

# THE CARTER CENTER NEWS

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# Africa Tour Turns Spotlight on Fight Against Disease

Six-year-old Ruhmam Issah cries as a health worker slowly removes a long, spaghetti-like worm from her swollen ankle. Beside Issah, here in dusty Savelugu, Ghana, is former U.S. President Jimmy Carter, providing comfort to the girl by way of gentle pats and kind words.

President Carter and his wife, Rosalynn, visited the hospital in northern Ghana where Issah was being treated to meet with dozens of Guinea worm disease patients receiving care in a national effort to eradicate the disease by this time next year.

The hospital visit was part of a 16-day tour of Africa to bring global attention to Guinea worm disease and other neglected diseases that The Carter Center is working to control. The Carters and a delegation of Center officials visited remote communities in four countries: Ghana, Sudan, Ethiopia, and Nigeria.

## GHANA

In Ghana, President Carter met with President John Agyekum Kufuor to discuss the country's continued efforts to eradicate Guinea worm disease. Ghana is the second-most endemic country in the world, trailing only war-torn Sudan. Nearly half of affected Ghanaians are children younger than age 15 such as Issah, who is temporarily debilitated by the excruciating pain caused by the exiting worm.

*The Carter Center prepares to observe historic elections in Nepal later this year. Read more on p. 3.*

## SUDAN

Following his visit to Ghana, President Carter met Lions Clubs International President Jimmy Ross in Sudan to encourage local community leaders to participate in the fight against two blinding diseases affecting the country—river blindness and trachoma. In partnership with Lions Clubs



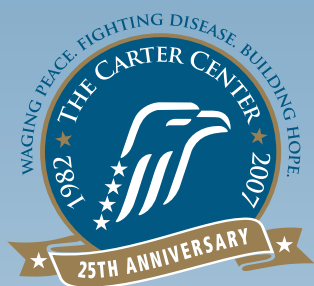
*President and Mrs. Carter give a bed net, which prevents malaria, to a woman in Ethiopia. The Carters visited four African countries in February to bring attention to the Center's work to fight disease on the continent.*

International, The Carter Center has been helping to eliminate river blindness and control trachoma for more than a decade.

## ETHIOPIA

In Ethiopia, President Carter attended the Feb. 13 opening meeting of the Ethiopia Public Health Training Initiative Replication Conference in Addis Ababa. The conference, the first of its kind, illustrated the success that the Carter Center-assisted public health training has had in helping Ethiopia meet the growing need for trained health care workers in the country.

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*From Dr. John Hardman, President and CEO*

## Center Goal: Help People Help Themselves

One of the goals of The Carter Center is to provide skills, knowledge, and resources to empower people to improve their own lives and the lives of their countrymen. The Center's success lies in the hard work of people like our village volunteers who monitor



Annamarie Poyo

*Dr. John Hardman*

outbreaks of disease and provide health education and treatment within their communities, human rights defenders who openly challenge the injustices they witness in their countries, and everyday citizens who bravely cast their first votes to ensure that their leaders are fairly elected.

Through grassroots efforts, The Carter Center helps build democratic culture in countries adapting to postelection environments. In Liberia, for example, the Center works with local organizations in rural areas to foster community discussions about statutory law and human rights. Liberians belonging to women's groups, religious assemblies, and cultural organizations work to inform their constituents about basic human rights and the rights provided to them through local legislation and judicial practices. Through public education and awareness, these community leaders are strengthening their society by building understanding of civil liberties and instilling trust in local government.

Likewise, the Center is helping African countries learn how they can strengthen their own public health systems. In February, ministers of health and ministers of education from nine African nations

assembled in Addis Ababa, Ethiopia, to learn how the Carter Center's Ethiopia Public Health Training Initiative has transformed public health education in the country.

The conference represented a culmination of 10 years of close collaboration between Ethiopia's ministry of health, ministry of education, and seven universities. Ethiopia's government officials and faculty, together, with the support of The Carter Center and other partners, developed workshops and curricula to specifically address the country's life-threatening illnesses. The result is a public health education system specifically prepared by Ethiopians for Ethiopia. Now the country finds itself in a position to demonstrate its unique approach to other African nations and encourage them to participate in an open dialogue about how they too can improve their health care systems based on local experience.

