

The Association for Diplomatic Studies and Training
Foreign Affairs Oral History Project

JOY RIGGS-PERLA

*Interviewed by: Ann Van Dusen
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INTERVIEW

Q: Good morning, Joy. Today is February 7, and this is the first interview with Joy Riggs-Perla. Let's get started by talking about your very interesting childhood...

RIGGS-PERLA: Yes, although perhaps not that unusual among people who work in international development. I was born in Madurai in south India, in what is now Tamil Nadu State, because my parents were medical missionaries. Prior to my birth they had been medical missionaries in China, but left in early 1951 when the new Communist government made it difficult for them to continue their public health work. They left China and came directly to India where I was born. So, I spent most of my first eighteen years in India.

Q: I imagine it was pretty good preparation for the amazing career that you have had. But what are some of your memories of growing up as an Anglo in another culture? Or did you not even realize you were Anglo? (Laughs)

RIGGS-PERLA: No, no. It was clear to us that we were Anglo, but we grew up in a small rural village, completely bilingual, speaking Tamil to our friends and English to our parents. I was homeschooled until the seventh grade when I joined my siblings at an English language boarding school in Kodaikanal, a hill station for British expats during colonial times. I was immersed in public health from an early age due to my parent's work. Widespread famines and malnutrition were not unusual in south India in the 1950s and 1960s.

Q: Right.

RIGGS-PERLA: Since those days huge progress has been made in all health indicators, especially in Kerala and Tamil Nadu, with infant mortality rates today the lowest in all of India, approaching those of many wealthier countries.

Q: That's probably true. And India now exports food.

RIGGS-PERLA: Yes. In any case, exposure to such grim health conditions and watching my parents struggle with treating immediate health problems, but also trying to build capacity and make lasting change was key to developing my commitment to development and public health. My father was a physician with a specialty in TB and leprosy but also a strong interest in maternal and child health. My mother was a nurse midwife, so she focused on delivering babies and women's health. They founded a small hospital in a fairly remote village with no electricity, no running water, and no paved roads, and recruited Indian doctors and other health personnel to work there. With Indian colleagues, they established road-side mobile clinics and health education programs throughout the district. As kids, my siblings and I were blissfully happy growing up in that environment interrupted only by having to go off to boarding school.

Q: Right. And there was no option for you to stay in the village?

RIGGS-PERLA: Well, I think my mother ran out of gas with the home-schooling, especially when she was trying to do deliveries and help my father run the small hospital. So, in the end, we knew that boarding school was inevitable. I think it was much harder on our parents having us away, than it was for us four kids. We got a good education at Kodai, which is an international school these days and doing very well. I graduated from high school there in 1969.

Q: Do you remember any instances from your childhood, either making friends with the local children or having any issues with them? Was it a fairly peaceful time?

RIGGS-PERLA: Oh, absolutely. And we had free rein to run all over the countryside. It was completely safe. My parents were very much respected for what they were doing and so we felt like we were protected by the community. The biggest threats to our well-being were infectious diseases including smallpox, which was still common in India in the 1950s, with cases occasionally showing up at our small hospital. My parents kept us safe with annual vaccinations. Anyway, our pals were all Indian children. What I do remember, frankly, were interactions with other Americans who we rarely saw. Usually at Thanksgiving time, we made a trip to Madurai, the town where I was born, and joined up with other missionary families to enjoy their company.

Q: Out of curiosity, have you stayed in touch with any of them or when you went off to school did those friendships stop?

RIGGS-PERLA: You know, at one time—this was before I had retired from USAID (United States Agency for International Development), I made a trip to Delhi to visit the AID mission. One of the FSN (Foreign Service National) staff and I flew down south to visit the HIV-AIDS project active at the time in Tamil Nadu. She said, “Hey, Joy. Why don’t we take this Saturday and go visit the village where you grew up?” And I said, “Oh, my gosh. Of course, let’s do that.” So, we rented a taxi and we drove to Kilanjunai village. These days there is a semi-paved road going all the way into the village, which didn’t exist before. Otherwise it looked pretty much like it used to.

Q: Right.

RIGGS-PERLA: No running water yet, and it was not as developed as one would think it should be. And the hospital was just in ruins. Unfortunately, it is a difficult place to recruit Indian doctors given the lack of adequate educational opportunities for their children. There were mobile nurse teams from Madurai who apparently visited the hospital and saw patients periodically, but otherwise it was abandoned.

Anyway, when we arrived in the village, the old people came out and shouted, “Dr. Riggs’ daughter is here”! I found my old “ayah” (nanny) who took care of us as children. She had cataracts and couldn’t see well, but she was told who I was, and she just wept the whole time I was there. And I had a hard time keeping it together as well. But she adamantly refused my offer to help her get cataract surgery. It was really a very moving experience to see her.

Q: I assume that there are no missionary doctors there now.

RIGGS-PERLA: No, there would be little rationale for having a foreign doctor working in villages these days. Before USAID was created, people like my parents and many others through-out India, were providing technical assistance in fields such as agriculture, geologists, electrical engineers, university teachers, and so on. U.S. churches supported this kind work. Currently India has plenty of its own expertise and highly sophisticated institutions.

Q: Well, did you always know you were going to go ahead and have a career in public health, or did you fight it for a while?

RIGGS-PERLA: Yes, I've always been very much interested in public health because of my early indoctrination. But in college I studied biology, and for a while I toyed with the notion of being a research biologist because it was so interesting. I loved science. But then, after graduating from Macalester College in Minnesota, I was quite anxious to find a warmer place to live! So, a Peace Corps brochure came to my attention somehow. And I saw photos of palm trees and water buffaloes and that was the end of it. I said, "No. This is the place I'm going." (Laughs) So, I applied to Peace Corps at that point.

Before moving on from the college experience, I wanted to briefly mention a significant event that happened in 1970 after my first year in college. My older brother and I returned to India to visit our parents and sisters. On our way back to the U.S. that summer, we ended up on a hijacked BOAC airline flight, and were held as hostages by the Popular Front for the Liberation of Palestine (PFLP) for four days on a desert runway near Amman, Jordan, along with passengers from two other airlines, TWA and Swiss Air. Eventually, we were all removed from the planes before they were blown-up. After being released, we were deluged by the international press and interviewed by the FBI once we landed in New York. It was quite a memorable experience, nicely documented in one of the chapters of a 2010 book by Kai Bird entitled *Crossing Mandelbaum Gate*.

Anyway, now onto the Peace Corps, which I joined right after college.

Q: Talk a little bit about your Peace Corps experience because I think you had both the overseas experience and working for Peace Corps in Washington.

RIGGS-PERLA: I was sent to the Philippines for my Peace Corps assignment with an all-female public health nutrition group. This was 1973 through 1975. None of us had much training in nutrition, so we had language and technical training in-country. The technical training was particularly good because we were tutored by Dr. Florentino Solon. I don't know if you remember him, Ann.

Q: I don't.

RIGGS-PERLA: He was fairly well-known internationally in the seventies as a nutrition researcher and leader. We were all very grateful for the amount of time and attention he devoted to preparing us for our assignments. Other public health people in the Philippines were also generous with their time. The language training was excellent as well.

I was assigned to Iloilo Province in the central part of the Philippines, on Panay Island. I lived with a school teacher and her children in a small barrio and tried hard to encourage and support government nutrition and health activities like getting kids immunized and trying to teach people how to do backyard gardening so that they'd have a more diversified diet for the kids. In my second year, I spent time at a malnutrition ward in a government hospital in Iloilo City where kids with severe malnutrition were admitted in those days. The lessons I learned were sobering; I kept seeing kids get rehabilitated at the hospital with special feeding and then relapse after they were sent home. Three or four months later the very same children would be back in the hospital with severe malnutrition because of ineffective counseling on preventing malnutrition and teaching people how to use locally available foods.

Q: Please say a little bit more about that because I think the Philippines is one of the places where poverty and access to food was a problem, but equally important were traditional beliefs about what children should and shouldn't eat and those affected their nutritional status.

RIGGS-PERLA: Yes, definitely. Even among the poor, people could have spent their money more wisely had they known a little bit more about what children needed, and therefore prevented these cases of malnutrition. There were many misconceptions about what children should eat. It was the beginning of the period when the milk companies were beginning to advertise infant formula aggressively and women were being discouraged from breastfeeding with free samples of formula. That, of course, made the situation far worse. Some food misconceptions included fear of giving fish to young children as it would cause worms. During pregnancy women were prohibited from eating papaya because it was thought to cause miscarriages.

Q: And there's nothing simple about effecting behavior change, of course.

RIGGS-PERLA: Yes. And I think in those days, we didn't have the tools for effective behavior change. It was just haranguing mothers when they came in for other services at the health center and conducting general health education.

Q: Were you the only person in your village, or were there—was there another volunteer there?

RIGGS-PERLA: There were other volunteers on the island, but not in my barrio. We would occasionally get together in Iloilo City, the provincial capital, but it was a slow, two hour trip each direction on a crowded "jeepney" (jeep body modified to carry more passengers) so our get-togethers were not frequent during the first year.

Q: Were you the first Peace Corps volunteer there, or had they had a previous one?

RIGGS-PERLA: They had actually had a previous volunteer, who was a schoolteacher. So, when I arrived everyone expected me to sit down in the classroom and teach English.

Q: Right.

RIGGS-PERLA: There was general confusion about that at first and then amusement at my attempts to teach anyone about home gardening because they just knew so much more than I did about planting! So, like so many of my fellow volunteers, I probably learned much more than I contributed.

Q: I know you went back to the Philippines later with AID. Were you able to go back to your village?

RIGGS-PERLA: Yes. I lived several stints in the Philippines. After being a volunteer, I returned to the U.S. and worked for a year at Peace Corps headquarters in Washington DC. I went back to the Philippines in 1976 for graduate school at the Institute for Public Health, which is at the University of the Philippines medical school. I wanted very much to study public health in a developing country and had learned about the Institute when I was a Peace Corps volunteer. I also met my future husband there and we were married after I finished my M.P.H. We returned together to the Washington DC area where I worked again for Peace Corps headquarters in the program and training division before joining USAID in 1978. I returned to my Peace Corps barrio several times during the time we lived there.

Q: Yours must have been the sixth or seventh Peace Corps class in the Philippines?

RIGGS-PERLA: No, the first group came in 1961, and were among the earliest volunteers. Peace Corps was well known by the time I got there. And there was a fairly big contingent of volunteers in country as well.

Q: Well, that's fascinating. Does your Peace Corps cohort get together? I know at the fiftieth anniversary of the Peace Corps there were a lot of reunions. I just wonder whether your cohort actually stays in touch.

RIGGS-PERLA: I have been in touch with some of them, but very sporadically and not consistently. I should because I'm sure they've all gone on to have interesting careers.

Q: I'd be curious to know how many of them had as interesting a career as you or even stayed in the development field.

