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God Incarnate Is Neither Colonizer nor Colonized; A Theological Framework for Postcolonial International Development Work

M. Christie McManus

Introduction

How does an American organization implement an international development mission in a formerly colonized country without perpetuating colonial relationships?

This is not a trivial question. Myriad critics have written about the similarity between today's political and economic relationships between the West and former colonies and those relationships during colonial times, resulting in a permanent relationship of subordination and exploitation.[i] Cold War politics involving support of dictators, and conditions attached to aid to further the political agendas of donors contribute to the problem.[ii] Some have argued that "the very development of the West was and still is both dependent on, and responsible for, the underdevelopment in the rest of the world."[iii]

As the white American head of a small international NGO working in Sierra Leone to improve reproductive health, and as a deacon in the Episcopal Church, I come at this question from the perspective of my own experience, theology and faith. This paper will explore a variety of ways in which colonial relationships and structures can be perpetuated in doing international development work. I will look at some of the particular issues in Sierra Leone, where Midwives on Missions of Service (MOMS) works, based on the colonial history of that country.

I will then outline a theological response to these issues and discuss how such a theology can be put into practice.

The White-Savior Industrial Complex

The privileged, white, western view of the Third World (a term which originally referred not to economic development but to political alignment during the Cold War era) is generated from a position of power and from a set of often unconscious assumptions about the world and how it operates.

Fundraising campaigns from aid agencies often appeal to an image of donor identity as a benevolent savior and commodify philanthropy by making poverty and the poor a product through which the donor/consumer finds satisfaction and fulfillment.[iv] Similarly, short-term church mission trips and "voluntourism" packages often lead to "one-sided forms of charity and a reaffirmation of our own salvation through both our service and our economic standing."[v] Visual representations of mass starvation and sad-eyed children can perpetuate a kind of violence against those portrayed.[vi] Thus is born what Teju Cole has dubbed the White-Savior Industrial Complex.[vii]

Another product of this white, privileged view of international aid efforts is the desire for "silver bullet" solutions, easy answers to problems that obviate the need for a closer examination of the systems that lead to poverty and the role white, privileged westerners play in perpetuating them.[viii] One example of a silver bullet intervention is the trend toward blanketing Africa with mosquito nets to eliminate malaria infections.

Malaria is a real problem that leads to the death of millions. According to the World Health Organization's Country Profile of Sierra Leone, malaria is the most common cause of illness and death in the country.[ix] It is especially dangerous for pregnant women. Thus a drive to eradicate the disease would seem like a positive and life-saving endeavor.

The mosquito net trend, which has been promoted by the United Nations Foundation's "Nothing But Nets" program, Episcopal Relief and Development, the United Methodist Committee on Relief and many others, is premised on the idea that "It's easy to help. $10 can send a life-saving bed net to protect a family in Africa. Insecticide-treated bed nets are simple and one of the most cost-effective tools to prevent the spread of malaria."[x]

In fact, it is not easy to help. Nets cannot, as some campaigns tout, eliminate malaria. Rather, malaria will only be defeated by economic growth.[xi] International development work—real change—requires relationship as well as an examination of the underlying causes, not simply handing out nets.

Not only do campaigns like "Nothing But Nets" come from a privileged western perspective, in many cases such silver bullet efforts can do more harm than good. For one thing, even when people are provided with mosquito nets they often do not use them. One study found that almost half of respondents reported discomfort, primarily due to heat, as the reason why net owners choose not to use their nets.[xii]

Sleeping under a mosquito net is hot, something the average westerner would not know. Rather, mosquito nets are romantic symbols in the west, evoking a sense of adventure, perhaps like that of colonists in Asia and Africa. "Nothing evokes the romance of the tropics like a bed swathed in billowy white mosquito netting," says a home decorating website.[xiii]

In addition, giving supplies tends to create dependency on more supplies when the recipients cannot maintain or replace them. Mosquito nets must be retreated with insecticide to maintain their effectiveness. If they tear, they must be repaired or replaced. Campaigns that provide nets typically do not provide the means to maintain them.

