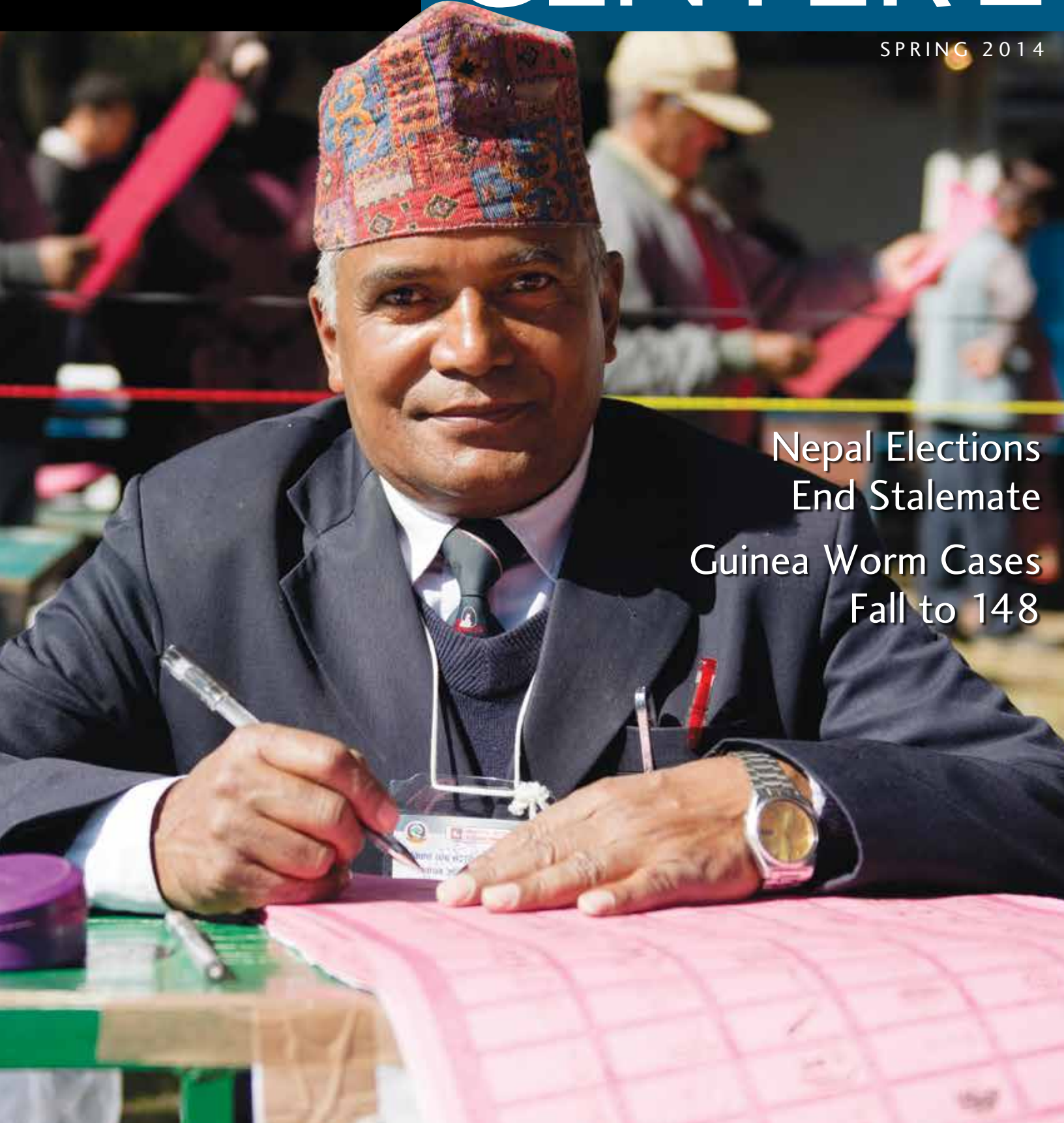


THE
CARTER CENTER



CARTER CENTER NEWS

SPRING 2014



Nepal Elections
End Stalemate
Guinea Worm Cases
Fall to 148

WAGING PEACE.
FIGHTING DISEASE.
BUILDING HOPE.

