She'd been in and out of the office on medical leave. Her condition worsened. I got a call one Sunday morning. She had died at a local hospital. Joan and I went to the hospital to pay our respects to her family and to see her.

There were two services, one in Windhoek where she lived and worked, and one in the north where she was from, where her mother lived.

Q: Right, right.

NEWTON: Shortly before the Windhoek service, where I was to speak, I was told by a doctor who had been called-in at the 11th hour to try to save her life, that she died of AIDS. I was stunned. As far as I knew, no one knew she had AIDS, not her son, not her family, not her work colleagues. She was a prominent voice for AIDS treatment, yet apparently didn't seek treatment herself. A colleague with years of experience fighting AIDS in Africa who knew the power of AIDS stigma and who knew I'd be speaking at her service, suggested I use the eulogy to say she died of AIDS, and use that information to illustrate how powerful stigma still must be in Namibia if it caused a prominent AIDS advocate to hide her HIV/AIDS status. I told him it wasn't my place to reveal she had AIDS. She chose not to tell a soul and I chose to respect that. If her family found out and chose to tell folks, fine. She had two sisters and a brother who I got to know in connection with her death and funeral and met her mother and other relatives in the north. Someone said she was most concerned about her mother finding out and that was the reason for her secrecy.

Joan and I and two USAID colleagues went to her service and burial in the north. It's a long drive. We were on a stretch of road that tracks the eastern fence of Etosha, the national park. I was dozing in the back seat, still trying to figure out how our 39-year-old colleague died of untreated AIDS, when I opened my eyes to see an elephant standing in heavy bush in the game park. We had learned from her family that her nickname in Otjivambo, the language of the north, was the word for elephant. It was a compliment. The nickname meant she was steadfast, unwavering, strong, which she was, but with one fatal exception.

Q: Right.

NEWTON: We attended the village church service, where I also spoke, then a gathering at her mother's compound where folks filed by her open coffin, many of the younger ones taking photos of her, then drove to the cemetery for her burial. It was the hot season. The graveside service and burial took time. Once her casket had been lowered into the ground, guests remained standing at the grave site as workers mixed concrete and shoveled it into the hole to cover the casket. Casket stealing was a problem. Encased in hardened concrete, they were difficult to haul off.

Joan is slight in stature but tough as nails. An Irish-American elephant in her own right. But standing for a couple hours beside the grave in that heat was too much even for her. She felt faint – maybe the beginnings of sun stroke – so we found shade and sat her down propped-up against a gravestone. A doctor colleague checked her out. Shade, water and rest brought her back to her delightful self and we resumed standing next to the hardening concrete. Wish I had a photo of Joan in the cemetery propped-up against the headstone. A keepsake to remind me of what a trooper she is. The perfect lifetime travel companion.

We met many of our dead colleague's family members and friends. Discussions, of course, were all about her. But there was no talk about the cause of her death.

Q. Wow. A funeral to remember and a huge loss to USAID's HIV/AIDS program.

NEWTON: Yes, indeed, and while on the subject of losses and jolts to the HIV/AIDS program, a year later, in April 2007, there was another stunning loss but one that provoked an altogether different reaction.

Joyce Barr, our wonderful Ambassador, was dropping me off at home one night after an event when she took a call from Washington. Randall Tobias, the head of PEPFAR, had abruptly resigned. The man responsible for implementing White House AIDS policy that touted "abstinence and fidelity," stigmatized sex workers, and prohibited us from supporting organizations that helped them get out of that work, was outed in a press report as a regular user of a D.C. "escort service," a "prostitution ring." He said he only got massages from the "gals" who came over to his place. Whatever.

The head of our global AIDS program, the man imposing PEPFAR's moralizing quid pro quo -- we'll save your life with antiretroviral therapy, but only if you're faithful to your partner -- was engaged in extracurricular activity, infidelity, with gals from an escort service. I drafted an email to the USAID AIDS community conveying the news of our leader's resignation and expressing my outrage. Like my e-mail to the Assistant Administrator of the Africa Bureau objecting to cuts in the Namibia program, colleagues strongly advised me not to send it. It might be career limiting. One said, "Don't send it. These people can be vindictive." I toned it down. Removed much of the outrage.

Q: But sent it anyway?

NEWTON: Yes, I had to say something.

Q: Well, yes, so we're learning every day the extent of hypocrisy. But yeah, you must have really been upset.

NEWTON: Yes. People were working flat-out on PEPFAR and here's this gent from Big Pharma who had accrued big power in State and AID, sending a message that a bedrock Bush White House prevention policy -- abstinence and fidelity -- is for you folks, not me.

I met Tobias a couple times. I was one of two or three mission directors invited to Washington to work with him and his staff to get PEPFAR rolling at the country level. When he also became head of USAID, I met with him while in D.C. on annual consultations. Not all AID Administrators made the time to meet Mission Directors. So, that was a good thing. At first I was skeptical about the idea that the leadership skills that led him to be spectacularly successful in the private sector would necessarily translate to success in the public sector leading a huge global program to fight AIDS, but PEPFAR seemed to be off to a pretty good start under his leadership. Of course, he had an excellent deputy and talented technical staff. He was obviously skilled at the art of political in-fighting within very large bureaucracies because, in short order, he was the triple-hatted Deputy Secretary of State, USAID Administrator, and head of PEPFAR. But he bombed-out in the all-important practice-what-you-preach department. Good Lord, what was he thinking?

Q: Yeah, I've done interviews with other people at that time and I think everybody was shocked. Everybody was shocked.

NEWTON: Yes, that was a normal reaction among the troops. After he hightailed it out of Washington, the once all-powerful Global AIDS Coordinator seemed to be quickly forgotten. PEPFAR survived. Civil Service and Foreign Service staff at OGAC and in-country carried on. The black eye he gave PEPFAR healed and folks forgot this embarrassing episode in the early history of PEPFAR. I think it's important to remember it.

Q: Right. Can I just ask you on PEPFAR. You know, one criticism is that there's no way to stop it, that basically once you commit to providing lifesaving medicines, it's almost impossible to stop doing that. And I know there have been attempts to shift the funding so it's more done by locals, but—or by local groups or governments. Did you have to deal with that criticism in any of your HIV roles? Or do you even agree with it as a criticism of the program?

NEWTON: Your concern is spot on and, yes, I dealt with the issue in Namibia. I was among the first to start harping about it and sounding the alarm. I discussed the need to reduce reliance on U.S. funds for the national ART program with Namibia's Minister of Health, Richard Kamwi, on a couple occasions including at Namibia's 2006 World AIDS Day.

Minister Kamwi presided at the World AIDS Day commemoration. Joan and I attended representing the U.S. Government. The World AIDS Day observance was held in Opuwo, capital of Namibia's northernmost region, Kunene. It was chosen, I was told, to recognize and reward the region for having the lowest HIV prevalence in the country – “only” 9%. There was a lot of speechifying. The last speaker was His Worship the Mayor of Opuwo, a pastor and the owner of the local internet café. He called on educators to protect girl students at hostels, called on police to enforce the law against selling and serving alcohol to minors, and on the business community to stop serving alcohol to underage citizens of Opuwo. When he spoke, we were well into the 4th hour of the program, it was hot, and

not many people appeared to be listening to the good mayor. Too bad, his remarks were on-point.

The morning after the event, before heading home to Windhoek, we shared breakfast with the Minister. When dining with him, you notice that when he raises a glass to his lips he holds his drinking arm to steady it. As a freedom fighter during Namibia's war for independence he was tortured by South African Defense Forces and left with a permanent tremor. I mention this to emphasize a point I made earlier, that many people in government like Richard Kamwi, went through hell and high water fighting for independence, and when they won it, were committed to getting their new nation off on the right track.

I had heard that Kamwi spoke about the need for more local financing for ART at the recent AIDS Conference in Toronto and complimented him. He felt Namibia's total reliance on the U.S. for funding ART was risky, and the fact that it was the signature foreign aid program of a president in his last term made the situation riskier. I agreed and pointed out the program thus far enjoyed strong bipartisan support and funding may well transcend administrations, at some point U.S. funding will inevitably end and it makes great sense to start planning for that day. Kamwi said he had raised the issue of Namibia starting to assume some of the recurrent costs of ART with Namibia's President at a recent Cabinet retreat. The President asked him for a financing plan. I congratulated Kamwi on his efforts to ensure greater financial independence for the national AIDS treatment program. Kamwi may have been ahead of PEPFAR on this issue. Perhaps understandable. If U.S. funding for ART suddenly stopped, he'd be the one answerable to thousands of fellow Namibians left high and dry without life-saving drugs.

Q: Right. On discussing important AIDS policy issues like financing treatment with the government, how did that work? Who spoke for PEPFAR? Did PEPFAR folks reside with the mission? Did they have their own office?

NEWTON: In PEPFAR's early days, there were no separate PEPFAR staff at the country level. Existing CDC and USAID staff worked together under an Embassy officer designated by the Ambassador as the PEPFAR country coordinator. In Namibia, a relatively junior officer from the econ office was the first PEPFAR coordinator, a role that was added to his regular duties. Then, when PEPFAR ramped-up in size and public visibility and came to be the most prominent U.S. activity in Namibia, a senior embassy officer took over as coordinator.

PEPFAR's initial structure left room for friction between the two principal implementing agencies, CDC and USAID. But coordination in the early days went well in Namibia partly because the head of CDC and I knew one another quite well from Malawi days. I liked and admired him. Risky though to rely on personal relationships to ensure good inter-agency coordination. The coordination job got more challenging as the program grew and old hands moved on.

Q: Right.

NEWTON: I knew Kenya had established a full-time PEPFAR coordinator position and knew the person in the position, Buck Buckingham, a legend in the AIDS world. Buck knew USAID and CDC inside and out and was a prince of a guy to work with. So, I thought, why not find our own Buck Buckingham to be the PEPFAR coordinator in Namibia. I presented the idea to the Ambassador and country team who thought it worth pursuing.

Q: So, how did it work out? Did you find your Buck Buckingham?

NEWTON: Turns out there's only one Buck. The person hired appeared promising, and was in many ways, but coordination, perhaps inevitably, was bumpy at times. The Deputy Chief of Mission (DCM) had to spend a bit of time fence mending and mediating.

Q: And so, they became sort of the de facto coordinators?

NEWTON: In a way. The DCM had to become quite involved. I'm sure coordination was challenging in other PEPFAR countries as well. In the early days, I recall Washington exhorting us to subsume individual agency interests and egos under the common goals of PEPFAR. I remember thinking—and I think pointing out—if you want interagency camaraderie in country it would help if you modeled it in Washington.