A more serious consequence of the mosquito net campaigns is that the ubiquity of insecticide-treated nets leads to resistance to the insecticides in anopheles mosquitoes, thus worsening the problem of malaria in the longer run.[xiv]

The marketing of mosquito nets as an easy answer to the problem of malaria is an appeal to those who do not necessarily want to be involved in changing the

lives of people vulnerable to malaria or in changing their own lives. Donors are told they are the ones with the ability to make a difference and it costs them next to nothing. Nothing is said about what it would look like to empower the poor and walk alongside them to help them realize their inherent ability to be the change agents in their own communities.[xv]

One of the most egregious examples of neocolonialism in the world of international medical "aid" is the program that takes students to foreign countries to "practice" on women of color. A midwifery student told me some years ago she hoped to be able to practice suturing on mothers while in Senegal, because she had never done so before. In fact, she had not even studied the topic. In many international medical learning situations, students are able to practice skills beyond what they have been allowed to do at home, on people who may not have another option for care or the ability to provide true consent.[xvi][xvii]

Colonialism, Slavery and Patriarchy

It is not possible to examine the perpetuation of colonial structures and relationships in development work without acknowledging the role of slavery, especially in the area of women's reproductive health and rights in sub-Saharan Africa. The colonization of Africa and the enslavement of Africans by westerners developed at almost the same time.[xviii] Within the system of slavery, female slaves were considered both workers and brood stock, whose value was partly based on their ability to produce new slaves.[xix]

The trans-Atlantic slave trade moved black women from one patriarchal society to another, both of which sought to define and control their reproduction.[xx] "With a few rebellious or well-born exceptions (and a few outlier cultures that somehow found their way to a more equal footing), the vast majority of women who've ever lived on this planet were tied to home, dependent on men, and subject to all kinds of religious and cultural restrictions designed to guarantee that they bore the right kids to the right man at the right time — even if that meant effectively jailing them at home."[xxi]

As slaves, black women were, over the course of time, increasingly interpreted as "other," defined by their racial characteristics, and denigrated because of their otherness.[xxii] Racism and patriarchy became two interrelated, mutually supportive systems of domination.[xxiii]

In the world of international maternal care, one institution has emerged that perpetuates a patriarchal, racist model—the maternity waiting home. A maternity waiting home is a place where pregnant women go near the end of their pregnancies, often weeks before their expected due date. The homes are located near a medical facility, often with surgical capabilities, where the women ultimately will give birth.

Originally, maternity waiting homes were developed for women identified with high risk pregnancies. More recently they have been promoted as a way of increasing access to facility-based births for remote populations, many of whom face transportation barriers. In countries where maternity waiting homes are new, and

facility-based births less common, such as Sierra Leone, there has been a move toward encouraging or requiring their use by *all* pregnant women.[xxiv] Officials, mostly in the Sierra Leone Ministry of Health and Sanitation have told me they would like to see all women use maternity waiting homes.

While maternity waiting homes can be a positive intervention for women who are truly high risk and likely to need more skilled medical care, these homes are patriarchal and disempowering to pregnant women when applied to all, particularly if mandated, as has been discussed in Sierra Leone. The model views women as child-bearing "livestock," prioritizing the safe delivery of children over the needs, rights and choices of the mother. Wild reports that "By far the most pervasive reason for women not wanting to use the maternity waiting home was their reluctance to leave their children at home. This has been reported in the literature repeatedly since the 1980s." Other reasons include time away from work, cost, travel and the long duration of the stay.[xxv] Women in Sierra Leone have reported to me that they fear loss of production on their farms, loss of custody of their children to co-wives or others and loss of status or place in their communities if they go to a maternity waiting house.

The maternity waiting home philosophy is similar to a trend seen in the U.S. toward arrests and other forced interventions in the lives and decision-making of pregnant women.

