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Trip Spotlights Disease and Poverty in West Africa

Former U.S. President Jimmy Carter, Mrs. Carter, and Executive Director John Hardman traveled to West Africa Feb. 2-6 to focus international attention on the need to eliminate the last 1 percent of Guinea worm disease remaining in the world and launch a development initiative in Mali.

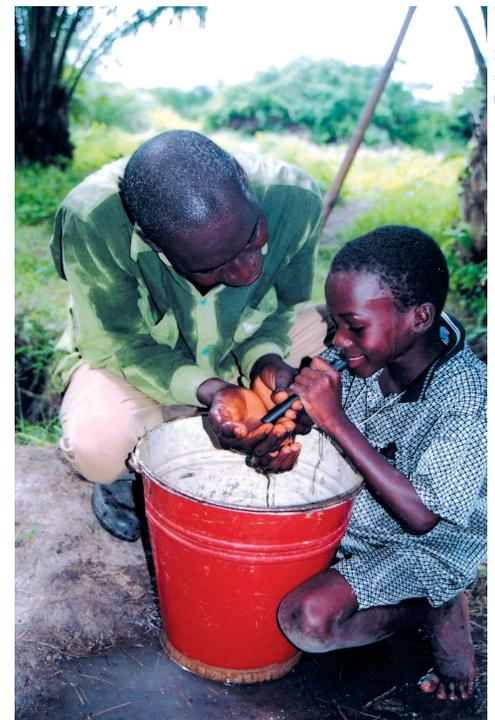
A debilitating disease remaining mostly in West Africa and Sudan, Guinea worm cases are down from 3.5 million in 1986, when The Carter Center began targeting the illness, to fewer than 32,000 today.

"Guinea worm disease is unfamiliar, even unimaginable, to most people in the developed world," said President Carter. "Yet relieving the suffering it causes is as easy as educating people about the disease and providing them with simple solutions to make their drinking water safe."

The Carters spoke with government leaders in each country to learn more about their challenges in combating the disease. "Carter Center experts have predicted for years that the last few cases will be the hardest, requiring extra human and financial resources to overcome," said President Carter.

In a two-day visit to Togo, President Carter met with President Gnassingbe Eyadema, who pledged support to the campaign to step up the fight against the disease, as well as Prime Minister Koffi Sama, Minister of Health Suzanne Aho, and leaders of the national eradication program. As part of its efforts, The Carter Center and the Japanese government signed an agreement ensuring financial aid of more than \$100,000 to continue the significant progress already made in the country.

Dr. LEE Jong-Wook, director-general of the World Health Organization, and Kul Gautam, UNICEF deputy executive director, representing organizations that collaborate closely with the Center in the fight to eradicate the disease, joined the Carters in Ghana. The most Guinea worm-endemic country in West Africa, Ghana accounts for about 25 percent of the



Emily Howard

Abudul Rahman, 8, learns from his uncle, Kow Mensah, that he must use a pipe filter to avoid contracting Guinea worm disease.

32,000 remaining cases and threatens Togo's success as the disease travels across their shared border.

At the Guinea worm-endemic village of Dashei, population 841, President and Mrs. Carter met victims of the disease, visited a water source and Guinea worm care center, and participated in health education sessions. "In Ghana, the resources, support, knowledge, and ability to eradicate Guinea worm disease are in place. It is up to Ghana to commit to the challenge by taking swift and immediate action," said President Carter.

Ghana's minister of health, Dr. Kwaku Afriyie, accepted the challenge, saying, "Ghana must raise public awareness and gain a sense of urgency at all levels to turn its numbers around and no longer hold the title of most endemic Guinea worm country in West Africa."

The Carter Center delegation, including Ed Cain, director of the Center's

continued on page 2

From the Executive Director

Every time I go to Africa, I am inspired by the warmth and resolve of the people. Their spirit, resourcefulness, and ability to persevere indicate an eagerness to work intensely for better health care and overall development, even in villages far from modern cities.

Yet it is difficult to explain to people in the United States why health education and the eradication of Guinea worm disease are so important in Africa. We

have easy access to clean drinking water and could never imagine the horror of one or more worms emerging from our bodies.

We are a nation of unprecedented bounty and a society bombarded by media images of health, affluence, and success, where the average household earns about \$154 a day. In contrast, more than one-sixth of humanity will try to survive this day on less than \$1.

There are strong economic and development reasons for eradication that impact not only Africa but also the global community. The World Bank has estimated, conservatively, that eradicating Guinea worm disease would create an economic rate of return of 29 percent, primarily through improved agriculture. Moreover, training health workers, encouraging safe drinking water, and

directly improving health, agriculture, and school attendance will be strong engines of development. We have seen this impact in Guinea worm-endemic countries that have either eliminated or nearly eliminated the disease. Lastly, good health and the promise for the future that it brings are essential to stability and global security. The work of our health and peace programs goes hand in hand.

