Chapter 9
Conclusions: Poverty and Morality

However, I do not wish to witness
the awful spectacle of the Negroes moving upward into the middle class.
I consider this movement a great insult to their integrity as a people.

John Kennedy Toole
Confederacy of Dunces

This ethnography is a case study of people fighting for change in Africa – but the fight against material poverty is one that current development structures are not equipped to win. I argue that we must analyze Malangali in the context of the political and economic conditions of modernity. Poverty in Malangali does not exist in isolation from the rest of the world; rather, the direct global connections with Malangali material conditions demand that the rest of the world be part of our understanding of poverty and aid in Africa. Poverty is a moral issue that academics and concerned citizens must address in moral terms. I conclude this dissertation by discussing, from an anthropological perspective, the moral dimensions of the development endeavor in Africa.

Development aid is the major direct link between Malangali and the world. This aid exists, I argue, to meet the charitable needs of people in the donor countries, perhaps even more than it exists to reach the specific goals discussed in the opening five chapters. The aid projects I have discussed achieve the results they do when they expand the options available to rural residents – and readers turning to this conclusion for a summary of the specific lessons this dissertation draws from the results of development interactions in Malangali will find a thorough discussion in the previous chapter. In this chapter I

wish to discuss what is left out by this focus on analyses of rural problems that address particular problems or inequities. I assert that development aid addresses some of the symptoms of rural poverty, rather than the root causes of that poverty. Through a discussion of root causes as exemplified by the situation in Malangali, I conclude by offering some thoughts about policy directions that might help win the fight against material poverty in Africa.

I start by discussing a few of the many political and economic factors affecting places like Malangali that stand outside the lens of traditional development analysis. I open with a discussion of the healthcare options that Malangali residents face, a section that aspires to be an independent ethnographic chapter called "Band-Aids, Witchdoctors, and the IMF." Then, continuing the focus on health issues, I discuss alternative ways of thinking about wealth and knowledge that might address some of the moral aspects of material poverty. Finally, I discuss the broad lessons this analysis may hold for anthropology and development.

Illness

Health is topic of daily worry in Malangali, but one which received little attention from the funding agencies active in the area in the 1990s.[1] Malangali residents articulate a system of beliefs about illness and healing that fuses concepts of human agency and

[1] UNICEF promoted health initiatives for children under 5, including the training of village health attendants (JNSP 1988), but funding that was low on a per village basis to begin with had all but dried up in Malangali Division by 1996. Funding for the Malangali clinic, with the exception of Concern's one-time construction of a modest maternity ward, fell precipitously during the decade.

natural pathogens as causes of disease. In this system, people look to witchdoctors[2] to cure "diseases of man" that can be traced to a human protagonist, and they seek university-trained doctors to cure "diseases of God" that can be traced to pathogens (Feierman 1985). In normal times people seek remedies from both kinds of doctor until a satisfactory diagnosis and cure can be found. 1996 was an extraordinary time because rural Tanzanians were feeling the effects of recent IMF-mandated cuts in government services. Among these cuts in the "social service sector" were cuts in the budgets of health services such as the Malangali health clinic, and the imposition of fees for services that had previously been free. The IMF remains convinced of the rationale behind its structural adjustment mandates, which involve a rapid transition from socialist-oriented ideals, such as free public health care and education, toward free-market policies in which Africans must pay for the services they receive (see especially Lugalla 1995, Sarris and van den Brink 1993, Campbell and Stein 1992).

For Malangali residents, these cuts meant that their clinic was even less likely to have needed medicine or material; the clinic now receives one box of supplies every six weeks, down from two boxes, and uses up most of the kit in about two weeks. It also means that patients have to pay for medical examinations that they know may be

[2] I use the term "witchdoctor" cautiously. In many instances doctors of traditional medicine, *waganga wa kienyeji*, seek the human agent – or witch, *mchawi* – who caused illness through sorcery – or witchcraft, *uchawi*. I think "witchdoctor" is therefore a better English translation of this aspect of their professional capacity than the alternatives "sorcerer" or "traditional healer." It is also the English term many Malangali residents use to refer to this type of medical practitioner. Geschiere, in a nuanced approach to this terminological dilemma, discusses the moralizing connotations of the English approximations at translation, but settles on "witchcraft" in large part because other terms seem "too anodyne to do justice to the fierceness with which the modern implications of these forces are discussed in Africa" (Geschiere 1997: 14).

ineffective if the illness proves to be a "disease of man." They are faced with hard decisions about how to invest money they do not have in search of a cure that may not work. Do they spend the money for an examination at the clinic, get a prescription for penicillin or another basic medicine that they have to buy at the pharmacy, and hope they get cured? Or do they go first to the witchdoctor and hope that, for less money or for barter goods, s/he can treat a "disease of God" with herbal remedies or diagnose a human disease agent? The dilemma is often resolved by starting with the cheapest potential cures, then seeking the attention of university-trained doctors when an illness has become extreme. People are likely to arrive at the clinic when they are close to death, rather than coming at the onset of symptoms. I was in a vehicle that picked up one such tuberculosis patient being discharged from the clinic. He was carried off the bus near his home, and was dead within moments. Tuberculosis is a "disease of God" for which exist known cures, but financial hardship prevents many from receiving care in time.

I witnessed much suffering that would have been avoided had adequate medical care been available. One story best demonstrates the tragic inadequacies of health care in Tanzania, and how incomplete any analysis of local conditions will be that does not monitor economic mandates from the Breton Woods organizations or the consequences of policy decisions based on simplified assumptions of the minimal needs of African village residents. I tell this story, which I find extremely sad, explicitly because I want to elicit an impassioned response in the reader. I do so despite having spent considerable energy earlier in this dissertation dissecting aid agency representations of rural Africans that are designed to elicit sympathy and charity. At the beginning of this work I stated my

agreement with the overarching premise of much international aid, that rural Africans face serious problems of poverty and inequity, and that efforts to transform these conditions are part of a fight that must continue to be waged. I put forth, however, that such efforts at transformation are almost never adequate, for both financial and conceptual reasons, to address the inequities that perpetuate conditions of material poverty. By presenting the story of Mara, Eliot, and their daughter Tuli – a story I have followed for several years, for which I have rechecked every fact, and that Tuli's parents have said they want the world to hear – I want to make the case that social action *does* have an important role to play in places like Malangali. Both action and inaction have effects. I argue that representations such as the Concern brochure discussed in Chapter 2 are dangerous, first because they present a stylized and simplified portrait of the conditions facing rural Africans, but more importantly because they lead to a complacent acceptance of facile "solutions" that obfuscate the more radical (and expensive and difficult) actions that are necessary to address the problems of concern to people in places like Malangali. As Colin Leys writes,

> for all its shortcomings the great merit of development theory has always consisted in being committed to the idea that we can and should try to change the world, not just contemplate it – which means, in practice, being willing to abstract from the detail, to identify structures and causal relationships and to propose ways of modifying them (Leys 1996: 196).

My objective in telling this story is precisely to agitate the reader, to argue that small cash donations will do very little other than assuage our guilt, and that instead we must see issues of material poverty in Africa as challenges that demand our active political engagement.