The dedication and diligence of people changing their communities for the better sustains the Center's work around the world. Through our peace and health programs, we strive to help people provide their families with a legacy of hope.

*continued from cover page*

### Africa Tour

In Afeta, Ethiopia, millions of people in remote areas are receiving insecticide-treated long-lasting bed nets to protect their families from malaria. The bed net distribution is part of a new Carter Center initiative to provide 3 million bed nets to Ethiopia's malaria program.

### NIGERIA

In the community of Nasarawa North, Nigeria, President Carter and Nigeria former Head of State General Yakubu Gowon, a champion for health care advocacy in his home country, watched as schoolchildren

received drug treatment for schistosomiasis, a silent and destructive parasitic infection that leads to poor growth and impaired learning. The Carter Center works with the Nigeria Ministry of Health to provide health education and drug treatment annually to thousands of people at risk of infection. During the visit, President Carter met with Nigeria President Olusegun Aremu Obasanjo to request further governmental support to help Carter Center-assisted programs combat schistosomiasis and other diseases.



Haileu Wondimu

*A health worker takes the blood pressure of a patient at Dukiem Health Center near Addis Ababa, Ethiopia. Attendees of the Ethiopia Public Health Training Initiative Replication Conference visited two health centers and university facilities.*



# Nepal Prepares to Elect Interim National Assembly

Since 1997, life in Nepal has been filled with violence and civil upheaval due to fighting between Maoist rebels and forces loyal to Nepal's government and the monarchy. After groups reached a peace agreement in November 2006, intense political changes began. The Carter Center is now actively working there to support the consolidation of peace and democracy through a long-term election monitoring program.

The peace agreement calls for the creation of an interim constitution,

disarmament of the Maoists to be monitored by the United Nations, establishment of an interim parliament, formation of an interim government to include the Maoists, and, finally, elections to a constituent assembly in 2007. The assembly will then have two years to write a new constitution for the country.

arms monitors to guard locked storehouses of the Maoists' weapons. However, there are several critical challenges impeding further progress, including intraparty violence, mass protests, and traffic blockades organized by various marginalized groups demanding greater participation in political negotiations, and other problems. Elections are currently scheduled for November 2007.

Carter Center field staff recently witnessed the effects of such conflicts in Biratnagar, a major city along the border with India, where blockades organized by

## Nepal at a Glance

Nepal is a small, landlocked country located between India and the Tibetan region of China. About the size of Arkansas, the country has a population of more than 28 million people speaking more than a dozen languages and 100 dialects. English is widely understood in urban areas and among the elite in society. Most of the population is Hindu, with other minor religions including Buddhism, Islam, and Kirant. Most Nepalis depend on agriculture, and more than 31 percent of the population lives in poverty. Nepal has spectacular scenery and is the location of the world's highest mountain, Mount Everest.

The country recently emerged from a decade-long rebellion between Maoist rebels and the constitutional monarchy. The U.N. reports that 12,000 people died and more than 100,000 people were displaced in the fighting. King Gyanendra ended his direct rule in April 2006 after weeks of demonstrations calling for him to step down. In November 2006, a peace deal was struck, and in early 2007, the Maoists joined the interim government.



*Nepal's political parties' leaders, activists, and supporters participate in a rally in Kathmandu in November 2006 to celebrate the end of a violent 10-year insurgency.*

The Carter Center was invited by all political parties to observe the electoral preparations and processes for the constituent assembly elections and opened a small field office in Kathmandu, the capital, in January 2007.

"We are closely monitoring and reporting on electoral, political, and security conditions in Nepal," said David Pottie, associate director of the Carter Center's Democracy Program. "As the process develops, our long- and short-term observers will assess the processes surrounding the constituent assembly elections and provide periodic public reports."

Several key steps in the peace process have been taken, including promulgation of the interim constitution, formation of the interim parliament, disarmament of Maoist fighters, and deployment of U.N.

the Madheshi Peoples Rights Forum had shut down traffic and most businesses. Participation of international observer organizations is important in such an unstable environment, particularly organizations that are respected across the political landscape.

