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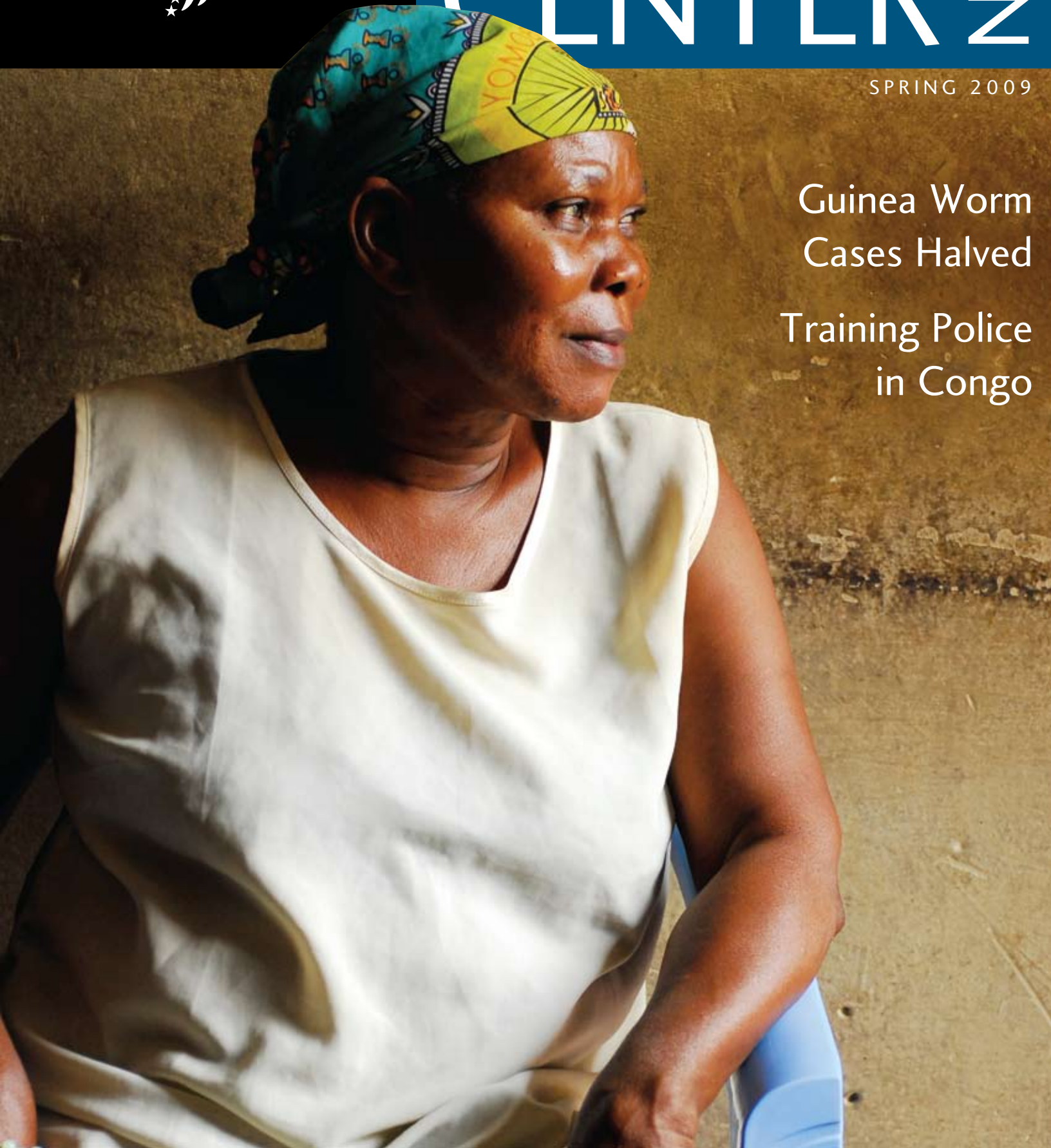


# CARTER CENTER NEWS

SPRING 2009

Guinea Worm  
Cases Halved

Training Police  
in Congo



WAGING PEACE.  
FIGHTING DISEASE.  
BUILDING HOPE.

# CARTER CENTER NEWS

SPRING 2009

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*Contributing photographers: Deborah Hakes: cover, 3 left, 9; Noah Friedman-Rudovsky: 8 bottom; Louise Gubb: 4, 5 all; Billy Howard: 12 top; Connie Nelson: 11 left; Julie Pottier: 8 top; Annemarie Poyo: 2; Emily Staub: 3 center, 10 bottom, 11 right; Hugo Vangu: 6, 7 all; Jian Yi: 12 bottom.*

### ON THE COVER

**Y**ayu Zonveni sits inside her home in Kinshasa, Democratic Republic of the Congo. The Carter Center observed elections in the war-torn country in 2006 and today is training police officers (see p. 6) and operating a resource center for human rights.