Paltrow and Flavin reported on 413 cases in the U.S. from 1973 to 2005 in which pregnant women were subjected to attempted and actual deprivations of their physical liberty.[xxvi] In one of U.S. case, a federal district court ruled that the state's interest in preserving the life of the fetus outweighed the woman's rights under the First, Fourth and Fourteenth Amendments of the U.S. Constitution. This reinforces the idea that society's interest in producing healthy babies outweighs a woman's right to self-determination, as well as any negative consequences she and her family may suffer.[xxvii]

Of these cases, 52 percent involved African American women and an additional seven percent involved other women of color. Seventy-one percent were women with low incomes.[xxviii] Low income women are more likely to need government assistance in obtaining health care, and thus are more likely to come to the attention of officials who may interfere with their reproductive decisions. Racism clearly plays a role as well.[xxix] "Currently the image of the undeserving Black mother legitimizes the prosecution of poor Black women who use drugs during pregnancy."[xxx] Thus, whether in the West or in developing countries, women of color and poor women are more likely than white women of privilege to be subjected to deprivation over their own reproductive life.

Sierra Leone's Colonial Past and Specific Challenges

Since 2006, MOMS' work has consisted of training Traditional Birth Attendants (TBAs) in Sierra Leone. When MOMS began working in Sierra Leone, the government was considering outlawing TBAs. In 2010 the government did ban out-of-clinic births attended by TBAs.[xxxi] Sierra Leone's deliberations on the training

and appropriate role of TBAs were consistent with those of other countries at the time. While the training of TBAs had been a dominant strategy, recommended by the World Health Organization, for improving maternal mortality in the 1970s and 1980s, the strategy fell out of favor in the 1990s as many countries failed to see any decline in maternal mortality.[xxxii]

However, the attitudes of the government of Sierra Leone reflected not only this general policy concern but a divide between the Krio, who dominate government positions, and the rural population.[xxxiii] Several government officials told us TBAs were illiterate, ignorant, incapable of being taught and the biggest factor in Sierra Leone's infant and maternal mortality rates, which, at the time, were the worst in the world.

The divide between the Krio and rural people is largely a result of British colonial rule . The British created a colony in Freetown, the current capital of Sierra Leone, in 1787, where they settled African Americans freed by Britain during the American Revolutionary War, Black Loyalists who had resettled in Nova Scotia during the war, and, after England abolished the slave trade in 1807, former slaves freed from newly illegal slaving ships. The immediate environs of Freetown constituted the Colony of Sierra Leone, and the people who lived there were called Krio.

In 1896, Britain created the Sierra Leone Protectorate, appropriating several rural, inland provinces. The Colony and the Protectorate were structured and governed separately and the divide between the two had far-reaching implications for those who would become citizens of an independent Sierra Leone in 1961. Those who lived in the Protectorate were "protected subjects," while those in the Colony were considered direct British subjects. The Krio had more access to education, including Fourah Bay College, established by the British in 1827, and became the first professionals—lawyers, doctors, missionaries, engineers and teachers. The Krio dominated the important positions in the colonial government.[xxxiv]

Sierra Leone's Truth and Reconciliation Commission explained, "The imperial leadership pursued a social engineering strategy that was deeply divisive in its nature and impact. Simply put, the Colony and the Protectorate were developed separately and unequally. The colonists used commerce, Christianity and notions of 'civilisation' as their tools to manipulate the relationships among indigenous peoples."[xxxv]

Thus Krio prejudices against those living inland were fostered by the British as part of their colonial governance strategy. "This, I repeat, was the intention of colonialism, to affect our psychology in ways that will make us reject our indigenous values and get completely tied to western values, a very ready basis for the exploitation of Africa."[xxxvi]

This division between former Colony and former Protectorate, Krio and tribal, created attitudes that precluded certain health care solutions—community-driven, bottoms-up solutions using motivated women, respected in their villages because of their traditional cultural roles, to help other women be healthier. Over

time MOMS and other NGOs have gradually convinced the government of Sierra Leone to instead make use of TBAs in the country's health strategy. The government has since adopted a strategy of using TBAs as community health workers, bridging the gap between rural areas and the health care system.[xxxvii]

A Theological Answer

Given the challenges of colonialism, slavery, racism and patriarchy, is it possible for privileged, white westerners to help the poor without perpetuating these systems? At least one former volunteer, Paulette Goudge, says 'no:'