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ON THE COVER

An election official works a polling center in Kathmandu, Nepal, during November 2013 elections observed by a team from The Carter Center. Nepalese were voting for a new constituent assembly after the one elected in 2008 had failed to make progress and was disbanded.



Read more about the Carter Center's mission to Nepal on page 4.

From the President and CEO

A Look Back and Forward

In September, I will step down as president and CEO of The Carter Center after more than 20 tremendously fulfilling years. I have been awed, inspired, and challenged by the way founders Jimmy and Rosalynn Carter have used their influence to make a difference in the world. Through their vision and courage, the Center has become a positive force, setting a high standard for the concrete impact a nonprofit, nongovernmental organization can make when like-minded people strive together for common objectives.

When I came to The Carter Center over 25 years ago, I knew I wanted to be a part of the far-reaching goals and groundbreaking efforts already emerging here. In my early years, working on reducing tobacco use and diminishing stigma against mental illnesses, inter-



In this file photo, Dr. John Hardman talks to election workers as he observes polling in Guyana's 2001 elections. Dr. Hardman will step down as president and CEO of The Carter Center in September, following two decades of service.

action with the amazing experts and professionals who were onboard was energizing. Despite diverse disciplines within our health and peace programs, we were attracted by a shared belief in all the Center was capable of accomplishing. Later, I was honored and privileged to be tasked with leadership roles in which I could help develop that special potential, while guiding the Center into the future.

I have been blessed to see The Carter Center help to improve the lives of some of the world's poorest people in 80 nations around the globe. Working with donors, partners, and directly with the people themselves, our teams have built long-term relationships that have allowed the Center to make an impact over time, as societal and political evolutions and battles to rid diseases, restore peace, and strengthen democracy take not months or years, but decades. While our programs sometimes have changed, our principles and mission have remained the same, making the Center a trusted, credible partner worldwide.

Continuing to look forward, I am pleased to welcome Ambassador Mary Ann Peters to The Carter Center. With her experience and proven commitment to human rights and the alleviation of human suffering, I know she will relish the challenge of stewardship for the Carter Center's important mission, building on the foundation of hope for the future that is President and Mrs. Carter's legacy.



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

Carter Center Appoints New Chief Executive Officer

Ambassador Mary Ann Peters will join The Carter Center as its new chief executive officer this coming fall.

In April, The Carter Center Board of Trustees announced the appointment to be effective Sept. 2, 2014. Ambassador Peters will succeed Dr. John Hardman, who has held the post since 1992.

As CEO, Ambassador Peters will provide vision and leadership for The Carter Center and will oversee all program implementation and operations.

“Ambassador Peters brings a lifetime of experience in global affairs to fulfilling the Carter Center’s mission to advance human rights and alleviate human suffering,” Board of Trustees Chairman Oz Nelson said. “We look forward to her counsel and leadership as the Center furthers the courageous and ambitious charge set by Jimmy and Rosalynn Carter to do all we can to build hope for those most in need.”

Former U.S. President Jimmy Carter and former First Lady Rosalynn Carter also extended their welcome. “Ambassador Peters’ commitment to world peace and human rights and her diplomatic expertise bring principled and experienced leadership to the Center’s critical mission to secure basic human rights worldwide,” President Carter said. “I also wish to thank Dr. John Hardman for his many years of effective and passionate service to The Carter Center, which has made a profound difference to our programs and ultimately to the lives of many millions of people.”

Ambassador Peters has been provost of the U.S. Naval War College since September 2008. Previously, she was dean of academics of the College of International and Security Studies at the George C. Marshall European Center for Security Studies in Garmisch—Partenkirchen, Germany. Prior to becoming dean of the college, Ambassador Peters served as associate director for international liaison at the Marshall Center.