*From the President and CEO*

## Center's Network, Resources Combine for Global Impact

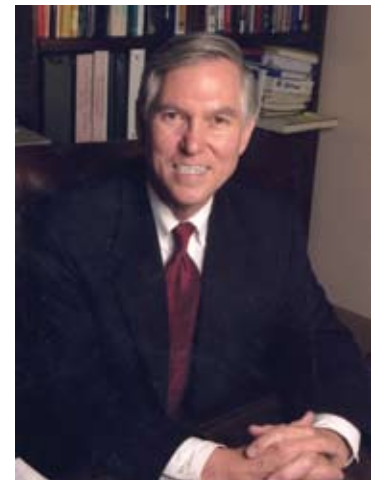
Last November, The Carter Center was one of the sponsors of a major health initiative in Ethiopia, in which some 5 million people were treated for trachoma and tested (and treated, when needed) for malaria in a one-week campaign. You might wonder how many staff members The Carter Center sent from Atlanta headquarters to Ethiopia to handle this unprecedented, labor-intensive effort, called Maltra week. We sent one person.

How did we succeed with so few staff? The answer lies in the Center's general philosophy of working as efficiently as possible, so our limited funds can go as far as possible. First, we relied on in-country staff to handle much of the work. Whenever possible, we set up a field office and hire local staff members to take on long-term projects. This makes sense on many fronts, including economy. But we also know that when local people do the work, a program becomes entrenched in the society and can be sustained long after the Center leaves.

Second, in Ethiopia, we worked with several partners to organize the Maltra week event. Our top partner in nearly all of the Center's peace- and health-related programs is the government of the country where we are working. Such cooperation gives us access and further promotes sustainability. During Maltra week, we also worked with the Ethiopian Lions Clubs in conjunction with the Lions Clubs International Foundation. Not only do the Lions help fund our river blindness and trachoma work in Ethiopia, but their representatives throughout the country helped mobilize every level of government and community members for the Maltra week activities. Pfizer Inc, another partner, donated the azithromycin for the event and all of our other trachoma work.

Finally, our ongoing commitment in many countries allows us to do more with less. Not only is Teshome Gebre the Center's point-man for trachoma in Ethiopia, he also heads up our efforts to fight Guinea worm disease, malaria, and river blindness there, and has been working with us for more than 15 years. Such long-term tenure among senior staff members in the field is not uncommon.

Our staff may be headquartered in Atlanta, but our reach is far and deep.



*John Hardman, M.D., is president and chief executive officer of The Carter Center.*



## Defenders Seek Obama Commitment to Human Rights

More than 50 representatives of international human rights organizations and human rights defenders met at The Carter Center in early December 2008 to issue an appeal for the new Obama administration to renew U.S. commitments to human rights principles and practices that have been abandoned since the Sept. 11, 2001, terror attacks against the United States.

“The United States has to rebuild its reputation as a human rights champion to be able to guide others in the world,” said Sima Samar, human rights defender from Afghanistan.

The group’s recommendations came on the eve of the 60th anniversary of the Universal Declaration of Human Rights and included ending the policy of indefinite detention for detainees at Guantanamo Bay, prohibiting torture by any agent of the U.S. government, placing human rights issues at the center of relationships with other countries, and working with the U.N. Human Rights Council.



Navanethem Pillay, U.N. high commissioner for human rights, speaks at the Human Rights Defenders Policy Forum in December 2008.



A health worker measures a young Guatemalan girl to determine her dosage of Mectizan.

## River Blindness Halted in Two More Areas

River blindness is on the retreat in the Western Hemisphere. This year, Mexico and Guatemala are stopping distribution of the medicine that treats the disease in two more formerly endemic areas: Oaxaca, Mexico, and Huehuetenango, Guatemala. With populations of approximately 44,000 and 30,000 respectively, these are two of the most populous endemic areas to have interrupted the transmission of river blindness in the region since the Carter Center program began.

The Center’s Onchocerciasis Elimination Program for the Americas (OEPA), based in Guatemala, has been working since 1993 to eliminate river blindness in the region through health education and semiannual mass distribution of Mectizan® tablets, which safely eliminate river blindness when given over many years. Mectizan is donated by Merck & Co., Inc.

OEPA partners include the ministries of health of the six affected countries in Latin America—Brazil, Colombia, Ecuador, Guatemala, Mexico, and Venezuela—and other organizations, including the Centers for Disease Control and Prevention, the Pan-American Health Organization, the Bill & Melinda Gates Foundation, and

Lions Clubs International Foundation. To date, six of 13 endemic areas have been able to halt treatment.

