

THE  
CARTER CENTER



# CARTER CENTER NEWS

SPRING 2017

Sudan Takes Step  
Toward Peace

Communities Rally  
to Fight Disease



WAGING PEACE.  
FIGHTING DISEASE.  
BUILDING HOPE.

# CARTER CENTER NEWS

SPRING 2017

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Contributing Photographers: R. Borden: 11 top; P. Dicampo: 12 bottom; G. Dubourthoumieu: 3; O. Geddo: 4, 5 all; M. Hatch: 2; Courtesy of H. Keys: 12 top; R. McDowell: cover, 6, 7 bottom; A. Mosher: 11 bottom; Courtesy of The Oklahoman: 9 bottom; M. Pelletier: 8; A. Poyo: 9; L. Reyes: 7 top; M. Schwarz: 10.

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## ON THE COVER

Nigerians Ifenyinwa Umeayo and Bernadette Umeayo — who are married to brothers and share the same household — both once had nodules on their bodies, a sign of river blindness. Today, their nodules are gone following regular ongoing treatment. Read more about how community mobilization is critical for sustaining the fight against river blindness and other neglected tropical diseases on page 6.



From the CEO

## Small Actions Yield Big Successes

We think big at The Carter Center. Big ideas, big plans, big goals.

Guinea worm disease was a big problem—3.5 million cases a year—when we started working on it, but today we're within reach of eradicating it. Observing 103 elections in 39 countries has been a big challenge, but we've done it, and fragile democracies have benefited. Training a nationwide corps of mental health clinicians in Liberia is a big task, but we're well on our way to accomplishing it.

Recently, when the John D. and Catherine T. MacArthur Foundation offered \$100 million for a durable solution to an important problem, 1,904 organizations submitted proposals. The judges selected our proposal to eliminate

river blindness in all of Nigeria as one of just eight semifinalists for the 100&Change grant, with the winner to be announced in late 2017.

The Carter Center has been working since 1996 in Nigeria, where our partners in the Ministry of Health are close to stopping transmission of river blindness in two states, Nasarawa and Plateau. They hope to extend that success to the rest of the country with our help.

Our mission statement says we take on "difficult problems" knowing we risk occasional failure but betting on sustainable success in improving life for the poorest of the poor.

It seems almost paradoxical that our big successes depend on the collective power of small, individual actions: local citizen groups taking responsibility for observing election practices; community medicine distributors treating their neighbors one by one

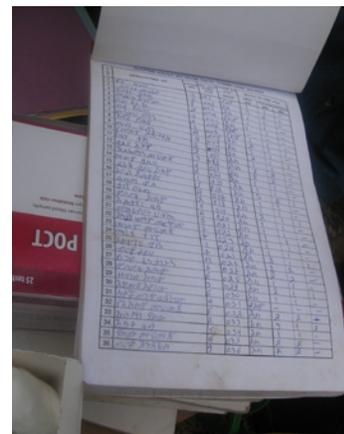


Ambassador (ret.) Mary Ann Peters is the chief executive officer of The Carter Center.

and logging each name and dose in a book; village women summoning the courage to demand information from their governments that will enable them to improve their lives.

Engaging people at the grass roots to change their own lives means giving them the tools to handle the next challenge and establish systems and structures to address future issues.

I invite you to appreciate, as I do every day, the relationship between small actions and big successes.



It's a small step for a health worker or volunteer to record a name in a logbook — like the one from Ethiopia above — showing a community member has taken an annual treatment for a disease such as trachoma. But over many years, the list of names grows and the community becomes healthier — a big success.

## Center Sponsors Presentations in DRC on Mining Operations

More than 100 people turned out in Kinshasa in February to learn more about the financial dealings of five major mining operations in the Democratic Republic of the Congo during the Carter Center-sponsored “Presentations on Fiscal Lessons from the Mining Sector.”

During the half-day event, representatives from Congolese civil society organizations who participated in Center-organized training on mining sector tax research presented the findings of their case studies to a group that included representatives of parliament, the mining companies, international embassies and nongovernmental organizations, and the media.

The Carter Center also released a new analysis synthesizing significant findings from these studies.

The reports identified a number of important issues, including mining royalties not shared with provincial governments; minimization of profit tax payments; underpriced sales of state-owned assets; a lack of transparency about the uses of state-owned mining companies’ revenues; and a failure to publish financial statements, contracts, annexes, and amendments related to mining projects.