Ambassador Peters spent more than 30 years as a career diplomat with the U.S.



“It is an honor to have the opportunity to help further the successful programs of The Carter Center as they continue to build hope for hundreds of millions of people worldwide.”

— Ambassador Mary Ann Peters



Department of State. From 2000 to 2003, she was U.S. ambassador to Bangladesh, leading the mission’s efforts in support of the war on terrorism and other key U.S. foreign policy goals. She received a Presidential Meritorious Service Award in 2003 for her work there.

Previously, Ambassador Peters was the deputy chief of mission at the U.S. Embassy in Ottawa, Canada, responsible for embassy management and supervision of the six U.S. consulates general in Canada. From 1995 to 1997, Ambassador Peters served in the White House as director for European and Canadian Affairs at the National Security Council and worked on diplomatic and security aspects of the search for peace in Northern Ireland.

From 1993 to 1994, she was deputy assistant secretary of state with oversight responsibility for U.S. relations with 19 Western European countries and Canada. In this capacity, she acted as the U.S. chair of the

Ambassador Mary Ann Peters will join The Carter Center at its Atlanta, Ga., headquarters in September 2014 as chief executive officer.

U.S.–Canada military coordination body, the Permanent Joint Board on Defense.

A senior diplomat, Ambassador Peters also has served in Sofia, Bulgaria, as deputy chief of mission; in Moscow as economic counselor; and in Mandalay, Burma, as principal officer. From 1988 to 1990, Ambassador Peters was the deputy director of the Office of Pakistan, Afghanistan, and Bangladesh Affairs in the State Department. She began her career as a vice consul in Frankfurt, Germany, in 1975.

Ambassador Peters holds a Bachelor of Arts degree from Santa Clara University and a Masters of International Studies from the Johns Hopkins School of Advanced International Studies and has taken courses at the Institut d’Etudes Politiques in Paris.



Nepal Elections Aim to End Years of Stalemate

Nepalis climb the steps at Monkey Temple in capital Kathmandu. The Carter Center monitored political progress in the country for six years and through two constituent assembly elections before closing its Nepal office earlier this year.

After casting her ballot in Nepal's November 2013 constituent assembly election, 33-year-old Sangita Shrestha had a stern message for those who would take office: "Do your job properly and draft a new constitution as soon as possible."

The feeling was echoed by 75-year-old Ram Lal Tamrakar as he walked slowly down a street in Bhaktapur, in Nepal's Kathmandu Valley. "Saas Huda samma Aas," he said, which means, "I'm hopeful til my last breath." He believes that the newly elected constituent assembly members will finally create Nepal's constitution.

After more than 10 years of civil strife, Nepal elected a constituent assembly in 2008 in an election monitored by The Carter Center, but the group failed to draft a constitution and was dissolved in May 2012 after years of stagnation. The 2013 election was crucially important to end political stalemate and keep the broader peace process moving forward.

Ahead of the vote, The Carter Center deployed 66 observers throughout Nepal in a delegation co-led by former U.S. President Jimmy Carter and former Deputy Prime Minister of Thailand Dr. Surakiart Sathirathai.

"We have been delighted at the progress in this election process and at the quality of the opportunity that the people had to cast their votes honestly and quietly and orderly. This was a very good demonstration of tremendous numbers of Nepalis taking part in the democratic process," President Carter said in the days after the election.

The Carter Center's observers remained in Nepal to watch the postelection process, and in February 2014, the Center closed its Kathmandu office after more than eight years of working to monitor elections and the postelection peace and constitution drafting efforts. The Center had provided impartial information on progress in these areas to political and civil society leaders.

"Through our years of work in Nepal we saw the birth of a new country," said Dr. David Pottie, former associate director at The Carter Center. "We saw a people exercising their right to self-determination as the country transitioned from being a monarchy for more than 150 years to becoming a new thoroughgoing democratic republic."