Blindness Mara was a horticulture extension worker for Concern who was laid off in a round of staff reductions in early 1996. She received a severance package of about 100,000/= (less than $200) that she used as capital to stock a small store. Her husband, Eliot, remained in his job as the French teacher at the Malangali Secondary School. I hired Mara to transcribe my interview cassettes, which gave her a little more capital for her small business. One June morning I was on the jalopy to the main road when she boarded the bus with her baby on her back and her husband carrying six-year-old Tuli in his arms. The adults looked very grave. Tuli had contracted measles and was close to death.

The USAID-funded hospital at Ilembula, 70 kilometers away, was able to resuscitate her, but her condition remained critical. She had been vaccinated as an infant, but the vaccines UNICEF supplied were sometimes expired upon arrival at the village, probably due to an absence of refrigeration. The family rented a room near the hospital, staying there six weeks on money borrowed against Eliot's school salary. When they returned to Malangali Tuli was blind, emaciated, and in great pain. She needed a certain type of eye-drops that were unavailable in Iringa region. I used the Concern short-wave radio to call their Dar es Salaam office with a request that they send me the drops immediately. The drops, a brand available in almost every pharmacy in the United States, were only a few dollars. The Concern driver in Dar brought them in a big envelope to a long-distance bus in the capital that left the next morning. The bus driver slowed enough 640 kilometers later, at the junction for Malangali, so the conductor could toss the envelope out the door; the next jalopy into Mwilavila brought me the parcel a few hours

later, and I pedaled straight to Mara's house.[3] When I arrived, Eliot was by himself. Mara had taken the children and gone to the main regional hospital in Iringa, leaving Eliot to liquidate some assets to pay for continued care. When he got to Iringa the next day,[4] Mara had already continued on to one of the country's only eye specialists in Dodoma, a city many hours to the north. Eventually the family returned to Malangali. By the end of my field research, Tuli had recovered the ability to see light and dark in one eye, had put on some weight, and stopped feeling constant pain. Most important, she started to believe her life might again have some light, and even started to smile again. In 1998 Eliot recalled what happened a few weeks later. "I remember the date, it was January 3, 1997. We were staying with someone who had a mat on the floor, and Tuli said, 'There are red squares.' There *were* red squares! Soon she could see out of that eye, but even today she has trouble with the other one. And she still needs those drops from Dar es Salaam because her eyes don't make tears." By the time she began recovering her eyesight her parents were heavily in debt, but did not have to close the shop because of their transcription income. A year and a half later, they are still paying off their debts and trying to find ways to make their store profitable.

---

[3] I should stress, such FedEx delivery was unheard of in Malangali and could not have been orchestrated by any Tanzanian. The Tanzanian Concern officer in Dar granted me the favor because he knew I would reimburse his personal outlay, and because his office exists largely to service expatriate field staff. At that time I was a contracted consultant.

[4] Eliot's extended absence had serious repercussions for his students, who had to study for their national Form 4 exams without a French teacher. None of his students passed the French exam, greatly reducing their chances for continuing education. One of these students, who worked for me as a research assistant, was disqualified by his French scores from going on to Forms 5 and 6, so university disappeared as an option for him. He enrolled in a technical school, but he fell ill and used the small savings intended for his education to pay for his own recovery.

What makes Tuli's story extraordinary is that her parents had as much access to resources as they did. Bluntly put, had she not had two professional parents, she would be dead today. Her parents, extremely well off by local standards, almost went bankrupt saving her, and her father nearly lost his job. Tuli's severe illness was a symptom of extreme material poverty, where even the hardest-working professionals are excluded from most resources. In this story it is easy to overlook one detail: Tuli almost died from measles.[5] Measles! None of her troubles should have occurred. Her vaccine should have been fresh so she would never have contracted the disease. Once she did, medicines should have been available in Malangali, and certainly at the central hospital where she spent six weeks.[6] She should not have had to travel hundreds of miles for an eye specialist. Her parents should not have had to use their life savings to save her life. These are all consequences of material poverty, and they are all moral issues.

Inadequate healthcare has extensive implications throughout people's lives. It means first of all that many basics of preventive medicine are unavailable, so people are more likely to contract disease. It means that people often must work in weakened physical conditions – personal debilitating illness was a frequent topic in the life histories

---

[5] Richard Mackay, an American doctor who has worked in East Africa, suggested to me that her illness may in fact have been something other than measles, which is generally a disease that strikes during infancy. Dr. Diklar Makola, a South African with extensive experience in rural areas of eastern and southern Africa, thought the symptoms sounded like measles, but that a six-year-old would have to present with a greatly weakened immune system just prior to exposure to the disease. A follow-up conversation with Tuli's parents in January 2000 revealed that the little girl had been treated for malaria, which would have weakened her immune system, about two weeks prior to the illness that nearly killed her. Whatever it was, all her Tanzanian doctors diagnosed her complications as resulting from measles. Regardless, most of her suffering likely could have been avoided were adequate treatment and diagnostic facilities available.

[6] The hospital where she stayed is the same one visited by Jordana for fertility help, discussed in Chapter 5, that receives substantial USAID support for its "family planning" services.

people related to me. It means personal insecurity, a chronic worry for self and loved ones. It means many additional births by parents who hope to see a few children survive to adulthood. It means frequent funerals of people who could probably have lived healthy lives for decades more. It means the financial insecurity of not knowing when you may need to expend all your assets for an emergency, and it means frequent small contributions for other people's emergencies. It means never receiving a routine physical exam, never checking for breast lumps or curing yeast infections, never meeting a dentist no matter how bad the toothache, never getting corrective eyeglasses for poor vision, never having an x-ray or an HIV test or access to a safe blood bank. It means never having access to so many things people in the wealthy world feel is our right, things that improve our ability to enjoy our lives and lengthen the time we have to enjoy living.

Perhaps I was made especially aware of people's health problems because it was an area of expertise many people thought I might be able to help with. A policeman once arranged a motorcycle for me to borrow so I could bring his wife, a formerly beautiful woman, to see the flying doctor about the goiter that grew like a grapefruit on her neck. Goiter! Though we read frequently about the many scary tropical diseases people can contract in the wilds of Africa, Malangali residents are suffering from diseases we only remember from 19th century literature. When Mama Musa, the headmistress of the Ihanga primary school, suddenly fell ill, the friends holding vigil at her clinic bedside had to bring their own kerosene lantern so the doctor could treat her at night. When a woman in Isimikinyi fell seriously ill, her family borrowed the only wheelbarrow in the village from Alfred Ndandala, and somehow folded her into it for the two mile ride over the bumpy

track to the Mwilavila clinic. (The Isimikinyi village government subsequently voted to spend 3000/= ($5) to construct a stretcher out of two poles and bought rubber strips cut from old truck tires.) My neighbor Jane, a precocious 3-year-old, will go through life bearing the stigma of deformed hands with only five fingers total; my step-cousin in Connecticut had an almost identical birth defect but received reconstructive surgery that enabled her to grow into a well-adjusted adult without any physical handicap. The story of Jordana in Chapter 5 is one of several reproductive health problems I knew of that would have benefitted from the routine treatments available to almost every woman in Europe (although, because we do not have nationalized medicine, not necessarily to all Americans).