RIGGS-PERLA: Yeah. I know of at least one, Nancy Terreri, who worked for UNICEF after our nutrition program. I think she actually already had a master's degree when she arrived in Manila. She was one of the better educated volunteers in our program and she

went on to work for UNICEF for years and did excellent work. And I'm sure others probably had great careers although I don't know how many in development.

Q: Right.

RIGGS-PERLA: There was a fair amount of early attrition in my group because many of these young women had never lived in a developing country and had a hard time adjusting. A large proportion of them had stomach trouble during the first couple of weeks. And the only one in the group who was completely happy and healthy was Joy. (Laughs)

Q: Well, I imagine you have a stomach of steel from your early childhood too. (Both laugh). In fact, going to Washington afterwards was probably a weirder cultural experience.

RIGGS-PERLA: Right. Definitely.

Q: So, I noticed, you were in Peace Corps Washington for a year and then you got seconded to the White House. And I was just trying to remember what was happening during the Carter years that they would want to develop an international strategy. Can you talk a little bit about that?

RIGGS-PERLA: Do you remember Peter Bourne?

Q: I do.

RIGGS-PERLA: Peter Bourne was tasked with putting together the international health strategy for the Carter administration using staff seconded from various US government agencies including Peace Corps.

Q: Right.

RIGGS-PERLA: I met some of the people in USAID during that time, like Bob Emery, who was also tasked to work on that report.

Q: Right. Well, Peter Bourne was always known as the water ambassador, I think.

RIGGS-PERLA: Yes. Exactly. I'm not sure why he was chosen in particular to pull this group together. There were staff from the Office of International Health at HHS (United States Department of Health and Human Services), USAID, State Department and CDC (Centers for Disease Control) and other agencies. That secondment was very interesting, and it certainly helped me understand the roles and responsibilities of various agencies across the US Government. And from a career point of view, I think, it was quite useful for me to meet people from these agencies.

Q: Well, I imagine the representatives of other agencies were all in recruitment mode because it seems to me you became an IDI (International Development Intern) pretty quickly after that. This was probably your first experience at interagency dynamics.

RIGGS-PERLA: Yes. Absolutely. I don't recall much conflict among agencies at that juncture. USAID had a clear lead and the majority of the funds for global health work.

Q: So, I imagine you were recruited for the IDI program from your post at Peace Corps, is that correct?

RIGGS-PERLA: No, I learned about the IDI program from a health officer in USAID-Philippines who hired me to conduct a study just after I finished graduate school. His name was Jake van der Flugt—there's a name you might remember.

Q: I do.

RIGGS-PERLA: Jake said he thought I was perfect IDI material and that I should apply to USAID, but I was reluctant at first. I didn't know a lot about USAID at that point. My husband encouraged me to apply. I put in an application and then forgot about it because I think it took about a year to get hired. It was a long process. It was during the White House secondment that I learned about my acceptance to the program. I did a lateral transfer from a foreign service position in Peace Corps headquarters to USAID for the IDI program.

Q: Well, and it was a time when there were on and off hiring freezes.

RIGGS-PERLA: Yes there probably were. I wasn't at all sure I was going to be hired mainly because, when I was interviewed, I was quite visibly pregnant with my first son. But I do remember distinctly that none of the men on the panel said a word about it. It was Mary Kilgour, the only woman, who commented. "Oh, Joy, how wonderful. You're pregnant. When are you due?" (Laughs) And I thought to myself, Oh, here's a real person working at AID. We were later in the Philippines at the same time where Mary was the Deputy Director.

Q: Right. Well, back in those days there weren't very many of us women who actually had children and a full time job. —

RIGGS-PERLA: And almost no women who worked for USAID were married with husbands going overseas with them.

Q: Right. Well, I want to get to the tandem couple issue because it's critical. But first, you had some concerns, or you just didn't think AID was where you wanted to be, but then the invitation came and you decided, well, let's give it a try?

RIGGS-PERLA: Well, my hesitation initially was because I wasn't sure what a career in USAID would be like. As I became better informed about what AID does, it began to

sound more and more appealing, more than just a bureaucratic job. So, by the time I got to Washington and started interviewing for the position I had convinced myself that this was something I would like to try.

Q: Right. And I'm just looking at your resumé, that was '78 that you joined AID?

RIGGS-PERLA: Yes. Summer of '78. And in those days, when IDIs were hired, we had an excellent training program. It was so wonderful. We went off-site to West Virginia to do a development program in a small town. We learned all of the program development and management skills while we were dealing with real people and actual data. Also we had good rotations in Washington. We had detailed training plans and mentors, and we had to report regularly on what we were learning during the training period.

I didn't have to stay for language training because I already had the Tamil under my belt. So, I think it must have been about nine months—probably less than a year -- that I was in Washington for all of this. But it was a very useful period.

Q: Interesting. So, do you remember who were some of your classmates in that IDI class?

RIGGS-PERLA: Oh, gosh. Ben Stoner was one of them who I've kept in touch with. His wife, Pat Daly, from Save the Children, is a good friend. Let's see. Paul Ehmer was in my class.

Q: I just wondered because often people say, Oh, yes, we were in the same IDI class, and it seems to have made for really formative relationships.

RIGGS-PERLA: Yeah. I do think the IDI program in those days did an excellent job of preparing people. It was fairly high quality, both lectures and hands-on experience to practice USAID-related skills.

Q: Right. Do you remember when it went off the rails? It was probably during the eighties at some point.

RIGGS-PERLA: Yes, probably, although since I was overseas most of the time, I was less aware of developments like that in Washington.

Q: So, you didn't have an initial rotation in Washington?

RIGGS-PERLA: I think we were on the complement, which is what USAID called our status those days until we received a firm assignment. Also, as IDIs we did not fill a Mission position as I recall.

Q: You mentioned your husband. And he encouraged you to look at USAID. He was fully onboard with going overseas? Can you talk a little bit about that – the “trailing spouse”?

RIGGS-PERLA: It was funny, actually. He had a background in industrial marketing. We were married in Manila. I knew his family because his sister was my language instructor, so I first met him when I was in the Peace Corps, he and his eight sisters. (Laughs)

Q: Whoa.

RIGGS-PERLA: My husband, Gani, was game to try to find a job wherever we were posted but it was definitely challenging in some posts. For our first assignment, we assumed that either USAID or the State Department would facilitate, would help with spousal employment, but we discovered very quickly there were no other male spouses, certainly not in our group, but few in the agency in general.

When we enquired about jobs, we were headed for Swaziland. We were directed to an office in the State Department that supported spouses and they provided a date for an orientation session. When my husband showed up at the session, the orientation was for Embassy wives about the etiquette of entertaining host government officials and ambassadors. He fled! He also realized he was not getting any professional help from either AID or State. Fortunately, his visit to the World Bank resulted in more useful information to prepare for his job search in Swaziland. He ended up teaching accounting and business at the local university. However, finding work that we were both happy with was challenging at times.

Q: Wow. Right.

RIGGS-PERLA: Recall that this was during the time of apartheid in South Africa, and the head of the business department at the university, was a white South African who believed that black Africans can't learn management, so his emphasis was on accounting. Not a very exciting professional experience for Gani, although he did enjoy it in some ways.

Q: Hopefully as you moved you found a better one.

RIGGS-PERLA: Yes. He was able to find interesting positions after Swaziland.

Q: But talk a little bit about Swaziland because working on public health in an apartheid setting must have been challenging.

RIGGS-PERLA: Well, Swaziland, as an independent country, was not part of the apartheid system. But they were dependent on the mammoth economy in South Africa. (They shared a customs union with South Africa and therefore, South African goods were available on the grocery shelves in Swaziland.). We did travel together to South Africa on a number of occasions, and because my husband is not white, it was awkward at best.

Q: Hmm.

RIGGS-PERLA: We learned tricks to manage. When we traveled to Kruger National Game Park, we would drive into a tourist camp looking for accommodation for the night I would go in and secure the reservation, which was never a problem. If he tried to do the same, they were often fully booked.

Q: Right.

RIGGS-PERLA: Swaziland in 1979 interesting. Women were legal minors and therefore I could only set up a bank account if my husband was the primary account holder. Swazi women, however, were the ones that held up the economy. They worked in the fields; they did most of the work. Men, and certain tribes, were favored for key government jobs; men were supervisors, but women did the work. I'm sure things have changed in Swaziland as they have in many countries.

Q: So, what were some of the public health issues that were front and center when you were there?

RIGGS-PERLA: I'll have to try to remember. We supported a program in nursing education, which was really important because we were trying to elevate the profession—nursing is still a critically important part of the health system in southern Africa. They were the primary care providers, as they are in many countries, but in Swaziland there were no cultural prohibitions against women becoming professional nurses. They just didn't have the schools and the caliber of training that would enable graduating nurses at the bachelor's level degree or higher. Very high caliber nurse educators from the US did a wonderful job on this project. Other programs included work on water borne diseases, which included schistosomiasis control. While I had learned about schistosomiasis in parasitology class in graduate school, designing and working on control programs was quite different. We had talented consultants helping us both design and provide technical assistance to the program.

Connie Collins, by the way, was my supervisor, my first supervisor overseas. She was very strict with me and took her training duties seriously and became an invaluable mentor. Another extraordinary mentor early in my career was the Deputy Director Ted Morse who was also generous with his time, and solidly committed to training up the younger generation of foreign service officers.

Q: Right. And did the program continue after you left, as far as you know?

RIGGS-PERLA: As far as I know, yes. But Swaziland was my shortest posting, just one two-year post. I had been approved for a second tour in Swaziland but with mission support I was able to move after one tour for family reasons. It was too tough on my husband to find a satisfying job in a small post like Swaziland. So, the mission helped me get that assignment changed and I went back to the Africa bureau for a year. That was in 1981.

Q: Oh, right at the transition from Carter to Reagan. Maybe that didn't affect you, but AID in general had a fairly bumpy ride of it.

RIGGS-PERLA: Yes, I learned some of the details from reading the USAID history—John Norris's *The Enduring Struggle*.

Q: So, you were back in the Africa bureau, and then got recruited or posted to the Philippines, right?

RIGGS-PERLA: I spent a year back in the Africa bureau. At that time, Steve Sinding was the director of the PHN (Population/Health/Nutrition) office in the Philippines when I was looking for an onward posting overseas. He offered me a health officer position in Manila. I had been told that anyone who had been a Peace Corps volunteer in a country would probably not be selected for an AID assignment, nor anyone married to a national of that country. But in fact, Steve said that he thought that my background for the position was good, including the language proficiency. Both my husband and I were thrilled. I knew Steve by reputation and knew that working with him would definitely be an important opportunity.

Q: So, to the extent he had to fight the bureaucracy to make it happen, he did that for you?

RIGGS-PERLA: I actually don't know. The attitudes about such things may have already changed or maybe my information about these factors was not accurate.

Q: Right, right. Well, but that was like going home for you and certainly for your husband. Please talk a little bit about that. And I want to ask as you talk about some of your assignments, if you—if participant training was a part of your experience, selecting and having people go overseas and hopefully coming back. Because I don't think we spend enough time really understanding how it worked in the field and if it worked.