> Having worked as a volunteer in a 'Third World' country—in my case Nicaragua—I have spent many subsequent years ruminating on my experiences, and questioning both my motivation and the effects of my intervention. I have come to the conclusion that my contribution—as is the case with so many other aid and development workers—did nothing to improve the lives of Nicaraguans. The work I undertook was situated within a much bigger pattern of power, which meant that my good will—though this in itself could be called into question—was irrelevant, since the overall effect of my work was the reinforcement of western superiority.[xxxviii]

Goudge speaks repeatedly about the superiority and judgment implied in the use of terms like backward (and forward), behind (and before), under (and above). While it is true these words can imply an assumed and unconscious superiority, complete relativism leaves us with no way to say that a 45 percent under-five mortality rate, such as Sierra Leone had in the early 2000s, is a bad thing. This view also implies that one can ever break out of the structures into which they are born and there can be no net-positive interactions between those with more power/privilege and those with less.

Such a view is completely antithetical to the Christian view of redemption. It also disregards the idea that poverty is not merely a personal or social problem but a spiritual problem,[xxxix] and that Christians are called to reject poverty and instead cooperate with God in ushering in God's reign. As Gustavo Gutierrez put it, "In the very nucleus of the preferential option for the poor is a spiritual element: the experience of God's gratuitous love. The rejection of injustice and of the oppression it implies is anchored in our faith in the God of life."[xl]

Walter Wink describes the "domination system," a network of powers, structures and institutions conspiring together to maintain an unjust system, as beginning as early as 3,000 B.C.E. and persisting throughout history through various forms with the same basic structure. The domination system is a hierarchical "kick the dog" structure in which violence is used to dominate and those in the lower strata of the hierarchy dominate and exploit those who are still lower. [xli]

We are not, however, helpless in the face of this system. Jesus, at the beginning of his public ministry, announced the purpose of his ministry in the synagogue in Nazareth by reading from the prophet Isaiah:

The spirit of the Lord is upon me,
because he has anointed me
to bring good news to the poor.
He has sent me to proclaim release to the captives
and recovery of sight to the blind,
to let the oppressed go free,
to proclaim the year of the Lord's favor. (Luke 4:18-19)

Jesus also said, "I am among you as one who serves," (Luke 22:27) an abdication of power and an embrace of the servant role. Jesus, Emmanuel, is God with us as one who serves. This same thought is expressed over and over in the New Testament, notably in Philippians where Jesus is described as follows:

Though he was in the form of God,
he did not regard equality with God
as something to be exploited,
but emptied himself,
taking the form of a slave,
being born in human likeness.
And being found in human form,
he humbled himself
and became obedient to the point of death—
even death on a cross. (Phil. 2:6-9)

The line just prior to the beginning of this passage calls on us to take on the same stance. If we can do that, we can incarnate God in the world as one who serves and our service can become the service of God to God's beloved. As Wink says, "One does not become free from the Powers by defeating them in a frontal attack. Rather, one dies to their control. "[xlii]

At the same time, in Matthew 25, Jesus said that the acts we perform or fail to perform towards others in need of service are being done or not done to him. Again Jesus, Emmanuel, is God with us as hungry, thirsty, a stranger, naked, imprisoned. Thus, Jesus is God with us both as servant and as the recipient of the service. God is incarnated on both sides of this relationship, which makes it at least possible to have a relationship of equals in development work, as opposed to an exploitive relationship. To fulfill this possibility, however, requires not just belief, but work.

The work requires, first, acknowledging our privilege, because we cannot divest ourselves of it.[xliii] It means dying to those things in our culture and in the system that predispose us to exploitation.[xliv] It includes being in touch with our own anger and inner violence.[xlv] It involves resisting exploitation and subordination both directly[xlvi] and in the larger structure of global consumerism, convenience and creature comforts made possible, in part, by that exploitation.[xlvii]

This work requires risking our own selves, "making ourselves expendable in the divine effort to rein in the recalcitrant Powers."[xlviii] And finally, it requires that we help those oppressors we encounter to recover their humanity.[xlix]

This is the Christian theology and spiritual work that makes it possible to work with those who are poor and marginalized in a non-colonial, non-exploitive way. No doubt there are other similar frameworks coming from other spiritual frameworks. I am not saying one must be a Christian or even a theist to do positive, non-colonial, international development work. But I do think it essential to have a strongly held, internalized value system of solidarity with and service to those with the least and some kind of practice of internal spiritual work.[l]