People are used to malaria, and seek immediate treatment at the clinic as soon as they get the recognized symptoms, often a few times a year. Other diseases about which public health campaigns disperse information are AIDS and dysentery, a few of the big tropical diseases, and the childhood vaccinations. (During my research I witnessed the successful implementation of the polio eradication vaccinations in the Malangali area.) The significant decrease in new sexually transmitted diseases appearing at the clinic,[7] in conjunction with the many conversations I participated in and observed about AIDS, indicate that people are receptive to important health messages and are willing to adjust

[7] The clinic keeps detailed records of the number of patients seen and the specific diagnoses, which are then reported to district and regional authorities. In an interview in 1996, the head doctor showed me all of the records for the preceding decade aggregating the diagnoses, by year, for all patients seen at the clinic. From a statistical point of view, these records have two serious weaknesses: first, most diagnoses are "best guess" observations based on reported symptoms, as no testing facilities are available, and second, the majority of illnesses in Malangali are never brought to the clinic for treatment.

their personal behavior when they think it necessary and feasible. That mothers regularly bring their children under age five to the monthly weighings and for vaccinations also demonstrates that people interact with health care as consumers in ways similar to other development-type programs. The question I am forced to ask is this: why are their health care options so limited?

Why are Malangali residents limited to the choice between buying Band-Aids (and other rudimentary pharmacy products)[8] in the small stores, or visiting herbalists/ witchdoctors, or going to horrendously inadequate mockeries of Western medical facilities? No argument exists that rural Africans suffer any less pain from treatable health problems, nor have I heard asserted the proposition that Africans are any less deserving of treatment. I have heard people on the street in the wealthy world voice the Malthusian argument that high death rates are a regrettable but inevitable consequence of overpopulation – a ridiculous assessment of conditions in sparsely-populated Malangali and in most other parts of Africa – but I have never heard this argument from people involved in development planning or implementation. The contemporary focus on concepts like sustainability may reveal part of the answer to my question, because Western medicine may not appear to be "appropriate technology" (see page19 above).

Individual responsibility takes a primacy in African development efforts that it has

[8] I use the term "Band-Aid" here in its American sense, as a generic term and not a brand name, in part to highlight the connection with the limited efficacy of charitable efforts such as the Band Aid fund drive of 1984-5, discussed on page 162. In fact, I do not know of any products made by Johnson & Johnson that are available in the little stores of Malangali. The sticking plasters that are available throughout Tanzania are "Elastoplast" – the Swahili word for Band-Aid is *elasto*. Along with most other pharmacological products available in the country, these are produced by multinational corporations other than Johnson & Johnson.

never been accorded in Europe or the United States. Nowhere is this shown more starkly than in health care. Whether European variations on socialized medicine or American versions of semi-privatized health insurance, health policy in the North is designed around a system of healthcare providers paid for from a collective pocket. Large-scale disease prevention is achieved by municipal provision of clean water, and public nutritional balance is effected by mandated micronutrient supplements in many foods, iodization of salt, and fluoridization of the water supply. Individuals are responsible for visiting their providers when they fall ill, and for taking the medicines or following the directions dispensed by the experts, but are free to be obese, smoke, and drive without wearing seatbelts while yet having their healthcare paid for by their insurance. Only lately have insurance companies even begun to address the preventive measures that individuals can take, such as exercise and good diet. In Africa, the approach is exactly the opposite. People are supposed to maintain their own health through boiling water, wearing condoms, growing the right food, using mosquito nets, etc., and only visit the clinic as a last resort.

In the spring of 1998, the anti-impotence drug Viagra was introduced to the wealthy world. Within a few months, the United States government had decreed that state Medicaid programs must pay for members' Viagra prescriptions, at a cost to taxpayers estimated by the National Governors' Association of over $100 million a year,[9] and the Pentagon had budgeted a further $50 million a year (Silverstein 1999). In Malangali,

[9] "Government Orders States to Pay for Viagra," Reuters article appearing on http://abcnews.go.com/sections/living/DailyNews/viagra_medicaid980702.html, 7/2/98.

meanwhile, teacher Alex Uhakula was falling gravely ill with what seemed to be typhoid. He suggested I not stand too close to his hospital bed lest I contract the disease, to which I replied that I had been vaccinated the previous month. He had never heard of a typhoid vaccine, and with the cost of the shots being roughly six months' average income in Malangali, I know of nobody there who had ever received the injection. Alex's illness came soon after Mama Musa related a long tale of her unsuccessful quest for ulcer treatment, and around the time I was being called on by various friends to explain how AIDS in America has become an apparently manageable disease for those with the $15,000 a year to purchase the latest medication. How can we insist that elderly American men have the right to erections at public expense, while people in Malangali die every week of diseases like typhoid and AIDS for which medications exist? Rural Tanzanians die of these diseases not because they are less clever than Americans with health insurance, but because medications are actively denied to them.[10] They do not have the money, of course, to buy the drugs at market prices. Nor is it possible for them to arrange ways of producing the drugs at lower costs, although both the knowledge and the technology exist to produce unlimited quantities of such medicines. The knowledge to produce the medicines is patented, and therefore the protected proprietary interest of a few enormous pharmacological concerns. Those with stock in these corporations make

[10] It is hardly coincidental that drug companies are among the major contributors to political candidates of both parties. Pharmacological concerns aggressively lobby the U.S. government to uphold the protection of their patents, and the government in turn makes protection of such "intellectual property" a linchpin of its international trade negotiations. (Silverstein 1999).

money off those who can pay for the drugs.[11] Though it sounds like melodramatic hyperbole, it is unfortunately closer to understatement: those who cannot enrich the stockholders are left to suffer and die. When last I left Malangali, Alex Uhakula was wasted and wracked with pain, less than a week after we had spent an afternoon doing vigorous carpentry together. Not only could he not afford known curative medicines, but the clinic's head doctor told me that such drugs were not available in Malangali for me to buy for my friend at any price.[12]

Planners voice an aversion to "pouring money at the problems" encountered in rural Africa. Pouring money in, the argument goes, has never yet been shown to really improve people's life conditions (see the contributions to Bandow and Vásquez 1994, especially Ayittey 1994). Expensive projects laden with high inputs cannot thrive without continued outside support, even if the money is correctly spent for well-designed goals. This argument is valid as far as it goes, but it begs the question: Why should all activity in rural Africa be sustainable?

I return to the topic of sustainability, first discussed in the context of forestry in Chapter 3. The concept of sustainability arose from theories of a closed global ecosystem comprised of many smaller semi-closed systems. The ecological balance of the planet

---

[11] I do, and so do most American academics who invest in retirement funds. The TIAA-CREF "Social Choice" college retirement equities fund, one of the most socially aware investment options available to educators, invests in most multinational pharmaceutical and related firms, according to its June 30, 1999 semi-annual report (p. 31), including: Bristol Myers Squibb, Colgate Palmolive, Johnson and Johnson, Eli Lilly, Merck, Pfizer, Procter and Gamble, Schering-Plough, and many others.