“It is vital that we encourage the endemic countries to prioritize onchocerciasis treatment to interrupt transmission in the region by 2012,” said Dr. Mauricio Sauerbrey, director of OEPA.

## Major Renovation Underway at Carter Presidential Museum

The Jimmy Carter Library and Museum in Atlanta, Ga., will be completely renovated this year. The \$10 million project will chronicle the life of the 39th president from his birth in 1924 through the post-presidency.

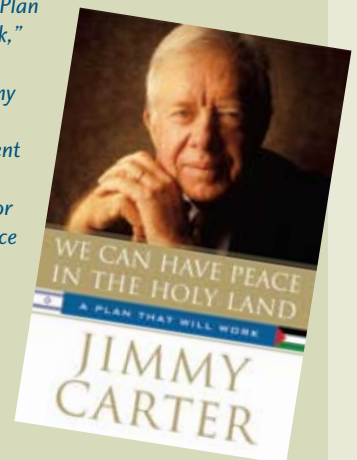
The current museum, built in 1986, will be closed to the public in late April and reopen on Oct. 1, 2009, for President Carter’s 85th birthday.

A large section of the new museum will include the work of President and former First Lady Rosalynn Carter in the post-White House years, particularly the activities of The Carter Center.

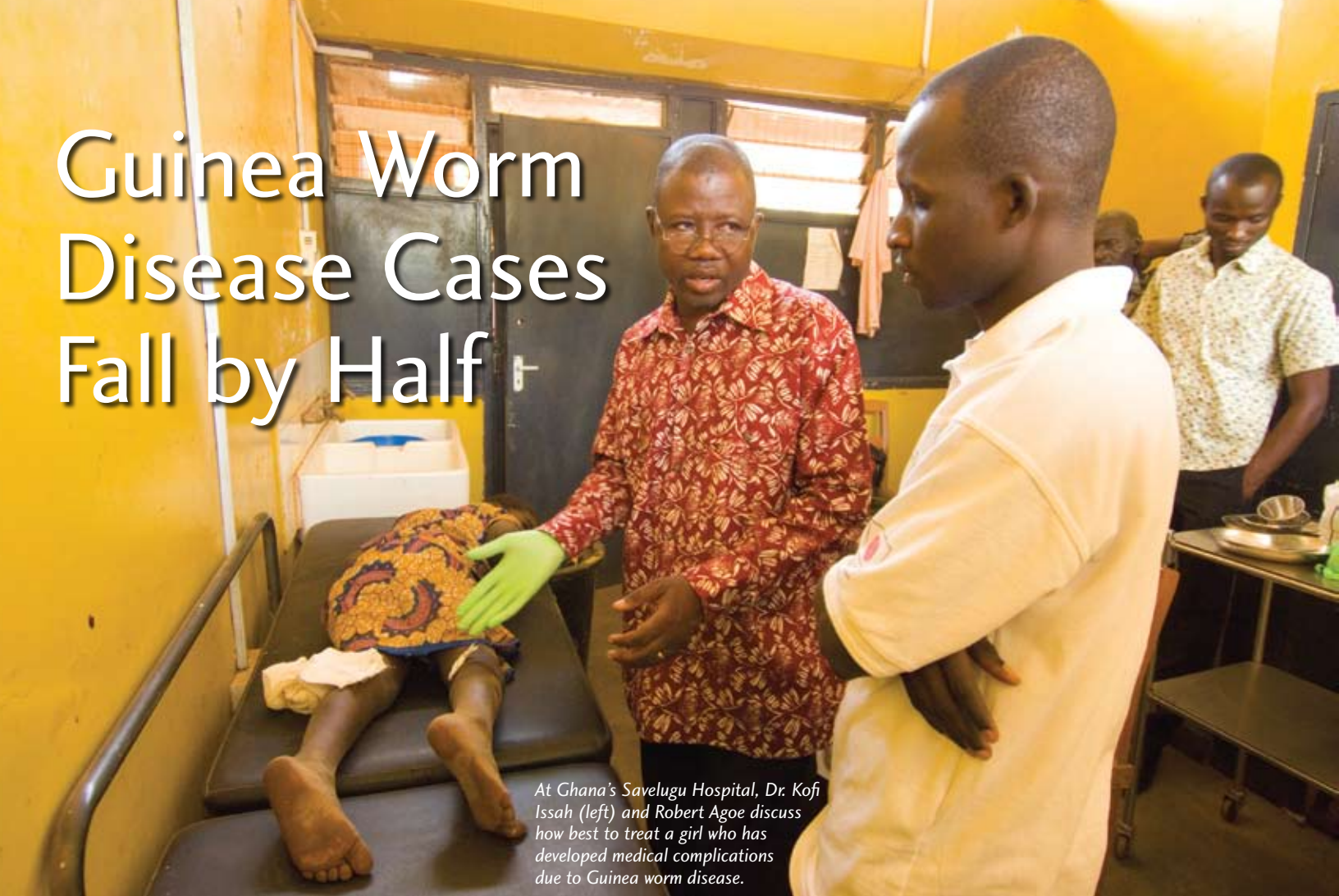
“President Carter’s impact after his political career ended is a unique story in the chronicles of presidential history. The exhibits will show the connections between his roots in Georgia, his agenda as president and his determination to continue working for peace and human rights after the White House,” said Jay Hakes, director of the library and museum.