Praxis

How can this theological framework be put into practice to accomplish development? MOMS is a secular, nonprofit organization registered in the U.S. and in Sierra Leone engaged in training Traditional Birth Attendants to become community health workers and change agents in their communities. It is not a religious organization, but the framework for operations is based on the theology discussed above. MOMS' staff and volunteers do not talk about God, but do strive to incarnate the Good News in the work. That means, first, that the work is relational. Prior to training, MOMS invites women to participate in a reciprocal partnership to which all parties bring essential resources to achieve a common goal.

MOMS brings knowledge of anatomy and physiology, reproductive health and leadership in community development, as well as good teaching skills to the table. The TBAs bring knowledge of their own communities and culture, experience in maternity care and dedication to their mission.

To the extent possible, MOMS seeks to form common bonds as women. Volunteer teachers use self disclosure of their experiences of teenage pregnancy, domestic violence, breast cancer, etc. to discuss instances of shared oppression at the hands of a patriarchal world. Although the women of Sierra Leone experience various forms of oppression at once, including oppression due to race and class as well as gender,[li] there are still common experiences that can be shared. These common experiences of mistreatment can change the training from one of white foreigners telling others what they ought to do, to the mutual sharing of painful experiences and a common wish that others might avoid the same pain.

Unlike many "voluntourism" opportunities, discussed above, MOMS requires volunteers to have teaching skill and subject matter knowledge before coming on a training. Volunteers are chosen selectively and do not represent net revenue to the organization. Medical personnel seldom practice medicine on a training, and no students are allowed to practice skills. MOMS does not give donated supplies. Rather, the organization gives knowledge, which is empowering and facilitates independence rather than dependence.

The ultimate goal of MOMS' work is to build the capacity to sustain a new level of maternal health care, based on educating community health workers and incorporating them into the health care system. Such an effort is different from relief work, such as providing food aid or crisis work. It is also different from building tangible infrastructure, such as roads. Sustainable development requires

participation by the aid "recipients," such that they are the owners of the project with responsibility over the long term.[lii]

At the end of the training, MOMS urges the TBAs to form an organization to continue their community health work. They elect officers and decide how they will govern themselves, when and where they will meet, and what kind of projects they will perform. MOMS gives a mini-grant to start a revenue-generating project; the TBAs create a business plan for that project. MOMS' staff and volunteers continue to visit the women who have been trained, thus forming real relationships over time. The TBAs are not simply recipients of someone else's charity. They have determined their own priorities and allocated their own resources to the ongoing work of improving maternal health.[liii]

Despite the theological framework and these principles for practice, actual work involves many complicated issues to be resolved. One of the most difficult, which is inherent in development work, is how to promote change in a way that is affirming and empowering rather than patronizing and disempowering. It is impossible to change one facet of life, such as infant and maternal mortality rates, without changing other, often untargeted areas. Goudge argues that the idea of "progress" contains a value judgment that is one way of creating "otherness," and there is some validity to her argument. She also rightly argues that the First World is assumed to be superior to the Third World.[liv] And yet, there is a way in which this view can be boiled down to an argument that we all—every country, every culture, every individual—have our own truth and all are equally valid. Such an argument is paralyzing to the creation of change that save lives.

An issue that raises this question is that of female genital cutting. The practice, which involves removal of greater or lesser parts of the external female genitalia, has been condemned by WHO as a violation of human rights.[lv] That is certainly a value judgment. It is also true that female genital cutting causes real short- and long-term health risks, including recurrent bladder and urinary tract infections, cysts, infertility, an increased risk of childbirth complications and newborn deaths and the need for later surgeries.[lvi] In Sierra Leone, the practice is widespread and associated with the induction of girls into the women's secret societies at puberty.

