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values and goals that have guided our work since 1982.

As The Carter Center looks forward to celebrating its 20th anniversary, we take pride in our accomplishments. We have assisted the forward march of democracy in some 20 countries across the globe. We built a global coalition that has eradicated 98 percent of all cases of Guinea worm disease. We helped double and triple crop yields throughout Africa, worked to provide a better quality of life for people with mental illness worldwide, and helped avert conflict in Asia, Africa, and Latin America. Yet, in many ways, recent events emphasize that our work has just begun.

During the next 20 years and beyond, The Carter Center will continue sharing its knowledge and resources with people of every race

surgical and antibiotic parts of the strategy, as there was little knowledge of how to achieve behavioral and environmental changes to prevent trachoma. The Conrad N. Hilton Foundation knew of the Carter Center's success in changing behavior in the Guinea worm program and asked the Center experts to see if they could apply their knowledge to the fight against trachoma. In 1998, The Carter Center took on the challenge of the "F" and "E" of SAFE.

The SAFE strategy to control trachoma: "S" stands for surgery, "A" for antibiotics, "F" for facial cleanliness to prevent transmitting the disease, and "E" for environmental changes to improve hygiene and sanitation.

Trachoma is a chronic bacterial infection that spreads easily from person to person. Repeated infections result in scar tissue on the inside of eyelids, eventually turning eyelashes inward, which causes abrasions of the cornea and, finally, irreversible blindness. "I've been in villages in West Africa where virtually every person suffers from trachoma," said Dr. Zingeser, "older people unable to work and young people plagued by repeated eye infections,33ental

Center Works to Implement Nairobi Agreement

The Conflict Resolution Program continues work to implement the December 1999 Nairobi Agreement brokered by President Carter between the governments of Sudan and Uganda. Significant progress has been made in recent months. Diplomatic exchanges resumed in July 2001 after a five-year break. Since then, Sudan President Omar al Bashir visited Uganda twice and, most recently, Uganda President Yoweri Museveni completed his first state visit to Sudan in six years.

As relations improve between Sudan and Uganda, the program will continue to work with the governments to try to end peacefully the activities of the Lord's Resistance Army (LRA), a Ugandan rebel group based in Sudan. Over the last three months, the Conflict Resolution Program conducted a number of community peace-building activities in northern Uganda and continues to support the repatriation of former LRA combatants, including abducted children. During this same time period, international momentum has built toward revitalizing a viable peace process in Sudan itself. President Carter and The Carter Center remain deeply committed to seeing peace in Sudan and are actively engaged in efforts to support this process.

International Council on Conflict Resolution

A A . . Former Minister for Foreign Affairs, Indonesia

D A . . Former Under Secretary-General; Former Special Representative of Secretary-General in Angola

C B . Former Prime Minister of Sweden; Special Envoy of the Secretary General of the United Nations to the Balkans

D B . Association for Conflict Resolution

A . . V C . Russian Ambassador to Canada

G D . . Executive Director, West African Network for Peace Building

D . F . Director, Initiative on Conflict Resolution and Ethnicity

. . A K . Assistant Secretary-General, United Nations; Special Advisor on Gender Issues and the Advancement of Women

A . . L . K . . Executive Secretary, The Economic Community of West African States

D . C . . Institute for Conflict Analysis and Resolution, George Mason University

. . Director of Preventative Diplomacy, Center for Strategic and International Studies

D . . Institute of Diplomacy and International Studies, University of Nairobi; Director, Center for Conflict Research

L . Executive Director, Center for Conflict Resolution, University of Cape Town

. . . Scholar in Residence, Ford Foundation; Former United Nations High Commissioner for Refugees

L . D . Director, The Center for International Health and Cooperation

G . . . Chief Executive Officer, GDP Associates, Inc.