"Expectations of how quickly elections can occur may be a little unrealistic," said Pottie. "The Carter Center may be in a position to help defuse tensions and remove potential roadblocks along the way."

After training and orientation in Kathmandu in early March, the Center's long-term observers were deployed to commence formal observation in five regional centers around the country. Closer to the elections, teams of short-term observers will arrive to monitor events surrounding election day.

AP Photo/Binod Joshi

# Center Observes Elections in Venezuela, Nicaragua

From analyzing new voting technologies in Venezuela to continuing long-term democratic commitment in Nicaragua, the Carter Center's Democracy and Americas programs are engaged in helping countries build strong democracies in Latin America.

## IN VENEZUELA

The Carter Center deployed a small, targeted, technical mission to Venezuela for its December 2006 national elections to conduct an initial field test of the Center's draft observation methodology for electronic voting technologies. The methodology is part of the Center's project to develop standards for democratic elections.

Ten observers, including two technical advisers, were deployed in teams of two to polling stations around Caracas on election day following a day of briefings. Pairs observed poll opening procedures, including the setup of voting machines, voting operations, and poll closing and the transmission of results. Carter Center observers were present as poll workers manually recounted the paper ballot receipts from the voting machines.

The emergence of electronic voting technologies poses new challenges to election observers—being able to visually verify that the secrecy of the ballot is not compromised, that the ballot cast reflects the intent of the voter, and that votes are being properly counted and aggregated.

“Observers must develop methods to discern whether the fundamental rights of

citizens to vote and to have their votes accurately counted are being upheld,” said Dr. David Carroll, director of the Carter Center's Democracy Program. “This means that observers must have more developed technical skills, must understand the intricacies of the electronic systems, and must be armed with questions that, when answered, will allow the Center to reach conclusions about the conduct and quality of the electoral process.”

The Carter Center is at the forefront of efforts to develop a new observation methodology that will help the field as a whole adapt to the use of these new technologies.

“Electronic voting technologies are increasingly popular because they have the potential to increase the accuracy of election results,” said Avery Davis-Roberts, program associate for the Democracy Program. “But the lack of transparency regarding what happens within the voting machine can undermine public confidence in the entire electoral process.”

As new electoral technologies evolve,

it is essential for organizations like The Carter Center to develop these innovative tools to sustain the field of international election observation.

## IN NICARAGUA

A Carter Center international observation delegation found Nicaragua's 2006 presidential election climate to be competitive and the election administration to be adequate with significant improvements over past electoral processes.

This was the fourth national election that The Carter Center observed in Nicaragua since 1990. Delegation leaders noted the development of Nicaraguan democracy across time—from a decade of revolutionary civil conflict to an emerging democracy swinging between extreme party fragmentation in 1996 to a restrictive two-party dominant system prior to the 2001 elections. The 2006 elections saw five political parties competing energetically in a campaign free of violence.

The Carter Center deployed 62 observers who visited 412 polling stations on election day. The delegation was co-led by former U.S. President Jimmy Carter, former Panama President Ardito Barletta, and former Peru President Alejandro Toledo.

The Carter Center remains engaged in Nicaragua through postelectoral reform efforts and an access-to-information initiative. In May, the Center will hold a joint seminar with the National Democratic Institute to present its election report and those of domestic observers and also will encourage election reform through panels related to report recommendations.

Reports from the Venezuela and Nicaragua election missions will be posted on the Carter Center Web site ([www.cartercenter.org](http://www.cartercenter.org)).



Deborah Hakes

*Former Peru President Alejandro Toledo and Jennifer McCoy, director of the Carter Center's Americas Program, examine a voter's ID document.*



Profile: David Carroll

# Director Finds Satisfaction in Helping Struggling Democracies

When Liberia's first female president won in 2005, her opponent charged that the election results were tainted. But Carter Center Democracy Program Director David Carroll knew otherwise.