MOMS does not endorse this practice, but the practitioners are the same TBAs with whom MOMS works. The practice increases infant and maternal morbidity and mortality, contrary to MOMS' mission and the self-described mission of the TBAs. As Ellen Gruenbaum writes:

> Certainly for those committed to improving women's rights globally and for those working on international health, the agenda seems clear: we respond with an urgent desire to stop the practices.
>
> Yet if these practices are based on deeply held cultural values and traditions, can outsiders effectively challenge them without challenging the cultural integrity of the people who

> practice them? … Under what circumstances and through what means is it permissible to attempt to alter fundamentally the beliefs and practices of others? And even if the ethical justifications are found, how effective will condemnations of a cultural practice be, particularly if they appear to condemn an entire people and their cultural values?[lvii]

MOMS has chosen not to condemn the practice in its training. Rather, MOMS has chosen an approach that involves teaching facts and leaving space for the women to decide how they will respond to the new knowledge. Without specifically addressing female genital cutting, MOMS teaches TBAs that scar tissue does not stretch to the degree that normal tissue does. MOMS also teaches that perineal tissue must stretch in childbirth to allow the baby to be born. MOMS teaches the dangers of prolonged and obstructed labor, including fistula formation, fetal injury or death, and hemorrhage, a leading cause of maternal death.

In one training, the morning after the lesson discussing scar tissue, the head TBA told MOMS that their mission is to promote good for women. After the previous day's lesson they met together (as the secret society) and decided they would stop the practice of cutting because it isn't good for women. The next day the team received news that two female journalists opposing the cutting practice had been kidnapped and paraded naked through the streets of a nearby town. When told about this incident, the head TBA reiterated the group's commitment to ending the practice of cutting. Since that time other TBAs MOMS has trained have come to the same decision. Others have modified their cutting procedure to make it more symbolic with less tissue damage. Still others have not reported any change to MOMS. In all these cases the women made decisions through their own cultural structures and values.

The handling of female genital cutting is one example how development work can be done in a respectful way through partnering with those wanting change for the better in their lives. It illustrates the need for flexibility, imagination and constant reflection, in addition to commitment to reciprocity, relationship, shared goals, justice and equality. The inner spiritual work outlined in the previous section, that builds on the theological framework, is not a one-time project. It must be an ongoing part of doing development work.

By embracing a common identity, acknowledging and resisting the structures that privilege some of use, we can be delivered from our worst selves. In the words of Joerg Rieger, "Repression, exploitation, and exclusion are never the last word."[lviii]

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[i] Joy Asongazoh Alemazung, "Post-Colonial Colonialism: an analysis of International Factors and Actors Marring African Socio-Economic and Political Development," *Journal of Pan African Studies*, vol. 3, no. 10, September 2010, 62-84. See also, Cecil Sagoe, "The Neo-Colonialism of Development Programs," *E-International Relations www.e-ir.info/2012/the-neo-colonialism-of-development-programs/*, Aug. 12, 2012, accessed Aug. 17, 2014; Paulette Goudge, *The Whiteness of Power: Racism in Third*

World Development and Aid (London: Lawrence & Wishart, 2003), http://www.questia.com/read/118991615; Joerg Rieger, "Introduction: Opting for the Margins in a Postmodern World," in *Opting for the Margins: Postmodernity and Liberation in Christian Theology*, ed. Joerg Rieger (New York: Oxford University Press, 2003), 7, http://www.questia.com/read/103971820.
These critiques should not be confused with what are academically called "neo-liberal" or colloquially called "conservative" critiques of development aid that endorse market solutions to poverty and lack of social infrastructure such as William Easterly, *The white man's burden: Why the west's efforts to aid the rest have done so much ill and so little good.* 2006, New York: Penguin Press , Dambisa Moyo, *Dead aid: Why aid is not working and how there is a better way for Africa,* 2009, New York, Farrar, Straus and Giroux, and Thomas Dichter , *Despite good intentions: Why development assistance to the third world has failed* (Amherst, MA: University of Massachusetts Press, 2009).

[ii] Asongazoh Alemazung, 70-5; Sagoe, 1; and James Watkins, "Future of International Aid: Helping the Helpless by Finding," *Harvard International Review* 35, no. 2 (2013), http://www.questia.com/read/1G1-346928499.

[iii] Goudge, 169, discussing the *dependistas* in Latin America.