Center Monitors Elections in Madagascar, Panama

In December 2013, The Carter Center partnered with the Electoral Institute for Sustainable Democracy in Africa for a joint observation mission to Madagascar's legislative and second-round presidential elections, co-led by former Mauritius President Cassam Uteem, EISA Executive Director Dr. Denis Kadima, and Carter Center Vice President Dr. John Strelau.

One of the world's poorest countries, Madagascar has faced economic, social, and political inertia since a 2009 coup d'état.

The Carter Center felt it could play an important role by providing a credible and impartial assessment of the troubled electoral process, the success of which was critical to moving Madagascar out of corrupt autocratic rule toward a democratic transition. The Center highlighted challenges to the electoral process, encouraged resolution of issues through transparent measures, and provided recommendations to improve future elections.

Ahead of Panama's May National Assembly and presidential elections, The Carter Center worked to get broad



Election workers await voters at a polling station in Ankazotrano, Madagascar. The Carter Center joined the Electoral Institute for Sustainable Democracy in Africa for a joint election observation mission to the country's Dec. 20, 2013, legislative and second-round presidential elections.

agreement from candidates to strict standards of the Electoral Ethical Pact. The pact commits political parties and candidates to adhere to a peaceful, respectful, and fair election environment, and the Center witnessed its signing in March.

In May, The Carter Center sent a small expert group to the elections themselves and also will participate in a postelection assessment of possible electoral reforms.

The Center has long been committed to democracy in Panama. In 1989, during its first election monitoring mission, a delegation led by President Carter declared the Panamanian presidential elections fraudulent, marking both the start of a new era in that nation's democracy and the launch of the Carter Center's pioneering role in global election observation for decades to come.



Radha Tapa, a 28-year-old street vendor, said she believes this election will determine Nepal's future and wants to be sure women's rights are included.



A Nepalese voter prepares to cast his ballot for the country's constituent assembly. The first assembly, elected in 2008, failed in its charge to draft a constitution and was disbanded.

Cases of Guinea Worm Disease Fall to 148 Globally

Worldwide cases for Guinea worm disease are at an all-time low. The number of cases reported for 2013 was 148 in the four remaining endemic countries, all in Africa. The Carter Center has led the 28-year international campaign to eradicate the debilitating parasitic disease.

“As we near the finish line in this eradication campaign, The Carter Center and its partners remain committed to ending the devastating suffering caused by Guinea worm disease, recognizing that the final cases of any eradication campaign are the most challenging and most expensive to eliminate,” said former U.S. President Jimmy Carter.

In 1991, when the number of endemic villages reached its peak, there were 23,735

villages in 21 countries in Africa and Asia reporting Guinea worm disease. In 2013, there were only 63 endemic villages in four countries.

South Sudan reported 113 cases or 76 percent of the worldwide case total in 2013. Most of those cases were in Eastern Equatoria state. The remaining indigenous cases in 2013 were reported in isolated areas of Chad (14), Mali (11), and Ethiopia (7). Under investigation are three cases reported in Sudan along its border with South Sudan.

A neglected tropical disease, Guinea worm disease (dracunculiasis) is contracted when people consume water contaminated with Guinea worm larvae. After a year, a 3-foot-long worm slowly emerges from the body through a painful blister in the skin. In the absence of a vaccine or medical

treatment, the ancient disease is being tackled mainly through community-based interventions to educate and change behavior, such as teaching people to filter all drinking water and preventing contamination by keeping anyone with an emerging worm from entering water sources.

The Carter Center together with its partners, ministries of health, and local communities, has reduced cases by more than 99.9 percent since 1986 when there were an estimated 3.4 million cases of the disease. The Center estimates that the eradication campaign has averted more than 80 million cases among the world’s poorest and most neglected people. Guinea worm disease is positioned to be the second human disease, after smallpox, to be eradicated.

Field officer Emmanuel Ekadeli shows villager Lino Loyanae, the husband of a Guinea worm patient, copepods in their drinking water, taken from a river. The copepods contain larvae that will develop into Guinea worm disease after ingestion by humans.