In his new book, “We Can Have Peace in the Holy Land: A Plan that Will Work,” former U.S.

President Jimmy Carter argues that the present moment is a unique time for achieving peace in the Middle East and provides his proposal for accomplishing it.



# Guinea Worm Disease Cases Fall by Half



At Ghana's Savelugu Hospital, Dr. Kofi Issah (left) and Robert Agoe discuss how best to treat a girl who has developed medical complications due to Guinea worm disease.

Cases of Guinea worm disease reached an all-time low in 2008 with fewer than 5,000 estimated cases reported worldwide, compared to the previous year when reported cases numbered 9,585. The Carter Center is leading the international campaign to eradicate the parasitic disease.

Ghana made remarkable progress in 2008, bringing its cases down 85 percent from the previous year. The disease also is still active in five other African countries—Sudan, Mali, Ethiopia, Nigeria, and Niger.

Hovering on the brink of eradication, Guinea worm will be the first disease to be abolished without a vaccine or curative drug. A disease that results in victims enduring the emergence of a 2- to 3-foot worm from a sore, Guinea worm is transmitted only when humans drink water contaminated with water fleas harboring infective larvae, and it can be controlled through simple, low-technology measures, such as filtering all drinking water and educating people to not allow anyone with an emerging Guinea worm to enter a source of drinking water.

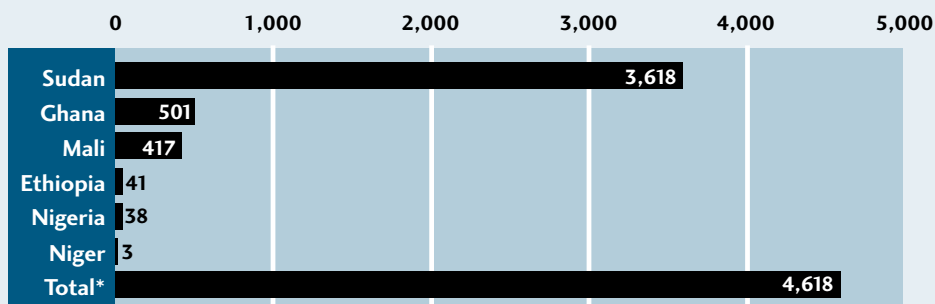
Since The Carter Center began the eradication campaign in 1986, cases of Guinea worm disease have been reduced by more than 99.8 percent, from approximately 3.5 million to 4,618 indigenous cases. Fourteen of the original 20 endemic countries have eliminated the disease.

Despite the progress made in 2008, however, challenges to eradication remain,

particularly in southern Sudan. The vastness of southern Sudan, the absence of infrastructure, highly mobile populations, and intermittent conflict make eradication more difficult there than anywhere else.

The last cases of any eradication campaign are the most difficult and expensive to eliminate. Although infected cases become fewer and far between, surveillance

## Distribution by Country of 4,618 Indigenous Cases of Dracunculiasis Reported During 2008\*



\* Provisional. These figures exclude one case exported by Ghana into Burkina Faso.

Since 1986, 14 countries have stopped Guinea worm transmission: Burkina Faso, 2006; Cote d'Ivoire, 2006; Togo, 2006; Benin, 2004; Mauritania, 2004; Uganda, 2003; Central African Republic, 2001; Chad, 1998; Cameroon, 1997; Yemen, 1997; Senegal, 1997; India, 1996; Kenya, 1994; Pakistan, 1993.



of countries, including the smallest communities in the most remote areas, must be intensified to prevent outbreaks and setbacks. In the case of Guinea worm disease, which has a one-year incubation period, there is a very high cost of maintaining a broad and sensitive monitoring system and providing a rapid response when necessary.

Despite the cost, the eradication of Guinea worm disease will prevent the suffering of entire communities and keep citizens working and in school, rather than incapacitated with the disease. Plus, over the long term, eradication is a community and economic investment that will continue to grow.

Although surveillance is challenging, Guinea worm eradication is considered one of the most cost-effective public health efforts due to its relatively simple intervention measures. In addition, the campaign has shown the remarkable impact that health education can make; it is possible to change people's behavior to improve health on a global scale.