RIGGS-PERLA: Yes. Ann, I can't say enough about participant training. I thought it was an important element of development, and it was an important feature in all the country programs where I worked. In Egypt, which was my last overseas assignment with AID, we did support participant training but it was beginning to be questioned by AID/Washington and some in the Mission. And at that point it became much more difficult to do academic participant training, especially in the U.S. In Swaziland, a few key Ministry of Health positions were still held by British officers and participant training helped fill those posts with nationals of the country.

And so, backfilling with trained people to take over those positions was a key function that AID played. Those people got a good education, and returned to transform their countries. That certainly happened in the other countries where I worked.

Q: You are certainly not the only one who thinks that. And I keep trying to remember why it collapsed.

RIGGS-PERLA: Fell out of favor?

Q: Yes. Maybe because it may have seemed too costly? I think there was a rumor or concern that trainees might not come back.

RIGGS-PERLA: You know, Ann, I think it's more complex than that. I think that it fell out of favor because people were less vested in institution building and development due to the imperative to show short term, quantifiable results. The Agency then became much more focused on how we could achieve immediate results, and measuring and reporting on the impact we were having. And therefore, participant training began to feel less and less relevant to the people who were worried about justifying funding. Of course it is also important to demonstrate that taxpayer investments are having the intended impact and improve our accountability to the Congress, but somewhere along the way the balance shifted too far away from the importance of building institutions that can help sustain those results over time. The local staff and leaders required to run those institutions is a fundamental, long-term responsibility of development, period.

Q: Right.

RIGGS-PERLA: I think it was in the mid-1990s that participant training, especially in the U.S. began to be discouraged and harder to fund.

Q: I think you're exactly right, the focus became much more short-term—

RIGGS-PERLA: And then, on top of it, there were the problems that you're alluding to; it was felt to be costly; people sometimes did not return home, or they came back, and they went to work for a private organization to make more money. Therefore, it was viewed as a waste of U.S. taxpayers' money.

Q: Right. It is too bad. I never understood why the U.S. university system wasn't more effective in arguing on behalf of this because they certainly are well organized. But in any case, it was a loss. And I always wanted to see if there could be tracer studies, just more than episodic or incidental vignettes, to look at who is now leading countries or institutions and what role an education in the US may have played.

RIGGS-PERLA: Right..

Q: So, going home to the Philippines, you obviously also got much more involved in a lot of different programs. But what was the program like at that point, and were you also involved in a family planning program or was it health and nutrition primarily?

RIGGS-PERLA: I was mainly on the health and nutrition side of things at that juncture. What I remember as being the most exciting effort was our first venture into the area of healthcare financing and policy reform around those issues.

RIGGS-PERLA: We developed a program that included testing social financing schemes, which allowed for revenue generation and taking advantage of insurance concepts. It was fairly simplistic but it was a way of getting the Philippine government to begin to think about how quality and equity of access to care could be improved by allowing for prepaid health care. We were working with a small private health care group whose leader, Dr. Bengzon, became the Secretary of Health after the 1996 “People’s Power” revolution when Marcos was deposed. We were optimistic that these ideas would take off under his leadership and they did. We had incredibly talented FSN staff who were absolutely key to the program in the Philippines.

Q: Well, of course, this was during the Reagan years when private sector development was very much in vogue. And whether that was sort of explicitly stated or whether it was just sort of part of the overall agency strategy. I’m sure it had some influence.

RIGGS-PERLA: Yes, clearly it did. But, you know, I think that one of the things that I observed in all of my overseas assignments was the interaction with AID headquarters was attenuated by field programs being a bit like aircraft carriers. Things chug along on five-year cycles, while political administrations come and go in the United States. We always had to develop and work on programs that made sense for the country we worked in, where there was commitment by local leaders and institutions. and we could not afford to be too distracted by the flavor-of-the month at headquarters.

Q: You just change your vocabulary without changing your program.

There you go. (Laughs) For most of my career, USAID was a pretty decentralized Agency in terms of decision making about country programs. Of course when there was policy alignment between headquarters and the missions, life was better. In the health arena, the AID/Washington’s leadership on the global stage in family planning and reproductive health, child survival, maternal health, etc. and the technical resources the Global Health Bureau made available to us in the field greatly enhanced our country efforts!

Q: I understand that. Any memorable stories from your time in the Philippines? I’m sure you stayed in touch with your eight sisters-in-law.

RIGGS-PERLA: (Laughs) Many of whom were beginning to migrate to the States.

Q: Ah, right.

RIGGS-PERLA: Yes, yes. At that point, actually, my husband’s parents had migrated to the States. But my mother-in-law came back with us to the Philippines because she wanted to be home for a while, and lived with us when we were there. It was wonderful because she helped take care of my second son, who was born in the Philippines.

Again, I benefited from good mentors in the Philippines. Steve Sinding and I didn't overlap very long. He moved back to Washington DC to eventually head up the Office of Population.

Q: Yeah. Yes, I guess that's right. Before he had been head of evaluation of PPC (Bureau of Policy and Program Coordination), I think.

RIGGS-PERLA: Okay. At some point he moved back overseas as a mission director in Kenya I believe.

Q: Who replaced him in the Philippines?

RIGGS-PERLA: It was John Dumm, followed by Bill Johnson.

Q: Right.

RIGGS-PERLA: The Philippine program was a strong one. My relationships with ministry people were good because I could speak the language and knew the country. For me working directly and frequently with Ministry of Health counterparts, both at the national and provincial levels was very satisfying. Being able to travel freely and interact with the beneficiaries of our programs was key to my professional satisfaction and interest in the work.

Q: Right. And that was a time when you could travel anywhere in the country and you could be more hands-on. I imagine you did have health contractors, though.

RIGGS-PERLA: We did, but they handled only technical assistance elements of the program for the most part. In those days we provided direct financing to the government through Project Implementation Letters (PILs) as well as providing technical assistance and other kinds of funding for studies, etc. We were making the transition between loans to grants in those days as well. And we also handled the paperwork required for participant training. So basically, we issued the instruments needed for various pieces of the program without needing to use large contracts to include every activity. We sat down with the ministry to develop scopes of work, to design the content of all of these programs. It was very rewarding working so closely and directly with counterparts in those days.

We traveled frequently to visit projects, often with government or non-government colleagues. There was no difficulty traveling. And our programs were active in many remote parts of the country.

Q: So, next comes Indonesia. How did that assignment happen?

RIGGS-PERLA: Before leaving the Philippines, I wanted to mention the People's Power revolution that resulted in the Marcos' precipitous departure. The takeover itself began with the assassination of Benigno Aquino, an opposition politician. It was a bit

harrowing, but it only lasted a few days. The embassy kept us at home until the streets settled down. However, it was a time of optimism about the future and a great moment of national pride among Filipinos for having thrown off the dictator peacefully.

Q: Right, right. Had you been seeing reports that this was likely to happen, or did it come as a total shock?

RIGGS-PERLA: It came as a surprise, frankly. Probably there were some at the embassy who had a better inkling of what was about to happen. The embassy helped evacuate the Marcoses out of the country.

Q: Right. I wanted to ask, and I'll ask this at each time, the relationship with the embassy or with the other parts of the U.S. government that were represented in country. Did you have much to do with counterparts in other government agencies while you were in the Philippines?

RIGGS-PERLA: I think USAID's relationship with the embassy was fine. They left development activities to USAID and I don't recall any undue interference. While I worked in the Philippines, USAID supported the Field Epidemiology Training Program (FETP) in collaboration with CDC/Atlanta. In those days, CDC was largely dependent on USAID as their own appropriations for international work was small. CDC was brought in through an inter-agency agreement to provide essential technical inputs while USAID covered local costs. The collaboration was highly successful and without significant conflict. This resulted in a program that has been sustained over many years and greatly enhanced the country's ability to detect and intervene in disease outbreaks. That talent, by the way, was evident most recently in the quality of the Ministry of Health's website and Covid-19 tracker.

Q: Right. Interesting. But they didn't try to run your program?

RIGGS-PERLA: No, CDC viewed themselves as having specialized technical skills, and they focused on that. There was no conflict and there was strategic consistency among what US Government agencies were trying to achieve in development. CDC also helped develop the same FETP program in Indonesia.

Q: Indonesia was your longest assignment, wasn't it?

RIGGS-PERLA: Yes.

Q: So, you must have gone out on a four-year assignment and then extended. Can you talk a little bit about that?

RIGGS-PERLA: (Laughs) Yeah, at that point, my husband had figured out how to find good jobs in the places that we were posted, and so, he was with one of the AID contractors working on social marketing activities in the family planning, which took

advantage of his business skills well. And so, it worked out well for us as a family. Jakarta had an excellent international school. Our two boys were very happy.

Q: Right.

RIGGS-PERLA: And the program was quite interesting as well. Manny Voulgaropoulos was the Director of the Health and Population Office when I arrived at post. He was a great person to work with, very creative, and very impatient with bureaucracy. The office was divided into the Child Survival Division, which I headed and the Population Division headed by Carol Carpenter-Yaman. We had about five major projects and a number of centrally-funded (AID/Washington supported) activities. Later I moved into the Deputy Office Director position with more staff to supervise. John Rogosch was the Office Director at that point.

Q: Were the Gingriches there at the time you were there or not?

RIGGS-PERLA: No, no. I think they were there before my time.

Q: But it was a very big program at that time, wasn't it? And you covered both health and family planning?

RIGGS-PERLA: Yes, although there were two divisions, we did not operate in silos. Many elements of the program were integrated. I also continued to work on health care financing issues which were becoming important to the Ministry of Health as they tried to achieve universal coverage of primary health care and move toward social insurance. I was very much involved in program design and program management on that side of things.

Q: Right. And did you have a staff at that point?

RIGGS-PERLA: Was I supervising anyone? Yes, I supervised 2-3 US direct hire officers and some of the FSNs.

Q: Right. Did you have any role in recruiting them or were they there?

RIGGS-PERLA: Yes, I did hire a few, and I remained in touch with them for many years. People came and went during the six-year period, so I was definitely involved in recruiting several staff. Again the FSN staff were so important.

Q: Right. So, the years you were in Indonesia, were you able to get out to see projects? Did you still have sort of the hands-on experience you had in the Philippines?

RIGGS-PERLA: Yeah, definitely. During that period the reporting requirements back to AID/Washington were growing, there were many congressional delegations, many of whom wanted to go to Bali. (Laughs) That kind of activity was always important, and well worth the temporary disruptions in work caused by briefing book preparations and

so on. Travel was no problem other than bureaucratic work that was starting to get heavier and heavier. But it was very satisfying working with the Indonesian government at the time. There were frustrations as well. Corruption was a fairly significant issue in Indonesia as it was well institutionalized. It was highly egalitarian in its reach to every level, but taken for granted, and it sometimes caused friction as we worked to protect USAID funds.

Q: Right. So, how did you deal with that in the health field? I know that people used to think that as long as you had enough conditions precedent to keep things on track you could manage it.