Q: Yeah. I'm not sure how much it is there now. Did you serve your full term as mission director in Namibia?

NEWTON: Yes.

Q: And did you think that was it for overseas? Or, would you have taken another mission director position?

NEWTON: Joan would have loved another overseas assignment, but I recall feeling a bit burned out and was up for a change and the Special Advisor for OVC position in Washington felt like it might be just the right change.

I suppose I would have taken another mission director position if I could have re-created the situation I had in Namibia --working with government officials who were gung-ho about developing their country; a terrific deputy, Doug Ball, who was good at everything I was bad at; and, an ambassador who was fantastic in every way, but wasn't crazy about some of the representational work, which I loved.

Q: Okay. Well, it does sound as if in that time you did a lot of representation and more than most mission directors would have been called on for a variety of reasons, one the nature of the program and your knowledge of it, two, just the proclivities of the ambassador, who didn't particularly care about that. So, I mean, there are some mission directors who really don't have much exposure to the representation side of things. But it sounds like you certainly did.

NEWTON: Yes, I loved that aspect of the job. Carol Peasley, my first Mission Director made it clear that a crucial part of a USAID Foreign Service Officer's job was to get out of the office as often as possible to observe, listen, learn, meet, greet, motivate, appreciate, represent, nip problems in the bud. At staff meetings in Malawi, Carol would award the person who had spent the most time out of the office traveling the country the previous month, a special "USAID/Malawi" coffee mug from a local potter. Of course, you couldn't neglect your office work or your cup might be taken away. I got out a lot in every country I worked in, thanks in part to what I learned from Carol at my first USAID post about the importance of travel.

Q: So, you were able to do that. People complain they would do it, but the RSO (Regional Security Officer) won't let them. You didn't have a security situation that kept you confined.

NEWTON: No, not in the countries I served in. No sense of confinement, even after 9/11. I traveled a lot, all over. Namibia was probably one of the safest countries on earth from a security standpoint.

There was always the potential for security situations. As mission director I had to submit a vulnerabilities assessment every year. The most glaring vulnerability for our mission was the fact that USAID Namibia was in commercial office space, a six-story building in downtown Windhoek. In the basement of the building was a parking garage completely open to a busy street. No gate. No bollards. No guard. No nothing. I assumed when security was beefed-up after the embassy bombings in Dar es Salaam and Nairobi and post-9/11, that terrorists were looking for soft targets and we were the softest. My pleas for beefing-up security fell on deaf ears. Fortunately, USAID moved from that location.

USAID was in commercial office space in downtown Cairo a few blocks from the heavily fortified American embassy compound. When our embassies were bombed in Dar and Nairobi, USAID was moved more or less overnight to more secure space in U.S. Government buildings around Cairo.

Q: Right, I remember that.

NEWTON: I had a small office in the embassy but my group was dispersed among several different office locations around the city. I spent a great deal of time stuck in Cairo traffic trying to get from one location to another talking on my flip phone with colleagues.

Q: And then eventually I guess they built something in Maadi.

NEWTON: Yes, for the final part of my tour in Egypt, USAID had moved into a building on the outskirts of Maadi. It felt like we were in the desert. But even in Egypt, after the 1998 embassy bombings, I don't recall tighter restrictions on USAID travel. When traveling with the ambassador you were certainly reminded that there was a security

situation in Egypt by the armor-plated vehicles and gun-toting people in his motorcade, but the security concern seemed to apply only to him. After meetings, his motorcade rumbled off in one direction with all the security and we went off in another direction -- defenseless. (Both laugh)

USAID/Washington, 2008-2011

Q: Yeah. It probably made it easier for you to actually have some contact. So, you had a family discussion about whether you're going to stay overseas or not. How did the decision to come back and start the OVC program in the Health Bureau come about?

NEWTON: No need for a family discussion this time. Our son was already living and working in D.C. He was glad to have us come back and join him in the city, in fact for a while we lived in the same building. The decision to return to D.C. was mainly driven by my interest in the U.S. Government Special Advisor for Assistance to Orphans and Vulnerable Children (OVC) position. It was different from positions a Foreign Service Officer would normally take in D.C. It was a one-off, there was an entrepreneurial aspect to it, I could shape it within the fairly broad legislative parameters. That appealed to me. Also, the position involved working across the U.S. government which was unusual and which sounded interesting. Mainly, I was drawn to the job because of the opportunity to work full-time on behalf of orphans and vulnerable children. I was moved by the children I met in Namibia and wanted to help them and children like them.

Q: And you were the first one to have that job, I think.

NEWTON: Yes, I was the first person to serve in the position full-time. Public Law 109-95 mandated the position. PL 109-95 is the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005. That was the "short" title. The law came into effect a couple years after the launch of PEPFAR in 2003. It requires U.S. Government assistance for vulnerable children to be coordinated, comprehensive, and have measurable impact. The focus on coordination and collective impact was important because there were hundreds of projects for children being run out of 30 different offices across seven federal departments and agencies. Annual assistance from the U.S. Government for children was in the \$2.8 billion range.

The law requires the Secretary of State to appoint the Special Advisor but the AID Administrator can request the Secretary to delegate authority to make the appointment, which was done. The first two Special Advisors appointed by the USAID Administrator were the first two people to head USAID's Office of HIV/AIDS, Connie Carrino and Ken Yamashita. Given the huge task they faced leading the rapid expansion of the agency's HIV/AIDS response under PEPFAR, Connie and Ken could only deal with PL 109-95 OVC responsibilities part-time.

Global Action for Children, an independent DC-based children's advocacy group funded mainly by Angelina Joli, played a lead role getting the "not less than" 10% earmark for

OVC in the annual PEPFAR appropriation, and a lead role in the passage of PL 109-95. They also pushed USAID to strengthen its leadership of PL 109-95 by, among other things, insisting that the Special Advisor be full-time.

Q: Right. Did Lloyd reach out to you, Lloyd Feinberg, or did he have to play that role until you took it over? I'm trying to figure it out because I know he was doing a lot of work on the orphans front.

NEWTON: Yes, Lloyd reached-out, helped orient me, and was a great colleague, but he didn't play the role of Special Advisor, he and his colleagues worked on a separate program, the Displaced Children and Orphans Fund -- DCOF.

DCOF was described to me as occupying a "bureaucratic sweet spot" within USAID. What that meant was that DCOF was a secure, protected program as long as Senator Leahy was in office, which was a long, long time. Leahy was the patron of DCOF and, as you know, chair of the subcommittee in charge of appropriating foreign aid. DCOF folks operated happily in their niche largely immune from the kind of competitive wrangling over funding other USAID programs had to engage in.

DCOF was established, had solid funding, and worked mainly within the USAID realm. PL 109-95 was new, unfunded, and had a US Government-wide mandate but no authority to impose it. An early challenge was to figure out how to get the old and new to work together, how to align DCOF with the broad goals PL 109-95 and draw them into more collaboration with colleagues working across the USG on the same challenges. Lloyd and I had some spirited discussions.

Q: Right.

NEWTON: Lloyd described DCOF as a "lab," meaning that he saw DCOF as a program that tested promising approaches to protect and nurture children and strengthen families. I asked how approaches found promising got picked-up and scaled-up by USAID at the country level and by other USG agencies. He said DCOF technical advisors disseminated best practices and lessons learned. Fair enough. I'm sure that was happening. But I was interested in exploring how best practices could be disseminated more broadly, more systematically, to ensure the impact of the USG global program was improved by what was coming out of their lab.

But before I went out to the broader U.S. Government community to preach collaboration, I thought it prudent to make sure we -- USAID -- had our own house in order when it came to coordinating similar programs within the agency. The obvious in-house challenge to start with was to build more of a bridge between DCOF, the folks who identified best practices, and USAID Missions, the folks in a position to implement best practice on a wide scale. By the time I left, that bridge was definitely not finished.

Q: Right.

NEWTON: When I arrived in D.C. from Namibia to start work as the Special Advisor, I was dealing with a virtually clean slate in terms of the agency's understanding of PL 109-95 and its potential. Because of the effort required to plan and launch USAID's large piece of PEPFAR, there'd been little time to figure out how to make the most of this new Public Law for which USAID had the lead.

On my first day as Special Advisor, a program assistant from the HIV/AIDS office assigned to devote part of her time to PL 109-95, brought me a cardboard box with the agency's official PL 109-95 files. The box was half-full. There wasn't a lot of context or history to learn. A number of good people reached-out to offer their views on how to make the most of the opportunity -- Ken Yamashita, Connie Carrino, Gretchen Bachman, Maury Mendenhall, John Williamson, Lloyd, among others.

Q: So, PL 109-95 as a piece of legislation had been neglected, abandoned. It was an orphan?

NEWTON: [laughs] In a way, yes, the legislation focused on helping orphans was itself orphaned. It was a foster child of a law looking for a supportive home. It wasn't well known, even in Congress. A staffer asked me who co-sponsored PL 109-95. I had to point out to him that his Representative was a co-sponsor. Barbara Lee was the sponsor. I didn't meet her until my last day on the job. After sponsoring the law, she wasn't much involved.

To be sure, there were very good things being done for orphans and vulnerable children by different arms of the USG. Twenty offices in seven federal departments and agencies —Labor, State, Defense, HHS, USAID, Peace Corps, CDC—were managing hundreds of projects for children in over 100 countries. The idea behind PL 109-95 was to strengthen the collective impact of all this good work through better coordination, and to be able to report collective impact more accurately and fully to Congress and the taxpayer.

Q: Right.

NEWTON: It was, of course, a perfectly sensible idea to learn from one another, avoid reinventing the proverbial wheel, avoid duplication, and, as we used to say, make the impact on children of 2 USG programs plus 2 USG programs equal 5 USG programs.

Q: Right. But you said you had no budget; it was an unfunded mandate.

NEWTON: Correct. There was no budget and in terms of staff there was me and a part-time program assistant. Enter the First Patron Saint of PL 109-95, Gloria Steele, who was then Senior Deputy Assistant Administrator of the Bureau for Global Health, and my boss.

Q: Really? Okay, I didn't know that.

NEWTON: Yes, Gloria was committed from the get-go to figuring out how to use the potential of PL 109-95 to do more and better things for children. She lined-up funding to give our unfunded legislative mandate early life. She came up with money for first one, then a second, then a third, then a fourth position, and presto, we had a PL 109-95 "secretariat." We could begin to perform the whole-of-government functions required by law.