[12] Alex was bussed to Ilembula hospital a few hours after I left Malangali. A letter written six weeks later brought news that he eventually made a full recovery. My relief was short-lived. The same letter brought news of Juma Kinkopella's death from the illnesses, said to be typhoid and malaria, that had been attacking him for many months.

hinges on global consumption patterns that do not damage the biosphere, and global damage is expressed by many local instances of environmental destruction. So, planetary sustainability requires much effort at local environmental sustainability. Many additional benefits were then seen to accrue to local sustainability, including continuous access to environmental resources and income opportunities, but the major initial motivators were impending catastrophe: global climate change and calculations of the rapidity with which current consumption trends will use up fossil fuel and natural resources. In the Malangali Forestry Program we saw how the ecological sustainability concept segued into economic sustainability, whereby the tree-planting program was supposed to be sufficiently lucrative that local entrepreneurs would continue growing and selling tree seedlings even without external inputs. The water scheme had an even more radical conversion to the religion of economic sustainability, insistently adopting the belief that people living on $100 a year could maintain an enormous $1.5 million engineering triumph. In the chapters *Forest* and *Water* I discussed several specific problems with the sustainability concept for those programs.

A close look at the evolution of the sustainability concept as developed in the previous paragraph shows the disappearance of one crucial condition: the closed system. I propose that the utility of the sustainability concept is seriously eroded when it is applied to systems that are not inherently bounded. What, for example, are the limits to the system that could support the Malangali Water Supply Scheme (MWSS)? The same agents that crafted the scheme demonstrably have the ability to provide for its maintenance. Concern funding could support the program indefinitely without making a

ripple in the Irish economy. Innumerable similar projects could also find continued funding to sustain their work within the small closed system of international aid funding. Were the wealthy world to choose to redistribute seriously its substantial financial and material resources, it could certainly do so without harming the overall global economy. Whether the global economic system is sustainable is itself a matter for serious investigation well outside the scope of this dissertation. Within that economic system, though, is where I argue we must locate economic sustainability. Put another way, whether a program such as the MWSS is sustainable is a policy decision about distribution of economic resources, not a question inherent on the ability of people at a local level to manage those resources themselves.

I assert that health care is a moral issue in which concerns such as sustainability ought to be irrelevant. I begin with two premises. One, residents of areas like Malangali – or countries like Tanzania – do not have the resources to support a technologically grounded healthcare system. Two, the wealthy world has the ability to reproduce such systems at will. This second point is demonstrated by recent US government cuts in funding for hospital resident interns to decrease a perceived domestic doctor surplus, and by the tens of billions of dollars available for mergers and acquisitions within the Western healthcare industry. If the resources are available, and the need exists, then what is missing is the political will to apply sufficient resources to the problems. When we talk about withholding such resources because they are not sustainable, what we are really saying is that it is not good for Africans to be dependent on Western aid to meet their needs. I address aid dependency in more depth below. I here ask the question, who is to

make these judgements about what is good or not good for Africans? Malangali residents, when asked what they feel about their health care options, reply that it is bad when people suffer illness and it is tragic when they die before their time.

I propose a model healthcare budget. Let us assume for the moment that all funding were to come as grants from the wealthy world; the political will could exist in the United States, for example, to augment the $700 million a *year* we spend on non-emergency aid to Africa with a slight redirection of the minimum of $798 million a *day* we spend on our military for years to come (CLW 2000). Let us also assume that enough personnel are or can be trained to get an adequate healthcare system working in not too many years. (Capable personnel are currently available within Africa, though the educational resources to train them are not. I refer once again to the footnote detailing educational scarcity in Tanzania on page 177.) Now let us take a sweeping step: we are going to build ten sophisticated hospitals in each of Africa's roughly fifty countries, and keep them all running for forty years.[13] In this model, each hospital costs $10 million to build and $10 million a year to run.[14] Building costs are therefore $100 million per

---

[13] Conceptual problems abound, of course, with any distribution of resources within Africa based on arbitrary geographic distinctions (Anderson 1990, Ferguson 1990). Does Swaziland, with fewer than 1,000,000 residents, qualify for the same 10 hospitals that this model budget would have built in the South African territory that envelopes it? How close to the edge of the mainland must island nations be located to be encompassed in a notion of "Africa"? For this thought experiment to be effective, it is necessary to request a temporary suspension of specificity.

[14] How much does it cost to build a hospital in Africa? A fully-equipped 21st century hospital could run into the hundreds of millions of dollars, including extremely expensive operating, monitoring, and diagnostic equipment that could treat the full range of conditions currently covered by many American health insurance plans. Such a hospital would be able to incubate babies born months prior to term, and sustain cancer patients in misery for months or years. The model budget I propose would not come close to meeting such a description. A process of triage analysis could choose many highly effective uses for whatever funds are available, and the dollar amounts proposed in this budget would be extremely significant in the current funding environment. In addition, many costs are substantially lower in much of Africa, particularly locally available building supplies and labor; the

country, or $5 billion for the group. Ongoing costs are $10 million per hospital, $100 million per year per country, $5 billion a year for the group. Are my cost estimates too low? Double them: expenditures are now $10 billion a year. Did I propose too few hospitals? Double the number again: we're still only spending $20 billion a year. Are the estimates still too conservative? Double the number again, assume $40 billion a year for something approaching adequate healthcare for residents of the entire African continent. $40 billion, not incidentally, is about the amount currently spent on *all* non-military foreign aid programs, including health, infrastructure, and all development programs of the types discussed in this dissertation. The figure represents a fraction of 1% of the combined GNP of the world's wealthiest countries, an amount that would make almost no difference in the quality of life available to the world's wealthiest people.

Significantly, while this model budget would initially demand enormous reliance on imported goods and specialists, it would over time be an engine of indigenous economies of wealth and knowledge. Though the three, five, or ten year time horizons of most aid budgets are inadequate to ensure the establishment of local practitioners with the educational equivalents of expatriate "experts", thinking across the span of two generations would allow government and development planners to implement serious

---

university-trained head doctor of the clinic at Malangali earns about $50 per month, and lay staff would eagerly work for much less than that. Dikembe Mutombo, an Atlanta-based basketball star from Congo, is currently raising $44 million to build a large hospital in Kinshasa that is meant to serve a catchment population of about 10 million people, about 1/4 of the country's citizens. The hospital "will include state-of-the-art facilities and equipment, with inpatient beds, an outpatient clinic, emergency services, and a pharmacy. Other specialized departments will offer services in surgery, obstetrical care, radiology, and nuclear medicine" (Dikembe Mutombo Foundation 1999). Assuming the amount he is raising is based on a sound assessment of local needs and costs, the numbers proposed in this budget, which include long-term funding, are not too far divorced from reality.

training for doctors, nurses, and medical assistants. Furthermore, wages and local purchases of supplies would enter African economies with substantial multiplier effects, including off-shoot industries. Finally, the presence of educated health employees and stable cash flows would stimulate indigenous investments in healthcare and education that could eventually dwarf aid from outside for systems that, while dramatic improvements, would remain far from comprehensive.