RIGGS-PERLA: A lot of the burden, of course, fell on our office of finance. And in several countries, Indonesia included, we had very good people, excellent FSNs working in the finance office who would be quite proactive with government counterparts and helping them set up systems for accountability for AID projects. I don't remember any crushingly terrible audit findings during the period. There are always some, you know, problems. I believe the mission did a pretty good job of protecting USAID funds.

Q: Right. Interesting. And I imagine all of your colleagues faced the same thing in whatever sector or program they were involved in.

RIGGS-PERLA: Yes. But the Indonesian officials were really serious about getting things done. I've never lived in a country where people worked so hard and accomplished so much through sheer determination. Once a policy decision was made by the central government, programs rolled out, sometimes faster than external development partners were comfortable with. USAID was not comfortable with military vehicles being used to transport clients to family planning services, for instance. Culturally it was a controlled society under President Suharto and people all the way down to the village level knew how they fit into the program and what they were supposed to do. And that had some advantages for organizing village level health and family planning programs. They had a fantastic family planning program in those days, among the most successful in the world and supported strongly by USAID.

Q: Right. Imagine you had to worry about that, with all the attention to forced sterilization in India.

RIGGS-PERLA: Yes, though forced sterilizations were not an issue in Indonesia as far as I know.

Q: Well, speaking of the dates, though, this was when the child survival initiative was ramping up and hitting full speed. How did you experience that in Indonesia because obviously you were already doing child survival interventions, but just talk a little bit about Washington discovering child survival?

RIGGS-PERLA: Yeah, I think it was a very welcome development for several reasons. Child Survival was an uncontroversial development objective! With the emphasis on

measuring results the Agency was able to take advantage of the investments made in conducting Demographic and Health Surveys (DHSs) throughout the world to track changes in fertility and mortality over decades. USAID and UNICEF leadership on child survival also set up a spirit of international competitiveness which drew badly needed country policy-level attention to reducing infant and child mortality.

Indonesia was uniquely set up with village structures for primary health care, including a cadre of volunteers involved in health education and some primary care services. It started with family planning, but then they built other primary healthcare services around this successful structure. It worked well with their system of social organization, with the village chief's wife enlisted to organize this work as part of her official duties. Culturally, Indonesians are very comfortable with collective action.

Q: Right. And similarly, childhood immunizations, there was no taboo?

RIGGS-PERLA: No, in fact people valued and demanded injections of various kinds, including injectable contraceptives. The challenges were access-related because it's an archipelago, the islands were remote and inaccessible, and the language, cultural and ethnic diversity in Indonesia is enormous. So, just how to design programs in the way that were appropriate for the Javanese as well as the outer island groups was always a big challenge. But once services were accessible to people, uptake was good. There was not a lot of cultural pushback on health services. Or family planning services for that matter.

Q: Right. It was a time when—in Washington people were getting nervous about talking about population programs, so putting it within a child survival umbrella was strategic—

RIGGS-PERLA: Yeah.

Q: . But maybe in the field it really didn't need that kind of protection.

RIGGS-PERLA: Well, in some countries it certainly helped. And family planning programs in the Philippines, in the post-Marcos era, suffered quite a lot because of the influence of the Catholic Church and various politicians for their own purposes.

Q: Was this Cardinal Sin?

RIGGS-PERLA: Yes. Easy name to remember!

Q: So, did you do a lot of traveling in Indonesia? You did get to see a lot of Indonesia, I imagine.

RIGGS-PERLA: Yes. All the way from Aceh to East Timor. We traveled a lot. Traveling with counterparts gave us the quality time to talk about issues in the field and discuss programs in the future. They were enthusiastic about workshops and large training events. We all attended endless numbers of these sessions, some of which would keep going late into the evening.

Q: Right. And then, just in terms of family life, you had a good school, your husband had a good job.

RIGGS-PERLA: Yeah, good school for the kids and my husband had a great job. So, that was one of the reasons why we stayed as long as we did. But at the end of that six-year period I was beginning to feel a little restless and ready for change, because one of the things I really, really liked with USAID was the amount of professional change and challenge.

Q: Right.

RIGGS-PERLA: To arrive in a new country every four years, learn a new language, learn a new health system, make new friends and colleagues at ministries of health or other organizations, develop relationships with the academics in that country, learn about the kind of research and challenges they're facing. Being able to see first-hand how your programs affect the lives of people. I mean, this stuff is—it was public health heaven. It was just great. It was wonderful.

And to never have to look for a new job, you know. You're always taken care of in the same organization. And you just move from place to place, having a wonderful time and doing things that really matter.

Q: What a good testament to a career in AID!

RIGGS-PERLA: Yes.

Q: One of the persons who brought me into AID said, "Well, you've really got to move every two years because in two years' time you'll have figured out all of the ways that things don't or can't work, and then you get absolutely stuck. So, you have to keep having these new experiences."

RIGGS-PERLA: Maybe some truth to that! But mentors can help you out. I should just jump back to Swaziland for a minute. You know, one of the things I think I benefited enormously from was really smart mentors, people who picked me out and decided I was worth investing in. And the earliest person who did that in my career, was a man named Columbus Spane, a Sierra Leonean, working in the finance office in Swaziland. And I will never forget Columbus. He said "Joy, if you're ever going to learn to be a good project officer, you need to learn accrual accounting the way it's done in USAID, and you need to be able to manage your projects financially. That's the bottom line." And I said, "Okay, teach me." (Laughs)

Q: And he did.

RIGGS-PERLA: So, he did. And the lessons he taught me lasted my entire career. Even though some systems changed, I never had trouble doing accruals at the mission level or

dealing with finance offices because I understood what they were doing. Silly example maybe, but it was because of Columbus Spane's early indoctrination.

Q: No, it's a wonderful example

RIGGS-PERLA: But likewise, throughout my career, I've always benefited from people who I didn't even have to reach out to. They reached out to me and said, What do you want to do in AID? Where are you going? How can I help you get there?

Q: Are there other mentors that sort of stand out? I mean, you are a very special person, and I can understand why people would reach out to you, and you are receptive too. There are some people who just aren't receptive to training.

RIGGS-PERLA: Yeah, although most of the people I know acknowledge the importance of good mentorship. I think there were fewer formal mentorship programs in AID in those days, but fortunately a fair number of senior staff believed in the importance of fostering new Agency leaders and made it a point to seek out potential candidates and mentor them actively. I also took mentoring to heart, and tried to pay that back as I became more senior in rank and experience. I looked for talent. And even after I left USAID, I've continued to seek out and mentor people who showed promise. It's made such a big difference in my career.

Q: Absolutely. And I know that right now with the UAA (USAID Alumni Association) mentorship program, although it's not the same at all, I bet people are hungry for that kind of attention.

RIGGS-PERLA: Yes. I'm one of the UAA mentors and I really have enjoyed my interaction with the people that I've worked with. For the most part, Ann, they just need a chance to talk about some of their challenges and what they're going through and how they can get some help with the issues they're facing.

Q: So, moving from Indonesia to Egypt, that was a fairly big move, I think. Can you talk about how that happened? I assume you bid on it, this was something you wanted to have happen.

RIGGS-PERLA: Yeah. Actually, a colleague and friend from USAID/Indonesia, Carol Carpenter-Yaman, had moved to head up the Population Office in the Egypt program. Unfortunately, the USAID/Egypt Health Office Director, Mike White, one of the most talented health officers in the Agency, was diagnosed with brain cancer and returned to the US and later lost his battle. Carol alerted me to the vacancy. Initially I wondered if I should go to an ESF (Economic Support Fund) program country with a huge budget and lots of political attention. In Indonesia I had learned to scrape together unspent funds from expired projects and other resources that could be reprogrammed for small but important activities like research studies and so on. I harbored the idea that often poor development decisions are made in environments where there is pressure to program and

spend huge budgets. Nevertheless, this was an opportunity to work in a very interesting part of the world and take on a more senior job than I had held so far.

At that point, my husband was engaged in a job with the Population Council that he couldn't leave quite so soon, and my older son wanted to finish middle school in Jakarta. So my younger son and I moved to Egypt in 1992 and my husband and older son stayed on in Jakarta for six more months. That was tough but it seemed to make sense so we endured the separation.

Q: But Egypt also had an excellent international school. So, that was less of a hardship. But culturally, there were obviously many, many differences.

RIGGS-PERLA: Yes, huge cultural differences but each wonderful in various ways. Indonesians are very refined and value smooth interpersonal interactions. It is difficult for foreigners to know what they are thinking as views are rarely expressed emphatically. The more senior and elevated you are in society, the softer your voice. There is no shouting or fighting in public. Conflict is dealt with by using intermediaries. Egyptians are quite the opposite. They relish a good argument, laugh and shout loudly, and otherwise make their views obvious.

Q: Yeah.

RIGGS-PERLA: I was so used to the tropics that the brown desert landscape of Cairo was jarring. But within a week I was in love with Egypt. Egyptians are so effusively warm. Early on, I witnessed a couple of taxi drivers in an altercation. They engaged in a boxing match, then talked and eventually hugged each other before returning to their vehicles. The "boab" (building watchman) in the apartment building where we lived shouted all day long, he shouted at the garbage collectors, he shouted at his children but he was a good father and conscientious worker. Everyone is very hospitable and we had frequent dinner invitations at their homes and made good friends.

Q: That was less so in Indonesia?

RIGGS-PERLA: Indonesia was perhaps more challenging to understand but they were equally wonderful people. They entertained at restaurants more often than their homes. We leaned heavily on our Indonesian staff, however, to help us understand what exactly had happened at key meetings with ministry officials and how to interpret what was said. The USAID/Egypt program was also very different from the one in Indonesia given the huge resources.

The resources available in Egypt allowed for USAID to fund elements of the health infrastructure that we had never been able to in other countries. That included substantial clinic renovations, large data collection infrastructure and electronic record keeping systems for hospitals, and so on. USAID was also paying for the purchase of childhood vaccines even though Egypt could have done so itself.

Q: Uh-huh. Did you take your interest in financing to Egypt as well?

RIGGS-PERLA: Yes. There was a large project called “Cost Recovery for Health” that was already underway when I arrived. The health care system in the country suffered from a neglect of health infrastructure maintenance relying instead on a continuous rebuilding and renovation program. The project invested heavily in a new information system for the two government health insurance programs in the country. The project itself was overly ambitious but it did achieve some of its goals.

Q: You probably also had a fair number of CODELs coming too, no? Are there any particular programs from your time in Egypt that you’re particularly proud of or sad that they didn’t accomplish what you wanted?

RIGGS-PERLA: Yes, and life was starting to get a little bit more bureaucratic resulting in more difficulty visiting projects as often as we would want to and eating into time with Egyptian colleagues. I was proud of the excellent FETP program in place, again with a highly productive working relationship with CDC. Because of the size of the program, we also had easy access to the ministers of health for the most part. USAID had always played an outsized role in the health sector beginning with the early days of treating childhood acute diarrhea with oral rehydration therapy (ORT) and the well-documented success of that program. The child survival program in Egypt was also highly instrumental in establishing a strong and high-achieving childhood immunization program and treatment program for acute respiratory diseases, the leading cause of death among under-five aged children.