The first hire was my best hire, Gillian Huebner. She has never forgiven me for comparing her to Africa's toughest mammal pound-for-pound—the honey badger. It was a huge compliment. Under PL 109-95, we had no authority over anyone and no funding. You couldn't use the law as a carrot or stick. All you could do to get things done was to motivate, excite, cajole and badger people to cooperate voluntarily. That's where gung-ho Gillian came in. She was brilliant at getting folks from different departments and agencies to collaborate. She was talented and tenacious at getting adults to do more and better things for children.

So, in the early days of PL 109-95 we got a bit of momentum going. Connie Carrino and Ken Yamashita had set the stage for interagency collaboration and we built on it. Technical leadership from across the U.S. Government came together in quarterly interagency meetings to work for children -- first a dozen people, then twenty, sometimes fifty people, pitched-up to share lessons learned, align assistance, discuss common constraints and how to lift them. There was interest in, even enthusiasm about, collaboration. The deep state at its finest.

Most U.S. Government programs shared the same broad goals: family strengthening; helping children go to school, stay in school, and do well in school; reducing violence in families and communities; improving access to basic health care and education, and the like. There was much to learn from one another about how to achieve those goals by comparing the effectiveness of different approaches and identifying best practices to support.

Q: Yes. So, actually there were duplications that, if you could take an all of government approach you would say we can achieve some savings here. But that may be exactly what people were afraid of, that you would be the inefficiency that was eliminated.

NEWTON: (Laughs) Good point. Efficiencies may have been possible by eliminating the inefficient, but I had no authority to do that. The law under which I worked took the existing structure as given -- so I did, too. My hope was to gain efficiencies -- greater impact -- within the structure as it was. For example, as a group we tried to identify common constraints across agency programs and figure out how to lift them. A common constraint was the general lack of data on what worked best to help vulnerable children. Our little secretariat initiated plans for the first-ever US Government "evidence summit" on children living outside family care. The summit was to lead to the development of a USG-wide technical strategy to better meet the needs of such children. When I retired, Gillian and colleagues saw the initiative through to a successful U.S. Government-wide summit and strategy.

Another example of a common constraint was the global underinvestment in the social service workforce. There were generally more folks figuring-out how to protect children than there were folks to actually protect them. The constraint wasn't the "what" but the "who". With Gretchen Bachman, Maury Mendenhall, and others, PL 109-95 and PEPFAR launched an initiative to strengthen the workforce that cares for and protects vulnerable children. In 2010, a conference was convened in Cape Town to launch the initiative. In 2013, the Global Social Service Workforce Alliance was established in D.C. to institutionalize and sustain this global effort.

I mentioned the social service workforce strengthening initiative when I had my exit briefing with Representative Barbara Lee who, as I mentioned, was the House sponsor of PL 109-95. She has a Masters in Social Work. Another member of Congress who studied social work, Senator Mary Landrieu, provided leadership and high-level support on the orphans and vulnerable children front. Senator Landrieu was the Second Patron Saint of PL 109-95.

Q: Yes, okay.

NEWTON: Mary Landrieu is a dynamo-and-a-half. She became the go-to person in Congress to push USAID's leadership of PL 109-95 and support a more coordinated government-wide effort on children's behalf.

Q: And it was she, not a staffer, who was really committed to this, right?

NEWTON: It was Senator Landrieu who was committed and who worked on all this. But I got the sense she had to downplay her commitment to international assistance for children. It may not have been politically advantageous. Constituents in Louisiana may have supported her work for children in Baton Rouge but not so much in Addis Ababa. Senator Landrieu also had excellent staff on the international beat like Libby Whitbeck.

Mary Landrieu was the first woman elected to the Senate from Louisiana. She served 18 years before she was defeated in 2014. I believe she was the last Democratic Senator from the Deep South. It was another stroke of dumb luck that she was in the Senate and available to advocate and assist during my tenure as Special Advisor in the early days of PL 109-95.

Q: Right. But you had to go up and brief a lot, I would imagine.

NEWTON: Yes, meetings here and there but only one semi-formal briefing on children in Haiti after the earthquake. Some meetings with Senator Landrieu and her staff involved legislation from her office to improve international assistance for children. We provided the "development perspective". Adoption was emphasized in draft legislation -- we thought over-emphasized. Our position was that U.S. assistance should focus on preventing the need for adoption by helping families remain intact by strengthening

health care, education, housing, child protection systems, the social service workforce, livelihoods, in other words, doing development.

Q: Right. How did Legislative Affairs feel about you working so closely with Senator Landrieu?

NEWTON: Good question. I understood the need for oversight and guidance from Legislative Affairs (LEG), but rules for interacting with Congress seemed overly tight. Over time, I don't recall feeling constrained by LEG. I just did my thing. I was sure I'd hear about it if I crossed a line. Betty Cook was particularly helpful in guiding me, and, of course I kept Gloria Steele fully informed on interactions with Senator Landrieu and Congress and documented my interactions, after all, I had to fill the other half of the cardboard box with files on 109-95.

Legislative Affairs and State were interested in a gathering in Los Angeles I'd been invited to by Whole Child International, an LA-based NGO. The gathering included a "policy breakfast" with twelve participants who'd be discussing orphans and vulnerable children. One of the participants would be the Dalai Lama. The U.S. government had to tread a fine line when interacting with him to avoid irking the Chinese so I had to get the OK from LEG and State to attend. The Dalai Lama was humble and humorous as he explained his orphan-like upbringing after being chosen at age 2 as the 14th Dalai Lama and leaving his family to be raised and educated by monks in monasteries.

Q. This is February 16 and this is our third conversation with Gary Newton. Good afternoon, Gary.

NEWTON: Good afternoon, Anne. It's a pleasure to join you again.

Q: So, when we were talking last time, we were talking about your role in the office of orphans and vulnerable children. And I think you grew it from just you to a really significant program. And you were talking about some of the allies that you had along the way to make it what it is. I just wanted to start there and see if there are other things that you want to mention from that period and then, since you have had at least another decade of development work since then, I really want to talk about some of those assignments. So, let's go back to the special advisor's role.

NEWTON: Thanks. There is one more thing I'd like to talk about related to my time as Special Advisor and that's the earthquake in Haiti on January 12, 2010. It killed an estimated 220,000 people, 105,000 of whom were children. An equal number of children were thought to have been injured. It was the deadliest earthquake in the Western Hemisphere. It damaged or destroyed 28 of 29 Haitian government ministries, 300 schools and 50 health centers. 17% of Haiti's civil service personnel died.

Under P.L. 109-95, we had established an interagency working group in D.C. to coordinate international assistance to children overseas. Collaboration was good. When the earthquake hit, we decided an interagency group in Port-au-Prince was needed to work with the D.C. group. I went to Haiti to set that up and to assess the status and needs of children post-earthquake. Thanks to the exceptional Haitian and American staff at the embassy and USAID, I got around and got to know a bit about who was doing what and what more we could do. I was able to establish an interagency group at the embassy to coordinate assistance.

Q: Well, I imagine this earthquake in Turkey and Syria is bringing a lot of those visceral memories back to you.

NEWTON: Yes. Seeing the piles of rubble and desperate attempts to rescue people brought back memories from the Haiti earthquake. As you know, USAID's Disaster Assistance Response Team (DART) is the first of the first responders. DART was on the ground in Port au Prince just hours after the earthquake. They're the ones who activate and deploy the urban search and rescue teams, the folks with the dogs.

I got to Port au Prince about a week and a half after the earthquake when rescue had turned to recovery. I flew down with the Disaster Medical Assistance Team (DMAT) from Missouri, which was the DMAT on call that week. There are 12 DMATs in the U.S. One is always on call and ready to deploy. This was apparently the first international deployment of a DMAT.

We disembarked and stood on the tarmac waiting for a lift to the embassy. The terminal building had a deep crack running through the name *Toussaint Louverture International Airport*. The Haitian government was on its knees and had handed-over airport operations to the U.S. military. The airport was controlled chaos. An Air Force logistician named Guido greeted us. He seemed to be the one controlling the chaos. He had a stogie in his teeth, a radio in each hand, and a vest with lots of pockets. He was orchestrating the off-loading of relief workers and supplies from jets and monstrous cargo planes -- C-17s and C-130s -- and their re-loading into Humvees, trucks, buses, helicopters. There were probably dozens of Air Force personnel offshore and in the U.S. backing him up, but Guido looked like the maestro of the tarmac.

I was bowled-over by the immense logistical power of the U.S. military to deliver humanitarian relief. Made me mighty proud and made me hope and pray we use that capability more often.

Q: Logistics is a full career in the military. We think of the fighting, but the logistics, I think, are really extraordinarily important.

NEWTON: Yes, indeed.

Q: And probably you needed to secure the airport to bring in what was needed. But in any case, one of the things maybe you could talk about are the children who are

vulnerable in that situation. They may have lost their parents or the parents may have lost them. Maybe you could comment because I didn't really understand it until when I was at Save the Children that almost immediately thugs and criminal gangs try to recruit for child labor and other things. While you're still trying to save lives you also have to deal with the criminal element that sees this as a perfectly legitimate target of opportunity. I don't know whether you found that but the vulnerability is not just the physical aspects of the earthquake.

NEWTON: Yes, and it was particularly important to get the national airport up and running because Haiti's port was so heavily damaged. The airport was an early lifeline.

On the vulnerability of children post-earthquake, yes, an important point. Disasters like this one bring out the best in humankind, and the absolute worst. The hottest place in hell is reserved for people who use disasters to prey on children.

I didn't hear about criminal gangs preying on children, that may have happened, but colleagues and I witnessed and interceded in a situation similar to the highly publicized case involving a group of presumably well-meaning Baptist missionaries who, doing "God's will," attempted to take 33 Haitian children home to Idaho. They thought the children were earthquake orphans. Most of the children were not orphans. The Baptists were arrested in Haiti on child trafficking charges. The incident we happened upon took place a couple weeks later.

We were out looking for orphanages. There were thought to be around 350 registered orphanages in Haiti and twice as many unregistered, unregulated ones. The status of the buildings and children who lived in them was unknown. UNICEF had the lead to find out. If there was a comprehensive list of orphanages with addresses it was buried in a pile of rubble where Haiti's child welfare department once stood. There were partial lists. Teams were formed to locate orphanages and ascertain their status. I went out with one. A colleague from USAID/Haiti and I joined an official from the Haitian Ministry of Children and Social Affairs and a woman from UNICEF's child protection group.