A . . . K . . Under Secretary-General for Political Affairs, United Nations

A . . B . . . Chairman, Freedom House

A . . . . . Special Advisor to the United Nations Secretary-General

A . . . . The Canadian Ambassador for Circumpolar Affairs with the Department of Foreign Affairs and International Trade in Ottawa, Canada

G . Former Deputy Supreme Allied Commander, NATO

V . Executive Director, European Center for Conflict Prevention

D . . Project on Preventing War, Harvard University

D . . The School of Advanced International Studies, The Johns Hopkins University

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Conflict Resolution, cont.

Resolution Program Director Ben Hoffman.

There are 110 existing armed conflicts in the world, with 30 of them major wars in which 1,000 or more soldiers have been killed on the battlefield.

"The nature and scope of world conflict has changed dramatically over the last 20 years," said Council member William Ury, Ph.D., of the Harvard Project on Preventing War. "Now we've got to deal with intrastate wars that are driven by ethnic, religious, and economic reasons. It requires a whole new set of mechanisms. The ICCR has been set up precisely to deal with this gap."

The leaders also discussed ways they might bridge the gap between the official diplomatic community and professional dispute resolution practitioners, including increasing the frequency and quality of dialogue between the professions. "The international community does not have a broad, proactive strategy to use conflict resolution methods to prevent conflict or build peace," said Hoffman.

At the meeting, President Carter welcomed new members of the ICCR, providing them with guidance on the basic principles of The Carter Center's involvement in conflict situations. He stressed the importance of acting where other organizations or actors cannot or will not act as well as the need to take bold action to wage peace. Members of the ICCR not only advise The Carter Center but also participate in conflict resolution projects. In November, they brainstormed further approaches to the Center's peace-making efforts in Sudan.

As the continuing movement toward democracy worldwide entered the first year of the new millennium, staff from the Democracy and Americas Programs were very active, observing seven elections in Africa, Asia, and Latin America in 2001.

"The Carter Center helped develop the model for international election observation now used worldwide and broadly accepted internationally as a way to measure the freeness and fairness of electoral processes," said Charles Costello, director of the Center's Democracy Program. "People look to us to help them build hope through free elections. They know we will be objective and neutral and speak out with the truth."

H [illegible]

A BIA: A December observation mission for the presidential and parliamentary elections in Zambia reported that vote-counting procedures sometimes were [illegible] Africa is critical for stability and progress across the continent. The flawed Zambian elections demonstrated important progress as well as the serious challenges that remain."

ICA AG A: Procedures observed by a Carter Center mission to Nicaragua's presidential elections in November were generally smooth and fair, but behind-the-scenes politicking to determine party eligibility to be on the ballot revealed institutional weaknesses in the decade-old democracy. Now Nicaragua is challenged to

which oversaw the country's Nov. 4 election in which Vice President Enrique Bolaños defeated former Sandirs

Americas Program Combats Corruption in Jamaica

In a recent survey, Jamaicans said corruption is the second greatest threat to their democracy, more so than drugs and poverty. As part of its multiyear project on transparency, the Carter Center's Americas Program is working

Jamaica, continued from previous page

diverting scarce resources from public services and putting them in the pockets of politicians and corrupt contractors. The Americas Program combats corruption by working with governments and civil society to develop ways to monitor corruption. Greater "transparency" in government-business interactions can improve investor confidence, spur economic growth, provide better public services to the population, and increase public confidence in democratic institutions.

When The Carter Center began its work in Jamaica, Patterson's administration had just drafted both an act aimed at preventing corruption and a freedom of information law.

"There were a number of concerns relating to the first draft of the corruption prevention act," said Laura Neuman, senior program associate of the Center's Americas Program. "For example, under the law finally passed, civil servants are required to submit annual asset declarations, and a fine is imposed if corruption is indicated. The initial draft law called for an even larger fine against the media if they published a copy of the corrupt asset declaration or information from it. The law essentially muzzled the media."

Corruption can lead to poverty, disenfranchisement, and violence by diverting scarce resources into the pockets of politicians and corrupt contractors.