Health, education, and agriculture—key building blocks of societies—have been devastated by Guinea worm and conflict. A child with Guinea worm suffers and is unable to attend school. His parents cannot harvest crops or attend to younger children. Community life and economic development falter, and hopelessness leads to despair and, sometimes, violence.

Why should we care about ridding the world of Guinea worm disease? Because people who live in grave poverty are real, and they are just as intelligent, creative, and hardworking as you or I. They love their children just as much, and they have the same hopes and dreams for those children—to live healthy, productive, meaningful lives. We can be inspired by their progress, knowing that the future is about making a better world for us all.

Annemarie Poyo



Dr. John Hardman, the Carter Center's executive director, and a health worker in Dashei examine a woman with an emerging worm.

continued from cover page

Trip, cont.

Global Development Initiative, also traveled to Mali to meet with President Amadou Toumani Touré and lend support to the launch of a Development and Cooperation Initiative, in which the Center will work with the government and civil society to strengthen democratic institutions, improve development planning, increase citizen input into development policy, and build the government's capacity to better coordinate external assistance around national priorities.

"The government of Mali recognizes it needs to undertake reform to reduce poverty, and the donor community understands it needs to coordinate its policies to better support Mali's efforts," said Cain.



President and Mrs. Carter observe a woman collecting pond water. She must filter the water to protect her family from contracting Guinea worm disease.

Annemarie Poyo

"Both the government and its partners have made progress, but additional measures are required to improve the effectiveness of aid."

Each day of his West Africa trip, President Carter wrote "blogs," or Web logs, recording his thoughts and impressions. To read more about the trip, visit www.cartercenter.org.

Human Rights Defenders Cite New Pressures

The U.S.-led war on terrorism has had a bitter side effect: Countries have expanded their police powers, eroded judicial review of executive orders, and silenced dissent by cracking down on opposition parties, minority groups, and civil society organizations.

Human rights defenders, gathered at a conference at The Carter Center in November 2003, said their hard-won gains have been reversed as the war on terrorism has led to some startling actions by governments. Governments have adopted security policies that are, in some cases, being used to crack down on dissidents and human rights defenders. The justification for these actions, governments say, is the United States' broadening of its own police powers under the Patriot Act and its detention at Guantánamo Bay, Cuba, of prisoners captured in Afghanistan.

Human rights defenders from 41 countries gathered at The Carter Center to assess the status of human rights and democracy movements worldwide.

"After Sept. 11, the United States has adopted troubling policies of indefinite and incommunicado detention that it would never have accepted from other nations," said Carter Center human rights lawyer Ashley Barr. "It also has deepened ties with several undemocratic governments to increase cooperation on security issues, but these countries have seen this move as a ripe opportunity to quash human rights movements or to deprive citizens of basic rights. These issues are not confined to those developing countries that have been known to abuse human rights; they're worldwide."

These crackdowns have placed many human rights defenders in increasing danger. For example, Uzbekistan convicted

more than 100 people in the months following the terrorist attacks in the United States for alleged crimes related to religious worship. Eritrea jailed journalists after accusing them of having terrorist ties, and all independent press outlets were closed in September 2001. And Colombian President Alvaro Uribe has defended expansive police powers granted to public security forces, arbitrary detentions, and raids of civil society organizations.

"Ironically, the individuals and organizations being targeted are in the best position to press for legal and social policies that will create stable and less radicalized societies," said Karin Ryan, Carter Center human rights consultant.

Former U.S. President Jimmy Carter has called the escalating threats disturbing.

"There was a general consensus that the unconscionable terrorist attacks of September 2001 have precipitated policy changes in the United States and other nations because of preoccupation with the use of force as the sole means to combat terrorism," President Carter said. "This is leading to an alarming erosion of the rule of law in established and emerging democracies and giving comfort to undemocratic governments that previously were the subject of intense pressure on their human rights policies."

Participants from 41 countries joined President Carter and then acting U.N. High Commissioner for Human Rights Bertrand Ramcharan to assess the status of human rights and democracy movements worldwide in the wake of the U.S.-led war on terrorism and to call upon governments



Sima Simar, chair of the Afghanistan Independent Human Rights Commission, advocated for the U.S. government and the United Nations to include human rights policies as they plan for the rebuilding of her country.

not to abandon civil liberties and the rule of law as security efforts are increased. U.N. Special Representative to the Secretary-General on Human Rights Defenders Hina Jilani also was a featured presenter at the Center's conference, "Human Rights Defenders on the Front Lines of Freedom."