A Guinea worm emerges from a child’s ankle.





While babies sleep in the midday heat, patient Adelle Loyro Lochilli threads tiny beads on to the neck strings of pipe water filters, used to protect against Guinea worm disease. She had two Guinea worms emerge painfully from her leg in 2013, one of them in three places.

Q & A with a Guinea Worm Warrior in South Sudan

Tara Brant spent four-and-a-half years working in South Sudan on the front lines of the war on Guinea worm disease. She was a technical assistant and regional coordinator charged with ensuring each case of Guinea worm in her area was contained, educating communities on how to prevent the disease, and tracking down real and rumored outbreaks. She served in South Sudan from 2007 to 2009 and 2011 to 2013. She is currently a graduate student in Liverpool, England.

What's was a typical day like?

Your priority is to go wherever active Guinea worm cases are and supervise the work in that area. You ensure that every Guinea worm patient has been bandaged every morning. Then you check other nearby households to make sure there are no new cases. Because Guinea worm is a waterborne disease, you look for new water sources if it's recently rained so you know all the places disease transmission could occur.

Describe living in remote South Sudan.

You move around villages sleeping in your small tent. When you're out in the field, you typically work until sundown then you have to prepare dinner for yourself. On your compound, there are usually larger tents. Typically there's no electricity so you move around with just your headlamp, bathing from a bucket and eating a lot of canned food, a lot of ramen, a lot of tuna, a lot of beans.

What were the challenges?

I learned that the South Sudanese have their own culture and priorities, different from mine. Cows are a good example. In South Sudan, people's cows are their sole source of wealth, and everything they have is invested into the cows. Without them, a man cannot marry or have a family. Many times, families had sick children at home but the household had to focus on the cows, making sure they were healthy and safe from thieves. I had to remind myself that the culture is different from mine.

What did you love the most?

The active village volunteers who really wanted to help their own communities. These



Tara Brant, former Guinea worm technical adviser and regional coordinator in South Sudan

people suffer from many things—hunger, poverty—but the active volunteers are trying their best for their peers.

What has made the biggest impact?

We're breaking the geographical areas down so small now, that supervision takes place on some level in every community every day. You're able to build much stronger relationships. People will say, "Why do you keep coming every day telling me to filter my water? You were here yesterday, why are you here today? I know I'm supposed to filter my water." But that repetition is what's making the difference.



A Carter Center study in Liberia has shown that women have difficulty accessing public information, including that about education, land, and loans.

Liberian Women Face Barriers to Accessing Information

Ruth Saye can empathize with the violence, subjugation, and loss Liberian women have faced as a result of her country's devastating civil war. She too was a victim.

As the country continues to heal, Saye has found that her fellow women continue to struggle—but not in an obvious way. According to Saye, one of the biggest barriers to women's empowerment in Liberia's developing democracy is a debilitating lack of information.

A new Carter Center project in Liberia aims to change that. As part of its Global Access to Information Initiative, the Center

Working for The Carter Center in Liberia's Nimba County, Ruth Saye uses the power of information to help women realize their rights.



is studying gender-based inequities in accessing public information.

"A person deprived of information is excluded from participating in society," said Saye, who works with The Carter Center as a freedom-of-information network coordinator for Nimba County. "Women have been denied when it comes to decision making within my community."

In March, The Carter Center presented in Liberia the first-ever study on women's ability to access critical information. The preliminary findings overwhelmingly demonstrated the perception that women are not able to access information at the same rate as men. Participants reported that traditional and cultural practices, as well as domestic workload and lack of awareness, contribute to the slow pace at which women obtain information for growth and development.

"They say that women are not interested in information. It is not about interest. It is that women are not even aware of their rights," said Christina Doe, project assistant

for the Carter Center's access-to-information initiative in Liberia.