*A Carter Center-sponsored event in Kinshasa exposed some of the financial dealings of mining operations in the Democratic Republic of the Congo. Below, Congolese men work in a Lubumbashi mine.*



## 2016: Mali Reports Zero Cases of Guinea Worm Disease

Last year, 25 cases of Guinea worm disease were reported in three African countries. The cases were reported in 19 isolated villages in Chad, Ethiopia, and South Sudan. For the first time, Mali reported no cases.

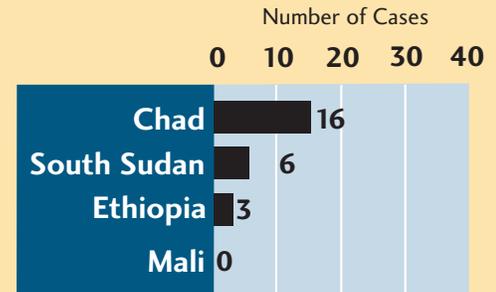
While there was a slight increase in cases from 2015, when 22 cases were reported, the containment rate increased from 36 percent in 2015 to 56 percent in 2016. A contained case is one that is identified and isolated before the disease can spread.

Sixteen cases were reported in Chad, six in South Sudan, and three in Ethiopia.

When The Carter Center began leading the international campaign to eradicate the parasitic disease in 1986, there were an estimated 3.5 million cases annually in 21 countries in Africa and Asia. It is on track to become the second human disease ever eradicated, after smallpox in 1980.

Guinea worm disease is contracted when people consume water contaminated with tiny crustaceans that carry Guinea worm larvae. The larvae mature and mate inside the patient’s body. After a year, a female worm up to three feet long slowly emerges through a painful blister in the skin. The disease incapacitates people for weeks or months, reducing their ability to work, grow food for their families, or attend school.

## Reported Cases of Guinea Worm Disease, 2016



Since 1986, 18 countries have stopped Guinea worm transmission: Mali, 2016; Ghana, 2010; Nigeria, 2008; Niger, 2008; Burkina Faso, 2006; Cote d’Ivoire, 2006; Togo, 2006; Benin, 2004; Mauritania, 2004; Uganda, 2003; Sudan, 2002; Central African Republic, 2001; Cameroon, 1997; Yemen, 1997; Senegal, 1997; India, 1996; Kenya, 1994; Pakistan, 1993.

## Center Observes Voter Registration in Liberia

A Carter Center team that went to Liberia in late February to observe the country’s voter registration process found that despite a few early operational hiccups, things proceeded relatively smoothly.

The delegation, led by Jordan Ryan, vice president of the Carter Center’s peace programs, visited 40 voter registration centers in eight of Liberia’s 15 counties. It also met with electoral authorities, journalists, government leaders, and members of the national police, political parties, and civil society organizations.

It commended the National Election Commission for its efforts to run a smooth and inclusive process and reported that it noticed a strong desire among all Liberians for the elections to proceed smoothly and peacefully.

October’s national election represents a critical moment in Liberia’s recovery from war and transition to a peaceful democracy. It will be the third presidential election since the end of the civil war and the first post-war transition from one elected president to another, as term limits prevent current president Ellen Johnson Sirleaf from running again.



## Dialogue Helps Sudan Take Step Toward Peace

In the mid-1990s, Monica McWilliams spent two years at negotiating tables sitting next to the leader of an armed group that had tortured and killed her best friend during the Northern Ireland conflict known as The Troubles.

“After two years at the table,” McWilliams told members of the Sudanese government, civil society, and opposition groups at a series of Carter Center-organized meetings in December, “we were best friends.”

All that time spent talking to each other made the friendship possible.

“Dialogue creates understanding,” she said. “I hope eventually you will get to taste the prize of peace in Sudan as we are in Ireland.”

Sudan has been mired in conflict since 1983. Over the years, armed struggles have claimed the lives of more than 2 million people and displaced many more millions. There have been breaks in the fighting, and a peace agreement that eventually led to the formation of the new country of South Sudan, but permanent peace has proved elusive. Even after South Sudan’s independence, war between the government and opposition groups has continued in the region of Darfur in western Sudan and in the southeastern part of the country known as the “Two Areas.”

“It’s my dream,” said Buthaina Elnaiem, a professor and activist who attended one of the December meetings, “to have a durable

peace, to have a sustainable peace.”