Other participants included Dr. Saad Eddin Ibrahim of Egypt, an activist and professor at the American University in Cairo, who exposed fraud in the Egyptian electoral process and subsequently was sentenced to seven years in prison, and Dr. Willy Mutunga, executive director of the Kenya Human Rights Commission, who addressed a proposed U.S.-supported anti-terrorism law that dangerously expands police powers in Kenya.

The conference culminated in a public statement, *The Atlanta Declaration*, outlining proposals to combat the troubling backslide on human rights that were presented to senior U.S. officials after the conference. In addition to calling for the repeal of all anti-terrorism legislation that undermines fundamental freedoms, a fund for the legal defense of persecuted human rights activists was proposed, as well as U.N. reforms to ensure the high commissioner for human rights' independence from political pressure.

Center Fosters Democracy in Venezuela

For nearly two years Venezuela has been a divided country, with escalating tension between the supporters of the president and the opposition that wants to end his term in office. Along the way, The Carter Center and the Organization of American States have been working with both sides and with the electoral authorities to get consensus on the “rules of the game” at each step of the process so the outcome can be respected as fair and just.

A May 2003 agreement between the government and opposition recognized that a recall referendum on the president’s rule could help resolve the tensions of the country. The Carter Center and OAS were invited by the electoral authority to observe the entire recall effort. Since opposition supporters finished collecting signatures in November to force a recall vote, Venezuela’s National Electoral Council confirmed as valid 1.8 million of the 3.4 million signatures turned in by opposition supporters. They need 2.4 million signatures to force a recall vote. The delay in announcing the number of validated signatures and the preliminary disqualification of many of the signatures led to massive protests in Caracas that turned violent in late February.

The Carter Center has worked in Venezuela to reinforce a faltering democracy and sustain confidence in the electoral process since 1998. The country’s uncertain political climate led the Center to observe the 1998 presidential elections. Four years later, tensions reached the boiling point when masses of government opponents took to the streets, calling for the removal of what they called an undemocratic leader. The military removed President Hugo Chávez from office in April 2002. He was restored to office two days later after foreign governments condemned the coup as an unlawful interruption of democracy and his supporters poured into the streets.



Jennifer McCoy and Carter Center Caracas Representative Francisco Diez attend one of several press conferences they have held to keep the Venezuelan public apprised of the Center’s work and developments in the recall process.

Venezuelans again turned to The Carter Center as a neutral organization, having established relationships with the government and members of the opposition as election observers in 1998 and 2000, when Chavez was re-elected under a new constitution.

“Our helping to ensure transparent elections from an impartial perspective led the government to seek our help with a national dialogue after the coup,” said Dr. Jennifer McCoy, director of the Center’s Americas Program and the Venezuela Task Force leader. “We joined with the Organization of American States and the United Nations Development Programme to foster

this process. But the eventual agreement to focus on constitutional provisions for a recall referendum alone will not resolve the fundamental problems of Venezuela. Various sectors of society must work to reconcile differences and learn to coexist.”

Matthew Hodes, director of the Center’s Conflict Resolution Program and member of the task force, said the presence of impartial facilitators and observers deterred widespread violence since April 2002.

“I think the involvement of the Center and the OAS has brought hope to both sides—that the process, despite its lack of progress at times, is being watched and that the will of the people is looked after,” Hodes said.

If sufficient signatures are verified, a recall vote will occur in the summer of 2004; if the president loses the vote, a new presidential election will take place to elect a successor to complete the remainder of the term, which ends in December 2006.



Venezuelan anti-government protesters hold flags in front of a mural of Simon Bolivar during a demonstration in Caracas, Venezuela, Wednesday, March 10, 2004. Opposition supporters were protesting the National Electoral Council’s initial decision to invalidate more than 1 million signatures.

Latrine Use Reduces Flies That Transmit Trachoma

An assessment of the Carter Center's latrine project in Niger has shown highly encouraging evidence that after one year, household latrines are widely accepted, used, and maintained. When the Center and the country's ministry of health began the project in 2002, fewer than 5 percent of households in rural communities had covered latrines. Now more than 2,900 latrines have been built in more than 50 villages, and as many as 1,000 more households will build latrines as materials become available.

"We needed to learn how well people are accepting latrines, whether they maintain the latrines, and how hygiene education has had an impact on the communities. The results are promising," said the Center's Dr. Mamadou Diallo, a physician from Mali with a master of public health degree from the University of California at Berkeley and a graduate of the Epidemic Intelligence Service at the Centers for Disease Control.

Beginning in June 2003, the trachoma control team visited 200 households, interviewed adults, and met with village leaders. They found that latrines are welcomed in villages and accepted for different reasons.

- More than 90 percent of adult men and women reported always using latrines.
- Eighty-two percent of those surveyed chose to use them for proximity and privacy.
- Only 5 percent cited disease prevention as the reason for using latrines.
- Seventy-five percent of the time, women are in charge of cleaning latrines.