I argue that, in moral terms, the fact that we have the ability to build and sustain such health care systems creates the imperative that we do so. Wealthy societies have all made the choice within their borders that at least minimally adequate healthcare must be available to all.[15] Unless we are prepared to advance the argument that the life of a person in a wealthy country is worth more than a life in a poor one, we must make a serious attempt to distribute to all the health options now available to a select few.

Diagnosis

It may be worth considering how residents of the wealthy world came to be selected for the benefits of prosperity such as adequate healthcare, and how residents of areas like Malangali came to be excluded. Cases where individuals have any special claim to superior personal health resources are extremely few – perhaps the rare person who has developed an innovative medical technique, or people who carefully cultivate their own herbal cures. Most living Americans and Europeans today benefit from the decisions of policy makers since the turn of the century to support hospitals, training, and medical

[15] The United States lags behind its wealthy neighbors in the provision of healthcare for its poor, even with active Medicaid and Medicare programs. Even the people who do not meet current eligibility standards, however, are usually able to receive competent care in case of emergencies.

research with public funds. Americans today also benefit from the struggles of labor unions in years past to secure health insurance for workers in contracts and in law. The wealth opportunities available to living Europeans and Americans derive from an economic system built on the hard work of our ancestors, but also on centuries of exploitation both within our borders and abroad. Most of us cannot claim that we *deserve* the health opportunities we have any more than does anyone else. We can only appreciate our luck to be born in the time and place we were. Malangali residents, meanwhile, still live the repercussions of decisions made during 100 years about what kinds of economic options would and would not be available to them. They feel the continuing effects of an extractive colonial economy that yielded to an extractive economy of nominal independence. They live in an economic environment where the IMF has mandated even *more* restrictive access to services such as health, even as the terms of the few export industries in which they can work are eroded by these same mandates. Did Europe underdevelop Africa? Even those who disagree with the concept of reparations for past injustices can hardly find dispute with Rodney's basic assessment that African material poverty is at least in part a direct result of power imbalances created and perpetuated at gunpoint (Rodney 1972).

In arguing that no person has a unique claim on adequate health care, I also claim that current medical knowledge should be considered a public resource belonging to all humanity. Medical science arises from the same enabling economic conditions that have enriched wealthy countries and perpetuated the impoverishment of residents of places like Malangali. Therefore, despite its current ownership by the beneficiaries of global

inequities, all people have equal claims to having underwritten today's medical science. The sort of funding I propose in the model above, then, could be viewed less as charitable grants than the repayment of a debt, or as a return on equity for the sweat invested in helping construct the modern world. But again, for people who do not buy the argument about reparations, I propose a simpler one: right. A world in which some people live longer than others, but the capability exists for all to have equally long and healthy lives, is an unjust world. In theory the wealthy nations, signatories of the 1948 Universal Declaration of Human Rights, agree to the principal that, "Everyone has the right to a standard of living adequate for the health and well-being of himself and his family (sic), including food, clothing, housing and medical care and necessary social services" (UN 1948: Article 25). In practice, however, our commitment to what we speak of as human rights is extremely narrow, and limited to such egregious cases as torture and forced labor. Concepts such as morality, human rights, and social justice are, of course, social constructions, composed only of the meanings with which people choose to imbue them. As with the nebulous concept of development, I suggest we examine what values we attach to our understandings of right. I believe that through such reflection we will come to see that the worthwhile in the process we call development is that which seeks to take actions to correct ongoing injustices. We will also see that what is wrong in development are the stories we allow ourselves to believe, about the correctness and adequacy of our programs and about the ignorance and incompetence of the people toward whom aid monies are directed. If international aid money can be divorced from its connotations of guilt pacification and social imperialism, and instead meaningful amounts are directed

toward inequities and solutions about which all parties concur – when aid is seen not as development but as social action – then a great deal of good can occur.

I propose a thought experiment to distill some of the attitudes toward Africa and Africans that lay beneath contemporary European charity. Let us imagine that the community of nations decides to devote real money to enabling Africans as full players in the 21st century global economy. The precedents go well beyond the Marshall Plan. The United States, for example, gave massive government assistance to rural electrification with the Tennessee Valley Authority, subsidized Western commercial agriculture with enormous irrigation schemes, created the modern transportation infrastructure with coast to coast highways, used regulated monopolies to make telephone service available to every citizen, funded higher education, health care, and created a social safety net – all at the cost of trillions of dollars of public money,[16] not through the miracle of the free market. The East Asian tiger economies became industrial powerhouses through heavy government intervention, including sparing private industry expenses such as infrastructure and education (a.k.a. human capital development). Most recently, western Germany has put forward close to a trillion dollars of public money in a friendly buyout of the lands to the east. The (re)construction of East Germany is a zealous endeavor to create a thriving economy through both material changes and a transformation of post-socialist cultural mores. When the German transition is complete, the eastern portion of

[16] Specifically in the case of the United States, these artifacts of prosperity were bought at the cost of about four trillion dollars (that is $4,000,000,000,000) of deficit financing to be paid through the taxation (or borrowing) of future generations. Deficit financing is made possible through the collective assumption that economic growth will make such costs relatively more affordable for future taxpayers than for current consumers of public services.

the country will have both the appearance of material affluence and the capability of recreating the conditions of its own wealth.

Africa could, of course, amply wear the garments of prosperity. The thought experiment invites us to picture what would be necessary to emulate the second half of a transformation like Germany's – an Africa capable of maintaining its own wealth in the global economy. In brief, economic theory has it right: for people to have material security, they need the technical skills and capacity to produce goods or services to generate value equal to or greater than what they import. Growing small plots of maize is never going to achieve this result in a world where medicines for an illness such as Tuli's can cost many times the profit potential of a year's surplus grain (see Table 2.1, page 105). Instead, I argue, it is reasonable to expect that prosperity in a modern world economy is contingent on possession of the tools that create modern prosperity, tools such as infrastructure, electricity, and a populace with the education necessary to create items of value in the global marketplace. Infrastructure requirements include systems of roads and rails, ports, and air transportation; with the experience gleaned from around the world and the human and natural resources available in Africa, no technical barriers exist to perfecting such networks. Electrification, essential for industry and commerce, is also necessary for full participation in the global economy, and again something humankind can do well. Education is more difficult because it takes time to create professional educators, but there is no human obstacle to populations educated to levels equivalent to

our own.[17] Two other prerequisites for Africans to compete on something approaching a "level playing field" of world trade, I assert, are access to the machines that the wealthy world uses to build its own preeminence, such as computers and telecommunications (Benjamin 1997).[18] During my visits to Tanzania I have met all kinds of entrepreneurs, people eager to exploit any economic niche to secure a small income. There is every reason to assume that many people would make the most of any productive opportunity they see from access to these infrastructural keys to the private club of the prosperous. What keeps Africans from prospering in the global economy is not their lack of will, not their lack of ability, but their lack of opportunity.