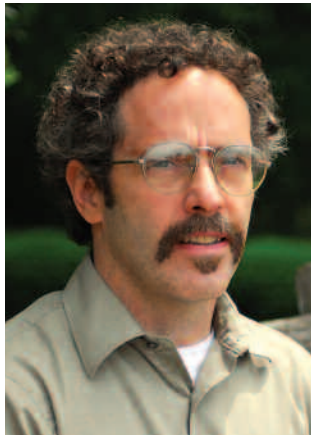
"It was a model of a free and fair election," said Carroll, who has observed some 25 elections around the world during his 16 years at The Carter Center.

"Now, for the first time in 25 years, Liberia is poised to change the course of its history because it has a new president elected fairly and within the framework of a broadly accepted peace accord. But it's also a country with many needs, and the road ahead will be hard."

Because Carroll and others from The Carter Center witnessed the election of President Ellen Johnson-Sirleaf, Liberia received a much-needed boost at the beginning of that road. "Our presence helped give legitimacy to the new government and the democratic process in Liberia," said Carroll, noting that this is one of the many benefits young democracies receive by inviting The Carter Center to observe their elections.

The benefits flow both ways. For Carroll, his role as an election observer and director of the Democracy Program fulfills a lifelong dream "to be involved in making the world a better place. That may sound hokey," said Carroll, "but I found an unparalleled opportunity to do that here."

Carroll arrived at The Carter Center in 1991 as the assistant director of the



Deborah Hakes

David Carroll, director of the Democracy Program

Americas Program just two years after the Center began its pioneering work in monitoring elections. He'd recently completed his doctorate in international relations and Latin American studies and soon found himself on a small plane bound for the interior of Guyana. Carroll was to witness the country's first democratic election as it unfolded in a mining village.

"The Carter Center was just developing its reputation as a leader in this field," he said. "In some of our early

missions—as in my first election experience in Guyana—we were still refining our approach. But we knew enough to spot potential fraud." When problems with the Guyana voters list surfaced, The Carter Center team gave the authorities a choice: Fix the list or we leave. The list was corrected, and the election went ahead—without any fraud.

"Our main jobs are reassuring voters that they can safely cast their ballots and detecting electoral fraud," said Carroll, who moved to the newly created Democracy Program in 1997, when The Carter Center created a program specifically dedicated to supporting fledgling democracies. "We've become better at it, but so

have those who try to rig elections. We have to constantly improve our observation techniques."

*"Watching a country successfully start down the road to democracy is an inspirational experience."*

And that has meant expanding the amount of work election observers do both before and after elections. Months beforehand, Carroll and his staff visit the country to learn in depth about everything from its election laws to voter registration methods and media outlets. Afterward, they watch the tabulation and reporting of results and formal resolution of disputes about the vote.

"True democracy involves more than holding one free election," said Carroll. "But watching a country successfully start down the road to true participatory democracy is an inspirational experience—and my biggest reward."



The Carter Center

David Carroll (left) records observations about a Liberia polling site in 1997. Eight years later, as the country emerged from years of civil war, he returned to Liberia to observe the presidential elections once again.

## New Malaria Program Blankets Areas of Ethiopia with Bed Nets

Ethiopian farmer Mamo Tesfaye is no stranger to disease. Four years ago, he could only sit idly outside his home as the growing season came and went. Afflicted with river blindness, he could not see well enough to work his land or provide for his children.

But soon after, The Carter Center began distributing the drug Mectizan®, which prevents the disease and even reverses its effects, in his village of Afeta. Today, Tesfaye surveys his land from behind his two brown oxen as he plows his fields.

But as most Ethiopians know, surviving one disease is no insurance against others, and in this country, the biggest threat is malaria. Spread by mosquitoes, malaria is the single largest killer in Ethiopia, and unlike most African countries where children are most vulnerable, the epidemic nature of the disease in Ethiopia does not discriminate by age. Both young and old are stricken.

Building on an established network of community-based health care in Ethiopia that treats river blindness and trachoma, The Carter Center has launched a program to combat malaria by distributing long-lasting insecticidal bed nets free of

*continued on page 7*



Louise Gubb

*Mamo Tesfaye's four children sleep under insecticide-treated nets to prevent bites from malaria-infected mosquitoes.*



Louise Gubb

*Mamo Tesfaye farms his land in malaria-endemic Ethiopia.*

### The Carter Center Malaria Control Program

**Disease Prevalence:** Each year, malaria kills more than 1 million people, mostly children in Africa, with 350 to 500 million cases reported worldwide. Approximately 90 percent of all cases of malaria are in Africa, where one child in 10 dies before the age of 5.