While only a small percentage of villagers reported using latrines as a way to prevent disease, Salissou Kane, resident technical adviser for the Center's Trachoma Control Program in Niger, is pleased with project results. "Even though people are using latrines for reasons other than health, they are still using latrines," he said. "Later on we can help them connect

In addition to the latrines in Niger, The Carter Center has built 7,900 latrines in five other African countries. The Carter Center learned about cultural and regional influences. In some countries, latrine lids get too hot. In southern Sudan, where soils are very loose and moist, some latrines have collapsed. Center staff found in Mali that separate latrines would have to be built in a home housing more than one wife or family. Ethiopia and Ghana are experimenting with public latrines.

the impact of latrines on health." The Carter Center's Trachoma Control Program began its latrine project early in 2002 to rid rural villages of breeding sites for flies that transmit the world's most common preventable cause of blindness. The team provides materials and supervises the construction of household latrines.

Forty-nine of 50 village leaders reported they would continue to build latrines when the project ends.

Trachoma, the world's leading cause of preventable blindness, affects 146 million people, most of whom live in developing countries in Africa, the Middle East, and Asia. Only cataracts cause more blindness worldwide but, unlike cataracts, trachoma can be prevented through improvements in personal and environmental hygiene. The Carter Center's Trachoma Control Program works with ministries of health and other partners in Ghana, Mali, Niger, Ethiopia, Sudan, and Nigeria to promote improvements in personal and environmental hygiene and to deliver antibiotics to people at risk for blinding trachoma.



Jim Zingesser

Villagers in Niger build latrines surrounded by thatch, decreasing breeding sites for flies that carry blinding trachoma. The Carter Center and the national ministry of health will continue to explore ways to make household latrines even more affordable, acceptable, and sustainable.

Guinea Worm Warrior Fights Against All Odds

Some have called him the “Great One.” Living for a week on one small sack of supplies, getting food from people along the way, Abdelgadir El Sid is a legend among field workers fighting disease in Africa.

In the 1970s, he earned his reputation by uncovering the last case of smallpox in a remote village in Somalia. Having been told that no one there had the disease, he suspected villagers might be reluctant to admit the presence of “a pox upon them” out of shame. So he created a commotion, purposely driving his jeep into a ditch, which attracted everyone in the village to witness the scene, including the last remaining victim of smallpox in the world.

Today, in his late 60s, his savvy has helped The Carter Center make Guinea worm the next disease to be eradicated. In

war-torn southern Sudan, the region with the largest concentration of remaining cases of Guinea worm, he has astonished colleagues with his relentless pursuit of his objectives.

Southern Sudan has only 15 miles of paved roads and no electricity, yet eradicating Guinea worm calls for every village to be assessed and every infected village to be served.

The most difficult part is getting to remote endemic villages, and the rainy season is the most challenging time.

“The most difficult part,” Abdelgadir said, “is just getting to remote endemic villages. Sometimes you have to sleep in the forest, get people to help pull your boat, and hope you can find someone to feed you during your journey.”

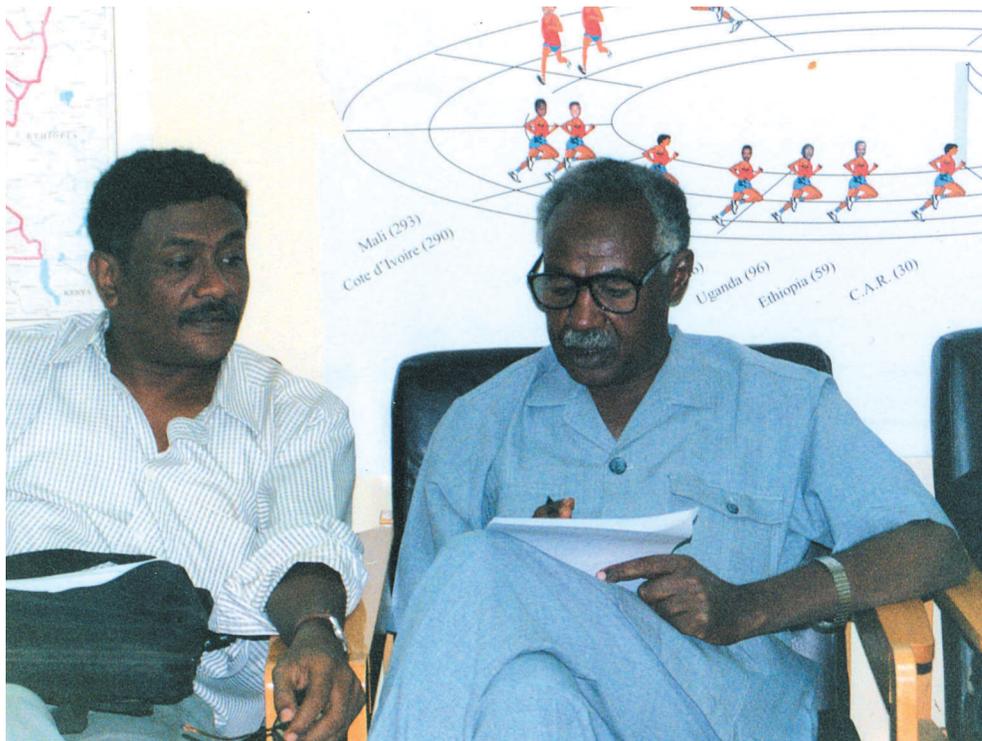
The rainy season is the most challenging time. Navigating swollen streams strewn with floating tree stumps, avoiding poisonous snakes, and simply finding one’s way over altered courses in waterways are just a few of the difficulties.