We found one of the orphanages on our list and pulled-up in front. The orphanage had pancaked, the roof was the floor, children had apparently dispersed or died. In any event, no one was there. Across the street, we noticed a suspicious looking vehicle with a couple white adults and a couple black toddlers. The person from the ministry went over to check it out. As she approached, they drove off. It appeared we had interrupted an abduction. We pursued them. The car chase took place in slo-mo. Traffic post-earthquake in Port-au-Prince was either gridlocked or, when it moved, crept. Tailing the suspects took us right by the American embassy. My USAID colleague recommended we jump out and let the ministry official continue. The situation was in the government's bailiwick. We jumped out of the moving vehicle without incident, it was going about 4 mph. I learned later that the people in the car with the children were Americans, again, presumably well-meaning. They were caught by the police trying to take Haitian children across the border into the Dominican Republic and on to the States illicitly.

In a similar incident, the governor of Pennsylvania sent a plane to Haiti to pick-up children thought to be “earthquake orphans” and fly them back to Pittsburgh for adoption. Some turned out not to be orphans. They were separated from family in the chaos. Reuniting and repatriating them took time. In the aftermath of a disaster like this, most children don’t need a seat on an airplane to Pittsburgh, they need a bed in a safe place near to where they live so their family can be traced and they can rejoin them.

Q: I think I remember some of those stories and I think you’re being generous saying that it was sort of for the best of reasons or they thought it was.

NEWTON: OK. Fair enough. The arrogance of those who believe they’re doing “God’s will” in a situation like that is distressing. After surviving an earthquake, the fact that children are still not safe and in need of protection from such goons is incomprehensible.

Q. How many children were orphaned by the earthquake?

NEWTON: UNICEF’s definition of an orphan is a child under 18 who lost one or both parents. Using that definition, the best estimate was 131,000 were orphaned, 7,000 of them lost both parents. In addition, an estimated 70,000 children lost the person heading their household when there was no biological parent. Thousands of children were temporarily orphaned in the sense that they were adrift looking to be reunited with family. These children had to be accounted for, identified, helped with urgent needs, placed in a safe care center like an SOS Children’s Village or one of the interim care centers set up by USAID and UNICEF. Then the work of tracing families, finding a surviving parent or head-of-household, began. Tough, time-consuming work in the best of times but after the earthquake many folks who did that work were out of commission, dealing with loss, housing and their own immediate needs -- and some were dead. UN staff in Haiti were decimated, 102 people died when their building collapsed. The government’s child welfare department was destroyed along with the records on children in their care. When I met the head of the government’s child welfare department, the best place she could find for our meeting was a bench under a mango tree.

Q: Yes, I can imagine the responders themselves needed help.

Exactly. Before going to Haiti, I recall thinking, what we need to do to help separated children is redirect the considerable talents and resources of our existing partners in Haiti who were working on health and family planning and focus them on finding and protecting children. On one of my first visits to a USAID-funded NGO, there was a team from Lebanon providing psychosocial support to that NGOs staff. Pre-earthquake, they had 310 staff, post-earthquake only 190 were working. We learned that another USAID partner’s management team was all but gone. Yes, first responders were shaken, grieving, exhausted, in need of care and support themselves. My idea that we could just re-tool our on-the-ground implementation capacity was naïve. That capacity was seriously weakened and depleted.

Adding to responders' burden was the volume of urgent requests from Congress, many related to the status of orphanages supported by constituents. More requests than people to investigate and respond. After dealing with my first few inquiries, it was clear that orphanages with patrons in the U.S. were generally better off than those without. With limited resources to respond, we gave priority to orphanages without a link to American largesse so they would soon receive some.

Naturally, Washington was crying out for information on what was happening in Haiti and it was deeply frustrating to be constantly behind the eight-ball responding to them. In a situation like that, someone in Washington needs to triage requests.

Q: Right. Yes, that's a good reminder that when relief workers have their hands absolutely full the reporting then becomes just another burden. So, I could imagine that you would have been valuable if all you did was take some of that reporting off their hands, but I'm sure you did more.

NEWTON: Thank you. Yes, I did my share of responding and reporting to Washington. But, whatever I may have contributed parachuting-in from D.C. for a couple weeks was a drop in the bucket compared to what the folks at the Embassy and USAID and other USG agencies were doing. Haitians and Americans picked themselves up and dusted themselves off -- many literally -- and worked night and day even when, in some cases, their own homes were damaged or destroyed, or extended family hadn't yet been accounted for. It was extraordinary.

Our USAID director, the late great Carleene Dei, had just arrived in country when the earthquake hit. She had planned to meet a friend after work at a market downtown when Washington called. The call may have saved her life. It delayed her leaving the office and meeting her friend at a market that collapsed during the earthquake. Carleene ended up living in her USAID office for weeks doing heroic work, like so many other USAID and Embassy people.

Q: Wow. Amazing.

NEWTON: Yes, really amazing. On my part, I did what I could, and learned there's a world of difference between disaster work and development work.

With hundreds of others, I worked and slept in the embassy, in my case in a USAID cubicle. The lights on our floor were on 24/7, so I relied heavily on my MSM -- my Magic Sleeping Mask, one of those masks the airlines give you. We ate MREs -- Meals Ready to Eat. There were two showers for hundreds of us. They were the embassy pool showers normally used by a few folks on weekends to rinse off before and after swimming. I picked-up quite the foot infection. I had no flip flops. The infection was of great interest to my D.C. dermatologist. She made it seem like I had something last seen on the feet of soldiers living in trenches in World War I. A couple of her residents came by to check-out my foot infection.

The embassy was besieged by Haitians trying to get visas to travel to the States. Marines had the tough task of keeping the situation under control while treating desperate folks, many women and children, with respect. Looked like they were doing a good job. The consular folks worked flat-out to help eligible Haitians get out.

After the first couple days in Haiti, I had my first conference call with colleagues in D.C. -- and they were fantastic colleagues. I think it was when I was describing the gap between what needed to be done for children and what I thought I was able to do, I choked-up. I didn't completely lose it, but I couldn't talk for a bit. I felt overwhelmed. Not sure whether they picked that up over the phone. Hoped not. Wouldn't exactly instill confidence in their man in Port au Prince.

Q: Right. And what you had seen, which is indescribable I imagine.

NEWTON: Yes, but frankly, it was what I couldn't see that got to me. Hundreds of dead children must have still been in the rubble. As you drove --- very slowly -- around Port au Prince passing pile after pile of rubble, you imagined the children still entombed.

Haitians were coping somehow under circumstances that would have me on my knees weeping. The word "resilient" is over-used nowadays. The word should be reserved to apply only to the people of Haiti.

Q: So, that was the only disaster that you had to deal with during your three years in the special advisor role?

NEWTON: Yes. Haiti was my first and only experience working in disaster assistance. Senator Landrieu would introduce me as the U.S. Government official responsible for all the orphans and vulnerable children in the world. Her introduction always gave me a shudder knowing how few resources were at my disposal to even come close to assuming that responsibility. One thing the Special Advisor is not normally responsible for is children in disasters. There were folks in the Office of Foreign Disaster Assistance (OFDA) with expertise in child protection in disaster situations. And, another example of how PEPFAR warped what USAID did -- and didn't do -- was that most of the agency's child protection expertise was in the Office of HIV/AIDS working on children affected by AIDS. Two of them were borrowed to help in Haiti. People seemed to think USAID had a lot more personnel working in child protection than we did. Child health, yes, not child welfare and protection. The earthquake exposed how relatively light USAID was in child protection capacity with the notable exception of protecting children from HIV/AIDS.

Q: Interesting. How do you think the transition from disaster relief to development and nation building -- or rebuilding -- went in Haiti?

NEWTON: While hugely difficult, providing relief and disaster assistance is in some ways easier than longer-term development work to rebuild a nation. There's generally political will and funding to meet the immediate needs of children caught-up in a disaster

-- food, water, shelter, sanitation, clothes, trauma care, safety, reunification, hugs, whatever. Most anyone with a pulse supports it. After that initial response, subsequent, longer-term work becomes incrementally more difficult to support and do. Reuniting separated and unaccompanied children with family requires time, trained staff, data, mobility, luck. Helping shattered families recover and become whole again so they can provide safety and stability and food and loving care to children is complicated and time consuming. And, strengthening communities to provide families with essential services like potable water, housing, health care, education, is even more complicated and more time consuming. All of this requires a functioning government with the political will and resources to provide its citizens a safe and stable nation, something Haiti has chronically lacked.

As you know, the 2010 earthquake wasn't Haiti's first calamity. They've had way more than their share. As a nation, they've had it tough from the get-go. Thanks to the French, at the country's birth, they were saddled with huge debt which took until 1947 to pay off. The debt was a ball and chain dragging on the nation's development. There was little money left to invest in clean water, education, health care, electricity, the basics. Haiti has been plagued by bad governance, corruption, gang violence, foreign meddling, and natural disasters -- in the past few decades something like twelve hurricanes and four earthquakes. Their government is as unstable as the ground on which Haiti sits.

Q: Right, yes. Haiti's hardships seem to be continuing.

NEWTON: Yes, and it's sad and curious how a natural disaster like the January 2010 earthquake can evoke such a massive response from the international community when man-made disasters like political instability, gang violence, and chronic poverty evoke far less international help. That could be because man-made problems are way more difficult to fix, and the belief that Haitians are ultimately responsible to do the fixing.

Q. OK. Interesting. Any final thoughts on your time spent as Special Advisor for Orphans and Vulnerable Children?

Just to say that Public Law 109-95 was an opportunity, a relatively rare one, where USAID had a legislative mandate to lead an interagency initiative. And, the initiative itself was the kind you'd think it would be easy to rally around -- coordinating US Government efforts to do more and better things for children in dire straits. I would have thought successive USAID administrations would have jumped at the opportunity to demonstrate agency leadership on behalf of vulnerable children.

But alas, aside from the Third Patron Saint of PL 109-95, Deputy Administrator Don Steinberg, USAID front offices weren't seized by the opportunity which mystified me. I suppose for political appointees, the idea of subsuming the interests of the agency they temporarily lead under a long-term, inter-agency initiative like PL 109-95, wasn't appealing. Leading such an effort involves sharing credit with other agencies which is tough to do when competing with them for money and stature. But, mea culpa, I could've

and should've done a better job making the case to the Front Office that PL 109-95 was good for USAID as well as children.

But, Don Steinberg, bless him, believed vulnerable children should be an agency priority. At the end of my tenure as Special Advisor, I offered Don a list of ways USAID could further strengthen its leadership of the U.S. government's work for children. One was to bring in someone to succeed me who had international stature in the world of child protection, which I surely didn't. At the meeting to introduce Don to Senator Landrieu, she made a similar pitch to him. She asked him to continue USAID's leadership on vulnerable children and bring in a good person to replace me, which was done.