**Symptoms:** Patients with severe malaria typically are very sick with intense headache, high fevers, and anemia, which sometimes lead to convulsions, rigor, and coma. Death may occur within 48 hours of onset of symptoms if not promptly treated.

**Program Action:** Distribution of long-lasting insecticidal bed nets, community health education, and follow-up surveys to monitor bed net usage and disease prevalence

**Cost-Effectiveness and Sustainability:** This program capitalizes on the Center's established village-based health care delivery infrastructure—merging resources, personnel, health education, and treatment for several diseases into one delivery system. This provides an efficient means for distributing bed nets and preventing malaria now.



## Guinea Worm Fight Faces Final Challenges in Sudan, Ghana

In February 2007, 6-year-old Sadia Mesuna wore bandages on both of her feet. These dressings protected the wounds on her feet where Guinea worms had exited her body. The girl was not alone. She was one of 20 children at a Guinea worm case containment center in northern Ghana receiving treatment during a community outbreak of the disease early this year.

The outbreak occurred when a major water pump in the city of Tamale broke in 2006 and people in the smaller town of Savelugu, where Sadia lives, were forced to get drinking water from the local dam—water that had not been filtered and that was contaminated with Guinea worm larvae. One year later, which is the incubation period for Guinea worm, the people of

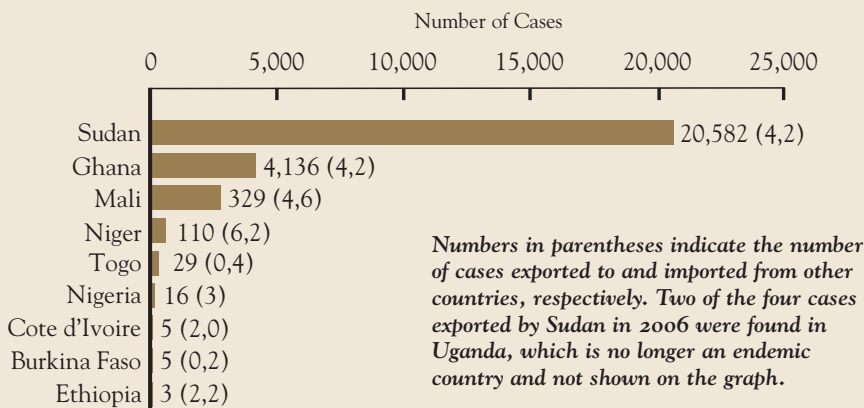
Savelugu faced an outbreak unlike any they had seen in quite some time.

As the Guinea worm eradication campaign tackles the last remaining cases of the disease in the world, challenges like this are expected. But for every challenge, more successes can be found. Of the nine countries where the disease is still endemic, several sit on the brink of elimination: Togo, Nigeria, Cote d'Ivoire, Burkina Faso, and Ethiopia. It is possible that all of these countries may have seen their last case of Guinea worm disease.

As the number of cases in all of these countries drops, The Carter Center and its partners are zeroing in on the two countries that account for 98 percent of all cases—Sudan and Ghana. Sudan reported 5,569 cases of Guinea worm disease in 2005 but 20,582 in 2006. The increase in cases was due largely to new areas of access in southern Sudan following a peace agreement in January 2005 that ended more than 10 years of civil war. In other words, health workers are now discovering endemic villages that were once inaccessible due to the war.

Elimination in Ghana continues to be a challenge; reported cases in the country in 2006 were up 4 percent. In response, the Ghana Ministry of Health, in partnership with The Carter Center, has increased disease surveillance and prevention measures in the northern part of the country through the construction of new case containment centers and strong public health messages about Guinea worm prevention.