The Carter Center’s meetings brought together key Sudanese officials and activists with McWilliams and four other international experts who have dealt with strife in their homelands. The experts listened as the Sudanese discussed some of the specific challenges they are facing, and then shared some of the lessons they learned while working to resolve conflicts at home.

Ibrahim Mahmoud, an assistant to Sudan’s president and the government’s chief negotiator, attended the meeting for government officials and said he found the experience valuable.

“We can see successful stories of national dialogue in these countries,” he said. “What are the problems or weak points? What are the most important issues for success and change? I feel very confident that this discussion at this stage was very important and fruitful and will help us to go forward in our way to peace.”

The African Union is officially mediating the Sudanese conflicts. Its efforts led to the creation of a peace “roadmap,” signed by the government and many members of the opposition. That was accompanied by a government-sponsored National Dialogue conference, which produced a detailed list of recommendations aimed at unifying the country.

Depending upon whom you talk to, the National Dialogue is either an important step toward peace or a diversion.

Monica McWilliams of Northern Ireland shares some of her experiences helping to negotiate peace in Northern Ireland in the 1990s during a Carter Center-sponsored meeting with Sudanese activists in Khartoum in December 2016. McWilliams was one of nine politicians jointly awarded the John F. Kennedy Library Profile in Courage Award for their efforts to bring peace to Northern Ireland.

“Specific National Dialogue recommendations are contradictory and repetitive, and the meaning of some is in dispute even amongst their creators,” said Mariam al-Mahdi, leader of the National Umma Party, part of a larger opposition group that did not take part in the National Dialogue but did attend one of the Carter Center meetings. She and other members of the opposition called the dialogue a distraction meant to win favor with the international community and buy time for a government on the verge of collapse.

Presidential aide Mahmoud, on the other hand, pointed out that 90 percent of political parties took part in the dialogue and suggested that the armed groups and political parties that boycotted the discussion were out of step with the Sudanese people.

“Nowadays we feel that we are in a new stage of Sudan,” he said. “No voice now is louder than the voice of peace and civility.”

There is now an opportunity to advance this stage: The U.S. government in January partially lifted its 20-year sanctions against Sudan, linking the change to a year-long government cease-fire, increased international humanitarian access to the country, and Sudanese cooperation in combatting terrorism. The situation will be reviewed in six months, and the sanctions could be reinstated if the Sudanese government backtracks. Former U.S. President Jimmy Carter played a role in this new arrangement, meeting with members of both the American and Sudanese governments to encourage them to come to terms.

The focus now turns from a cease-fire to negotiating a lasting peace agreement between the government and the opposition, who want to see the release of political prisoners, increased civic freedoms, constitutional reforms, and restitution for victims of government violence.

It won’t be easy, but with the government’s cease-fire in place and millions of Sudanese looking forward to a brighter economic future thanks to sanctions relief, prospects are better than at any recent point.

As another of the Carter Center’s experts, Roelf Meyer of South Africa, told participants: “It takes patience. After Nelson Mandela was released from prison, it took us six years to negotiate a peace agreement.”

Jordan Ryan, vice president of the Center’s peace programs, attended the Khartoum meetings and said The Carter Center is committed to the process.

“We have a long history in Sudan, and we believe in the Sudanese people,” he said. “We’ll do what we can to help Sudan on its path to peace, however long it takes.”



To read more from Ahmed Tugod and Ibrahim Mahmoud (featured at right), go to [www.cartercenter.org/sudan-step](http://www.cartercenter.org/sudan-step).

## Sudan: Two Perspectives



**Ahmed Tugod**

Darfur rebel and chief negotiator for the Justice and Equality Movement opposition group

*“I believe the people of Darfur have a genuine cause to fight. They have been politically compartmentalized, socially excluded, economically denied. They have been subjected to a very brutal system of harassment, systematic killing, confiscation of their own land. The government committed serious crimes in Darfur.”*



**Ibrahim Mahmoud**

Assistant to Sudan’s president and deputy chairman of the ruling National Congress Party

*“All the people now, they want peace. All the communities in Darfur and Sudan at large, they don’t want any continuation of war. You can feel the peace on the ground in the Two Areas [another conflict site]. It is the time for those who think that they can pursue their political will through guns, and through killing people and displacing people, to accept that it’s high time to think of another way.”*



# Communities Rally to Fight Tropical Diseases

**G**abriel Ani may be the most popular man in his village. Ani, an unassuming teacher at a primary school, delivers health education and medicine against river blindness to more than 1,000 people in 129 households in the village in southeast Nigeria's Enugu state.