Community leaders told researchers that information on education, land, and loans is most important to women for economic empowerment, and yet these are the areas in which women receive the least amount of information. Many women do not know they have a right to information or where to go to obtain it. They often lack transportation, may have received less education than men, and are afraid to ask for information as it could bring ridicule or retaliation from men in power.

The Carter Center has partnered with Liberian civil society since 2009 to raise awareness of the country's freedom-of-information law and to share its ability to transform lives, including supporting the efforts of key stakeholders like Saye to engage society leaders and advocate for the right of access to information. But until now the messages have not been targeted specifically to women.

That will change now that women's needs have been identified. Local Carter Center staff will be working in the coming months to find creative ways to reach this specific audience.

Liberian women are not the only ones who have difficulty accessing public information. Women around the world face similar challenges. The Carter Center project will be expanding to include Guatemala and Bangladesh for now, and potentially other countries in the future.

Ultimately, Saye believes that access to information brings peace through empowerment. "Once citizens are informed about the way the country is managed, I think it will bring about peace and unity and erase conflict," she said.

★ Read more about the Carter Center's Global Access to Information Initiative at www.cartercenter.org/peace.



Guatemalan Group Bridges Art, Health Education

When Catalina Garcia proclaims, “We’re going to take the streets of Patalul,” it isn’t a threat—or is it? Dressed as the black fly vector that spreads river blindness, she is surrounded by people in vests stamped “OEPA,” the Onchocerciasis Elimination Program for the Americas led by The Carter Center. Behind her are others dressed up as Mectizan® bottles who dance to a marching band, and up ahead is a superhero on stilts with “Mectizan” emblazoned on his chest, honoring the disease-fighting drug donated by Merck. People from seven districts in central Guatemala have come to celebrate the news that as of late 2011, river blindness transmission was interrupted.

Garcia is a member of a nonprofit artistic expression troupe called Caja

Ludica—the “playful box.” OEPA worked with Caja Ludica to craft activities that would educate, engage, and inspire. A community collaboration, hundreds of locals—kids to seniors—participated in the events.

The two days of festivities in Patalul are more than a fiesta. They are a careful integration of health education activities called Art as a Bridge to Health. Alba Lucia Morales, OEPA’s health adviser, believes looking at the disease through a creative lens provides benefits beyond river blindness education. “You are also contributing to other tools for life, for community building, and for cooperation between different community health initiatives,” said Morales.

That cooperation is important as Guatemala undergoes three years of

A member of a Guatemalan artistic expression group, Catalina Garcia shows schoolchildren a dance as they learn about the worm that caused onchocerciasis in so many Guatemalans.

post-treatment surveillance before the disease can be declared eliminated. Dr. Mauricio Sauerbrey, director of OEPA, says keeping the message alive in once-endemic communities is critical. “We’ve recently stopped Mectizan drug delivery in this area,” said Dr. Sauerbrey, “but we have to keep the population alert in case there is a resurgence of the disease.”

Dr. Carlos Diaz, who coordinates Guatemala’s onchocerciasis elimination program, said others should take notice. “This celebration is an excellent mechanism and strategy—the playfulness and the art—to keep the attention of the people,” he said.

The playfulness and the art are catching the attention of other health programs. As street parades are bringing awareness to the day of nonviolence against women and World AIDS Day, it is clear that while onchocerciasis is no longer spreading in Guatemala, what might be spreading is the idea that art can bring communities together and improve health.

Preparing for a parade in Patalul, this performer carries a coffin for “flaria,” referring to the parasite that once caused rampant river blindness in Guatemala. Transmission of the parasitic disease ended in recent years.



Women of the World Deserve Better



In this excerpt from his best-selling book “A Call to Action,” former U.S. President Jimmy Carter discusses how he became aware of gender inequality on a global scale.

By Jimmy Carter

I saw the ravages of racial prejudice as I grew up in the Deep South, when for a century the U.S. Supreme Court and all other political and social authorities accepted the premise that black people were, in some basic ways, inferior to white people. Even those in the dominant class who disagreed with this presumption remained relatively quiet and enjoyed the benefits of the prevailing system. Carefully selected Holy Scriptures were quoted to justify this discrimination in the name of God.