*A health worker shows a Guinea worm that is still emerging from a child's ankle.*



See sidebar to learn how contributions to the Guinea worm campaign can go twice as far through a grant from the Bill & Melinda Gates Foundation. Follow the progress of the eradication campaign on [www.cartercenter.org](http://www.cartercenter.org).

## Gates Challenge Grant Doubles Guinea Worm Donations

The Bill & Melinda Gates Foundation provided a \$40 million challenge grant to The Carter Center in December 2008 to help support the final phases of the Guinea worm eradication campaign.

The grant includes an outright contribution of \$8 million and asks other donor organizations and individuals to provide an additional \$32 million, which the Gates Foundation will match one-to-one. The successful completion of the challenge will raise \$72 million for the final phases of Guinea worm eradication.

The United Kingdom Department for International Development (DFID) also pledged £10 million (approximately \$15 million U.S.) to support the campaign, which will be matched by the Gates grant. The Gates and DFID grants also will be shared with the World Health Organization, which is charged with certifying that countries are free of Guinea worm disease.

**How to help:** The Carter Center must raise \$17 million more in donations to complete the Gates challenge grant. To join the historic campaign, go to [www.cartercenter.org](http://www.cartercenter.org), click "Support the Center," and choose "Guinea Worm Eradication" from the drop-down menu on the online form.



*A water vendor at Savelugu dam in Ghana checks his filter before placing it atop his water drum. As water is poured into the drum, the filter catches the water fleas carrying the larvae that cause Guinea worm disease.*





# Through Training, Police Learn To Protect Rights of Accused

Until recently, police officers in Kimbasneke, Democratic Republic of the Congo (DRC), investigated case files at a music bar or other public place because they had no office space. When it rained, they carried the papers under their shirts to preserve the files.

Police officers in the DRC face these and many other challenges in their daily professional activities that affect their ability to meet minimum standards of due process and other human rights guarantees. A training program from The Carter Center aims to help officers understand that they have the right to demand minimum

*Prisoners are detained in the cell at Kingasani police station in the northern region of the Democratic Republic of the Congo, where The Carter Center is training police officers. Not only is the cell too small to accommodate the number of detainees, but prisoners slept on the floor and had no access to a bathroom.*

working conditions that protect the dignity, safety, and privacy of the accused and victim.

Many Congolese officers have never had any substantial instruction on general human rights principles and Congolese laws concerning sexual violence and rights of women, children,



*(Top and bottom) Despite a severe lack of resources, officers at the Kingasani station have undergone human rights training to help them meet minimum standards of due process for those who are arrested.*

and detainees. The two-day officer training focuses on such topics. For example, officers are given a copy of the rights of people under arrest, which specify that they have the right to remain silent and to hire a lawyer.

“I recently caught a man in his forties at a bar fondling a minor,” one police trainee said. “Before this training, that scene seemed ordinary to me. But after the training, I have become sensitive to child protection, and I understood he was committing a serious crime. I immediately arrested him, and he is in detention now as I speak.”

Although the Center continues to encourage the Congolese government to ensure its officers have the necessary tools and resources to allow them to conduct their work in a professional manner that respects the rights of citizens, officers still lack office space, earn too little, and must detain people in cells that are too small and lack access to basic amenities such as a bathroom.

“We plan to expand our training to have a more systemic impact,” said Karin Ryan, director of the Center’s Human Rights Program. “For now the program is reaching individual officers, but the problems are widespread. Our future trainings will focus on developing officers’ specific skill sets, such as how to investigate and prosecute crimes of sexual violence, how to process detainees, how to keep records, and how to improve relationships with their respective communities.”

The Carter Center has worked in the DRC to help strengthen tools of democracy since observing the country’s 2006 elections, which were its first presidential and legislative multiparty elections in 46 years. Since 2007, The Carter Center has trained more than 200 Congolese police officers and judges in human rights policy and practice, established and trained a network of Congolese nongovernmental organization partners in human rights, and trained women and men as paralegal consultants in the prevention and redress of gender-based violence.



# Tight Ghana Elections Require Runoff

On Jan. 7, 2009, Ghana inaugurated its new president—John Atta Mills—who defeated his rival in a runoff election by fewer than 42,000 votes out of more than 9 million; The Carter Center sent delegations to observe the highly competitive Dec. 7 election, Dec. 28 runoff, and Jan. 2 polling in Tain constituency, where voting had been delayed due to

a dispute over ballot paper distribution.

“We were drawn to observe in Ghana because it’s an emerging democracy that faced a critical and very competitive election,” said John Strelau, Carter Center vice president for peace programs. “They again showed the world that they could peacefully transfer power—holding their fifth successful election since military rule ended in 1992—and have created conditions where political leaders believe they can win by constitutional means.”