Like thousands of other community-directed distributors in Nigeria and other countries, Ani was selected by his own community and trained by The Carter Center in cooperation with Nigeria's Ministry of Health. His own people in Ndiulo

Enugu-Nato village chose him for this volunteer job, and they love him for his diligence in doing it.

Ani's compassion and empathy make him stand out, even in his own home.

"My son, who is 14, is proud of me," he said just above a whisper. "He asked me, 'Dad, why do you want to help people all the time?' I told him that it's in my blood, that I love it. And he told me that when he grows up he's going to be like me."

People outside Ani's village have noticed him, too. His coordinator with the

*School teacher Gabriel Ani's dedication as a drug distributor has inspired his community, including his son.*

state Ministry of Health, Camilus Horacio Nwaeze, in 2016 named Ani the best CDD in all of Enugu.

He was chosen because of his dedication, his accuracy of recordkeeping, his excellent teaching ability, his personal interest in his clients, and his general regard for humanity.

Those qualities shine through as Ani instructs groups and individuals on the threat of river blindness (onchocerciasis) and how to avoid it. (Other distributors teach about and administer medications for lymphatic filariasis, schistosomiasis, and trachoma in places where those diseases exist.) Household by household, Ani carefully measures each person's height to determine the proper dosage of Mectizan® (donated by Merck), administers the dose, and writes it down in a well-ordered record book.

Nwaeze has enlisted Ani to train other distributors, "so his skill and dedication now benefit many villages, not just his own," the supervisor said.

Among those he has trained is a 20-year-old woman named Blessing Confidence Ude, who now serves as his assistant in the village. Upon returning home after an excursion to the city, she ran to greet her mentor.

"He inspires me," Ude said of Ani. "Watching the way he works made me want to do that work too, for the good of our community."

Carter Center health programs provide training and coordination, conduct research, and distribute medication in bulk, but all of that effort and expense is pointless without community buy-in and participation. Communities are responsible for their own drug administration, record-keeping, and monitoring, making the programs sustainable over long periods of time, said Dr. Dean Sienko, the Center's vice president for health programs.

Communities look for someone who not only is competent and possesses good teaching skills, but also is trustworthy and likable.

"Being chosen by your peers to a

position of responsibility to eliminate a disease truly brings honor to these volunteers,” Sienko said. “And that’s appropriate, because without their dedication to their communities, we could not be successful.”

Involvement at the community level makes the effort to achieve a goal personal, added Dr. Moses Katarbarwa, senior epidemiologist in the Carter Center’s River Blindness Elimination Program.

“Certainly a doctor has knowledge about a particular disease, but a patient has more experience of the disease than the doctor,” Katarbarwa said. “Involving a patient and his or her family in the fight against a disease is a much more powerful weapon than the medicine itself.”

Sometimes noticeable improvement of conditions can tempt communities to let down their guard. As Mexico made progress in the campaign to eliminate river blindness there, health authorities rallied community leaders to encourage every family to keep taking Mectizan on schedule. Failure to keep up treatment could have allowed the disease to resurge.

“It’s like when your doctor tells you to take the full, 10-day course of antibiotics even though you feel better after seven days,” said Dr. Frank Richards, director of the Carter Center’s river blindness, schistosomiasis, and lymphatic filariasis programs. “You need to keep taking it for those last three days

to make sure the illness doesn’t come back.”

The community strategy worked, and the World Health Organization certified Mexico free of river blindness in 2015.

Community ownership isn’t just about taking medicine; it’s also about encouraging healthy behavior. Take Guinea worm disease, for example. No medicine or vaccine exists for that parasitic disease, yet a Carter Center-led campaign has reduced cases from 3.5 million a year in 1986 to just 25 in 2016. This was achieved almost entirely through behavior modification as communities learned practices to interrupt the life cycle of the parasite. They started filtering their water to avoid ingesting the water fleas that carry the worm larvae, and those with a Guinea worm emerging from their skin have to stay out of water sources to deny the worm an opportunity to lay its eggs.

Community members watch out for infections and police their own water sources. Before Ghana had eliminated

Guinea worm, a chief named Tahanaa in northern Ghana imposed fines—such as a goat—on anyone who put the village’s pond at risk. In the same way, many communities erected signs and appointed marshals to make sure people with emerging worms stayed out of the water. Case containment centers provided a place for sufferers to stay and be cared for until their worms were gone.