On one weeklong journey, he had to leave his boat and wade for eight hours in water sometimes up to his neck, carrying a bundle of cloth filters to a remote village where they would be used to strain Guinea worm larvae from drinking water.

Cases of Guinea worm disease have decreased from 3.5 million in 1986 to fewer than 32,000 today, thanks to a worldwide coalition led by The Carter Center, including WHO, UNICEF, the Centers for Disease Control and Prevention, the U.S. Peace Corps, and African national ministries of health.

“There was nowhere to rest that whole day. All I could see around me was water. But that wasn’t the worst part,” he said. “I had to avoid rebel fighters, who might shoot you for no reason.”

Renewed prospects for peace in Sudan bring hope that intrepid field workers like Abdelgadir will reach many previously inaccessible villages in the war zone, speeding progress toward making Guinea worm disease the first parasitic disease to be eradicated.



Emily Howard

Abdelgadir El Sid (right) will not rest until Guinea worm disease no longer affects the people of Sudan. The chart in the background shows progress in the race to rid the world of this debilitating disease.

Altered Corn Helps Ghana's Children Fight Malnutrition

Don Melvin, Cox News Service

The fruits of an agricultural revolution taking place today in Ghana can be seen not only in the growing incomes of farmers but also in the healthy faces of children. With the help of the Atlanta-based Carter Center, this revolution has swept over much of Ghana and attracted the attention of other countries in West Africa and beyond.

Powerful forces like AIDS and war often hinder the efforts of Africans to escape poverty and illness. But those forces are opposed in some small measure by the seed that has taken root in Ghana—an altered form of corn known here as “obatanpa,” or “good nursing mother.”

Scientists call it by a more prosaic name: quality protein maize. It is like normal corn in all respects but two: It yields more corn per acre, and it contains better protein. The higher yield is important in a country where 60 percent of the

workers are small-scale farmers. The better protein is critical in a country where corn porridge is used to wean babies from their mothers' breasts.

The details of proteins can sound technical to the layman. But there is nothing technical about the effects Nana Akosua has seen in her children. The family lives in the village of Sekyedumase, 70 miles north of the city of Kumasi. Akosua's oldest child, a boy named Augustine, was born before obatanpa was introduced to the village and before the government began a program to teach mothers about infant nutrition. When he was two months old, Akosua started adding koko, a corn porridge, to Augustine's diet of breast milk. Unbeknownst to her, normal corn has very low amounts of lysine and tryptophan, two amino acids essential to human life. Augustine was sick often with diarrhea and fever.

By the time Akosua gave birth to her second child, Phyllis, the village had

switched to obatanpa, which has been bred to have much higher quantities of those two amino acids, making its protein more complete. Akosua fed Phyllis exclusively on breast milk for six months, as she was taught. When she weaned the baby, she used koko made with obatanpa.

Today, Augustine is 13 years old. Phyllis is 10. They are virtually the same height. And that's not all. “The girl is very clever,” Akosua said proudly. “She is the first in her class.”

One of her classmates is Augustine, who has been held back twice. The siblings, three years apart, are equally tall and in the same class. Anomalies happen, but Akosua says she knows why her children turned out differently. “I think it is because of the diets,” she said.

There is no anomaly in what has happened in this area. Ten years ago, about half the children in this district were malnourished, said Abenaa Akuamo-Boateng, a regional nutrition officer for the Ghana Health Service. By last year, the rate had dropped to 8.7 percent. Education has helped, as have small loans designed to provide people with income to tide them over between harvests. But, in an area where babies were eating sufficient food and getting insufficient nourishment, the new corn, too, has helped a lot.

And the reduction in malnutrition coincides precisely with the period of time that The Carter Center worked to introduce quality protein maize in the region in partnership with the Sasakawa Africa Association, led by Norman Borlaug. Borlaug is the “green revolution” agronomist and Nobel Peace Prize laureate best known for high-yield agricultural techniques that eased food shortages in India and Pakistan in the 1960s.