Q: Right.

RIGGS-PERLA: We were providing some direct financing at that point tagged for the ministry of health, but it was getting to be extremely challenging because of unrealistic requirements related to financial records and the unusual amount of financial audits that produced constant headaches. Even the small receipt missing on purchasing bond paper or the lack of a required number of price quotes for office supplies resulted in audit findings that appeared petty to the Egyptians and caused friction. The environment in USAID became highly risk averse and in combination with staff cuts, it pushed us rapidly toward favoring programming through large U.S. contractors.

Q: Right.

RIGGS-PERLA: One of the projects that I really enjoyed developing was the “Healthy Mother, Healthy Child” project. Dr. Henry Mosley from Johns Hopkins helped us focus on the proportion of all under-five mortality concentrated in the neonatal period as well as the relationship between high maternal mortality and neonatal mortality. Having relatively frequent DHS surveys and reliable data helped make the case to the Ministry of Health.

Henry Mosley was such a joy to work with. I think he was the person who named that project.

Q: Mm-hm. And then, it evolved to “saving newborn lives”?

RIGGS-PERLA: Yes. But again, Egypt was a place where things could get done if you worked with the right people and money was applied appropriately. A first of its kind national survey helped us quantify the extent of the maternal mortality problem but also to get clues about the reasons for it, including obstetrical mismanagement by physicians. That got the attention of senior officials!

Q: Right.

RIGGS-PERLA: The other issue we tackled in Egypt, and got good traction on was female circumcision. One of the DHS surveys included a module on that subject, as it had been very much under the radar. The outcome showed an incredibly high prevalence of the practice. After initial skepticism, the Minister of Health, an Ob/Gyn, became a tremendous advocate for abolishing the practice.

Q: Oh, gosh.

RIGGS-PERLA: But none of this would have been possible without the wisdom, guidance and technical skills of Dr. Nahed Matta, one of the most impressive FSN staff I had ever worked with. While I was her supervisor, in fact I learned so much from her. She was highly respected by the Ministry of Health and by all in USAID. Later she and her family moved to the U.S. and Nahed was given a direct hire position in USAID’s Global Health Bureau managing the Agency’s largest maternal and child health project.

Q: Right.

RIGGS-PERLA: I also wanted to mention that we had a very good relationship with UNICEF in Cairo as they played an important role in child survival including vaccine procurement. I felt strongly that donors should stop paying for vaccines since the Egyptian government was fully capable of covering those recurrent costs. When I raised this issue with the Minister of Health, he pointed out very logically that donors liked to support maternal and child health and they weren’t so eager to take on support for establishing new referral care centers for heart disease or cancer, for instance. Donor willingness to pay for vaccines enabled the MOH to make bigger investments in tertiary care. So we began talking with the UNICEF Director, Baquer Namazi, about the need to shift responsibility for vaccines onto the Egyptian government. Does that name ring a bell?

Q: No.

RIGGS-PERLA: He is Iranian by birth but a US citizen at this point, I believe. In any case, he is now languishing in jail in Iran accused of improbable political crimes. Such a

sad story as he was such a good colleague, and cared deeply about children and development.

Q: Oh, I think I know this story.

RIGGS-PERLA: So, anyway, ultimately, we were successful in shifting responsibility to the Ministry of Health for supporting vaccine purchase. Tackling those kinds of issues through concerted action by donors was important for successful outcomes in the health sector, and a lot more successful than each donor acting on their own.

Q: Right. That is so important. I remember when AID wanted to introduce subsidized payment for ORS (Oral Rehydration Solution) packets in the same area that UNICEF continued to insist on giving them for free. So, it totally undermined the social marketing aspect of it.

Well, let me just pause the recording and we'll figure out our next—

RIGGS-PERLA: Okay, good.

Q: Today is February 14. It is our second chance to talk with Joy Riggs-Perla about her career at USAID and beyond.

I think when we left off, we were in Egypt, and you had talked about your role as director of the health program, and we were just starting to talk about your second assignment there, which was more higher-level management. And I really would like to spend some time on that because I suspect you didn't exactly give up your responsibilities in health when you moved to the associate director position. But one of the things that you mentioned in your resumé was the shift from a program-focus to a results-based focus, and you make it sound easy. I know it wasn't. Can you talk a little bit about what was entailed in that kind of shift, including what, if any, changes happened in the dialogue with the government.

RIGGS-PERLA: Right. With the second tour in USAID/Egypt, I took on a more senior position as an associate director. During the first two years of my assignment as director of health we began talking about a policy reform program with the government. USAID/Egypt, with support from AID/Washington, was keen on moving toward non-project assistance with disbursements based on achievement of specific policy benchmarks. But we needed credible data and good analysis to dialogue with the Egyptian government about various policy issues.

We enlisted the support of the Data for Decision Making Project (managed by AID/W) with the Harvard School of Public Health. Specifically, Peter Berman, a health economist and project director, and his team, engaged with us to review our policy ideas, look at available data and design new studies needed to develop the evidence base needed. And

so, we built on earlier efforts. Guided by the project, Egypt was one of the earliest countries to undertake “national health accounts”, a review and analysis of financial flows in the health sector to determine how much spending was happening in the private sector, government spending and so on.

Q: Well, you spoke a little bit about the Egyptian government saying, Really? We know you need to spend the money so why are you being so difficult? But say a little bit about the resistance you got from other donors.

RIGGS-PERLA: Well, I remember in particular UNICEF’s initial attitude was to question why USAID was trying to phase out of support for child survival! I argued that trying to make vaccine procurement more sustainable by using domestic resources was not backing away from child survival or immunizations. Egypt had an excellent, high performing national immunization program at that point and phasing out of donor financing for important national recurrent costs was important. Donor funds could then be applied to other elements of the program, like technical assistance or undertaking research or making one-time investments that call attention to new issues of importance to the health system.

Q: Right.

RIGGS-PERLA: So the health policy reform program grew out of some of those early activities. I think that the Egyptian government liked the idea of non-project assistance based on verifiable outcomes rather than the project assistance with all of its headaches. They would, of course, have preferred to have the money unconditionally, as an annual check—the way Israel had.

Q: Right. Did they need to build a data system for this, and was there any skepticism about the data that was forthcoming from the government?

RIGGS-PERLA: Egypt had the usual problems with its health information system but USAID had supported regular DHS surveys early on and at fairly frequent intervals and that served the country well for demographic indicators and health service utilization information. But of course existing data had to be supplemented with the national health accounts and some innovative tools. I recall a health policy index derived from interviews with local experts that was developed for our program.

Q: Who was the mission director at the time, and did the mission director change over the course of trying to implement a results-based program?

RIGGS-PERLA: Yes. When I arrived Hank Bassford was the mission director, and I left when John Wesley was the mission director.

Chris Crowley was deputy mission director when we overlapped there. I took the associate director position for human resources which included the offices of health,

population, education and democracy. I had been acting in that position periodically before being assigned to the position.

I had no qualms leaving the health office director position. We had an excellent staff. Mellen Tanamly took over as health director at that point and Carol Carpenter-Yaman was highly competent as the Population Office Director. They were both just superb and such a pleasure to work with. I spent a lot more time educating myself on the issues in democracy, governance and education, the other two offices. In education, there was—you know the Gore-Mubarak Initiative. You must have been familiar with that?

Q: I did.

RIGGS-PERLA: So, that whole initiative was getting started and it had various subcommittees, including a human resources subcommittee. And so, I engaged a lot with the embassy and other partners, planning that initiative and developing strategies, including helping guide USAID's education sector inputs into that initiative at a very broad level.

During that period we were also going through re-engineering; you'll remember re-engineering.

Q: I do.

RIGGS-PERLA: And so, part of that was a new management and information system including having to train everyone in the Mission on how to use it.

Q: New management system (NMS).

RIGGS-PERLA: Yeah. Anyway, the mission also went through a thorough review of its strategic objectives and a realignment of its programs. It was also when the Agency endured a substantial staffing cutback and the RIF (Reduction in Force), which hit Egypt very hard. That forced us to undertake a strategic review and reduce the scope of the program. The RIF and reexamination of the program involved a lot of engagement with staff, figuring out how to manage more efficiently with fewer staff. During that time I was acting deputy mission director on two different occasions while the Mission was awaiting the arrival of the person assigned to that position.

I remember that John Wesley pulled me into helping with the staffing and reorganization issues. And it was a difficult task because a lot of people were extremely resentful of the way the Agency's RIF had happened, how abrupt it was, and how little rationale they were given sometimes for losing their jobs. So, that actually gave me a good preview into the kind of life that you'd lead if you're a deputy director or a mission director. I was very comfortable with the strategic realignment and content oriented tasks but the RIF was tough.

The other more administrative tasks at the Mission-wide level, were important and I felt that I did make a useful contribution but, at the end of the day. I found it just less professionally satisfying.

Q: Yeah. I certainly understand. But did it feel from Egypt as if you were on the receiving end of games that were being played in Washington, or was some of this actually generated through your own strategic planning framework?

RIGGS-PERLA: Well, the staffing issues were all generated by Washington, and there was a lot of resentment and unhappiness about that. But I think the rest of what I've described were steps that the mission had to do to make sense of the staffing reductions. You know, a revised strategy was needed to try to reshape the portfolio in a more manageable way, reduce the number of activities, consolidate, and update the strategy to harmonize with agency themes as well as priorities of the Egyptian government itself. But you know, Ann, in a mission the size of Egypt, anytime you make significant changes, it's an enormous undertaking. Very difficult.

Q: Right. There are two things that you've listed in your resumé about this time that we haven't talked about, but I'd love to hear your thoughts on. One was the shifting of the education portfolio so that you were able to get the government committed to looking at women's education or female education.

RIGGS-PERLA: Yeah.

Q: And then, the other one was the staff training quite apart from the reorg. But could you say a little bit about what it took to move this behemoth --the education sector in Egypt -- to give more attention to girls' education.

RIGGS-PERLA: Yeah. I think—I don't think there was a lot of policy resistance to girls' education, but there was an enormous sensitivity about foreigners meddling with curricula and other aspects of education. Many Egyptian educators felt that U.S. meddling in educational curricula was stepping over the line and they didn't want interference in this area. I remember significant push back from the more conservative elements in government. So, it required some delicate negotiations and rising above political sensitivities and focusing on mutually agreed upon content based on data and national strategies. Girls' education, by the mid-1990s was on par with boys' education at the elementary school level. And so—

Q: And equal numbers of boys and girls were getting into primary?

RIGGS-PERLA: Yes. I recall the disparity issues came up at grade levels beyond primary where girls tended to drop out.

Q: At puberty.

RIGGS-PERLA: Yeah, exactly. Early marriage in traditional populations didn't help. But for the most part, literacy rates rose quickly and male-female disparities declined throughout Egypt. And you know, Egypt doesn't have the same challenges with population's physical access to schooling or healthcare just because of how the population is distributed throughout the country, i.e. mostly along the Nile River.