The Carter Center sent long-term observers to Ghana in July 2008, following an invitation from the country’s electoral commission. These observers monitored the pre-election climate and election preparations.

For the Dec. 7 first-round election, the Center deployed a 57-person observation team to more than 300 polling stations in 30 districts. The delegation was led by former Botswana President Quett Masire and former Prime Minister of Tanzania Justice

Joseph Warioba, who visited sites in southern Ghana and Accra.

Because none of the eight candidates received more than 50 percent of the vote, a runoff between the top two candidates was required. Eight long-term observers monitored runoff preparations, and on election day, 58 Carter Center observers from 17 countries visited 354 polling stations in 33 districts to observe voting and counting. The delegation was led by Hon. Aminu Bello Masari, the former speaker of the Nigerian House of Representatives, and Dr. John Strelau, vice president of peace programs at The Carter Center.

After voting in the Tain constituency was suspended due to an error in ballot allocation, The Carter Center expressed concern about citizens being denied their right to vote. And because the results of the Dec. 28 runoff were extremely close, election authorities were obligated to conduct the election there after all. Carter Center observers visited more than 60 of the 144 polling stations in Tain and rated voting conditions at nearly every station as good or very good.



*A poll worker directs a Ghanaian woman to a voting booth during the presidential runoff in December 2008.*

## Small Team Observes Constitutional Referendum in Bolivia

The Carter Center deployed a small team to observe Bolivia’s constitutional referendum on Jan. 25. The group monitored whether the referendum followed the country’s electoral code and observed the overall transparency, impartiality, and integrity of the process as well as the political climate. They visited more than 100 polling stations, witnessing no violent acts or intimidation that would affect voting. As a limited mission, the group did not assess the overall integrity of the election and will not issue a comprehensive report.

The nine-member group included former Foreign Minister of Ecuador Maria Isabel Salvador, former Judge of the Electoral Tribunal of Brazil Torquato

Jardim, Vice President of Carter Center Peace Programs John Strelau, and other expert observers.

The Center has had a field office in Bolivia to provide assistance in conflict-management training and media relations since September 2007 and has provided training in conflict management to more than 3,000 participants from civic organizations, social groups, departmental authorities, and young political leaders across the country.



*A man votes in Bolivia’s constitutional referendum in January.*



# Children's Mental Health Care Uneven in U.S., Says Study

Mental health services for children across the United States are spotty at best, due to a patchwork of state approaches in which the most effective services are not necessarily the ones funded, according to a new study by the National Center for Children in Poverty

and treatment of mental health conditions in children, we still have much work to do," said former First Lady Rosalynn Carter, founder of the Carter Center's Mental Health Program.

More than 200 leading mental health experts and advocates convened at the



*Marian Wright Edelman, founder and president of the Children's Defense Fund, delivers the keynote address during the 2008 Rosalynn Carter Symposium on Mental Health Policy, "Unclaimed Children Revisited: Fostering a Climate to Improve Children's Mental Health."*

called "Unclaimed Children Revisited." The results of the study were unveiled at the 24th annual Rosalynn Carter Symposium on Mental Health Policy in November 2008.

Researchers examined progress made in children's mental health care in the last 25 years, following the original "Unclaimed Children" report. In the early 1980s only half of states even differentiated between adults and pediatric patients, with many children and adolescents placed on adult wards in psychiatric hospitals. Although there have been improvements since then, today nearly one-quarter of all states say there is no group of children with mental illnesses whom they serve well.

"The findings from this study reveal that despite the considerable advances in knowledge about the prevention, diagnoses,

symposium to discuss the report's findings and develop strategies that could be implemented in their local communities.

"If we can change things for children, we will end up changing things for everybody," said Children's Defense Fund founder Marian Wright Edelman in her keynote address at the symposium.

Since 1985, the annual symposia have brought together national leaders in mental health to focus and coordinate their efforts on an issue of common concern, examining such issues as mental illness and the elderly, treating mental illness in the primary care setting, and stigma.

## Book by Journalism Fellow Investigates Veterans' Care

One in five soldiers returns from duty with a mental disorder, according to a 2008 study. But getting treatment for these veterans is another battle, claims journalist Aaron Glantz in his new book, "The War Comes Home:



*Aaron Glantz*

Washington's Battle Against America's Veterans." Glantz, a Rosalynn Carter Mental Health Journalism Fellowship recipient, has focused on returning veterans issues after spending two years reporting on the conflict in Iraq.

Glantz interviewed more than 100 recent war veterans and found that government promises to provide health care and disability support weren't being fulfilled. He is particularly concerned about the red tape and bureaucracy that prevents veterans with posttraumatic stress disorder from getting the help and resources they need to recover.