[iv] David Jefferess, "For Sale-Peace of Mind: (Neo-) Colonial Discourse and the Commodification of Third World Poverty in World Vision's `Telethons'" *Critical Arts* 16, no. 1 (2002), http://www.questia.com/read/1G1-94932155.

[v] Rieger, 12.

[vi] Goudge, 159.

[vii] Teju Cole, "The White-Savior Industrial Complex," *The Atlantic,* March 21, 2012.

[viii] See Jefferess; Goudge, 8, 170 and 207; and Rafia Zakaria, "The White Tourist's Burden," *Al Jazeera America,* April 21, 2014, http://america.aljazeera.com/opinions/2014/4/volunter-tourismwhitevoluntouristsafricaaidsorphans.html.

[ix] "Analytical Summary, Health Status and Trends," World Health Organization African Health Observatory, http://www.aho.afro.who.int/profiles_information/index.php/Sierra_Leone:Analytical_summary_-_Health_Status_and_Trends

[x] http://www.unfoundation.org/what-we-do/campaigns-and-initiatives/nothing-but-nets/.

[xi] Julian Harris "Mosquito Nets Can't Conquer Malaria," *The Guardian,* July 8, 2010, http://www.theguardian.com/commentisfree/2010/jul/08/mosquito-nets-cant-cure-malaria; Mark Honigsbaum, "Why Can't We Rid the World of Malaria," *The Telegraph,* July 8, 2010, http://www.telegraph.co.uk/health/7878524/Why-cant-we-rid-the-world-of-malaria.html.

[xii] Justin Pulford, Manuel W Hetzel, Miranda Bryant, Peter M Siba and Ivo Mueller, "Reported Reasons For Not Using A Mosquito Net When One Is Available: A Review Of The Published Literature," *Malaria Journal,* 2011, 10:83 doi:10.1186/1475-2875-10-83.

[xiii] http://www.houzz.com/mosquito-net.

[xiv] Hillary Ranson, Raphael N'Guessan, Jonathan Lines, Nicolas Moiroux, Zinga Nkuni and Vincent Corbel, "Pyrethroid Resistance In African Anopheline Mosquitoes: What Are The Implications For Malaria Control?" *Trends in Parasitology*, vol. 27, issue 2, February 2011, 91-8.
[xv] Emily Roenigk, "5 Reasons Poverty Porn Empowers The Wrong Person," http://www.one.org/us/2014/04/09/5-reasons-poverty-porn-empowers-the-wrong-person/
[xvi] Lisa Delorme, "Planting The Seed: Why Student Motivation in International Education Matters," *Squat Birth Journal,* October 14, 2013, http://squatbirthjournal.org/planting-the-seed-why-student-motivation-in-international-education-matters/
[xvii] This is a common way for American midwifery students to get the number of deliveries they need to become certificated. A discussion of a scandal involving this and other unethical practices in the Philippines in 2013 can be found at http://ethicalmidwifery.org and http://midwivesofcolor.wordpress.com/2013/09/17/demand-for-ethical-midwifery-prompts-systemic-change-bastyr-university-department-of-midwifery-leads-the-way/
[xviii] Asongazoh Alemazung, 63.
[xix] Jennifer L. Morgan, *Laboring Women: Reproduction and Gender in New World Slavery,* Early American Studies Series, University of Pennsylvania Press, Philadelphia, 2004, 1, 4; Dorthy E. Roberts, "Racism and Patriarchy in the meaning of Motherhood," Journal of Gender, Social Policy & the Law, no.1, 1992, 7.
[xx] Roberts, 6.
[xxi] Sara Robinson, "Why Patriarchal Men are Utterly Petrified of Birth Control and Why We'll Still be Fighting About it 100 Years From Now," AlterNet.org "Visions," Feb. 15, 2012, http://www.alternet.org/story/154144/why_patriarchal_men_are_utterly_petrified_of_birth_control_--_and_why_we%27ll_still_be_fighting_about_it_100_years_from_now? See also Walter Wink, *The Powers That Be: Theology for a New Millennium,* (New York: Galilee Doubleday, 1998), 40.
[xxii] Morgan, 12-49.
[xxiii] Roberts, 3.
[xxiv] Kayli Wild, "Maternity Waiting Homes and the Shaping of Maternal Health Policy in Timor-Leste," Doctoral thesis submitted to the Graduate School for Health Practice and Menzies School of Health Research, Charles Darwin University, Australia, October 2009, 38-9.
[xxv] Wild, p. 51.
[xxvi] Lynn Paltrow, Jeanne Flavin, "Arrests of and Forced Interventions on Pregnant Women in the United States, 1973-2005: Implications for Women's Legal Status and Public Health," *Journal of Health Politics, Policy and Law*, Duke University, 2013 Volume 38, Number 2, 299.
[xxvii] Paltrow, Flavin, 307.
[xxviii] *Ibid.,* 310.