**DISTRIBUTION BY COUNTRY OF 25,217 CASES OF DRACUNCULIASIS REPORTED DURING 2006**



To date, 11 countries have stopped Guinea worm transmission: Benin, 2004; Mauritania, 2004; Uganda, 2003; Central African Republic, 2001; Chad, 1998; Cameroon, 1997; Yemen, 1997; Senegal, 1997; India, 1996; Kenya, 1994; Pakistan, 1993.

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## Malaria Program

charge to all members of designated at-risk communities. The program will work in conjunction with the national malaria control program in the country.

The infected mosquitoes that transmit malaria bite only at night, which is why bed nets are crucial for preventing the disease. Hung over sleeping areas and tucked under the mattress, the nets are made from insecticidal fabric that kill biting insects that land on it as they

attempt to bite the sleeper below. These nets use the most current technological innovations in textile development; the insecticide is incorporated into the fibers and will remain effective for an estimated five to seven years. This compares favorably to the nets of the past that only had insecticide on their surface and needed to be retreated annually. The long-lasting nets promise a more sustainable solution to malaria control than ever before.

In Ethiopia, The Carter Center has purchased 3 million bed nets, and in the zone where Tesfaye's village of Afeta is located, the Center has already distributed

more than 300,000 nets to families at risk for malaria. The program expects nets to hang in every household in the area by this July.

Tesfaye eagerly received a net in February. After receiving instruction on how to use it properly, he brought the package home and carefully hung the blue netting over the mat where his four young sons sleep each night. This season, Tesfaye will plow his fields with two fewer worries—he has conquered river blindness, and his children are protected from Ethiopia's single largest threat.

## Interview with President and Mrs. Carter

# Human Rights, Dignity at Heart of Carters' Vision for Center

The Carter Center celebrates its 25th anniversary in 2007. In this special feature, the former President and former First Lady reflect on the Center's accomplishments and discuss their hopes for the future.



Vanessa Vick

*President and Mrs. Carter in Ethiopia*

### *What have you tried to accomplish through The Carter Center in your post-presidency?*

**President Carter:** When Rosalynn and I left the White House, much work remained to achieve the dreams we had for furthering human rights and peace worldwide. We believed our influence and relationships with world leaders could be used to build partnerships to continue making progress toward these goals. Self-governance, freedom from political persecution, adequate food, and access to health care—these rights give people self-respect, human dignity, and hope for the future. Without them, we will never see a world at peace.

### *How has The Carter Center grown since it was founded in 1982?*

**President Carter:** My original vision was that the Center would be a small and secluded place, like Camp David, where we could resolve existing or potential conflicts among nations or between adversaries within a country. We later found that one of the best ways to promote peace is to let people choose their own leaders. We helped pioneer the field of election monitoring and have observed more than 67 elections in troubled countries struggling to achieve democracy, then, after elections, worked with them to strengthen public institutions to protect new freedoms. Another area we did not anticipate was having programs to alleviate unnecessary suffering from preventable diseases and hunger. These are also critical to preventing conflict and achieving the dream of a world at peace. What has evolved is an array of programs advancing human rights.

**Mrs. Carter:** The Carter Center has developed into an organization that is trusted. People feel that the Center is an honest broker and really cares about them. They will unburden their problems, and we try to help them. This fulfilling role for us and for the Center is something we never could have imagined when we first came home



Gregory Stamm

*Liberians wait in long lines to vote in 1997.*



from the White House thinking we would be bored to death the rest of our lives. The Center truly has become a permanent force for positive change in the world.

**Can you give real-life examples of how The Carter Center improves lives?**

**Mrs. Carter:** Election day in a country that has never had an election before is so exciting. I remember going to Liberia for an election after they had been at war for many years. Early in the morning, we went to watch the preparation for polls to open. It was still dark when we arrived, and voters already were in long snaking lines—women with babies on their backs or slung around their chests. It was drizzling rain, and some told us they had been there for hours waiting for the polls to open. They had waited many years to vote—what were a few more hours? So I went down one line asking them why they came out so early to vote, and the answer was “peace.” They wanted peace. It made me cry.