Senator Landrieu came to my retirement party and said a few words. We kept in touch for a few years post-USAID mainly at meetings and events related to the Congressional Coalition on Adoption, but like many relationships specific to a time and context, that one has gone by the wayside.

Q: So, was the special advisor position your last assignment with AID? If so, what caused you to decide it was time to leave?

NEWTON: Yes, that was my last assignment. I loved the work from my first to my last assignment. I decided to leave mainly because I felt burned out. Someone asked, "Why didn't you take a year off, then return?" I should have looked into that. Didn't know it was an option. I retired at 61. In the Foreign Service you can work up to age 65.

Q: Right. But you'd been working flat out for lots of years on increasingly demanding and visible programs and I can imagine experiences like the Haiti experience taking its toll. But anyway, you decided, had enough and retired.

NEWTON: Yes, I retired in October 2011.

Q: Right. And did you just take some time off?

NEWTON: I did. I took what I saw as a senior gap year in 2011-2012.

Q: Sabbatical, yeah.

NEWTON: Yes, I had a wonderful time. I started the year by serving on jury duty in D.C. which I had always wanted to do and it was every bit as impressive as I expected. The judge, the court officers, fellow jurors, impressive. I was thinking of going back to Namibia and giving hunting one last try so I took a rifle safety and shooting course in New Hampshire. But haven't made it over there yet and probably never will because my Namibian friend who was going to organize a hunt died of COVID.

After jury duty and the rifle safety course I went to a Franciscan retreat center in North Carolina for a couple of weeks to do some writing. I drafted a curriculum based on mini-case studies from my development experience. I wanted to structure a university

level course around them to give students interested in international development a sense of what one actually does in such a career. You kindly reviewed the draft curriculum and offered me very helpful feedback.

Q: At the Global Human Development at Georgetown, yes. Well, so it sounds like you were processing twenty-five years of experience and wisdom from AID and I fully believe that's some of the most valuable stuff that students learn in practical programs like the Global Human Development (GHD).

NEWTON: Yes, agreed, that's what makes the GHD program so attractive.

Life after USAID

Save the Children, Washington DC: 2013-2014 Senior Advisor for Public Investment in Children

NEWTON: I spent time during my gap year thinking about what was missing, or wasn't being sufficiently addressed, in the international response to vulnerable children, and that's what I would try to work on next. The answer I came up with was pretty basic. Children are universally described as our future, yet we don't invest in them as if they are. The question of interest to me was, how can that gap between the lip service paid to children and investment made in them be narrowed. My thinking was that local advocacy based on lessons learned, evidence from research, state-of-the-art communication techniques was key. So, I wrote a proposal based on the proposition that public investment in children could be increased by developing advocacy expertise of children's champions -- parents, parliamentarians, lawyers, teachers, athletes, celebs, whomever. Equipping local champions to compete in the political arena for public resources for children. I shopped the proposal around. Save the Children's Washington D.C. office found it interesting enough and hired me as a Senior Advisor for Public Investment in Children.

Q: Right.

NEWTON: Someone from Save the Children's London office made the point that advocacy was in Save the Children's DNA. I knew Save the Children was good at advocating for themselves, getting donors to invest in them, but my thinking was that they needed to work harder to get advocacy into the DNA of local organizations, Save the Children's partners.

Advocacy had become less of an art and more of a science, a discipline. For example, there were a series of case studies done by an academic I met who was then at American University. He and colleagues looked at the ingredients behind successful advocacy efforts in child and maternal health. I thought this kind of research should be known and used by children's champions in countries where Save the Children worked. Save the Children Denmark was more interested in the idea than Save the Children U.S., so they

paid for my position. I went over to Copenhagen a few times to work with the excellent staff at Save the Children Denmark to get an advocacy initiative rolling.

Q: Well, you know, it comes at an interesting time. It doesn't surprise me that it was a European Save organization and not the U.S. because I think the U.S. organization was always very, hmm, chary of getting into advocacy and found its counterparts in Europe always pushing them to do more. I think by 2011, 2012 they were doing some stuff but still very nervous about explicit advocacy. But do you think anything has been sustained from that? Did you feel like you made some progress or did you by contrast decide there really isn't any science to this, it's all art?

NEWTON: (Laughs) No, I think there's some science to it. As mentioned, there's some qualitative research which can guide local advocacy strategy and tactics, and political mapping can be used to ensure advocates know who the decision makers are so they don't end up after months of advocacy realizing they were barking up the wrong tree.

Q: Right.

NEWTON: In terms of progress made, not much. The initiative met with only modest success. Ideas and connections that came out of a regional meeting in Amman may have sparked the building of some advocacy capacity in a few countries.

As a consultant to the Global Social Service Workforce Alliance, I brought the same advocacy ideas to a meeting in Bellagio where folks were being prepped to become "ambassadors" in their respective countries to advocate increased investment in the social service workforce to improve child protection and welfare.

Q: And you certainly had a lot of the background that would be required to try and move it forward. Well, you had had experience working with NGOs before, so this wasn't the first time.

NEWTON: Right.

Q: So, you gave that a shot for two years.

NEWTON: Yes, gave it a shot.

Georgetown University School of Foreign Service, Washington, D.C. 2015-2017
Adjunct Professor, Global Human Development Program

Q: So, next you did some teaching. I mean, I'm sure you were doing other things along the way too.

NEWTON: Yes, I structured a curriculum around what I thought were the core public policy challenges related to assisting vulnerable children internationally -- getting children without a safe, nurturing family within one; preventing children from falling

outside family care in the first place; and persuading politicians to elevate the political priority of children and invest more public resources in them which was, of course, stemmed from my interest in strengthening advocacy capacity.

I taught the seminar at Georgetown in the fall of 2015, 2016 and 2017. It was delightful and energizing to work with smart, idealistic, ambitious young people who wanted to go out in the world and do good. And the head of the program, the Global Human Development Program, was very supportive.

Q: Steve Radelet?

NEWTON: Yes.

Q: Well, absolutely. I have a list of the graduates from the last ten years because, you know, I set up the program.

NEWTON: Yes. I know. Talk about an important legacy.

Q: And I wanted, after ten years to go back and check on them, not only how are they doing, but how did the program affect what they're doing and what would they suggest differently. But the wonderful thing, you look at where they are now and almost all of them, almost all of them are working on development, whether it's with an international organization or an NGO or AID or a business. It's really very gratifying.

NEWTON: I'm sure. Congratulations on setting-up such a wonderful program that's motivated so many students to pursue global development careers.

Q: Have you stayed in touch with any of your students?

NEWTON: One of them for a while. She was hired by a group I worked for.

Q: So, you said you continued to teach the seminar after you moved to New York?

NEWTON: Yes, we moved from D.C. to New York in the summer of 2016 and I continued teaching the seminar for the next two years. What with the costs of the commute from New York to Washington, to make teaching at least a break-even proposition financially, Steve asked me to do a couple workshops in addition to the seminar. I did sessions on international development job search strategies and did a condensed version of the children's policy seminar for students who couldn't take the seminar.

I invited colleagues working in child welfare and protection in the D.C. area to join us for a portion of the 2 ½ hour seminar sessions to offer their perspective on policy issues.

Q: Those kinds of things, very practical things from people who actually know what they're talking about and still have a network to be helpful to the students, were incredibly valuable.

NEWTON: Yes, the students loved having the guests come in. In addition to policy discussions they learned about the organizations our guests worked for which for some students were prospective employers.

Q: Right. Yes, well, you know, I think being in Washington there are so many colleagues that you can call on—

NEWTON: And the colleagues seemed to love it too. Nice change for them.

Q. But what caused you to move to New York? Was that just a family life decision? Or were you also being recruited to work someplace else?

NEWTON: It was a family decision. In 2016, our son and daughter-in-law suggested we join them in Washington Heights, their neighborhood in New York City. It worked out nicely. We bought a place a block away from them. The proximity turned out to be particularly helpful during the COVID pandemic. Our co-op complex had a big lawn and playground -- they had two young children -- where we met and played and gabbed and picnic-ed throughout the lock down. Joan often cooked dinners which we walked-up from our place and handed-off to them on the corner in front of their building.

Q: Oh, nice.

NEWTON: In 2021, our son and daughter-in-law decided to move to Charlotte, a move we supported 100 percent. How could we not? We'd moved every four years for our entire married life. Shortly after they left New York, we sold our apartment and bought a house on the coast of Maine which was a fifty-year-old dream of mine. After thinking about it for a half century, I pulled the trigger and Joan and I bought the place just as the red-hot real estate market was peaking in September 2021.

Today is February 27, and we are very lucky to have another and the final interview with Gary Newton.

Whole Child International, Santa Monica, CA: 2017-2019
Senior Director for Policy

Q. We spent a lot of time over the last three sessions talking about your background, education, Peace Corps, work before AID, and career with AID. After AID, you worked for several years in jobs related to your development career; served on boards, and did volunteer work, some related to your career, some not. So, Gary, let's begin today with

your work at Whole Child International and how that related to what you had been doing at AID. Can you talk a bit about that?

NEWTON: Yes, sure. Whole Child is a small international NGO. A woman named Karen Spencer founded the organization with money from a divorce settlement. When I was Special Advisor for Orphans and Vulnerable Children, Lloyd Pierson, then Assistant Administrator for the Africa bureau, suggested I meet her, which I did in D.C. in 2008. When I left government in 2011, I joined Whole Child's Advisory Board, then in 2017, Karen asked me to join Whole Child as Senior Director for Policy.

When I met Karen, it was early in my tenure as Special Advisor, I was just getting to know the folks in the child protection community and getting a sense of their priorities. It was clear from the get-go that ending the institutionalization of children was a priority. Important to note that the word "orphanages" was out because many institutionalized children were not orphans as the term was commonly understood, they had a parent, sometimes both.

Everyone agreed children don't belong in institutions, they belong in families, their own or an alternative, and most acknowledged that it took time to get children out of institutions into families that could provide better care. But no one talked about the needs and rights of institutionalized children while they waited for placement in a family. As far as I knew, there were no organizations helping these children in limbo who were caught betwixt and between institutional and family care. This appeared to be a gap in our international assistance. When I met Karen, I learned Whole Child was addressing that gap.

Whole Child sees institutional care as an unavoidable interim step in a continuum of care when the alternative is the street or returning to an abusive family or an impoverished family unable to provide care. Whole Child tries to emulate family care in institutional settings. They focus on relationship-centered care and the establishment of bonds between the child and a primary caregiver. Whole Child tested the concept in a couple countries in Central America and found it could improve the well-being of children in institutions. They then set out to advocate the approach and implement it more broadly. They work with staff and board members to change policy, practices and physical settings to make institutional care more like family care, more residential. Family-like residential care in various forms is found in virtually every country and is acknowledged by the U.N. as necessary when there are no better options.