Q: Right. I do remember that time and probably because of Vice President Gore's interest there was a lot of interest in technology for education.

RIGGS-PERLA: Yes, I'm sure that was the case although frankly I don't remember all of the details on how that affected the program in Egypt.

I do remember during the time when I was an acting deputy director before the end of my second tour, I was assigned to chair the mission training committee, and so again, it was another issue of trying to organize people and organizing a schedule for training that worked for everyone.

Q: Right.

RIGGS-PERLA: The bulk of the training was for the new management system. That was an enormous undertaking. I don't know if you guys in Washington had any idea what we went through trying to shift to that new system. I suppose you heard a lot of complaining about it.

Q: Well, we did, and I think in Washington there were equal concerns as well, a cynicism that it was never going to actually happen.

RIGGS-PERLA: Right. And I have no idea what's happened to it since.

Q: It never did. (Both laugh)

RIGGS-PERLA: Anyway.

So, let's see, the ICPD (International Conference on Population and Development), of course, happened while I was there, and that was during the second half of my tenure. My role was minimal given how competently it was managed by Carol Carpenter-Yaman and her very able staff. I have very clear memories of when Sally Shelton-Colby came out to sign an agreement that we had put together for PVO (Private Voluntary Organization) involvement in the education sector.

Q: Uh-huh.

RIGGS-PERLA: She was such a class act, Ann. (Laughs) I really enjoyed interacting with her. Sally Shelton played an important role in talking to the ministry of education about policy issues. She was so skillful that she was able to smooth the way with senior officials. Yes, she came for the signing ceremony, and Atwood was there for ICPD. Both

visits required a lot of legwork in terms of getting them prepped for their roles. But again, the population office was very well-run, and they carried the bulk of the work on ICPD.

Q: Right. You certainly had CODELs throughout that experience, but the visit from the administrator, that was probably a one-time thing. Is that right or did he come out fairly regularly?

RIGGS-PERLA: Administrator Atwood did like Egypt because of the successful ORT and immunization programs. He was so wonderfully supportive of health programs including reproductive health.

Q: Right. Can you say something about the personal side of being in Egypt? At that point, were you able to do some tourism, to actually get out and around the country, or were things getting tense?

RIGGS-PERLA: No, the environment wasn't at all tense when we were there. Both of my sons attended Cairo American College, a Kindergarten through Grade 12 international school with an excellent reputation. My older son actually graduated from high school in Cairo. His graduation diploma was printed on papyrus, and the ceremony was at the base of the pyramids. I mean, it was just so memorable and produced the best family photos!

Q: Right.

RIGGS-PERLA: We did travel in Egypt on holiday. We made a Nile trip, one of those boat tours that everyone does to learn more about the ancient sites and Egypt's incredible history. In Cairo, the children were completely safe. They used to take taxis on their own and were able to communicate in Arabic. I think Egypt was probably the safest place we've ever lived.

Q: Right. Pre-9/11.

RIGGS-PERLA: We went frequently to the Sinai. In fact, we shared a beach cottage rental with another couple and used to take turns going out to the Red Sea for snorkeling and fishing, which my husband liked to do. So, it was a very good family post.

Q: Right. And would Egyptians come to your home for visits?

RIGGS-PERLA: Oh, yes. And we went to Egyptian homes. I remember multiple parties and weddings in the middle of the night, belly dancing and eating and great fun, all of which transpired without drinking alcohol. I really admired how much fun they could have without getting inebriated.

And we made good, good friends as well.

Q: Yeah? Have you stayed in touch with some of them?

RIGGS-PERLA: Yes, some of them. One of the people I admire the most was Dr. Nahed Matta, a pediatrician and FSN staff at the time, who I mentioned earlier. I got to know her family fairly well. Esmat Monsour, the head of the immunization program, was another memorable person. She was delightful. I've lost touch with her, but she was terrific. Madame Fawzia, an elderly, wise and highly energetic friend is someone I kept in touch with for years. There were many strong, articulate feminists in Egypt; influential leaders.

Q: Right.

RIGGS-PERLA: And I think culturally and intellectually Egypt was a fun and interesting place to be.

Q: Yeah. And an interesting time too.

RIGGS-PERLA: Yes.

Q: Was it time to leave? What impelled you to come back to Washington? Because you managed to stay out of Washington for a good long time.

RIGGS-PERLA: (Laughs) I did indeed. Well, at that point Duff Gillespie had contacted me about coming back to head up the health and nutrition office. I knew I should get back to Washington for a tour there. I had certainly been using Washington resources and talent for a long time at all of my posts through the centrally funded projects. Having been a beneficiary of those technical resources, I could contribute by bringing a Mission perspective and learn at the same time.

Q: You followed David Oot, right?

RIGGS-PERLA: Yes. David was leaving at the end of '96 so I took his job as Director of the Health and Nutrition Office in the Global Health Bureau. David was so highly regarded and respected; it was intimidating trying to replace him. Fortunately, Robert Clay was the deputy. Thank god because Robert was the continuity while I was trying to figure out this strange new environment. (Laughs)

Q: And he was still Civil Service at that point.

RIGGS-PERLA: He was still in the Civil Service, had not joined the Foreign Service yet. But he just knew the ways of Washington and I think had he not been there I probably would have gotten fired, I don't know. He was marvelous, really good at this job.

Q: But what were some of the big issues that you were dealing with at that time?

RIGGS-PERLA: Very much like Egypt there was pressure to make program management a little bit more efficient and responsive to the needs of field missions. I did notice a need to balance staff with workloads. I was absolutely astounded at the number of people who

seemed to be professional meeting goers. They didn't appear to have any specific responsibility. Now, granted there were a lot of interns and other people floating around, but it felt like there needed to have some sort of consolidation. We were compelled to do it, but I thought it was a good thing. So, I do remember spending an awful lot of time on sort of management initiatives.

Q: Right. Generated by the management bureau or from the Global bureau itself?

RIGGS-PERLA: No, I think Global bureau itself was very much onboard with needing to consolidate. And also, not just consolidating the portfolio, but updating it and making sure that it was very responsive to supporting field initiatives. At that point there had been criticism about AID/Washington demanding too much information from the field, not providing enough support in a way that was easy for missions to access.

Q: Right.

RIGGS-PERLA: So we spent a fair amount of time, especially the senior team, getting together and talking about how we could improve the Bureau's functioning.

Q: Uh-huh.

RIGGS-PERLA: There were other exciting developments as the agency was getting more and more involved in infectious diseases and so, we developed a new infectious disease strategy. We also developed a new maternal health strategy, which was done together with the Office of Population, an important and sensible development given the data on the importance of child spacing to maternal (and child) health.

Q: Right.

RIGGS-PERLA: During this time HIV-AIDS was only one of our divisions in the office, headed by Paul Delay.

Q: Right.

RIGGS-PERLA: Ken Yamashita was in charge of the health systems division. Irene Koch was the infectious disease chief.

Q: Right. Dennis Carroll was probably still there too.

RIGGS-PERLA: Yes, Dennis was there. Dennis and Lloyd Feinberg. We had the most marvelous staff, as you know. They're just fantastic, talented and thoroughly committed. We were starting to get more and more funding for HIV/AIDS. PEPFAR as a program hadn't happened yet, but it was that pre-PEPFAR organizational stage, so we spent a lot of time talking to CDC and the Office of International Health at HHS (United States Department of Health and Human Services) about how to work together overseas and how to make the inter-agency collaboration work smoothly. This was prior to the Office

of International Health or CDC having their own appropriations earmarked for international work.

Q: So, they always wanted a piece of your appropriation?

RIGGS-PERLA: Yeah. So, sometimes those meetings were quite contentious.

Q: Right.

RIGGS-PERLA: And other times they weren't. I mean, it just depended on what issue we were trying to grapple with and who was around the table. But it was a good time for me to learn more about what was happening in global health on the U.S. side, apart from just USAID. Also, the Department of Agriculture, do you remember the name of the office at Agriculture?

Q: FAS, Foreign Agricultural Service?

RIGGS-PERLA: Foreign Agricultural Service, yes. Exactly. They had solid expertise in nutrition as well as staff seconded to USAID.

Q: Right.

RIGGS-PERLA: The UN Summit on Children, I think, happened while I was there, so there was a lot of preparation involved in that.

And then, the other piece that I found quite interesting, although sometimes very frustrating, was working with congressional committees and staffers on appropriations and trying to minimize earmarks, but at the same time make sure we had a lot of support for child survival, which we did.

One of the things I found frustrating, Ann, was, at that point, both in the agency but especially on the Hill, there was an incredible appetite for getting information that would lend itself to appealing soundbites for members of Congress to use in their own congressional districts to help build support for foreign aid. Building capacity and ensuring program sustainability made their eyes glaze over. They wanted to know how many mothers were saved, how many kids were immunized, and so on. As public health professionals, we valued information on coverage and quality of services, as numbers per se didn't tell you much about programs. We learned a lot about how the agency needed to sell programs on the Hill, which was apparently successful given the proportion of the budget that gravitated toward the health sector over the years.

Q: I'm trying to remember some of the staffers. Charlie Flickner.

RIGGS-PERLA: Yes. He could be difficult but he was also a great supporter.

Senator Leahy's staff were wonderful. Tim Reiser made sure to earmark funds for the war victims program. But he understood development issues much more broadly than that. He was very supportive. All a good learning experience for me!

Q: And it came with the territory.

RIGGS-PERLA: I found part of the frustration with doing Hill work was the endless requirements within USAID related to preparing talking points and various analyses that were sometimes used but sometimes were just a waste of time.

Q: Right.

RIGGS-PERLA: I felt like there was a fair amount of wasted effort with some of the activities that we did in Washington.

Q: Right. So, you were maybe protecting the program, but it didn't feel like it was being advanced. So, I'm glad you've talked about the congressional side. I'm curious about a couple of things in how this evolved.

RIGGS-PERLA: Yeah.

Q: The Global bureau was created with not a lot of enthusiasm from the regional bureaus, and the whole sorting out of the relationship between the regional bureaus in Washington and the Global bureau took some time. I think the field got it and saw Global as a support system, but in your time in Washington were relations pretty good with the regional bureaus?

RIGGS-PERLA: Yes, I think they were fairly good. I remember thinking that we were all like brothers and sisters in the family, just living in different places.

Q: Right.

RIGGS-PERLA: Very often we collaborated in trying to get things done. There was a little bit of tension around quotas on numbers of staff in various units and of course, in the Global bureau we felt there should be more people in the Global bureau and the regional bureaus felt the same. But the vast majority of central projects that field health officers leaned on for technical support were in the Global Health Bureau so we wanted to make sure we had the staff to manage those complex activities.

Q: Right. Well, that's great. But you mentioned people, so I have to ask you to comment on staffing in the Global bureau, because there were of course direct hire staff, and then there were fellows and TAACS and PASAs (Participating Agency Service Agreements) and RSSAs and PSCs —could you talk a little bit about that and what, if any, management challenges that posed for you? Or other technical challenges.