**President Carter:** In 1988, I visited a village in Ghana not far from the capital, Accra. The people drank water from what we would call a mud hole, a little pond that fills up during the rainy season. They didn’t realize this was the source of their



Annemarie Poyo

*A Ghanaian woman filters Guinea worm larvae out of drinking water in 2004.*

affliction. In this village of 500, half of the people were lying under trees around the town square. One of the first people I saw, and one who sticks in my mind and in my heart, was a beautiful young woman about 19 years old. When I approached her, I thought she was holding a baby in her arms. But when I got closer, I found she was holding in her arm her right breast,

which was horribly swollen. The Guinea worm was coming out of the nipple, and she was stricken with intense pain, which she tried to conceal while I was there. I had to control my tears. Of 3.5 million cases of Guinea worm when we began the eradication campaign in 1986, today about 25,000 remain.



The Carter Center

*In 1994, President Carter traveled to North Korea for talks with Kim Il Sung. The trip resulted in renewed dialogue between the United States and North Korea.*



Annemarie Poyo

*A woman pours maize in Ghana, one of 15 African countries where the Carter Center’s Agriculture Program has worked.*



*What do you think has been the greatest accomplishment of The Carter Center so far?*

**Mrs. Carter:** All of our projects are important, so it's difficult to choose. I guess the year that Jimmy and The Carter Center prevented two wars, one in Haiti and one in North Korea, is especially memorable. It's also thrilling to see the impact of our disease control work in the field. Just as when someone casts a first ballot, you can really see lives being changed by this work. I'm also grateful for the progress we've made in helping to diminish the stigma against mental illness. Our journalism fellowships truly are helping to increase understanding and destroy myths about mental illnesses.

**President Carter:** I think we have demonstrated that a very small, nongovernmental



Yuriah Tanzil

*An election official shows a completed ballot during the counting process of the 1999 Indonesian elections.*



Moses Katabanwa

*A health worker measures a child in Uganda in 2002 to determine proper dosage of Mectizan®, the medicine that fights river blindness.*

organization can be highly effective. I believe we also have shown that, although it's not easy, we can cross the chasm between the rich and poor on earth. Potential donors have come to see that people in Africa and other distant regions deserve our help. They have proven in thousands of cases that with a little bit of help and guidance, with the right tools and knowledge, they can be empowered to overcome their own problems.

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*Although it's not easy, we can cross the chasm between the rich and poor on earth.*

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*What is your vision for The Carter Center in the future?*

**Mrs. Carter:** We have made very careful plans about the future of The Carter Center. We have raised an endowment to help finance the Center when Jimmy and I will no longer actively raise funds. We also have formed a partnership with Emory University, so that the activism of The Carter Center in 65 nations will be supported and enhanced by the academic and research base of a great university. In addition, several councils of world leaders at the Center are in place to sustain the Center's access to leaders at the highest levels in each region where we work.

**President Carter:** In my Nobel Peace Prize lecture, I quoted my high school teacher, Ms. Julia Coleman, who said that we must accommodate changing times but cling to unchanging principles. That's been an epigrammatic description of the philosophy that has permeated The Carter Center and my own life. I hope we always will stay on the cutting edge of technology and knowledge and medicines but try to adhere to basic principles of morality and honesty and integrity and peace and justice and respect of human life. And, I hope that as an organization, we will never let the fear of failure be an excuse for not trying.



# Donors Complete Gates Guinea Worm Challenge

In the quest to eradicate a disease, the last cases are always the most expensive to eliminate. Although victims become few and far between, entire countries must still be tightly monitored to prevent outbreaks and setbacks.

With the early completion of a challenge grant from the Bill and Melinda Gates Foundation, Carter Center donors have shown their commitment to eliminating the last 25,000 cases of Guinea worm disease left in the world.



*A health worker in Savelugu, Ghana, treats a girl who has a Guinea worm emerging from her foot.*

Louise Gubb

Two years ago, the Gates Foundation gave the Center \$5 million outright and pledged to match dollar for dollar all contributions to the Guinea worm eradication campaign up to \$20 million. Carter Center donors wasted no time in rising to the

challenge, donating the funds needed to complete the grant in just two years. The challenge was fulfilled 16 months ahead of the deadline.