The other, equally important, side of the community-involvement coin is empowerment. When communities succeed in controlling or even eliminating ancient diseases, those communities gain the tools and confidence to tackle other big challenges.

“When a community takes a look at what it has accomplished—through its own efforts—the people are then able to say, ‘What else can we do together? What other problems can we solve?’” said Kelly Callahan, director of the Carter Center’s Trachoma Control Program. “It’s a powerful thing to watch unfold.”



Above: A parade helps keep a community engaged in Mexico, where symptoms of river blindness had disappeared but residents needed to keep up vigilance to ensure permanent elimination of the disease.

Left: In Nigeria, a community drug distributor named Monday measures a girl for treatment. In developing countries, height rather than weight is used to determine proper dosage.



# Center Assists with Sudan's Health Infrastructure

Sudan is a vast country, the second-largest in Africa, its population flung across deserts and mountains, river banks and seashores. Reaching people with even minimal medical care is a challenge: It's estimated that 7 percent of Sudan's residents will live their entire lives without ever seeing a health worker.

When the government of Sudan determined that it needed to improve its health care infrastructure, it invited The Carter Center to join the endeavor. The Center agreed, and the Sudan Public Health Training Initiative was born.

"The initiative is a cornerstone for health services in Sudan," said Dr. Isameldin Mohammed Abdalla, the undersecretary of Sudan's Federal Ministry of Health, which provides a substantial portion of the funding. "We don't have enough resources to provide for our citizens. The public health training initiative is mainly focusing on improving the training of our human resources."

In collaboration with Emory University in Atlanta, the Center has been working with the Academy of Health Sciences under the Federal Ministry of Health in Sudan to improve the learning environment of

students enrolled in 50 health science training institutions, recommend key updates to midwifery and community health curricula, train 265 health science educators, and produce health learning materials tailored to Sudan's needs. A total of 140 educators have received training in nine of Sudan's 18 states since the initiative started in June 2014.

*Sudan hopes the initiative will enhance the skills of 10,000 midwives and community health workers, as well as 9,000 medical assistants, sanitary overseers, anesthesia technicians, and surgical attendants.*

In February 2016, The Carter Center gave Sudan a large quantity of teaching supplies and equipment, including skills lab models, mannequins, desktop computers, laptops, sound systems, printers, electric connectors, projectors, photocopiers, and plasma screens.

"We think that having The Carter Center assist us in this area is very vital for what we are trying to achieve," Abdalla said.

The initiative emphasizes the health of women and children in remote rural areas. According to World Bank indicator estimates, the maternal mortality ratio for Sudan in 2015 was 311 per 100,000 births, with a decreasing trend over the years. Similarly, child mortality was reduced to 70 per 1,000 live births. Both figures are still unacceptably high, and that's why midwives need to be well trained, Abdalla said.

"The health of women and children is a very serious concern for the Ministry of Health," he said. "But we have a program that is addressing these areas of concern."

Sudan hopes the initiative will enhance the skills of 10,000 midwives and community health workers, as well as 9,000 medical assistants, sanitary overseers, anesthesia technicians, and surgical attendants.

"We have already started to see the impact of this support through feedback from the students who are being trained, through changes in the teaching and learning environment, through an improvement in recruiting, and from scores on student exams," Abdalla said.

"Now we want to see an impact on the health indicators themselves — on mortality rate and the prevalence of various health conditions, etc.

"The Carter Center is playing a vital role in expanding the delivery of services to those who are now unreached. We are very optimistic about the results."

*Improving the health of mothers and children is one focus of the Carter Center's Sudan Public Health Training Initiative.*



# Oklahoma Reporter Explores Challenges of Low-Income Mental Health Patients



*Jaclyn Cosgrove, a reporter at The Oklahoman, discusses her four-part newspaper series on mental health and low-income individuals during a meeting at The Carter Center. Cosgrove received a Rosalynn Carter Fellowship for Mental Health Journalism for 2015–16.*

Newspaper reporter Jaclyn Cosgrove wanted to dig deeper into serious mental health issues, but the tools at hand weren't adequate for the job. That changed dramatically when she received a Rosalynn Carter Fellowship for Mental Health Journalism.

"I felt like I was digging with a shovel, and The Carter Center gave me a backhoe," said Cosgrove, a 2015–16 fellow who works at The Oklahoman in Oklahoma City.