The Americas Program commissioned papers analyzing similar proposed laws and compiled them into the booklet C[illegible] C[illegible] I[illegible] C[illegible]. All 1,000 copies were taken in a matter of weeks, and the information was listed on the Web site of the largest Jamaican newspaper.

"The Parliament debated for eight months, and more than 40 amendments were made to the Corruption Prevention Act in order to strengthen it—many suggested by The Carter Center," Neuman said. "We will continue our partnership with the government, the Jamaican Media Association, the private sector, and civil society groups to ensure effective implementation and enforcement of the new laws."

Design by M. B. Roberson

A second guide, F[illegible] C[illegible], was published recently by the Americas Program.

New Program Name Reflects Changes in Western Hemisphere

The Carter Center's 15-year-old Latin American and Caribbean Program has a new name—the Americas Program—that reflects both the comprehensive nature of the program and the changing relationship between North America and the rest of the hemisphere. The Center's Board of Councilors approved the name change in October 2001.

"The Latin America and Caribbean Program always focused on issues within Latin America, particularly democratization or ways to improve the quality of democracy," said Jennifer McCoy, Ph.D., director, the Americas Program. "However, we've also worked on inter-American relations and on deepening the relationship between North America and the rest of the hemisphere, so a name that embraces the entire hemisphere best reflects our work."

Intra-country issues addressed by the Americas Program include corruption, transparency, and campaign and political party finance. Concerns that involve more than one country, including the United States, include protecting democracy through the new Organization of American States Democracy Charter, implementing the regional anti-corruption convention, progress on trade agreements, incorporating Cuba into the hemisphere of democracies, and arms control (the sale of advanced weaponry from the United States to countries in the region).

A name that embraces the entire hemisphere best reflects our work.

"With the rise of democracy, in which values and rules of the game are shared, nearly all of the countries in the hemisphere are coming closer together," said Dr. McCoy. "I see a willingness to work together on issues such as recognition of environmental threats and the plight of people who are unemployed and want to immigrate to other countries. We also have the goal of a free trade agreement for the Americas. That agreement will create the largest trading block in the world and will set the hemisphere apart as an entity."

On the Road With President Carter: Targeting River Blindness

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River blindness is caused by the bite of small black flies, not much bigger than Georgia gnats, that breed only in rapidly flowing streams with high oxygen content. As centuries have passed, people have abandoned rich bottomland near rivers and moved to less fertile hillside areas to avoid contact with the insects. It is estimated that people in affected areas are bitten more than 20,000 times each year, so everyone in an endemic village will harbor the disease.

For many years, river blindness could be prevented by only two methods: either to treat the stream with insecticides to kill the fly larvae or to administer a strong medicine with serious side effects. But some years ago, when it was discovered that ivermectin, a veterinary medicine used to prevent heartworms in animals, was also effective in its human formulation against river blindness, Merck & Co.'s chief executive officer, Dr. Roy Vagelos, came to Atlanta and offered their Mectizan® tablets free of charge, provided we could work out a procedure whereby the medicine could be safely distributed in remote areas.

Today, The Carter Center has helped to deliver 35 million treatments directly to individuals in endemic villages, and we are now maintaining an annual rate of seven million, of which about 600,000 treatments per year are in the Americas. Results vary even within countries. For instance, in Mexico there have been no new cases in Oaxaca since 1998, while the disease continues to spread in Chiapas, where political unrest has interfered with delivery of Mectizan. However, the overall effort has been very successful.

We have been the lead agency among the endemic countries in this hemisphere, and there are several other organizations that share this responsibility with us in Africa, where we are treating about 6.5

Photo by Onchocerciasis Elimination Program for the Americas

Health workers in Latin America measure a young woman's height to determine her correct dosage of Mectizan, the medication administered twice a year to treat river blindness.

million people in five countries. Our partners in the Americas are International Lions Clubs, the Pan-American Health Organization, the InterAmerican Development Bank, the Centers for Disease Control, and national health departments. The work of the Center and its partners has helped reduce the number of people at risk in the Americas from 4.7 million in 1995 to an estimated 500,000 people today.