Were the world to commit the resources necessary to establish such opportunities for Africans, can we see any reason the continent should not produce the engines of wealth that East Asian governments created of their countries, or that Germany is making of its lesser half? (I write under the assumption that Asia's 1998-99 economic problems will not prove permanent.) Many obstacles do exist; the thought experiment overlooks, for instance, unequal distribution of wealth, indebtedness to foreign providers of capital, and the potential for environmental destruction along the lines seen in Europe. Such problems plague European, Asian, and American transformations as well, but experience

---

[17] Most Malangali parents hope their children will go as far in school as their test scores and funding options will take them. Currently the premise behind aid to African education centers on primary schools and assisting a small number of students to complete secondary school. Capable, ambitious youth scour Africa in search of seats at University, or a rare scholarship to study abroad.

[18] In this experiment, we will hold agriculture constant. As people take off-farm jobs, we assume the shrinking pool of farmers will charge laborers for their food. This will finance enough investment in agricultural production to offset reduced farm labor without reducing food supply, an assumption based on ample historical precedent.

demonstrates that it is possible to deal with them effectively when they become issues of public concern. I suggest – with intentional provocation – that there are *no* obstacles to infrastructure development, *no* obstacles to education, *no* obstacles to creating the enabling conditions for Africa's continuing prosperity – except the commitment of resources.[19]

The utility of the thought experiment is to ask 1) is such a scenario possible, and 2) if it is, why does nobody ever raise it as an option? I believe that we have all – Americans, Europeans, Africans – consumed the same ideas of development, ideas that we reproduce in African projects and policies without ever diagnosing their origins. We in the wealthy world rely on the experiences of development agencies to convey our desire for positive social action. We rely on those same agencies to return to us information that will justify both our hope and our hopelessness about eradicating severe poverty. Few of us are comfortable with a status quo that relegates hundreds of millions of people to extreme material poverty, but we have no source of information suggesting serious alternatives. The only alternative to contemporary development visions offered by my North Atlantic interviewees is total withdrawal of European support, an option that can hardly address inequities for impoverished people already thoroughly embroiled in

[19] I gloss over one major obstacle, corruption, that must be accounted for in any circumstance in which large amounts of money are involved, Africa included. On page 210 I discuss how Concern's steadfast financial accounting and their goal orientation worked to overcome the penchant for money to evaporate from development budgets. Rampant corruption is a serious obstacle that stymies the best of intentions. It should therefore be addressed head-on, in ways toward which Concern might serve as a model; the alternative, tossing our hands in the air and walking away, will solve nothing. Corruption is similar to silt in a harbor – good port managers will find ways to keep the harbor dredged and the ship traffic flowing, rather than closing the port when it becomes clogged with sediment.

global economic and political relations.

I suggest that, instead of despair, we pursue avenues that go to the roots of the material poverty experienced by so many rural Africans. The perpetuation of the conditions experienced by residents of Malangali can be traced to three root causes: history, opportunity, and power. Policies and programs that account for the importance of these factors can do much toward achieving the development goals expressed by planners and average citizens alike.

1) History. While the past cannot be undone, it can certainly be given its due. We must recognize that the have nots have not because of histories of subjugation, exploitation, and marginalization – and that these histories are entirely relevant both in shaping the world in which we all live, and in framing the ways both wealthy and non-wealthy understand the present and the future. This is hardly a new observation, at least for anthropologists and historians (a point well developed by contributors to Cooper and Packard 1997, and well detailed by Ferguson 1997 and Roseberry 1989). Yet history and the present circumstances that it creates remain absent from most considerations of the planners and donors we have met in this dissertation, largely on the assumption that development must deal with where we are going rather than dwelling on where we have been. Without recognizing the historical forces that have led to present situations, however, we are unlikely to understand the present well enough to steer the future toward more equitable directions.

2) Opportunity. One major point of this dissertation is that Malangali residents have the full ability to subsist on the crops they know how to produce, but that growing such low-

value crops as maize will never give them the income to secure for themselves even the minimal conditions of material prosperity. It should strike the reader as curious that the public and most politicians in the United States and Europe agree that the keys to a successful economy are jobs that pay well and post-secondary education – except in the case of peasants in places like Malangali who should make do with maize farming and basic literacy. Malangali residents, on the other hand, undertake extensive sacrifices to educate themselves and their children, and spend years or, reluctantly, decades far from home selling their labor to anyone who will pay. I argue above that we should invest not insignificant resources to establish in Africa the availability of health care not unlike that we have come to expect as our right. Here I extend the same argument to the concerted creation of jobs and post-primary education. Paid employment of a skilled workforce is what enables a complex, money-based economy to recreate the conditions of its own wealth. Malangali residents understand this, and the fantasy that electrification might someday enable a factory to open in their area brings a twinkle to many people's eyes.[20] Yet a concerted effort to promote the investments that would create jobs, such as Operation Bootstrap that transformed the Puerto Rican economy after World War II

[20] Mass industrial production of luxury consumption goods in polluting factories is not the only available model of job creation. An educated people can sustain a tremendous variety of jobs in the service sector – teachers, doctors, clerks, software engineers, poets. Even the heavy industry that is generally concurrent with twentieth century wealth need not involve exploitation and belching smokestacks. Given today's technology, Africa could produce its own advanced wind and solar generators without much more difficulty than building new facilities to extract energy from fossil fuels. A plethora of other industries, heavy and light, could easily be imagined – refrigeration, hypodermic needles, electric cars, microprocessors – that would satisfy existing and future demands, and even produce goods that (because they come from newer, more efficient factories than the behemoths in the industrialized world) would produce goods for export. In the current economic and conceptual climate, though, in which governments have no ability to budget beyond what the IMF and World Bank will tolerate and in which private investors have few incentives to invest their capital in risky Africa, the scenario above seems destined to remain in the realm of imagination.

(Sabater 1999),[21] is something that planners and donors have never raised to me as a possibility. Never, not once, nobody. Why does something as basic as job creation, the economists' mantra in the wealthy world, sound almost heretical when proposed for rural Tanzania? Yet without opportunity, it is unarguable that current conditions of material privation will continue, if not become worse. I suggest that, by becoming enculturated in the worldviews discussed in this dissertation that have led to the creation of institutions of development, we have circumscribed our conceptions of how the world could be.

3) Power. I have demonstrated that Malangali residents are configured by planners and donors as inadequate in almost every aspect of their lives, and have themselves come to accept this analysis with relative equanimity. A major consequence of this imbalance is that they have no power to demand or cause changes to their economic or political conditions. Programs aimed at "empowerment", which appear elsewhere in Tanzania, were barely visible in Malangali; my limited observations of such programs in action elsewhere cause me to question the amount of power that can be claimed through externally-directed programs that do little to challenge the status quo.[22] Again, the

---

[21] Deborah Sabater's unpublished 1999 term paper for the Yale course "Development and Underdevelopment" presents excellent original research documenting the successes and limitations of the Puerto Rico project. In Operation Bootstrap, large governmental expenditures on social services such as health and education were combined with a system of tax relief for companies providing employment on the island, over time fostering an economy that is a model for the Caribbean.