I thought it important to introduce Karen to the child protection community to ensure they knew what Whole Child was doing. Child protection organizations were mainly in D.C., Baltimore and New York while Whole Child was in Santa Monica which made it somewhat difficult, but Karen met a few of the key people and they got to know her and Whole Child a bit.

It became apparent that the child protection community wasn't on board with what Karen and Whole Child were doing. Seems they saw working to improve care in institutions as

the third rail of child protection. Don't touch it. Policy dialogue around institutional care resembled policy dialogue on abortion and gun control in the U.S. -- there wasn't any. No need. Policy on institutional care was binary, if you're not against it, you're for it, it's black or white, no gray. A little abortion, a little gun control, a little institutional care -- totally unacceptable.

Such a doctrinaire policy is no use to practitioners in the real world trying to engineer do-no-harm transitions from institutional to family-based care. Practitioners need policy that's pragmatic, not dogmatic. A pragmatic policy is one which improves institutional care while working to end it. Improving care for institutionalized children while they await better care in families -- which can be a long wait -- is not a pro-institutionalization policy, it's a harm reduction policy. Implementing do-no-harm policy is a slow, careful, deliberate process. While better care options on the outside are lined-up, children on the inside can't be forsaken.

Such a seemingly contradictory policy was a tough sell, it didn't align with the proposition that all institutional care is bad, it must be stopped now. The research typically cited to support the urgent closure of institutions is the Bucharest Early Intervention Program (BEIP) which followed 136 children raised in Romanian orphanages in the 1990s. The children's care was indeed found abysmal and the long-term consequences tragic. Those institutions were the type that merited immediate closure.

But the problem using BEIP to justify calling for the urgent closure of institutions is that the worst-case care scenario seen in Romania in the 1990s wasn't representative of all institutional care. In the real world, the quality of institutional care varies just as it does in family-based care. To be sure, some institutions should be closed summarily because care is abysmal, but some institutional care is good enough -- you could even say the best -- when there are no better options.

Painting all institutional care with a Bucharest brush might be good for fund-raising, but as a policy, it's irresponsible and potentially harmful to children. Children can end up in worse care when institutions are emptied too quickly.

Q: Right. But when you would ask the obvious question, which is great, where are institutionalized children going to go, what was the response?

NEWTON: A colleague who was generally regarded as a dean of the child protection community said to me that improving care for children stuck in institutions would only encourage more institutionalization and slow the development of family-based options and therefore shouldn't be done. Colleagues would acknowledge it takes time to develop alternatives to institutional care, but no one would take the next step and say the international assistance community should therefore improve the quality of care for children marooned in institutions.

A mea culpa here. As mentioned, there was very little policy dialogue on this issue, mainly sermons. For a while there, I was well-placed to get some dialogue going. A piece I published in *Child Abuse & Neglect*, *Thoughts on public policy to increase family-based care and decrease institutional care*, would have been a good conversation starter. I knew the people who needed to talk, but never got them around the same table. Positions seemed calcified, people seemed unpersuadable, and I allowed myself to assume no amount of talk would change minds. It was a mistake not to try.

Q: So, one question. Was there general agreement on how you would measure child welfare or how would you know that it was improving or not improving. Or is it sort of a you'll know it when you see it?

NEWTON: There are established ways and means for measuring child wellbeing. There are all sorts of indicators used to measure improvement in different developmental domains -- cognitive, socio-emotional, health, and such. That said, the welfare of vulnerable children, specifically in the global South, tends not to be much of a concern to the powers that be. Children who don't count aren't counted -- or measured -- much. Also, measuring child well-being is expensive, so it's not done regularly. Where the U.S. is supporting different approaches to care for vulnerable children, measurement and evaluation is done to figure out what works, then what worked would be scaled-up with child welfare improvements found in the pilot phase assumed to be replicated.

Generally, the world of vulnerable children is a data-deficient world. Policies are not well-grounded in data. Some policy is based on data from a single research program in one country and over-extrapolated like the BEIP results being applied, by many, to all institutional care. In my day, data showing children were objectively better off in families post-institutionalization was scarce. It was taken as a given. Fair enough, but at the same time this assumption was prevalent, survey data was coming out which documented the high prevalence of violence against children in families.

Q: Interesting. So, the measurement was really at the child level and then just rolled up to the institutional level? You wouldn't look at an institution and say it's doing well or poorly by any other measure than how the children are doing collectively. Is that correct?

NEWTON: You could look at an institution in terms of how well they were doing to get their children into better care on the outside and in terms of preventing the need for institutionalization altogether by working with communities to strengthen families and strengthen health care and education and make communities safe.

There are institution-level measures like the child-to-primary caregiver ratio that can be taken as a proxy for child wellbeing; the lower the ratio the higher the wellbeing.

In El Salvador, where Whole Child works, there are some areas where children and youth in institutions are assumed to be better off than those living in families in communities where there's a high risk of violence and being forced into a gang. In these cases, the institution serves as a safe space, a refuge.

Q: Right. Well, hopefully they are safe because the violence is endemic. Very interesting.

NEWTON: Yes, indeed. A couple points to wrap up this discussion:

While USAID/Washington may have found Whole Child's institutional care activities difficult to support, USAID/El Salvador didn't. The USAID mission appreciated Whole Child's approach and have been supporting their work on child protection system strengthening and care reform with bilateral funds for several years.

On institutional care within the broader context of global and U.S. Government (USG) assistance for vulnerable children, when I first started, in an effort to respond to Public Law 109-95 requirements that targeting and programming of USG resources be improved, and the number of children assisted be tracked, and impact be reported, we did a fair amount of data collection, brainstorming, and wheel spinning. A basic question we spun our wheels on was should USG assistance focus on children in the most adversity or the most children in adversity. Yes, pretty basic. But complicated.

Focusing on children in the most adverse circumstances involves ranking the severity of adversity from various causes such as extreme poverty, child labor, abuse and violence, neglect, being trafficked, suffering trauma in war zones, displacement by disasters, famine, being outside parental and family care, being born with HIV/AIDS. Difficult.

Focusing on the most children in adversity involves counting them. The international assistance community categorizes children by cause of adversity. We put together a *Global Profile of Children in Adversity* listing the estimated number of children experiencing each adversity. The three causes of adversity at the top of the list, each affecting around 300,000,000 children, were extreme poverty, disability, and violence at home. The three causes of adversity at the bottom of the list, each affecting around 2,000,000 children, were children in institutional care, children living with HIV/AIDS, and children in foster care.

These numbers were useful for conveying a general sense of the magnitude and nature of the needs of vulnerable children, but the global profile wasn't a useful tool for targeting or programming. Estimates of children in adversity are notoriously squishy. Many countries don't keep track. Children who don't count, aren't counted. Some estimates are extreme guesstimates, others may be inflated for advocacy and fundraising. In a study funded by J. K. Rowling's Lumos Foundation, whose calls for de-institutionalization were among the most urgent, estimates of the number of children in institutional care ranged from 3.18 to 9.42 million. We used UNICEF's estimate of 2.7 million. Categories of adversity overlap. Many children suffer multiple adversities. The same child can be suffering extreme poverty, living with HIV, parentless, abused. Shudder the thought.

Fact is, a global profile of adversity wasn't much use as a tool to prioritize or target USG resources. Priorities of the USG's international assistance program were already set. Each adversity had its constituency -- a senator like Patrick Leahy, a celebrity like Angelina

Jolie, churches and faith-based groups, a key bit of legislation like the 10% OVC earmark under PEPFAR, and of course children in institutional care had influential members of the child protection community. Advocacy and politics and personal experiences and predilections more than a scientific data-driven analysis shaped our international assistance program for children.

In the end, I think the problem of institutionalization got outsized attention relative to other threats to children, and the problem of caring for children remaining in institutions got undersized attention. Institutional care was certainly an adversity for many children, but for many others like children on the street or in abusive households, institutional care was a response to adversity, a way to mitigate harm.

At one point, those for whom de-institutionalization was an urgent priority became seized with the problem of tourists volunteering in orphanages. How the issue of orphan tourism bubbled-up as a top priority in a world where children were being bombed, shot, starved, abused, neglected, displaced, and more, I'll never know. Students from the global North on college break playing with institutionalized children in the global South seemed harmless by comparison.

De-institutionalization is compelling and easy to call for, but hard to do. My sense is that calls have become less strident as the difficulty of finding and strengthening, and monitoring and supporting families that can provide demonstrably better care to formerly institutionalized children has become more apparent.

Board memberships and volunteer work

Congressional Coalition on Adoption Institute, Washington, D.C.: 2012-2019 Advisory Board member

Q. I see you were involved with the Congressional Coalition on Adoption. I guess you were on the advisory board. I don't remember ever knowing about that institute. Could you say a little bit about it?

NEWTON: The Congressional Coalition on Adoption (CCA) is the largest bicameral, bipartisan caucus in Congress. There are about 150 members roughly evenly divided between Democrats and Republicans. The caucus has been around almost 40 years. About 20 years ago the caucus created the Congressional Coalition on Adoption Institute (CCAI), a nonprofit, to be a source of information and expertise for the CCA and Congress. CCAI informs legislation on child welfare, domestically and internationally. Initially, the caucus and institute had a major focus on adoption, as the names suggest, but they broadened their scope to children in need of a stable permanent family.

Q: Have they sponsored legislation?

NEWTON: Yes, CCA, the caucus, sponsors legislation to improve the lives of children and families in the United States and around the world. CCAI, the institute, supports the caucus by informing legislation with research, data, and lessons learned.

CCAI also runs programs such as an annual “Angels in Adoption” gala where people from every state doing exemplary work on behalf of vulnerable children are recognized. There’s also a national Angel in Adoption selected, sort of an archangel, usually a celebrity. The night before the gala, Senator Landrieu hosts a reception for the national recipient, the advisory board and caucus members. Every year, at least one member of Congress would speak. It seemed to me, every year, they would say the same thing which was both sad and hopeful. They said that being a member of the bipartisan CCA was virtually the only time they got a chance to work with colleagues across the proverbial aisle.

CCAI also runs an annual program where young people who grew up in foster care do summer internships in D.C. with a member of Congress. The program is competitive and classes of interns are impressive. Most of them are in college. Advisory Board members got the chance to meet interns and hear their stories. Some were harrowing. Interns used their intimate knowledge of foster care to advise their members and the caucus on legislation. A couple interns I met helped draft legislation that was enacted and presumably improved foster care nationwide. Exciting stuff.