There is a similar system of discrimination, extending far beyond a small geographical region to the entire globe; it touches every nation, perpetuating and expanding the trafficking in human slaves, body mutilation, and even legitimized murder on a massive scale. This system is based on the presumption that men and boys are superior to women and girls, and it is supported

by some male religious leaders who distort the Holy Bible, the Koran, and other sacred texts to perpetuate their claim that females are, in some basic ways, inferior to them, unqualified to serve God on equal terms. Many men disagree but remain quiet in order to enjoy the benefits of their dominant status. This false premise provides a justification for sexual discrimination in



Former U.S. President Jimmy Carter

In his new book, President Carter outlines 23 steps to improve life for women around the world, such as this miner in the Democratic Republic of the Congo.

almost every realm of secular and religious life. Some men even cite this premise to justify physical punishment of women and girls.

Another factor contributing to the abuse of women and girls is an acceptance of violence, from unwarranted armed combat to excessive and biased punishment for those who violate the law. In too many cases, we use violence as a first rather than a last resort, so that even deadly violence has become commonplace.

My own experiences and the testimony of courageous women from all regions and all major religions have made it clear to me that as a result of these two factors there is a pervasive denial of equal rights to women, more than half of all human beings, and this discrimination results in tangible harm to all of us, male and female.

In addition to the unconscionable human suffering, almost embarrassing to acknowledge, there is a devastating effect on economic prosperity caused by the loss of contributions of at least half the human beings on earth. This is not just a women’s issue. It is not confined to the poorest countries. It affects us all.

I learned more and more about these issues, as a child, a submarine officer, a farmer, and a church leader during the civil rights struggle, as a governor and a president, as a college professor, and in the global work of The Carter Center. During the nine decades of my life I have become increasingly aware of and concerned about the immense number of and largely ignored gender-based crimes. There are reasons for hope that some of these abuses can be ended when they become better known and understood. I hope that this book will help to expose these violations to a broader audience and marshal a more concerted effort to address this profound problem.

A Call to Action © 2014 by Jimmy Carter. Reprinted by permission of Simon & Schuster, Inc, N.Y.

JIMMY CARTER
A CALL TO ACTION
Women, Religion,
Violence, and Power

During the nine decades of my life I have become increasingly aware of and concerned about the immense number of and largely ignored gender-based crimes.



Join the discussion on the Carter Center’s blog (blog.cartercenter.org) about how you are working to fight discrimination against and abuse of girls and women in your community, nation, or worldwide.

Lions Grant to Fund River Blindness, Trachoma Work

During a ceremony held on May 15, 2014, at The Carter Center, former U.S. President Jimmy Carter and Lions Clubs International Foundation Chairperson Wayne Madden signed a memorandum of understanding, committing more than \$8.8 million from the Lions for the next three years of the



The Lions Clubs International Foundation has committed more than \$8.8 million for the next three years of the Lions-Carter Center Sight First Initiative to help those suffering from trachoma and river blindness, such as Mamo Tesfaye (above) of Ethiopia.

Lions—Carter Center Sight First Initiative, a partnership established in 1999. The new funding will help end suffering from trachoma and river blindness in four African countries: Ethiopia, Mali, Niger, and Uganda.

The partnership of the Lions Clubs International Foundation has been instrumental in supporting the Carter Center's leadership in the eradication, elimination, and control of neglected diseases. Renewed support from the Lions comes at a critical juncture for The Carter Center. Local campaigns to eliminate blinding trachoma from Mali and Niger are nearing their targets. Sustained efforts to eliminate trachoma from the Amhara region of Ethiopia, the

most highly endemic region of the world, are paying off. In addition, the Center announced last summer it is intensifying its river blindness interventions, moving from a strategy of controlling the disease to working with ministries of health to eliminate it in targeted areas of the 10 countries in Africa and Latin America where the Center fights the neglected disease, including Lions-partnership countries Ethiopia and Uganda.