[22] "Empowerment" becomes a line in the theater of the absurd when used, as it now often is, by such agencies as the World Bank. The Bank, as it is quick to point out, depends on stability in order to implement its programs and receive repayment – the exact opposite of what might occur were the disenfranchised suddenly to demand their due. The word "empowerment", in development jargon, has thus often melded with the concept of "participation" that I discussed on page 231 as devoid of meaning. As Schmitz writes emphatically (1995: 59), "more 'participation' ends up reinforcing the Bank's role, even though more real democracy in developing countries would quite likely reduce it!"

observation that power disparities underlie poverty is far from new. Speaking of rural women in Egypt, for example, Mitchell (1991: 22) writes, "[a]ny discussion of their situation would have to start from this condition of powerlessness." What I would add to such an analysis is this: powerlessness is a fact of life that many people have come to accept as natural. As long as planners, donors, and rural African residents all conceive of the inability of the rural poor to effect change to their conditions as part of the order of things, real changes will not occur. Changes in power dynamics will not occur as a result of "democratization" movements that encourage elite groups to shape their differences into multiple parties. Nor will they occur as a result of, for a Malangali example, seminars that seek to advise women of their legal rights. To the contrary, I submit that meaningful change – elimination of the material conditions of poverty – can only occur when the residents of places like Malangali have a real voice in the policy and funding decisions that affect their lives. Listening to that voice will not be easy. In most current development interactions, it is not done.

Cure?

The existence of aid organizations demonstrates a deep discomfort with a world in which such massive inequities continue. Private donors wish they could do something to help people less fortunate than themselves. Acts of individual donation, and the acts of polities to use tax money for overseas aid, suggest that many people in the wealthy world would be amenable to a strong case for the just repatterning of such global inequities as healthcare availability. I argue that the single most problematic aspect of contemporary development discourse is that morality is obscured by practicality. Although the Brandt

Commission's assertion, that there are "great moral imperatives" to make the world a less unequal and more just and habitable place, was influential in the way the development project was seen throughout the 1980s, the result has been the "preservation of hope" (Brandt 1980: 77) rather than the actuality of material improvement for the lives of the poorest. Development agencies make decisions about what is possible based on the financial and conceptual resources they have available. Such decisions are pragmatic, yes, but they are also Faustian. Agencies make the bargain that they will tinker at the edges of global injustice without ever addressing the injustices per se, in exchange for which they are allowed to tinker. Their campaigns do not alienate their publics by making the tasks seem larger than individual donations can help address, but by offering hope through such inadequate efforts, they silence any voices that may point to their futility. I think this is a mistake. I think a significant proportion of people like those I interviewed in places like Dublin would respond to a realistic assessment of the magnitude of the injustices affecting the poorest countries. Rather than being shocked at the futility of current aid efforts, many would demand real action by the governments that are accountable to them. The charitable impulse is fundamentally moral, while aid currently obscures the perpetuation and amplification of immorality. There is room for change.

If aid continues to cast itself in technical rather than moral terms, it risks undermining its own existence. Three competing theories advocate against aid as it currently is. These challenges, from right, left, and center, are unanswered by complacent arguments for gradual "development." I examine them individually:

Free markets The theoretical paradigm that has driven governments and

multilateral aid organizations from the right since the 1980s is the magic of open markets and free trade. From this perspective, development as enacted since World War II is misguided if not detrimental because it inhibits the forces of capital growth that have led to prosperity in now-wealthy countries:

> In short, it appears that multilateral aid, instead of helping developing countries, has actually hindered their economic progress. Throughout the Third World, multilateral agencies have subsidized harmful economic programs, financed the growth of already burdensome public sectors, and increased recipients' foreign debt burdens.... To the contrary, development can occur without aid, and, indeed, is more likely to result if multilateral aid and the domestic impediments to growth financed by it are eliminated. In fact, the now-rich nations of the West would not have emerged from poverty years ago had they depended on outside help (Bandow and Vásquez 1994: 5-11).[23]

Aid is a crutch that should be removed except as an enabling device for market growth, for example in the development of infrastructure.

What aid continues should be economically sustainable, meaning that financing should ultimately be repaid by the beneficiaries rather than be grants or gifts. In this light, the most popular development "solution" of the 1990s is the Bangladeshi Grameen Bank model of microlending. Such models conveniently overlook the huge disparities that microloans fail to address, the fact that such schemes alone cannot in our lifetimes bring even a modicum of prosperity to the economically powerless. Global economic structures are so heavily weighted against people in places like Malangali that most will be unable to depend on anything other than small farming and the whims of whether the market will buy their produce. The staple goals of development aid – education, child health, clean

[23] The authors of course neglect historical events such as the Marshall Plan and the E.C. financing of poorer regions of Europe such as Ireland, discussed above, not to mention the massive international borrowing by the U.S. to finance our current prosperity.

water, environmental resource protection, food security – are not at all addressed by free market theories, even when the language pretends at inclusiveness. I argue that the necessity of such objectives ought to be more clearly articulated by aid programs. Instead, free market programs such as Structural Adjustment eviscerate what limited effort is given to addressing these very real concerns of people in places, like Malangali, at the periphery of global economy.

Dependency A somewhat related argument with left-liberal foundations holds that aid is problematic because it makes impoverished people dependent on hand-outs from the wealthy world.[24] That aid programs administered by expatriates treat residents of places like Malangali as objects is a point with which I agree. The aid-dependency analysis continues, though, to hold that the objectification of the underdeveloped other creates people who are incapable of lives and desires outside the parameters of the development imagination. In the worst case, development bears the engine of subjugation in the creation of a docile labor force for international capital and/ or is the vessel through which will arrive the blandness of commodified global culture that makes us all consumer cogs of international capital. As Marianne Gronemeyer writes:

> "Help"... is a means of keeping the bit in the mouths of the subordinates without letting them feel the power that is guiding them. In short, elegant power does not force, it does not resort to the cudgel or to chains; it helps. Imperceptibly the state monopoly on violence transforms itself, along the path of increasing inconspicuousness, into a state monopoly on solicitude, whereby it becomes, not less powerful, but more comprehensively powerful.... And finally, it is no longer true that help is the unpredictable, anomalous instance. Instead it has become

[24] Note that "dependency" in this context refers only to reliance on aid, rather than the Marxist-inspired "dependency school" discussed on page 16 that argued that underdevelopment in the non-wealthy world was dependent on the active marginalization of poor countries at the periphery of the international capitalist system.

> institutionalized and professionalized. It is neither an event nor an act; it is a strategy (1992: 53-4).

A sentimental version of contemporary dependency thought is concerned with culture loss and the destruction of those things that people today hold essential to their identities, creating "the one and only way of thinking" (Ramonet 1997):

> [I]n human history, at least up until the scientific and industrial revolutions, the technical knowledge necessary for survival had mostly remained non-centralized and radically dispersed. Literally millions of arts and technologies existed – all using a vast variety of accumulated knowledge and productive of a huge quantum of goods, cultural ideas and symbols stemming from the rich diversity of human experience... In many ways, this technical diversity of the human species more or less paralleled the genetic diversity of nature itself.... Science and its experts [now] decide how human beings would be brought up, trained, and entertained, and what they should consume (Alvares 1992: 227-8).