"People who are traumatized have enough challenges to deal with," says Glantz. "Our veterans shouldn't have to prove to the government that people around them were killed or wounded to get appropriate medical care."

Glantz also wrote "How America Lost Iraq." His work also has been published in several major national media outlets including The Nation, San Francisco Chronicle, and Forbes.

As part of an international effort to reduce stigma and discrimination, the Rosalynn Carter Fellowships for Mental Health Journalism provide stipends to journalists to investigate topics related to mental health. More information can be found at [www.cartercenter.org](http://www.cartercenter.org).



Craig Withers

# Health Director Relishes Everyday Victories

For Craig Withers, the Carter Center's director of program support, the bumblebee is the perfect symbol of success.

"Bumblebees shouldn't be able to fly; they're not well-designed for it," he says. "But they don't know that, and so they fly."

Similarly, at The Carter Center, Withers takes on tasks that others deem impossible. Responsible for financing, personnel, logistics, and monitoring for the Center's nine health programs, Withers has participated in achievements far beyond the seeming capacity of the Center's 160 staff members.

Whether overseeing the procurement and distribution of 3 million bed nets for malaria prevention in Ethiopia in a mere six-month time frame or transporting vehicles to Sudan's war-ravaged southern region during a massive scale-up of the country's Guinea worm eradication program, Withers has come to understand that seeming miracles are achieved through behind-the-scenes grit and determination.

"The dramatic epiphanies that people see in movies rarely occur in real life," says Withers. "What I have come to understand is that

victory is achieved through a war of increments. A little progress each day is how a battle is won."

Withers attributes his tenacity to his first assignment in 1988 working in Nigeria to help establish the country's Guinea worm eradication program. At the time, the painful and debilitating parasite contaminated the drinking water in many areas of the country.



Craig Withers, director of program support

"We were starting from scratch and had to find every infected person in the country in order to start education and treatment programs. All the old Africa hands said it was impossible; you just couldn't do something like this in Nigeria."

But seven months later, Withers' team had. "We acted just like the bumblebee, and did the impossible," he says. Although Guinea worm is not yet gone from Nigeria, the number of cases has dropped dramatically from more than 650,000 cases in 1989 to approximately 40 in 2008.

Today under the leadership of The Carter Center, Guinea worm disease has been reduced by 99.8 percent. Of the original 20 countries that were targeted when the campaign began in 1986, only six remain endemic. It's Withers' job

to make sure that the remaining Carter Center Guinea worm programs have all the financial and material resources necessary to get the job done.

*"We are so close to achieving something beyond my wildest dreams: eradicating a second disease from the world."*

"We are so close to achieving something beyond my wildest dreams: eradicating a second disease from the world," he says. Smallpox was the first, and Guinea worm is poised to be second. Withers continues, "It's going to require a lot of attention to detail, but we're almost there."



In Togo, Craig Withers (left) examines a water filter designed to help prevent Guinea worm disease.



## Humanity United Supports Judicial Work in Liberia

When Liberia's civil war ended in 2003 following 14 years of brutal fighting, its government was in shambles. Today, under the leadership of Africa's first elected female president, Ellen Johnson Sirleaf, Liberia is slowly rebuilding, yet still faces enormous challenges. The Carter Center is working with Liberia's government to fill critical gaps in its justice system.

One of the Center's partners in strengthening the rule of law in Liberia is Humanity United, a new foundation with a focus on mass atrocities and modern-day slavery. The foundation has a particular interest in Liberia because of the complete societal destruction caused by the war, which killed 250,000 and drove more than half of Liberia's 3.5 million people from their homes.



*A woman in a rural Liberian village asks a question following a dramatic role-play about new laws in the country.*

The \$1 million grant The Carter Center received from Humanity United supports a multifaceted project to strengthen access to justice in Liberia. With the Ministry of Justice and the judiciary, the Center works to help train prosecutors, judges, and magistrates. In rural areas, the Center educates citizens about their legal rights and changes in the law; most Liberians have little trust in the formal justice system or knowledge of new laws.