Scientists began developing quality protein maize from a strain of Andean corn found in the 1960s to have higher-than-normal levels of lysine and tryptophan. But it was difficult to get a variety that tasted as good as normal corn, or resisted disease as well, or offered as high a yield, or had appealing color and consistency.



Women in Ghana sort a variety of corn called quality protein maize. Children weaned on quality protein maize are larger and healthier than those weaned on normal corn.

Annemarie Poyo

By the 1980s, local experts in Ghana, with help from The Carter Center and Sasakawa Association, developed a quality protein strain that matched traditional corn in taste, texture, and color. “It’s equal to mother’s milk,” said former U.S. President Carter in Ghana. “It’s a complete food.”

And the yield is 50 percent higher than for normal corn. The economic benefits can be seen in the village of Enyinase, 10 miles east of the city of Cape Coast. “Our standard of living has changed,” said Seth Apecu, the secretary of a local farm group. “In this village, everybody who is cultivating obatanpa has put up a new building.” Ernest Asiedu, a Ghanaian seed technologist, estimated that 30 percent of the corn in Ghana is now quality protein maize.

Quality protein maize has 90 percent of the nutritive value of milk. It also has the taste, texture, and color that people want in corn.

The work in Ghana is now sufficiently supported by the Ghanaian government and local enterprise that the Carter-Sasakawa partnership ended its country program there on Dec. 31. But the partnership, known as SG2000, continues in the region, said Wayne Haag, an SG2000 official who has worked on quality protein maize for many years.

Ghana is not the only African country which has the potential to benefit from high-protein corn. “We’ve taken seed products from Ghana and introduced them in other countries throughout Africa,” President Carter said.

Officials from other African countries, including Tanzania, Malawi, Ethiopia, Mali, Guinea, and Senegal, are studying Ghana’s experience. “Ghana, in a way, has been a pioneer,” said Haag.

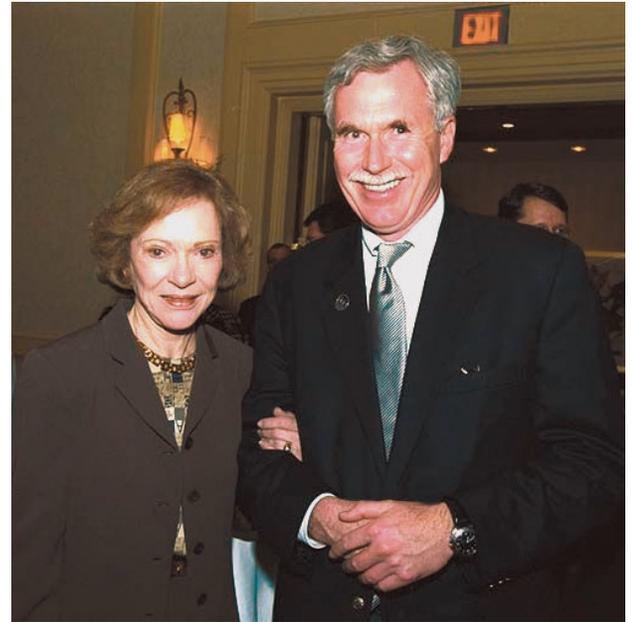
Mental Health Symposium Urges Collaboration

The Nineteenth Annual Rosalynn Carter Symposium on Mental Health Policy convened at The Carter Center Nov. 5-6, 2003, to discuss implementation of recommendations for transforming the mental health system made by the President’s New Freedom Commission on Mental Health. The commission, announced by President Bush in April 2002, was the first since President Carter’s 1978 Commission on Mental Health, with Mrs. Carter as active honorary chair.

“The New Freedom Commission has done its work,” said Mrs. Carter. “It is now up to us, the mental health community, to work together to implement the recommendations of the report. The task is huge, and no single sector can do it alone.”

Through panel discussions, question-and-answer sessions, and work groups, the more than 200 symposium attendees focused on the current science of mental illnesses, ways to incorporate science into services, and strategies for implementing the commission’s recommendations.

Dr. Michael Hogan, who chaired the New Freedom Commission, served as the symposium’s keynote speaker. “Our commission review found no fewer than 42 different federal programs that might be used at different times by children or adults,” Hogan said. “We expect people to navigate this complexity when they are ill. This unintended complexity, coupled with real gaps in care, is a striking problem that led us to conclude that the entire system must be transformed.”



Dr. Michael Hogan, keynote speaker at the Rosalynn Carter Symposium on Mental Health Policy, and Mrs. Carter share a keen interest in improving the mental health care system.

The concept of recovery is key to that transformation: Some people achieve complete recovery and remission, and a recovery-oriented approach also helps those who live with an illness or disability. The “engine” of recovery is hope—the expectation of better outcomes for the person, their family, and their mental health professional.