If development aid is the juggernaut for Western cultural imperialism, then it creates an external dependency that ought not be countenanced. I argue that such views overlook the many real ways in which residents of places like Malangali are already thoroughly embedded in the modern order. In addition, many artifacts of prosperity, such as healthcare, are things that the poorest actively seek. Withholding such artifacts out of a romanticization of cultural survival is at best misguided. Whether responding to rightist theories of the free market or leftist theories of aid dependency, proponents of morally-based aid efforts should stress that the refusal of readily available means of improving the security of the lives of the poorest constitutes a grave injustice that goes directly against the wishes expressed by many.

Disillusionment and fatigue Whether from articulated theoretical premises or pure frustration, international aid faces perhaps its greatest loss of funding from the center,

from the sense of repeated failures of the development endeavor. Though development theorists remain eternally optimistic in their regular reformulations of their justifications for their existence, I argue in Chapter 6 that publics in the wealthy world face evidence that all their sympathetic donations and tax contributions have made not a whit of difference in the lives of the poorest. European governments are reducing funding for many aid efforts in the light of their inefficacy, and private donations are also well down from their 1985 Band Aid peak. One Danida employee in Iringa lamented to me the negativity of a documentary recently aired in Denmark deriding the many projects the Danes financed in Tanzania. The documentary led to public rebuttals by Copenhagen technocrats, but also to a fortress mentality within the organization. Instead of a forceful case that aid fails because it is inadequate to address structural problems, aid agencies attempt rearguard defenses of their government-derived budgets.

I believe that anthropology is in the unique position to make coherent both the debilitating problems and tremendous potential of international aid for the people among whom we work. I conclude by discussing why the very notion of development is difficult to reconcile with anthropological theory, and how such a reconciliation may prove fruitful. As mentioned above, one branch of aid-dependency thought holds development activity dangerous because it threatens romantic notions of indigenous ways of life. A separate, predominant stream of anthropological thought accepts change as part of human life. At least since Wolf (1982), a large part of the anthropological project has explored the political economy of interactions between the forces of modernity and the people anthropologists study (for example Haugerud 1995, Gewertz and Errington 1991, Peters

1994). This dissertation is an outgrowth of this stream of analysis, explicitly seeking the connections between practices of development and a rural African population.

Where I locate the conceptual problem of development for anthropologists is in the holdover social evolutionism, discussed on page 14, in development premises. Evolutionism remains in popular and certain academic discourse long after it has been discarded by anthropology. Development is premised on a notion of evolutionary change from primitive to modern, with the contemporary wealthy world as the eventual destination for all people. Economic development especially seeks to incorporate all people within a modern economic order that, it is assumed, will dispense prosperity to all. Of course, any serious economic analysis would dispel quickly any notion that the world's most disadvantaged people could find material prosperity in modern systems given their position relative to the forces of international capital, but the futility of the schema does not prevent its wholesale dissemination. Economic development programs seek to catapult "underdeveloped" people into prosperity by educating them to a limited extent in skills for the global market. Though development economists will object vociferously, this is a late-Maoist approach to Marxist dialectics: Marx's theory of history, the evolution of society and economy from one mode of production to the next, continues to undergird the dismal science, modified only by the rejection of industrial communism as the endpoint. Maoism sought to leapfrog an essentially agrarian people directly to industrial socialism, similar to what Nyerere sought for Tanzanians, an agrarian-based proto-

socialism that yet brought modern prosperity.[25] Development economists seek for Tanzanians an agrarian petty-capitalism in which peasant farmers can prosper at the fringes of global industry. This reformulation of Maoist Marxism continues to posit an isolated, backward African awaiting the evolutionary catalyst. A more nuanced review of Malangali history shows that the conditions of area residents derive largely from their century of colonial and post-colonial interactions with globalizing forces. The anthropological problem with economic development thought is not that such theories seek to change indigenous cultures, but that they fail to understand the ways contemporary peoples are intertwined with modernity.

Other aspects of the development endeavor rankle anthropologists for reasons that should be spelled out, and that hold other implicit evolutionist assumptions. "Community development," a feature of many programs like that in Malangali (see Ishumi 1981, Chitere 1994), cannot help but disturb us. The unit of analysis for anthropologists has long been society as embodied by small communities. While we no longer adhere to a functionalist anthropology that confers an inherent logical unity on the social forms of these small groups, we continue to appreciate the many ways people craft their lives. The implication of community development, and much of the development project writ large, is that without outside aid, areas such as Malangali are socially dysfunctional. The hundreds of development messages I have discussed throughout the dissertation are, I

[25] Among the few books available in the bookstore of the University of Dar es Salaam in 1992 were piles of thick hardcover collections of the works of Mao, selling for 10 shillings each (about 3 cents at the time). While the proximate cause for the availability of these books was the presence of the Chinese Foreign Press office in Dar, the underlying reason for a Chinese government propaganda outlet in Tanzania can be traced to the mutual sympathies between the nations' governments during the 1960s and 70s.

argue, as much outgrowths of this perception as they are analytical responses to local conditions of poverty. As such, development premises stand at odds with a century of empirical anthropology that negates the intellectual or social superiority of those with economic and political power.

Attempts at ideological change in the name of development are perhaps even more irksome to anthropological sensibilities. Efforts such as those discussed regarding women in Chapter 5 attempt to transform social thought from almost explicit evolutionist precepts. The practices and beliefs of residents of areas like Malangali are seen to be wrong in some essential particulars, such as gender relations. Even to an anthropologist who does not admire particular social attributes, and who feels no sentimental attachment toward seeing them perpetuated, ideological change in the naturalizing name of development appears as striking hubris. While we may be sympathetic, for instance, to efforts to transform conditions we may see as oppressive to African women, our hackles are raised by the implication of the evolved moral superiority of the development message.

I do not think most of the development personnel I have met would object to my characterization of the changes sought by their programs. Several would argue that their personal understandings are closer to my own than the above paragraphs give them credit for, and based on our discussions I would agree. I state the case in polar terms, however, to make stark the tension between anthropology and development in terms I have not seen discussed. Because development agents and anthropologists often work in the same areas, and often work together, it is necessary that we accentuate the inherently incompatible aspects of the theoretical groundings of our disciplines.

Because it is a moral issue, anthropology must continue to engage poverty in Africa from an activist standpoint. We must be advocates for the people we work among and interpreters for the wealthy world whose actions so steadily affect them. Because it is a moral issue, international agencies must continue their efforts to eliminate material conditions of poverty in Africa, but they must do so while seriously reevaluating their actions in light of the concerns raised in this dissertation and other ethnographic writings. And because it is a moral issue, discussion of the problems of poverty in Africa must be expanded beyond the "experts" – beyond anthropologists and development planners. Ferguson's analysis, that development discourse depoliticizes political processes within rural Africa, should be extended and given urgency: international aid programs depoliticize African change and poverty internationally, both at the sites of action and among residents of the wealthy world. Wider publics – in Malangali, in Dublin – must be involved in debates about both poverty and the morality of current global economic structures. Only through such an expanded discussion can we cease being development consumers, and become actively engaged in finding solutions to the problems of poverty and morality that will be the challenge of the 21st century.