[xxix] Roberts, 33.
[xxx] *Ibid.*, 15.
[xxxi] "Experts Debate Pros, Cons of Sierra Leone's Ban on Traditional Birth Attendants," *Kaiser Daily Global Health Policy Report*, Jan. 18, 2012.
[xxxii] Wild, 27-8.
[xxxiii] Jimmy D. Kandeh, "Politicization of Ethnic Identities in Sierra Leone," *African Studies Review,* Vol. 35, No. 1, April 1992, 81.
[xxxiv] "The Historical Evolution of the State," Report of the Sierra Leone Truth and Reconciliation Commission Vol. Three A, Chapter one, Part I, 5-10.
[xxxv] *Ibid.,* 6.
[xxxvi] C. Magbaily Fyle, "Nationalism should Trump Ethinicity: The Krio Saga in Sierra Leone History," Research in Sierra Leone Studies (RISLS) *Weave,* vol. 1, no. 2. 2013, 10.
[xxxvii] See, e.g., "Sierra Leone—Reproductive, Newborn and Child Health Strategy (2011-2015)," Government of Sierra Leone Ministry of Health and Sanitation, July 2011, 21.
[xxxviii] Goudge, 8.
[xxxix] Wink, *The Powers That Be,* 31.
[xl] Gustavo Gutiérrez, "4: The Situation and Tasks of Liberation Theology Today," (trans. James B. Nickoloff), in *Opting for the Margins: Postmodernity and Liberation in Christian Theology*, ed. Joerg Rieger (New York: Oxford University Press, 2003), 102, http://www.questia.com/read/103971820.
[xli] Wink, *The Powers That Be,* 39-41.
[xlii] *Ibid.,* 95.
[xliii] Mark Lewis Taylor, "1: Subalternity and Advocacy as Kairos for Theology," in *Opting for the Margins: Postmodernity and Liberation in Christian Theology*, 33-4.
[xliv] Wink, *The Powers That Be,* 95.
[xlv] Walter Wink, *Engaging the Powers: Discernment and Resistance in a World of Domination,* (Minneapolis: Augsburg Fortress Press, 1992) 293-4.
[xlvi] Taylor, 35.
[xlvii] Gutierrez, 99.
[xlviii] Wink, *The Powers That Be,* 97. See also Taylor, 36.
[xlix] Wink, *Engaging the Powers,* 276.
[l] An example of a non-religious but shared-value-based system of principles and praxis for international work can be seen in *Global Praxis: Exploring the Ethics of Engagement Abroad,* Ethics of International Engagement and Service-Learning Project (Vancouver, BC, 2011) retrieved from http://ethicsofisl.ubc.ca/
[li] Roberts, 2.
[lii] Clark C. Gibson, "1: What's Wrong with Development Aid?," in *The Samaritan's Dilemma: The Political Economy of Development Aid*, by Clark C. Gibson (New York: Oxford University Press, 2005), 3-4, http://www.questia.com/read/110177251.
[liii] *Ibid.,* 17.
[liv] Goudge, 160-6.
[lv] "Female Genital Mutilation," World Health Organization Fact Sheet No. 241, Updated February 2014, http://www.who.int/mediacentre/factsheets/fs241/en/

[lvi] World Health Organization.
[lvii] Ellen Gruenbaum, *The Female Circumcision Controversy: An Anthropological Perspective,* (Philadelphia: University of Pennsylvania Press, 2001) 24-5.
[lviii] Rieger, 15.