RIGGS-PERLA: Yes. I would say that there were few technical challenges. Those non-direct hire staff hiring was an important mechanism for the Agency to access specialized technical expertise. As you know, in the direct-hire foreign service especially, staff have to manage various types of health programs, learning as you go, relying on more specialized people to provide any needed support. But in Washington, having those hiring mechanisms was incredibly important to bring in people, not necessarily because you needed them forever, but because they filled a need for a particular kind of program you were trying to design or manage. They enriched the staffing. I do remember bureaucratic fights over how long people could stay, whether their contracts could get renewed, what they were working on and whether they were crossing the line by taking U.S. direct hire responsibilities, either GS or FS. We had those kinds of battles all the time, always the numbers games. And that included the Hill. The Hill was keeping an eye on our OE (operating expense) budget, and they wanted to know that we could justify our staffing levels.

But in general, I think the positions were very important for our support to field missions in such a wide variety of areas. I can't think that we could have managed without them.

Q: Right. And if I remember correctly, there were probably many more of those non-direct hire technical officers than direct hire technical officers in your office.

RIGGS-PERLA: Yes, I think that was probably true, secondments from CDC and other agencies as well as folks from universities and the private sector. It was, as you say, a variety of people. And many of them had technical expertise that you would not find normally in USAID officers overseas.

Q: So, I noticed you also staffed the US delegation to UNICEF

RIGGS-PERLA: Well, I was on the U.S. delegation for the executive committee of UNICEF, and also on the delegation that went to WHO World Health Assembly every year. This was part of my responsibility as office director for the four plus years that I was in that position.

Q: Right. Okay, so that was probably something else that you hadn't done before. But can you talk a little bit about donor relations and specifically about working with multilaterals?

RIGGS-PERLA: Yes. We were funding selected programs in WHO and UNICEF at the time, and those relationships, I think, were very good and produced solid outcomes. For UNICEF, though, at the time, we had a little bit of an adversarial relationship only during the executive committee meetings because Carol Bellamy, the UNICEF executive director at the time, was trying to move UNICEF beyond child survival and into child rights issues.

We felt very strongly that the job was not done on child survival and if UNICEF drifted away from a focus on child survival, we worried it might dilute their efforts. And I knew

from my experience working overseas that UNICEF was critical as a partner because they, like USAID, provided program funding, not just technical advice. They allocated money into government budgets to get programs done, so how they invested was extremely important. I remember from time to time making contentious interventions at the UNICEF executive board meeting, calling UNICEF's attention to the child survival issue.

Q: And I suspect the child survival staff at UNICEF were privately cheering you on.

RIGGS-PERLA: Yeah, probably. (Laughs)

The whole process of both the WHO, World Health Assembly and the executive board meetings for UNICEF were so highly scripted and stylized with notes prepared in advance and cleared by the right people. And the interventions had to be made by the right people. If more senior people were there, they were expected to speak. It was a good lesson in multinational agency politics and protocol.

Q: But not one you necessarily wanted to continue, I imagine.

RIGGS-PERLA: True for the most part. When I worked for Saving Newborn Lives at Save the Children, there was a similar need to attend such meetings. But I went to the World Health Assembly as a PVO rep working on various newborn health global initiatives, rather than as a government representative.

Q: Right.

RIGGS-PERLA: But I'm jumping the gun. I'll talk about that later.

Q: Yeah, we'll talk about that in a bit. But during that time, did you ever have to take a position that you disagreed with? That is, where the government position was one thing and you thought it was wrong? Because that's another aspect of being a government rep.

RIGGS-PERLA: Yes. Not so much with UNICEF, but definitely with WHO because a new Republican administration of George Bush began in January 2001, and of course, the Mexico City policy was reinstated. At that point, some staunch antiabortion advocates joined the US delegations at international organizations meetings and used the platform to advocate for their views, even though USAID funds have never been used for abortions with any administration. Some were also opposed to family planning and believed that every reference to reproductive health was actually indirect references to promoting abortion. It was very difficult to sit there and watch the Europeans rolling their eyes about what was said by our delegation. Fortunately those private sector delegates made the interventions themselves rather than expecting the government reps to do so.

Q: Right. Right. And there was only so much you could do behind the scenes to try and moderate their statements..

RIGGS-PERLA: Most UN staff understood perfectly well what was going on, so I don't think anyone took this as a personal issue with any of the delegation.

I do also want to mention GAVI (Global Alliance on Vaccines and Immunization). Because that got started during the final year of my tenure. I remember releasing Paul Ehmer, who at that point was deputy office director, because Robert Clay had joined the Foreign Service and gone overseas. Paul played an important role in setting up that initiative and representing us in Brussels. He was seconded to the EU and moved to Brussels for several years. So, his contribution was extremely important, even though it was rough managing without him at the home office.

Q: Right. And officially, you were very much in favor of Gavi?

RIGGS-PERLA: Yes, we thought it was a great idea. It was very exciting, actually. A demonstration of what can happen with collective action by donors and private philanthropic organizations like the Gates Foundation.

Q: Yeah, so at the end of this period, you decided to retire. Had you always expected to retire this early? Was the experience of dealing with the new administration just a little bit too much? Talk a little bit about the decision.

RIGGS-PERLA: Yes, that was a part of it; weathering changes in administration was certainly easier overseas. I had been thinking about what I wanted to do next after the AID/W posting and did a fair amount of introspection about what made me happy professionally, what I enjoyed doing and what I didn't.

I was offered a DAA (Deputy Assistant Administrator) position in the Global bureau if I would stay on. I turned it down. As a member of the Senior Foreign Service, I realized that the next posting overseas would logically be as a deputy director or director of a mission rather than returning to being a health officer which was not a logical progression. Did I want to be a deputy director or a director? The reason I had such a wonderful and satisfying career with USAID is because I did the work that really motivated me, which was the actual program work in health. In the end being a DAA would have kept me in a job that would be quite similar to what I had been doing in Washington.

Q: Right. That's the best possible reason to make that move.

RIGGS-PERLA: The other issue was I realized that if I retired months after my fiftieth birthday, I was still young enough to have another career ahead of me and I could do other things.

Q: Right.

RIGGS-PERLA: And to explore things I hadn't done before. If I stayed with AID, it would be more of doing what I was very comfortable with. I think I mentioned what I

found so stimulating about AID was the amount of change involved. I liked going to new countries and learning new things and working with people who could teach me so much. So, that's what I wanted to really do but more selectively.

Q: Right. And at that point your children were launched?

RIGGS-PERLA: Yes. They were both in college, that's right.

Q: So, you had a bit more flexibility.

RIGGS-PERLA: Yes, that's true.

Q: Okay. So, the next ten to, what, thirteen years were in various consulting positions, and obviously they were with different organizations that support AID, and most of them were with AID funding. Can you talk about this period? We can go sequentially or you can look at the whole health contractor system—I'm not going to use beltway bandits—but the whole support system that supports USAID's health programming.

RIGGS-PERLA: Actually, a lot of my work was with the organizations tasked with providing short-term technical assistance to USAID. So, almost all of it was providing evaluation and design for USAID projects overseas.

Q: Yes.

RIGGS-PERLA: Julie Klement was heading up the first project that I worked for—I think it was called TASC. They responded to requests from missions that sent scopes of work for design and evaluation teams, or other short term tasks. Fortunately, I never had to search for assignments or jobs. Various former colleagues would ask for me by name to head up teams organized by TASC. My knowledge about how USAID programs work helped the Missions because we were able to come up with actionable, practical steps mission staff could take to improve implementation or design future programs. For the first several years, of course, I had to be careful not to take on any work that posed a conflict of interest with my previous position but, when in doubt, the lawyers at USAID were very helpful.

Q: Right.

RIGGS-PERLA: So, I just got to work with an enormous variety of interesting people and in some countries that I had never visited or lived in while with USAID.

Q: Hmm.

RIGGS-PERLA: You know, for me it involved continuing to learn from the specialists I worked with—and most of it was in health and family planning. I did one evaluation involving an integrated primary education and health program in Nigeria but most of it was in health and population.

Q: Right. And did you find it as satisfying as you hoped you would?

RIGGS-PERLA: Oh, my gosh yes.

I had spent those long years on project design, implementation and evaluation, spending long enough in each country to see through several phases of projects and feeling responsible for the successes and failures along the way. And now, I found it incredibly liberating to come in and provide advice without having an ounce of responsibility for what happens afterwards (Laughs) And yet, I had confidence that, where the mission agreed with the findings of our evaluations, they would act on it because I knew the people involved. I knew many mission staff previous assignments although there were some countries where that wasn't so. I'd usually have a good sense about whether the work was going to be a waste of time or something productive even before launching.

Q: Right. And were any of them wastes of time or were you just really, really lucky in picking good opportunities?

RIGGS-PERLA: There were some frustrations with team members not performing or team members from the country itself whose English writing skills weren't up to par but even then, their advice and inputs were highly valuable. But all in all, I didn't have any experiences that left me shaking my head and saying I'll never do that again. Never.

Q: Right.

RIGGS-PERLA: Where we had weak team members, the rest of the team pitched in and filled in the gaps. It was just incredibly wonderful to focus on strategic and technical issues only and not to have to deal too much with management other than a minimal amount involved in organizing and managing a team, which I was very comfortable handling.

Q: Right.

RIGGS-PERLA: And yeah, it was just great. In some countries I had multiple consultancies, like in Nepal where I went to evaluate one program, and then I went back to design the follow-on program, and I had a third trip on another new activity.

Q: Right. And there was a lot of travel during that decade for you, yes?

RIGGS-PERLA: Yes. And that's ultimately what ground all of this to a halt, is I just got tired of living in hotels and being away from home.

Q: Right.

RIGGS-PERLA: It's physically exhausting to be flying that much. But I had a hard time saying no. When a colleague would call up and say, "We're at this critical juncture, you really have to come out and help," I found it excruciatingly hard to say no.

Q: Right.

RIGGS-PERLA: I didn't mind writing reports. Some consultants complain that it's fun while you're in-country, but then when you come home, you've got this massive report to produce with inputs from team members. You know, working alone from home was sometimes a little bit lonely, but apart from that it was not burdensome.

Q: Right. And your husband was working at that point at home? Did he never come with you on the assignment?

RIGGS-PERLA: No, he was working on short term consulting assignments as well. We once had a consulting assignment for different organizations where we overlapped in Bangladesh which was nice but not usually the case. And then, frankly, after so many years overseas I began to like living in the Washington DC area. It didn't last very long because in 2003 and 2004, I accepted a job as chief of party for a USAID health systems strengthening project in Cambodia and started up the University Research Co. (URC) office there. Working with the health system in Cambodia was a sobering experience given all of the damage from the Pol Pot era, especially the depletion of technical expertise in the health sector. The country has made a remarkable recovery from that devastation.

Q: Right.