The final contribution of \$1 million was given by the Howard G. Buffett Foundation to the Sudan Guinea worm program. Sudan is the most endemic country in the world for the disease with more than 20,000 reported cases last year.

An estimated \$35 million is still needed to complete the eradication of the disease in the nine African countries where it is still found.

# United Kingdom Supports Elections in Asia, Africa

National elections in Nepal are not scheduled until November 2007, but The Carter Center has already sent long-term election observers into the field to monitor pre-election activities, such as campaigning and voter registration, thanks to an initial grant from the United Kingdom. The pre-election period plays an important role in the Center's assessment of the overall fairness of elections, so the U.K. grant was crucial for getting observers to Nepal early.

The United Kingdom also supported the Carter Center's election work in the Democratic Republic of the Congo in July 2006, serving as the major donor for the project and helping obtain the support of other donors. In addition, the United Kingdom recently supported an election

monitoring mission in Nicaragua.

As The Carter Center and the U.K. Department for International Aid work together to help build democracy through free and fair elections, the two organizations have become strategic partners. While support from the U.K. has enabled the Center to monitor several elections, the same projects aid the United Kingdom agency in its goal to fight poverty in the developing world by helping countries build stronger, democratic governments accountable to their citizens.

Another area of partnership is conflict resolution. Grant support from the U.K. agency's Conflict and Humanitarian Fund has allowed the Center to apply innovative new approaches to strengthen its conflict resolution work, while the Center shares lessons learned and best practices with the United Kingdom and the international community.



*An election worker shows a voter where to place his thumbprint to show he has voted in the Democratic Republic of the Congo in July 2006.*

Deborah Hakes

## Exhibit Commemorates Center's 25th Anniversary

“Beyond the Presidency: 25 Years of The Carter Center,” a special exhibit at the Jimmy Carter Library and Museum June 30 through Nov. 25, 2007, will give visitors a look behind the scenes and on the front-lines of organizational efforts undertaken to advance peace, health, and hope worldwide since 1982.

The exhibit tells stories of individual triumph and progress in communities in the 65 nations where the Center has worked, under the leadership of President and Mrs. Carter, to improve

*A man in Shidong, China, votes for village leaders. The upcoming Carter Center exhibit at the Jimmy Carter Library and Museum shows how China village leaders are elected.*



Jian Yi



lives by advancing human rights and alleviating suffering.

“Visitors will see a vision of how to build a more peaceful world,” said Jay Hakes, director of the Museum. “It can be both a teaching tool for students and an inspiration for families seeking values of global citizenship and humanitarianism.”

Artifacts from around the world and rare photos illustrate milestones that include:

- leading a coalition that has reduced incidences of Guinea worm disease from an estimated 3.5 million in 1986 to about 25,000 today, making it likely to be the first disease since smallpox to be eradicated
- observing more than 67 elections in 26 countries to help establish and strengthen democracies
- teaching techniques that have helped more than 8 million small-scale farmers in 15 African nations to double or triple grain production
- furthering avenues to peace in Ethiopia, Eritrea, Liberia, Sudan, Uganda, the

Korean Peninsula, Haiti, and Bosnia and Herzegovina

- helping to establish a village-based health care delivery system in thousands of communities in Africa that now have trained health care personnel and volunteers to distribute drugs and provide health education
- strengthening international standards for human rights and the voices of individuals defending those rights in their communities worldwide
- advancing efforts to improve mental health care and diminish the stigma against people with mental illness.

## Symposium Revisits Katrina

Giving residents a sense of normalcy is one of the keys to the mental health of a community post-disaster, according to experts who participated in the 22nd annual Rosalynn Carter Mental Health Symposium: “Disaster Mental Health in the Wake of Hurricane Katrina” held last November. More than 200 people attended the two-day meeting, designed for leaders in the mental health community nationwide to share ideas and experiences about working with people

affected by man-made and natural disasters.

Participants agreed many steps can be taken to ensure better psychological outcomes for people affected by disasters. Any national plans must include mental health as part of overall medical care for victims and rescuers. Sometimes, victims only need someone to listen. Finally, finding small ways to return life to the way it was, such as opening schools, helps residents cope and rebuild.