Mrs. Carter noted that presidential commissions do not carry with them the means for implementing their recommendations. “It is overwhelmingly the responsibility of the larger community to ensure that the issues identified stay in the forefront of the minds of the general public,” she said. “Sharing best practices and our successes helps us all accomplish our goals.”

Endowment Campaign Achieves \$150 Million Goal

Friends of The Carter Center had reason to celebrate this past December when gifts and pledges reached and exceeded the \$150 million goal of The Campaign to Endow The Carter Center. "It's a wonderful accomplishment for The Carter Center, for the future of our health and peace programs, and for President and Mrs. Carter," said Dr. John Hardman, executive director, about the campaign's success.

Sincere thanks go to the 3,600 individuals and organizations around the world who participated in the campaign. "We're grateful to each donor who helped make this outcome possible," said Dr. Hardman. The success of the campaign is important not only for the resources it brings to the Center but also as a legacy to President and Mrs. Carter. "The Carters now have an assurance that the Center's mission of waging peace, fighting disease, and building hope around the world will continue long into the future," Dr. Hardman added.

Total commitments to the campaign will likely increase. There is time to be a part of this important effort.

Because several additional major proposals remain pending, the campaign is still active. As friends consider their responses, total commitments to the campaign will likely increase in the weeks ahead. There is time to be a part of this important effort. Through additional outright gifts and future provisions in the form of bequests, annuities, and trusts administered by the Center's gift planning office, donors may continue to participate in the expansion of the permanent endowment.

Launched by the board of trustees as a special fund-raising effort to strengthen the Center's financial foundation, The Campaign to Endow The Carter Center sought to attract \$150 million in new gift monies for permanent endowment. Volunteer leadership to The Campaign to Endow The Carter Center was provided by trustees John Moores, chair of the San

Diego Padres, and Kent "Oz" Nelson, retired chairman and CEO, United Parcel Service. A group of local business and community leaders, several serving as members of the Center's Board of Councilors, volunteered time and energy to ensure success of the Atlanta campaign phase.

To learn more about endowment and planned gifts, please contact Arthur Wasserman, chief development officer, Major Gifts and Endowment, The Carter Center, One Copenhill, Atlanta, GA 30307. (404) 420-3864 or e-mail: agwasse@emory.edu.

Donors Promote Good Governance

The Carter Center, through the support of the United States Agency for International Development (USAID), the United Kingdom's Department for International Development (DFID), and the government of Switzerland's Federal Department of Foreign Affairs (DFA), will observe Mozambique's national elections in December as part of its effort to help establish in the country a credible electoral process that meets international standards. The Center's observation is the culmination of an 18-month project

to help consolidate democracy in Mozambique. The Center also observed the 1999 national elections.

The government of Switzerland is an emerging partner that shares the Carter Center's commitment to promoting good governance and the management of electoral conflicts. The Center also enjoys an ongoing relationship with the government of the United Kingdom, which has funded Center election observations in Mozambique, Venezuela, and Jamaica. USAID is a long-time supporter of the Center, supporting many peace and democracy initiatives since 1990.

The Mozambique project funded by USAID, DFID, and DFA also supports local civil society organizations' efforts to play a constructive role in the election process. The Center collaborated with civil society organizations during the November 2003 municipal elections in conducting a parallel vote tabulation (PVT), a process of collecting a sample of voting results from some or all polling stations to verify official results. By conducting a PVT, observers are able to hold election officials accountable and provide a deterrent against manipulation.



Gates Foundation Makes River Blindness Challenge

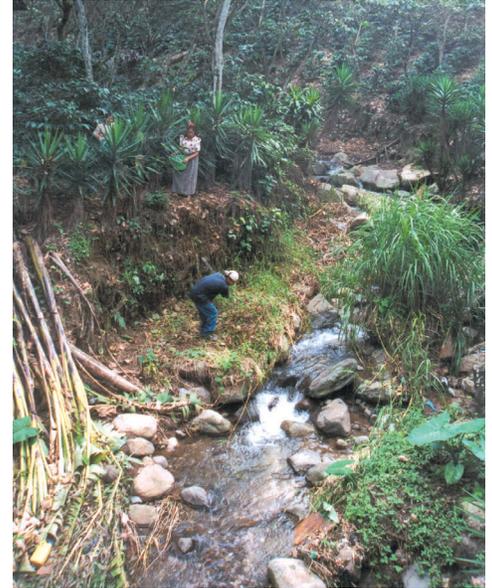
The Bill & Melinda Gates Foundation recently awarded a \$10 million challenge grant to The Carter Center to eliminate river blindness in the Americas by the end of this decade. The Center, through the Onchocerciasis Elimination Program of the Americas, works to treat river blindness in the six endemic countries of Latin America.