Our primary goal is to reduce the ravages of the disease, but we now have hope that onchocerciasis might become the next disease to be totally eradicated from the Americas, after smallpox, Guinea worm, and polio. The program in the Americas uses two doses of Mectizan each year, compared to a single dose in Africa, and the results have been encouraging. We are convinced that regional eradication of river blindness will occur in the Americas if we can treat at least 85 percent of the people twice a year. During the conference, each of the endemic countries reported significant progress toward reaching the regional goal of 85 percent or more coverage, and each country had improved coverage from the previous year.

We now have hope that onchocerciasis might become the next disease to be totally eradicated from the Americas.

This is an exciting project, with onchocerciasis being one of five tropical diseases with which we contend. The others are trachoma, the number-one cause of preventable blindness; dracunculiasis, or Guinea worm disease; schistosomiasis; and lymphatic filariasis. We feel that good health is one of the basic human rights, and we work especially to target preventable afflictions that are confined to people who are poor, isolated, forgotten, ignored, and often without hope. Just to know that someone cares about them can not only ease their physical pain but also remove an element of alienation and anger that can lead to hatred and violence.

At the conference, Dr. Julio Frenk Mora, Mexico's secretary of health, speaking for Mexican President Vicente Fox, stated Mexico's firm commitment to stop onchocerciasis transmission in Mexico by the end of his administration. Dr. Maria Neira of the World Health Organization also assured the group of her organization's intent to assist countries in the certification of elimination process.

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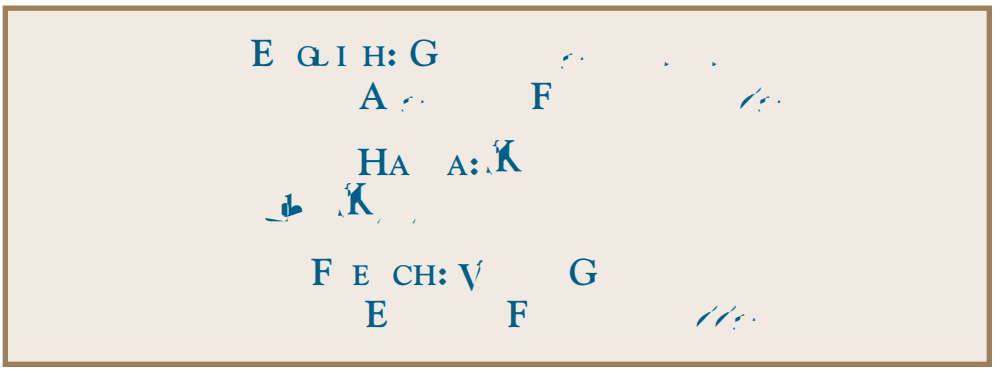
Stop Guinea Worm, cont.

"The Africa division of Voice of America is proud to work with The Carter Center in its campaign to eliminate Guinea worm in Africa. Part of VOA's broadcasting mission is to share with its listeners the information they need to live long and healthy lives; radio is one of the best ways to share this kind of information," said Gwen Dillard, Africa division director, Voice of America. "Along with The Carter Center, we look forward to a day when Guinea worm no longer exists in Africa."

Since 1986, The Carter Center has led the global campaign against Guinea worm in an effort to make it the second disease to be eradicated in human history and the first disease to be overcome without a single vaccine or medication.

The Carter Center's Guinea Worm Eradication Program and Office of Public Information developed a dozen messages to be read by native African speakers, first to be aired in English, Hausa, and French, followed by Arabic, Fulani, and Bambara.

"Educating people about what they can do to prevent Guinea worm is critical to our efforts to rid the world of the 75,000 cases of Guinea worm disease that remain," said Donald Hopkins, M.D., associate executive director of health programs at The Carter Center. "No vaccines or medications are effective against the disease. Guinea worm has to be prevented by the people themselves."



Children's Mental Health Needs Take Center Stage

Former First Lady Rosalynn Carter has called on parents, teachers, and health care providers to address the "national crisis" in children's mental health.