Q: I know you credited Mary Landrieu with being very instrumental in it. Did she found it or form it or was it limping along before she came along? Is the caucus still going?

NEWTON: It’s still going. Senator Landrieu was a leader of the caucus from the get-go and chaired the CCAI board when I was on the Advisory Council. She’s been a long-time force behind both CCA and CCAI and the work they’ve done for children outside family care. Because we worked together when I was Special Advisor, Senator Landrieu asked me to serve on the CCAI Advisory Council to bring a bit more international perspective to its work.

Retrak, U.S. Board member: 2012-2017

Q: Okay. I see that at the same time you were also a board member of Retrak, which I know we haven’t talked about. I wonder if you could say a little bit about that?

NEWTON: When I was Special Advisor, Senator Landrieu asked me to join a Congressional Delegation she was leading to Ethiopia. While in Addis Ababa, I visited Retrak, a charity based in the U.K outside Manchester which was working in Uganda. Retrak was getting funding under PEPFAR’s New Partners Initiative to help street children get off the street wherever possible into a family, their own or an alternative.

Retrak’s country director took me on a night tour of the streets of Addis to see where children were living. She pointed-out groups of sleeping children. At first, I didn’t see them. It seemed to me she was pointing to stacks of cardboard. She was. Children were

asleep under the cardboard using it as a blanket and a roof. After the tour, I got back late to my room at our delegation's snazzy hotel. My bed had been turned down. Sheets were fresh and crisp. A piece of chocolate was on the pillow. Slippers were placed on a mat next to the bed. I couldn't sleep that night.

Sometime later, in Washington, I met the head of Retrak, a young man from Ireland. He was impressive. The program was impressive. After I left government, I joined Retrak's U.S. board.

Q: And it's an NGO, so its money is all private?

NEWTON: No, in addition to private funding they received grants from donors including USAID. The Irish director moved on and was succeeded by the retired chief constable of the Manchester police, the second largest police force in the UK. He and members of the police force knew Retrak. They would go to Addis as volunteers to work with children and youth living on the street. He knew his way around the streets of Manchester and Addis.

Q: Sounds like a great person to lead the organization.

NEWTON: Yes, and he was tuned-in to the need for more social workers to focus on the needs of street children. The police in Manchester were shouldering responsibilities best borne by social workers which the police didn't have time for and weren't trained for. So, he supported efforts to strengthen the social service workforce.

Q: Right, which is, of course, a conversation that we are having here in the U.S. -- what kind of training police need or what kind of resources should be available for them to call on.

NEWTON: Yes, municipalities in the U.K. and the U.S. must be facing similar challenges. How to free-up police to focus on public safety by adding trained mental health and child protection workers to focus on the needs of children and youth who are adrift.

In 2018, Retrak merged with and was subsumed under a larger faith-based charity in the U.K., Hope for Justice, and the U.S. board was disbanded.

Columbia University School of Public Health, Alumni Board member: 2016-2022

Q: Right. Let's move on, shall we. I see you served for several years on the Columbia University School of Public Health Alumni Board.

NEWTON: Yes. In 2016, when we moved from Washington D.C. to Washington Heights, we lived just blocks from the School of Public Health, my alma mater. The school literally opened-up the world for me so I figured the time had come to give back to the school.

Q: Right. Did you have much exposure to the students, or was it mainly the administration?

NEWTON: I got to know a few students, mainly those with an interest in international careers. The dean was active and supportive and personable. She attended alumni board meetings a couple times a year. I got to know all the school's development people because the school expected the alumni board to be active in fundraising. I met a few faculty at events, but none from my day -- I got my degree in 1981 -- it seems they had all moved on.

I also got to know the head of career services pretty well. I learned from our discussions and the data her office collected that only a small percentage of graduates of the school of public health actually work in public service in government at whatever level. Most graduates go into the private sector to work in Big Pharma, Big Consulting, Big Hospitals. I was told this was mainly because of the debt students incur paying for the cost of a Columbia MPH. Upon graduation, students who may have entered the program wanting to work in the public sector, go to work in the private sector to pay off debt.

I thought we had a chance to change that and put the public back into public health at Columbia.

Q: I'm surprised so few students go into the public sector. How would you go about changing that?

NEWTON: I thought the school's upcoming centennial would be the opportunity to do that. In 2021-2022, the School of Public Health was celebrating its first 100 years. In connection with the centennial, a strategy for the school's second century was being written by consultants. I believe a draft was in hand when the COVID pandemic hit. I assumed it would need to be overhauled in response to the public health calamity hitting the nation. I wrote up a proposal with an idea for the strategy and submitted it to the dean and her office.

The idea was that the pandemic and related political pandemonium was public health's 9/11, a wake-up call for change in public health and public health education. The pandemic exposed the public health workforce and infrastructure as weak from neglect and underinvestment. It showed that public health leaders were under assault and shunted, and science-based public health policies were questioned and disregarded. The pandemic showed that persistent inequities in health were still very much with us and were seen, by some anyway, as connected to the private for-profit sector's domination of health care in the U.S. and the money to be made treating health problems rather than preventing them.

It seemed to be a teachable moment like no other. To me, the public health crisis compelled us to focus our centennial strategy on putting the public back in public health and becoming a premiere source of public health leadership. To implement the strategy, I

proposed a *Centennial Fund for Public Service* which would make graduate degrees affordable for idealistic, public service-minded students and enable more of them to become leaders in public health.

My proposal led to a phone conversation with the dean's chief of staff and the consultants hired by the school to develop the new strategy. Beyond that, it went pretty much nowhere. The "Vision & Mission" in the school's website seems largely unchanged, untouched by a new centennial strategy, if there was one. There's no mention of the pandemic and related pandemonium and no apparent reorientation of public health education towards public service.

Q. That's regrettable.

NEWTON: Yes, very. I struck out in my effort to influence the school's strategic direction, but as head of the board's governance committee, we managed a cosmetic change, we changed the board's bylaws to adopt a more substantive purpose with health equity at its core. We also got the OK to recruit the maximum number of board members allowed under the bylaws which we thought would help with centennial planning and fundraising. I led the process of selecting 21 new board members which increased the size and diversity of the board.

I served out my sixth and final year on the board and that was that.

Q: That really is too bad. I'm stunned that so many go into private sector work. I'm certain that's not the case at Hopkins. I don't know that for a fact but—and you point out, the combination of student debt and the expense of living in New York probably does push them that way.

NEWTON: Yes, debt must force a fair number of students into the private sector. But, based on my own experience, it doesn't have to. Using savings, loans, and a couple small grants, I managed to get an MPH at Columbia and pay my loans back over the course of several years on a public sector salary. To be sure, being in the Foreign Service where the government pays for housing and other expenses probably made it easier.

I believe you're right that the situation is different at Hopkins and also at Harvard. More students may be able to afford public sector careers because both schools are the beneficiaries of multi-million-dollar gifts -- Mr. Bloomberg for Hopkins and the Chan family for Harvard. Gifts of that magnitude earmarked for financial assistance make MPHs at those two schools of public health -- which Columbia regards as peers -- more affordable and for some free.

Q: Right. It may be even that the Bloomberg money stipulates some engagement with public health. I don't know that, but it wouldn't surprise me.

NEWTON: Yes, that would be a smart condition to attach to his gift. It's the kind of condition I envisioned for a *Centennial Fund for Public Service* at Columbia. I thought

centennial fund raising in New York City with all its billionaires, could come up with a person or two to make a Bloomberg or a Chan-caliber gift that would make graduate degrees in public health from Columbia affordable for those committed to public service. I was sure there'd be a wealthy New Yorker or two who'd be pleased with such a legacy, a gift that keeps on giving, an annual class of public health graduates to replenish the ranks of heroic public health leaders fighting the good fight to promote good science, science-based policy, health promotion, and the prevention of illness and death.

Q: Yes, seems reasonable. Well, that board work certainly took a fair amount of your time and too bad that it ended up being a little bit frustrating to you.

NEWTON: Yes, but it's all good. At least we got the language into the board's purpose statement, the language of health equity and diversity and inclusion, and as long as that language is there, we've got the bases covered.

Q: (Laughs) Right.

NEWTON: Another *mea culpa* here. I didn't really understand how to work within a university setting. I'm afraid I wasn't very good or effective at it. I certainly didn't push my proposal hard enough because I truly thought the school should take that approach.

Q: No. Well, you've had a couple of exposures to university life, but yeah, it's a different world and judging from my three years at Georgetown, you know, if you are not born and bred in that community you'll never be accepted. It doesn't matter whether you've got degrees, you're from away!

NEWTON: (laughs) Yes. I guess university campuses are like small towns in Maine in that respect.

Doula Program to Accompany and Comfort, New York: 2019-2022 Volunteer

Q: OK. Let's leave it at that. Tell me about your work as a doula?

I became a volunteer with a group called the Doula Program to Accompany and Comfort. The woman who founded the organization co-opted the word and concept of "doula" to apply to care at the end of life rather than the beginning. Some refer to the role as a "death doula" but our founder didn't care for the term.

Q: Yes, it's a wonderful concept. Did you get involved in the doula program through the church or was it separate from the church?

NEWTON: It's an NGO not affiliated with any church. They have modest offices down by the Stock Exchange. I learned about the program at a play called, *All Is Calm: The Christmas Truce of 1914*. The play was about the truce that emerged from the trenches when British and German troops decided to pause the slaughter and mingle in No Man's

Land to sing carols, play soccer, share cigarettes, trade stories, swig cognac, and probably wonder WTF is the point of all this.

Q: What are we doing? Yeah.

NEWTON: I liked the performance of one of the actors in particular and looked him up in the playbill. I read that he was on the board of this group called the Doula Program to Accompany and Comfort. I Googled it and became interested.

My interest in the program was a direct result of my mother's death. She had died a few months before and we were all amazed by how she approached dying and death so matter-of-factly, even cheerily. She said things like, "I'm not long for this world. I lived long enough. I'm ready to go. I'm 94! That's really old. Don't feel bad when I go. The end." She was OK with death not because she thought she'd be going to a "better place" -- she was an atheist -- and not because she was in pain -- she was physically OK and comfortable enough -- but because she was content with life as she had lived it, which was very fully. She was fine with how she was leaving relationships with family and friends. She was glad we had time to say our farewells. At the end, she was simply tired, and who wouldn't be after going flat-out for 94 years as she did.

When my son and I were leaving mother on a Sunday night after a weekend visit, the nurse assured us she was not "actively dying", her "celestial discharge" was not imminent. She died Monday morning.