RIGGS-PERLA: So we lived in Phnom Penh for a couple of years until things were up and running, after which the deputy took over. Following that we moved to the Philippines for four years and I continued to do consulting, using Cebu City as a base rather than the States.

Q: Ah ha. I didn't realize that. So, you were able to stay in touch with your in-laws and some of the people that you knew from way back when?

RIGGS-PERLA: Yes, some of the FSN staff at the USAID mission were the same staff from when I was posted there. But because we were based in Cebu, I only did part time consulting work on a USAID/Philippines project. Being near some of my husband's family was nice,

Q: Oh. Fascinating.

So, I know eventually the travel got to you. Your last URC assignment, was that based in Washington?

RIGGS-PERLA: Yes. We decided to move back to the Washington DC area in 2008. I continued consulting work and then took a full time position at URC for one year just before going to Save the Children. With URC I was overseeing a division with a number of projects, many involving quality improvement. In 2013, I got a call from David Oot and Al Bartlett about coming to Save the Children, and that's when I made the shift to heading up the Saving Newborn Lives grant from the Gates Foundation which Al Bartlett was directing on a temporary basis.

Q: Right.

RIGGS-PERLA: But the variety of countries that I visited while being a consultant was so great. Some were in countries where I had lived previously like India, Indonesia, Egypt, Cambodia, and the Philippines, but many were places I had never been, like West Bank/Gaza, Haiti, Bangladesh, Nepal, Nigeria and Yemen to name a few. Yemen was a very interesting—

Q: Yes.

RIGGS-PERLA: and a bit dicey. (Laughs) Both in West Bank Gaza and Yemen, the embassy and USAID American staff in-country were not allowed to travel to the places we visited. I can't imagine how difficult that must be for project oversight.

Q: Right.

RIGGS-PERLA: The only time I actually filled in for a USAID health officer rather than doing the project design and evaluation work was in Haiti. Rebecca Rohrer was going on maternity leave for three months, so the Mission needed someone to step in for her. I lived in her house while she was away. But I must say, I don't think I was terribly effective. I don't speak French which in my view was a major constraint. My interaction with ministry people was less than it would have been in another kind of assignment.

Q: Right.

RIGGS-PERLA: It was also a difficult time in Haiti with frequent kidnappings, and so there was a huge amount of security and that was tough. But it was an interesting place to work.

Q: Right. I was wondering whether you ever did anything in Latin America or Africa, but Haiti was the only—?

RIGGS-PERLA: Well, Swaziland was my first assignment.

Q: Oh, that's right.

RIGGS-PERLA: And then, I did go back to South Africa as a consultant one time. Or maybe it was twice. I can't remember. Oh, Nigeria. I went to Nigeria both on a consulting

assignment and also with URC to visit one of the projects in a southern state of Nigeria. Nothing however in Latin America.

Q: So, what do you think makes for a good and effective consultant? You've hired them, you've been one. You've probably seen good ones and bad ones, but what do you think it takes to be effective as a consultant?

RIGGS-PERLA: I guess it depends on what position you have on the consulting team. As team leader it was very important for me to be able to corral the team and get all of us on the same page in terms of the analytic framework we would be using to evaluate the project. If you don't start from that common framework, it's very difficult to stay on task later because disagreements can develop about the fundamental criteria the team is using to evaluate the project. It sounds obvious but clarity at the beginning helps enormously with keeping everyone on the same page, especially if the evaluation team is large and the project multi-dimensional.

Q: Right.

RIGGS-PERLA: So, the activity we always planned for, (also encouraged by the hiring organization) was to begin the work with a pre-departure planning workshop where we looked at the documents together, and tried to get a sense of the project. We interviewed relevant external people involved and looked at available data, And then we laid out an analytic framework to evaluate the project once we were in-country.

Another key element is being able to relate to host country officials and be able to understand from their perspective why programs are organized the way they are and how they use data to make decisions about changes needed. It was also important to know how they viewed USAID, how productive and open communications were, and in general, the sort of relationship they had. Understanding those dynamics, I think, is pretty important, and it helps to understand USAID as an organization and how it functions. I think some of the frustrations consultants experience is because they're not only trying to figure out the country and program, but also trying to understand how USAID operates. So, I had an advantage knowing USAID and being able to speak their language when we reported back on findings.

Q: Right. Well, probably not easy. You were incredibly well versed in all of that. And as you say, you liked the writing. And everybody knows—she who wields the pen...

RIGGS-PERLA: Yes, often has the final say.

Q: But let's talk about Save the Children because that is very different from either your time at AID or your time as a consultant. So, talk about—both about your experience working with this major NGO and about Saving Newborn Lives and then the Gates Foundation and dealing with Gates.

RIGGS-PERLA: Yes, yes.

Well, I found it fairly easy to move into the Save the Children environment, just because its office of global health was populated with staff who were well versed in managing USAID -funded projects. Most of the Save the Children's health projects were won competing for USAID grants and cooperative agreements. David Oot, upon retiring from USAID, came to Save the Children and virtually started up their health program from scratch.

I guess the biggest change for me as Director of the Saving Newborn Lives (SNL) Program was the donor. I was thrilled by how much flexibility is inherent in implementing a program funded by an organization like the Gates Foundation. The technical officer overseeing our program cared only about achieving results rather than requiring large amounts of administrative and financial detail. Financial reports were, of course, required periodically and audits were conducted as part of Save's overall audit process but it was rarely a subject of conversation during our regular meetings with the donor. All of our interactions were around substantive issues and that was really a pleasure.

Q: Who was your counterpart at Gates?

RIGGS-PERLA: Dr. Cyril Engmann, a neonatologist, was the program officer overseeing our grant.

Q: Right.

RIGGS-PERLA: He was just very supportive, very interactive. It was a good relationship.

After Cyril left for another job, Dr. Janna Patterson, also a neonatologist, took over and she was great to work with. Both were very interested in the research activities and technical interventions we were managing. They also strongly encouraged publishing our findings as appropriate and working closely with other partners at the global and country level. They invited us once a year to Seattle for three days of in-person, in-depth meetings to talk about progress, strategic challenges and how they could help facilitate finding solutions. We had highly qualified, competent staff on the project, including Dr. Steve Wall, also a neonatologist.

Q: Right.

RIGGS-PERLA: I don't know if you know Mariam Claeson?

Q: I don't.

RIGGS-PERLA: Mariam had a long career with the World Bank but she had joined the Gates Foundation as director of their maternal, newborn and child health group. She

provided strong strategic leadership, and made herself available to us as needed. She eventually returned to the World Bank.

Q: Right. So, did you take over directly from Anne Tinker, or was there someone in between as Director of Saving Newborn Lives?

RIGGS-PERLA: No, there were a number of people in between. Al Bartlett was the director before I took over. Prior to that it was Masee Bateman.

Q: Oh, right.

But I mean, the program was fairly well baked by the time you got there. I mean, the structure was in place and there was agreement on what you were trying to achieve?

RIGGS-PERLA: When I took over, the third phase of Saving Newborn Lives had just begun. The first project in this series was launched in the year 2000 aimed specifically at calling attention to the issue of the large proportion of under-five mortality occurring during the first month of life in the developing world. David Oot and Anne Tinker were the pioneers.

Q: Right.

RIGGS-PERLA: But the emphasis and content of the various phases of the project were modified based on learning from the previous phase. When I joined the group, the project was focused on trying to achieve results at scale by functioning as a catalyst and working with other partners at the country level in seven countries. We defined that as “effective coverage at scale”, meaning that the quality of services had to be maintained along with scale to achieve meaningful reductions in neonatal mortality.

I think that the country that had the biggest success during the period that I worked for SNL was Bangladesh. Because the country took the SNL funded research conducted locally and elsewhere, and the local pilot activities, and incorporated the model into their next five-year development plan. And so, the funding for the program came from the government and the World Bank. But the ideas for how to reach and improve newborn health all came out of the SNL work.

Q: So, you did a certain amount of travel in that time, and you said that you had the annual meetings in Seattle. Did you engage with other parts of Save? Did you go up to Connecticut from time to time? Or were you sort of left to manage your project in Washington?

RIGGS-PERLA: I was very focused on implementing the project but, of course, also participated as a member of the senior global health group at Save including some liaison activities with Save the Children International based in London. I did travel to all seven SNL countries during my time as director.

Q: Right.

RIGGS-PERLA: David Oot headed the global health office for most of the four and half years that I was there. When David retired from Save, Robert Clay assumed the position. Of course all three of us had originally come from the AID Bureau for Global Health.

Q: Yes.

So, it sounds like you were extremely productive and enjoying it, so why stop?

RIGGS-PERLA: Ah. Well, actually, the third iteration of SNL came to an end toward the end of 2017 which seemed like a good time for me to really retire! The Gates foundation did provide a final, smaller grant (SNL 4) just to wrap up and disseminate the lessons from the earlier grants but I think the staff on hand were well positioned to manage that.

Q: Uh-huh.

RIGGS-PERLA: And also, by that time I felt that it was probably time to sort of kick back a little bit and enjoy the grandchildren. And I wanted to see what it would be like to actually retire, Ann. I had never tried. (Both laugh)

Q: So, how's that working for you?

RIGGS-PERLA: Well, it did take some adjustment at first. I had the typical feeling of guilt because I wasn't programmed all day long, but I found satisfying volunteer activities, including staying engaged with the USAID Alumni Association, which has been fun. I have enjoyed being in touch with a lot of people I already knew from overseas postings as well as meeting new USAID retirees.

Q: Right.

RIGGS-PERLA: And now, I'm pretty well settled into being a bum and having a lot of control over my time.

Q: Yeah, it would be hard to go back now, but hardly a bum. I know that the annual general meeting takes a lot of your time.

RIGGS-PERLA: Oh, yeah.

Q: And I don't know whether you're mentoring any AID staff, but that is so incredibly important too.

RIGGS-PERLA: Yes. That's one of the best things that UAA contributes is mentoring. I'm mentoring health officers, so I can relate to what they're going through, and I'm struck with how talented they are. To me, it's just amazing the quality of people USAID

has been able to attract over the years. I hope I can continue to be involved with the USAID Alumni Association for a long time.

Q: Right. Well, I'm sure you will.

This has been wonderful to review your career trajectory - to see how someone with technical skills and commitment to development has been able to stay on course throughout a whole career.

RIGGS-PERLA: Well, thank you, Ann. I hope that's true.

Q: But any last thoughts about your career in international health and with a U.S. government agency?

RIGGS-PERLA: Well, as I've said multiple times during our discussion, it was a wonderful career. I'm still very loyal to USAID and very grateful for all the opportunity and the mentoring I got growing up in the system. And you know, both for me and my family, it has been a very good experience.

I'm feeling optimistic about USAID these days. I think Samantha Power is going to be an effective leader for USAID, and I hope she leads the organization in the right direction. After some rough times in the recent past, I'm very hopeful now that USAID will again become a place to have an exciting and fulfilling career.

Q: Right. Well, I hope so too. I hope so too. Thank you so much.

End of interview