The Gates Foundation helps improve global health and expand learning opportunities for young people. Since 2000, the foundation has been a committed partner to the Center in its efforts to fight disease and alleviate suffering.

The grant challenges the Center to raise \$5 million in matching funds to

secure a total of \$15 million for the project. "We hope that this challenge grant will inspire other donors to support the Center's efforts to eliminate this debilitating, blinding disease in the Americas," said Dr. Regina Rabinovich, director of the foundation's Infectious Diseases Program. "The elimination of river blindness would mark a critical milestone in public health and pave the way for future progress in the region's health and development."

With help from partners such as the Gates Foundation, The Carter Center has delivered more than 55 million treatments of the drug Mectizan® in Africa and Latin America.



Emily Howard

River blindness is spread through the bite of a small, black fly that breeds in rapidly flowing rivers and streams along the most fertile riverbanks. The economic and health consequences of the disease are devastating, as adults cannot farm or care for their children.

Ambassadors Circle and Legacy Circle Members Get First-hand Overview

The seventh annual Executive Briefing and Presidential Reception was held on April 16, 2004, for members of the Ambassadors Circle—donors who contribute \$1,000 or more in unrestricted gifts—and the Legacy Circle—those who have made planned gifts to the Center.

The event attracted 247 donors from 26 states and from England and Canada. Highlights included briefings by program directors and an update from President Jimmy Carter and Mrs. Rosalynn Carter, followed by a question-and-answer period, photographs with the Carters, and tours of the Center and Presidential Library. The Presidential Reception allowed participants the opportunity to speak to the Carters one on one.

Donors praised their experience and commented on how the event gave them a strong sense of ownership of the Center's work.

For more information about the Ambassadors Circle, please contact Seema Shams at (404) 420-5134. For information about the Legacy Circle, please contact Rhonda Schultz at (404) 420-3868 or visit www.cartercenter.org.

"It was wonderful to learn about all the activities of the Center and progress made."

—Ambassadors Circle members Ronald and Debbie Rudolph of Kensington, Md., attended with their daughter, Olivia Bozik.

"The Executive Briefing was very educational."

—Ambassadors Circle members Gaye Laurell and Daniel Reiber are from Cleveland, Ohio.

"The Carters make you feel peace is possible."

—Legacy Circle member Una Marie Pierce lives in San Diego, Calif.

Multiply the Impact of Support

Many companies offer current and retired employees a matching option that can double or even triple a donation to The Carter Center, providing critical funds that help provide peace, health, and hope for millions around the globe.

Participation in a matching gifts program creates hope for many.

Contact your employer's human resources office to learn if the organization offers a program. A partial list of participating companies is available on our Web site at www.cartercenter.org. Obtain a matching gifts form, complete it, and send it along with your donation. Please call 1 (800) 550-3560, Ext. 109, with questions.

White House Collection of American Crafts Opens at Museum

The first official White House crafts collection will be presented at the Jimmy Carter Museum in Atlanta May 15-Aug. 15. This outstanding collection, exhibited in the White House between 1993 and 1995, reflects the nation's longstanding tradition of craft making and the richness and diversity of this important aspect of American artistic heritage. Using glass, wood, clay, fiber, and metal, artists such as Dante Marioni, Dale Chihuly, David Levi, Sonja Blomdahl, Bob Hawk, Sam Maloof, Cheryl C. Williams, Edward Moulthrop, and many others display the skill, imagination, and vitality of American craft in the 1990s.

The Museum exhibit showcases 70 works of the hand by 75 of America's leading contemporary crafts artists.



Planned Giving Benefits Donor and Center

If you have remembered The Carter Center in your will, we encourage you to review the language of the designation to ensure your gift will be directed to the Center properly. A bequest should list our name as The Carter Center, Inc. or The Carter Center and indicate our location in Atlanta, Ga. For more information on bequests, visit our Web site at www.cartercenter.org or call Rhonda Schultz in the Office of Gift Planning at (800) 550-3560, Ext. 868.

Stay Current at www.cartercenter.org

New on the Carter Center Web site are the 2002-2003 Annual Report, the final report on the 2003 Mozambique municipal elections, and President Carter's trip report from West Africa, Feb. 2-7, 2004. Visit the site often for up-to-the-minute information and a wealth of research material.



Tom Skillo



Tom Skillo

The Carter Center's 12th annual Winter Weekend auction held Feb. 28 in Snowbird, Utah, raised more than \$823,000 to help support the Center's work to advance peace and health worldwide. Jim and Casey Margard (left) purchased the Yamaha guitar signed by many top music stars, including the B-52s and Willie Nelson. Elijah Holyfield (right) proudly shows off a football jersey signed by Peyton Manning and purchased by his mother, Janice Holyfield. Manning is the only NFL quarterback in history to throw for 12,000 yards in his first three seasons.