Mother's death introduced me to the concept of "a good death." I realize many deaths are not. Many don't get a "surrounded by loved ones" send-off. Many go solo. Given how fortunate we were to have mother go to the great beyond so gracefully and contentedly sent off by her beloveds, I became interested and even felt compelled to be there for those who are alone at the end-of-life.

After a seven-week training program we were matched with a person in the final phase of life who was alone or lonely and typically dealing with one illness or another. The program's tagline is that doula volunteers are a "friend to the end."

Q: Hmm. I love that.

NEWTON: Yes. It says it all. The idea is to visit your "friend" at least once a week to be there for them, just be present, be a companion, listen, go with the flow, have a few laughs if possible. I liked the man I was matched with. Our relationship was taking hold and going well when COVID came along and we all had to switch from person-to-person visits to phone visits. Not as enjoyable but it worked out ok.

Q: Was the person you were matched with in hospice as well?

NEWTON: No, when I knew him, he lived at home in his apartment with a full-time home care aide. He was in his mid-80s and had advanced Parkinson's but no dementia

and was very much engaged in the issues of the day, so much so that I had to prepare for our meetings and calls because I knew he'd ask me my views on a range of political issues. And he listened carefully. He was obsessed with the Epstein case and claimed to have inside info. He'd been a lawyer in the Justice Department. Thank the good Lord we were very much on the same page politically.

Q: Did you have more than one friend?

NEWTON: No, I think the organization found having one person at a time worked best.

Q: Right. And I'm sure you've learned a lot and you do have your friend to the end that you're in touch with, right?

NEWTON: No longer. When we moved from New York to Maine I resigned from the program because I thought my man liked visits more than phone calls. He had a bit of difficulty with the phone because of tremors. I was hoping the doula program would line him up with a new volunteer which they did but he didn't click with the person. We kept in touch by phone after I moved to Maine and I visited him once in the city. Last year, when he didn't return a couple of my calls, I called the doula program and learned that he had died. I'm sorry I didn't know he was dying, I would have gone to great lengths to be there, his friend to the end.

Q: Sorry. I understand. I work with the Village Movement, where volunteers help people stay in their homes or at least stay in the communities as they age.

NEWTON: That's wonderful.

Q: As they age, social isolation becomes a real, real issue. And you know, almost any visit then becomes a friendly visit, even if you're just taking them to a doctor's appointment. They don't have seven weeks of training the way you did, but you know, it really is about combating social isolation.

NEWTON: Yes. What's your role in the group?

Q: Well, I'm a volunteer and I've been on the board for 7 years. But it's a program that is actually national in scope but local in terms of where the volunteers are from. But I would be very confident that there's a village in your neighborhood, both North Carolina and in Maine, and I encourage you to look it up.

NEWTON: That's an excellent idea. Thank you. We're in Maine from May to October. I'll look into the program.

**Transfer Station, Georgetown, Maine: 2022-2023
Volunteer**

Q: OK. Good. Speaking of Maine, while it's not on your resume, you mentioned when I last saw you that you're working at your local transfer station?

NEWTON: Yes, we moved to Georgetown, south of Bath, in Midcoast Maine. The year-round population is about 1,100. We live on a finger of land where mainly summer folks, like us, live. It's a bit isolated from the rest of the town. A friend suggested that the best way to meet people from the town and not get too isolated would be to work at the dump.

The transfer station plays an important role in the town, not just for the transfer of trash, but for the transfer of information, well wishes, gossip, jokes, and I suppose a bit of trash talk. It's the epicenter of social interaction in Georgetown. The general store played that role but for reasons I don't quite understand, does no longer. The Transfer Station's "Mall" is the center of the epicenter. The Mall is the section of the dump where people can leave and take stuff that's still useful and not ready for the landfill. One of the benefits of working at the dump is that you're well positioned to get first dibs on stuff left at the Mall. Lots of good stuff. We were in need of a plunger and there were four to choose from. You won't find much at the Mall related to war and guns and violence. One of the Mall volunteers is a diehard pacifist who chucks toy soldiers, super-soakers, whatever, fortunately not plungers, into the dumpster soon after the donor leaves.

Q: Will you work at the transfer station again?

NEWTON: Yes, next summer will be my third. I'm called-in mainly on weekend afternoons to fill a hole in the line-up when one of the regulars wants to go fishing, or whatever.

I love working there. The transfer station team is great. The manager is an extraordinarily talented artist. He's a soft-spoken, pipe-smoking, Harvard graduate and a serious re-cycler. His calm demeanor helps when dealing with the occasional ornery citizen who gets all huffy when told they can't leave a beat-up La-Z-boy without removing its metal parts, or when they're requested to kindly separate-out #2 plastic milk containers and chuck them in the designated barrel.

I'm the junior member of the Transfer Station team. My skill set is coming along. I can break down corrugated cardboard boxes with the best of them, hurl stuff deep into the metal pile, operate the compactor, extract bricks from lobster traps with a rusty bolt cutter, guide folks to the bins for returnables and recyclables, and so forth.

Now and again, people I bump into around town ask me, "Aren't you the guy who works at the transfer station?"

Q: That is great. But you'll always be from away.

NEWTON: [laughs] Yes, exactly. Nothing I can do about that, even though I moved to Maine in 1968 to go to school, worked on the coast a couple summers, went to UMaine

Portland for a couple months, visited Maine just about every summer for fifty years even when in the Foreign Service, have my clamming license, pay property taxes, vote, go to town meetings, handle people's trash.

Q: Doesn't count.

NEWTON: [laughs] Right. I'll always be an alien. But it sure feels like home.

Q: The transfer station sounds pretty interesting to me. I'm trying to think what is comparable in our little place in Vermont that where would you go to really get to know the community.

NEWTON: Volunteer fire department maybe.

Q: Yeah, I think. I mean, we're doing things like running a Great Decisions group.

NEWTON: But do you get a good mix of folks in that group?

Q: Yeah. Well, it's a mix, locals and flatlanders. You know, it's mainly the retired folk. And we'll have to see. I think our four-year-old granddaughter is going to be spending a month or more with us up there this summer, so I will, by necessity, figure out what young folk are doing with their young folk.

I'm sure I'm missing some important aspects of your post-AID life, but it's just remarkable to me how the themes of children and caring and community are themes through your whole thirty-five-year career. It's really wonderful. As I said before, what an amazing career.

NEWTON: Yes, thank you, that's kind of you to say. I've been lucky to have had such opportunities.

Q: I'm sort of interested to figure out what you are going to do next?

NEWTON: Yes, I'm trying to figure that out too. In the meantime, I've been doing some writing.

Q: What kind of writing?

NEWTON: A variety of things, not one big thing, all non-fiction. I wrote a piece called *Valet to the Dead* about the emergency room orderly job I talked about earlier. It won an award in a writing contest at the local library. My first ever prize for writing. At 73, it's a start.

I'm writing both light and heavy pieces. In the light department: a piece about competing in the cow manure pitching event at the Common Ground Country Fair in Unity, Maine which was published in the magazine of the Maine Organic Farmers and Gardeners

Association; a piece about a situation that developed between my landlord who was the imam of the mosque I lived over in the Peace Corps, and my two pets -- a tortoise and a monkey; pieces about a close encounter with an aardvark in the Kalahari, and an even closer encounter with army ants in Malawi; a piece about my first hunting experience in Namibia when I went out for a warthog and came back with a guineafowl; and, a piece about Whitey Bulger, the Boston mobster, killing the class pets when he firebombed the elementary school I once worked at.

In the heavy department: a piece about being an election observer in Kenya in 1992 when many Kenyans wanted to emulate our democracy -- no longer; a piece on when the Mau Mau torched the treehouse where Elizabeth went to sleep a princess and awoke a queen; a piece on the first *taharah* -- Jewish burial rite -- ever performed in Malawi which I played a small part in; a piece on the "Spanish" flu and how it originated in Kansas and spread to the Kalahari; and, a piece on what some historians call the first German genocide of the 20th century which took place in German South West Africa, now Namibia.

I've started a piece about living for seventeen years in countries run by autocrats of one stripe or another -- 5 years under military dictatorships in Niger and Bangladesh; 4 in Malawi under a despotic President-for-Life, and 8 in Kenya and Egypt in one-party states ruled by authoritarians.

Q: Sounds good. And you know, to your earlier point about jobs that don't seem important at the time but play a formative role in life like your job as an emergency room orderly, one of the reasons I ask people if there was a teacher in high school that they particularly remember or, you know, an event -- very often there's something like that that takes someone who had no thought about working internationally or working with AID, and it just helped them set a path. Peace Corps has played that role for a lot of people. But it's amazing the number of high school history professors that just randomly have really made a difference. So, I'm not surprised but I'm very impressed that this one job has really caused you to think further. And as I say, I really admire that you just keep going and sort of building new experiences and building on all of the work that you have done.

NEWTON: Thank you, but as you heard, I've been graced with more than my share of good fortune and good luck.

Q: Yes, luck, or, you know, karma or something, but the path looks inevitable when you look back on it but when you're actually going through it, not so much.

NEWTON: Yes, good point. Your questioning me about my career made me realize how many positive things just happened which I had nothing to do with: my birth date being randomly assigned a lottery number high enough to get me out of the draft; the guy who got me into college when he happened to sit next to my mother at a baseball game; the job that happened to be open when my boss resigned and I needed a job; we happened to be assigned to Malawi where Carol Peasley happened to be the incoming director; the

three patron saints who happened to be there when I needed support for the orphans and vulnerable children initiative. The list could go on.

Q: Yeah, there are lots of inflection points. I find myself wondering what we can do to increase the chances that young people today actually have the opportunities we have had. Right now, you don't have to have a foreign language to go to university. More and more people don't have a passport. You know, I worry about us. I worry about whether we're doing enough to create the next generation of people who will be the Gary Newtons who will be out there representing the U.S. and furthering development. I find myself attracted to discussions about the value of public service, which is often an afterthought.

NEWTON: I'm with you, Ann. Look at what you did at Georgetown to prepare upcoming generations for international public service. Talk about a gift that keeps on giving.

Q: I agree. That was a very positive experience and more so knowing that it continues. The program is finishing up its tenth year. Well, again, I really appreciate your taking the time. We'll continue to talk.

NEWTON: I'd very much like that, Ann, and thank you again for taking the time to interview me. It's been a pleasure taking part in this oral history project. Being prompted to recall all these career-related memories reminded me again of what an honor it was to work for USAID, and what a privilege it was to represent the United States Government overseas, and, of course, how fortunate I was to be with dear Joan and Cullen throughout. Lordy, we had a grand time together.

End of interview