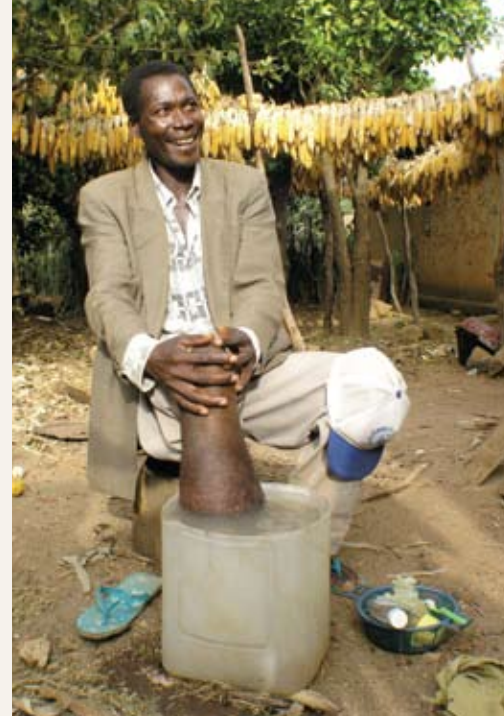
## GlaxoSmithKline Donation Funds Lymphatic Filariasis Work

A \$250,000 donation from pharmaceutical company GlaxoSmithKline to The Carter Center in December 2008 is bolstering the fight against the parasitic disease lymphatic filariasis in two African countries.

Of the total, \$100,000 has been used to fund lymphatic filariasis surveys in Nigeria, where the Center has assisted the Ministry of Health since 1998 in a mass drug-administration campaign against the disease in Plateau and Nasarawa states. The surveys, which involved testing more than 30,000 people, will help determine whether the disease has been eliminated from some or all parts of these states, allowing drug treatment to be halted.

The remaining \$150,000 will be used to assist the Ethiopia Ministry of Health in combating lymphatic filariasis. The funds will provide two years of support for a pilot program in Gambella region, which includes training health workers to provide mass drug administration and health education and to evaluate progress. In addition to receiving drug treatment, residents of Gambella also will benefit from recent distribution of mosquito nets in the region, which help stop the mosquitoes that spread the disease. The Center hopes that with these two interventions in place, prevalence of lymphatic filariasis will be reduced quickly and dramatically.

GlaxoSmithKline also donates the drug albendazole to The Carter Center. Albendazole, when administered with the drug Mectizan® (donated by Merck & Co., Inc.), is used to treat lymphatic filariasis.



*A Nigerian man with lymphatic filariasis soaks his leg. Leg washing and other measures prevent sores and infection.*

## Auction Provides \$800,000 to Carter Center Programs

The Carter Center's annual Winter Weekend auction, held Feb. 7 in Port Lucie, Fla., raised \$817,590 to support programs worldwide.

An original painting by President Carter sold for \$100,000 and was the top-dollar item at the auction. More than 100 items, including historic memorabilia from the White House, presidential elections, the space race, and American sports, were offered for public auction. A fly fishing trip with President and Mrs. Carter at Brigadoon Lodge in North Georgia sold for \$80,000 and a baseball signed by five U.S. presidents—Gerald Ford, Jimmy Carter, George H.W. Bush, Bill Clinton, and George W. Bush—sold for \$82,500. A handmade Manuel Rodriguez guitar fetched \$65,000.

An online silent auction netted \$32,240, while the live auction raised \$785,350.

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WAGING PEACE. FIGHTING DISEASE. BUILDING HOPE.



Former U.S. President  
Jimmy Carter is co-founder  
of The Carter Center.

NOTES FROM THE FIELD

## President Carter Marks 30-Year History with China

Rosalynn and I visited China in January to commemorate the 30th anniversary of normalized diplomatic relations between the United States and China.

It is difficult to describe the profound changes that have occurred in China as a result of my deciding, even before my inauguration, to normalize diplomatic relations. Fortunately, as president I had this unique constitutional authority.

We made some tentative moves in 1977, but it was not until the next year that Vice-Premier Deng Xiaoping and I began negotiating substantively. Deng and I announced simultaneously in mid-December that we had reached agreement, and we established diplomatic relations on Jan. 1, 1979.

Two days after our public announcement, Deng revealed his plan for “Reform and Opening Up,” and the impact of these two events has brought about remarkable changes during the past 30 years. China then was relatively isolated, with no free enterprise and without the right of its citizens to worship or to move from one place to another. Its economic system is now the fourth largest in the world, and it is the greatest exporter of goods.

I have a long history with China not only as president, but through the Carter Center’s continued involvement in China’s transformation. We have worked on village elections for the last decade and, during our January visit, met with several Chinese officials to discuss the Center’s future work in the country,

including projects such as community development, access to information training, and health care delivery in rural areas.

The first time I visited Shanghai, in 1949, there were only pedestrians, bicycles, and rickshaws. At the end of our visit, we rode the magnetic-levitated train to the airport, a trip that takes an hour by automobile. Computer controlled, it left at exactly 3 p.m. and arrived at 3:07 p.m. It is the fastest train in the world, reaching a speed of 269 mph on this short run of about 16 miles. As we flew past the Old City, I thought the amazing experience symbolized what is happening in China.



President Carter’s full trip report can be read at [www.cartercenter.org](http://www.cartercenter.org).

*President and Mrs. Carter visit Hong’an village during their January trip to China.*