"Parents, other family members, and teachers often miss the warning signs of mental illness, and doctors fail to adequately diagnose mental illness in children," said Mrs. Carter. "Concern about this has heightened with the anxiety teachers and parents are seeing since the Sept. 11 attack, but youth always have suffered due to a failure to diagnose these illnesses."

The 17th Annual Rosalynn Carter Symposium on Mental Health Policy in November convened some 200 mental health experts to assess ways the nation's health care system can better diagnose and treat children's mental illnesses. Their ideas will contribute to the work of a federal task force charged with identifying the key indicators of mental illness in children and adolescents.

Youth always have suffered due to a failure to diagnose these illnesses.

"Leaders at the symposium agreed the situation has not improved since the September 2000 Surgeon General's Conference on Children's Mental Health called the burden of suffering experienced by children with mental health needs and their families a 'national crisis,'" said Greg Fricchione, M.D., director of The Carter Center Mental Health Program. "Our group agreed on a clear need to address the crippling fragmentation of services that exists and to create a list of practical, easily understood physical and behavioral indicators or signs in children who need evaluation and support."

Parents and adolescents, as well as teachers, officers in the criminal justice system, doctors in the primary care health system, and mental health providers are being consulted in this collective public health effort to improve early intervention in the development of children's mental and emotional problems. Studies show

Brandon Fletcher speaks about his experiences with mental illness to conference participants.

Youth participants at the Rosalynn Carter Symposium on Mental Health Policy share their stories with the former first lady and national radio talk show host Dr. Drew will contal illness to con creahth

one in 10 children and adolescents has some significant degree of mental health impairment, but only one in five receives specialty mental health services in any given year.

Symposium participant Brandon Fletcher, a 15-year-old diagnosed with bipolar and anxiety disorder at age 12, said, "Before I was properly diagnosed, I had been on 20 different medications and had seen at least 10 doctors. I also had tried to kill myself. I can only hope that in the future, warning signs of mental illness in kids will be readily detected so that others and their families will not suffer needlessly."

Studies show one in 10 children and adolescents has some degree of mental health impairment.

Mental Health Journalism Fellows Selected

The Mental Health Program announced its 2001–2002 class of fellows, including for the first time, two international journalists. The program awards fellowships each year to journalists to write or produce works on mental health issues. Investigations by fellows are helping to reduce stigma against people with mental illness and to highlight pressing public issues.

A , freelancer, Durham, N.C. Book on development of the brain in latter years of life.

A , freelancer, Chicago, Ill. Book on children's mental illness.

, producer, CBS, Washington, D.C. Report on depression and young people.

F , publisher, *TEAR-AWAY* Magazine: The Voice of NZ Youth, New Zealand. A 12-part series: youth and mental health issues.

H , Florentine Films/ Hott Productions, Haydenville, Mass. Documentary telling the story of two brothers, one of whom has suffered from mental illness for 40 years and the other, his primary caretaker.

, reporters, , Phoenix, Ariz. Special series on schools and workplaces accommodating those with mental illness.

G , freelancer, New Zealand. Radio documentaries exploring media portrayal of mental illness and public perception, including how journalists can reduce stigma and discrimination.

, producer, WUFT/WJUF-FM, Gainesville, Fla. Two radio documentaries exploring the state of mental health care in juvenile justice and foster care systems.

Annual Auction to Benefit Center

Former President Carter and Mrs. Carter will host their 10th annual auction and ski trip Feb. 6–10, 2002, at Crested Butte Mountain Resort in Crested Butte, Colo. The excursion provides an opportunity for the Carters to spend time with Carter Center supporters as well as with 10 Atlanta high school students chosen each year for the trip, all of whom are members of FutureForce, a leadership program for at-risk teens.

A highlight of each trip is a live auction, to be held this year on Saturday, Feb. 9, at 7:30 p.m. MST. Items for 2002, among many others, include a piece of woodwork crafted by President Carter;