From Our Donors

"When we decided to establish a charitable gift annuity, we looked at many different organizations doing good work in the world. It seemed to us that The Carter Center is making a real impact on world peace and that we were investing in the world's future with an annuity with you. Also, we really appreciate the internship program that helps train tomorrow's leaders. Thank you for all you are doing to make our world a better place."

— William and Brita Harper

For more information on charitable gift annuities or the many other types of planned gifts, see cartercenter.org/legacy, or contact Barry Nickelsberg at (404) 420-3868 or barry.nickelsberg@emory.edu.

Gifts to Women, Faith Initiative Will Be Doubled

Thanks to a generous grant from the Kendeda Fund, up to \$750,000 in gifts to the Carter Center's new Mobilizing Faith for Women and Girls initiative will be doubled for a limited time. This initiative encourages greater efforts by the leaders of major faiths and beliefs to ensure that women everywhere enjoy the same respect and protections accorded to men.

The Carter Center hosts an annual Human Rights Defenders Forum to convene influential religious scholars and clergy from Africa, the Middle East, and other regions, alongside scholars, human rights activists, and leaders from nongovernmental organizations. At this and other dynamic gatherings, the Center creates a rich cross-cultural dialogue and identifies action steps to protect women's human rights.

The initiative encourages those who are working in their communities to articulate alternative interpretations of scripture and teachings that recognize the value of girls and women. By engaging religious and faith leaders, The Carter Center seeks to transform ideas about child marriage, female genital mutilation, human trafficking, and other forms of child abuse, while promoting equal opportunities for education and other forms of full participation in society for women and girls.



Ziba Mir-Hosseini argues the importance of including women scholars in debates about scriptural interpretation during last year's "Mobilizing Faith for Women" forum at The Carter Center. A new matching grant from the Kendeda Fund will provide more opportunities to help faith-group leaders encourage women's rights globally.

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WAGING PEACE. FIGHTING DISEASE. BUILDING HOPE.



Mulat Zerihun Lemu is regional manager for the Carter Center's trachoma and malaria control projects in the Amhara region of Ethiopia.

NOTES FROM THE FIELD

In Ethiopia, We Handle Trachoma Directly

By *Mulat Zerihun Lemu*

I learned how great a need there was for eye services in my community during the 10 years I spent working for the Ethiopian government as an ophthalmic expert. Ethiopia has one of the highest rates of blindness in the world, and trachoma is a major cause of this disability in my country.

It is hard to ignore the groups of older ladies huddled under trees, nearly blinded by trachoma and in too much pain to contribute to their family life. But we know that we do not have to look at this suffering and avert our eyes. We can do something about it.

Trachoma is a bacterial disease that causes blindness after repeated infections over many years. Children are the main carriers of the disease and mostly spread it to their mothers and grandmothers. Often by the time a woman is a grandmother, the disease has scarred her eyelids, causing her eyelashes to turn inward, scraping and damaging the cornea with every blink. In Ethiopia, we estimate nearly 1.2 million people are affected by this advanced form of

trachoma called trichiasis, and all of them are in need of immediate surgery to save their vision.

Working for more than a decade with the Ethiopian government, Lions Clubs International, and others, we have reached many great milestones in the effort to halt this disease. To prevent the spread of trachoma, more than 2.2 million latrines have been built since 2002. And more than 500 trained, local surgeons are helping to treat people in the advanced stages of trachoma.

Since my early days in public health, I continue to see how important it is to help people have the chance for better sight so they can work more easily to feed their families and watch their children grow up healthy and strong. Together, with the international community, we have the tools we need to go up to our neighbors, look them in the eye, and assure them that they do not suffer alone. We stand with them, ready to bring a brighter future.



Mulat Lemu of The Carter Center advises a grandmother with the most advanced form of trachoma to seek free eyelid surgery.