Cosgrove used the fellowship to explore the challenges faced by low-income mental health patients and their families. In a four-part series titled "Epidemic Ignored," Cosgrove described how county jails had emerged as a poor replacement for closed state mental hospitals, entangling patients in the ill-equipped penal system for lack of a better alternative.

The project has generated much discussion, not only among Oklahoman readers, but also among legislators and government officials.

"A former House speaker has said he thinks my coverage is one of the main reasons that Oklahoma's leaders are talking about mental illness and criminal justice reform," Cosgrove said.

Beyond writing news stories, Cosgrove also partnered with a radio station to create a podcast on mental health issues, she leads public forums, and she created a Facebook group where people beyond the newspaper's readership can participate.

"She's found a way to connect to a larger audience," said Rebecca Palpant Shimkets, who manages the fellowship program. "That's what provided the momentum for some huge impact in her state."

In November 2016, Oklahomans approved two criminal justice reform measures. Cosgrove's series is credited with starting the conversation and maintaining the momentum.

"Given the national conversation right now about fake news and distrust of 'the media,' I was concerned that some readers might be dismissive and not as trusting," Cosgrove said. "However, I have seen the opposite. I've received several emails from readers, praising the work and thanking me for the coverage. I've received emails from



*Part 1 of Cosgrove's series tackled how jails are often used to house those with mental illnesses.*

lawmakers and business leaders, excited about the series."

"Jaclyn has really leveraged the opportunity the fellowship provides," Shimkets said. "She does great research and reporting, and the fellowship provided her with the time she needed to pursue her project in depth."

Cosgrove said she deeply appreciates the Carter Center's help with her ongoing project.

"Through this fellowship, I have been able to write stories that hold leaders accountable and raise awareness," she said. "Our newsroom staff isn't the size it used to be.... Through this fellowship, we were able to do a project that otherwise likely wouldn't have happened. I cannot thank Mrs. Carter and her advisors enough."



Read Jaclyn Cosgrove's series through a link on the Carter Center's website: [www.cartercenter.org/cosgrove](http://www.cartercenter.org/cosgrove).

Jennie Lincoln

## Latin America Work Creates Unforgettable Experiences

Jennie Lincoln's career in the Carter Center's Latin America and Caribbean Program has allowed her to be part of some incredible moments.

In Panama in 1989, she stood at a press conference with President Carter as he denounced as fraudulent the very first election the Center observed.

In Nicaragua in 1990, she sat in on a historic meeting between President Daniel Ortega and Violeta Chamorro on the evening after Chamorro bested him in an election, listening as he agreed to concede and allow Nicaragua's first peaceful transition of power in decades.

And in Colombia just last year, she participated in that country's "roller coaster ride" that culminated in the signing of a peace accord that brought an end to a 52-year civil war.

"To be on the inside and to see it developing, to be there when it was signed, and now to have the opportunity to work on the peace accord's implementation," said Lincoln, "is a highlight of my career."

The story of how a girl who grew up in a small Ohio town with no Hispanics came to be the director of a former U.S. president's Latin America and Caribbean Program begins in a high-school Spanish class. Her love of the language led to all that followed.



Jennie Lincoln, director of the Carter Center's Latin America and Caribbean Program, participates in a Friends of the Inter-American Democratic Charter meeting at The Carter Center last summer.

"In college I studied abroad in Mexico; then I went to Spain. When I did my dissertation research, I lived with a family in Peru, and later I was a Fulbright professor in Costa Rica."

She landed at The Carter Center as an associate director in 1989. She left two years later for Georgia Tech, where she taught foreign policy and Latin American politics before the promise of more once-in-a-lifetime experiences lured her back to the Center in 2015.

*In Panama in 1989, Jennie Lincoln stood at a press conference with President Carter as he denounced as fraudulent the very first election the Center observed.*

Lincoln hasn't had a moment to breathe since. Last year, she said, she made 17 international trips. The majority of those were to Colombia: "Now that the peace accord between the government and the FARC guerrillas is signed, the challenge is implementation. The Carter Center has pledged its continued support, because it's going to take generations to bring complete peace to Colombia."

The program currently has five projects underway in the country, involving everything from mapping human rights systems to helping reform electoral laws, from supporting peace education to monitoring the reintegration of the FARC child soldiers.

Lincoln and her team are also busy in Nicaragua, working with the Organization of American States on a new project to help strengthen democratic institutions and encourage political participation.

Revisiting Nicaragua reminds her of the somewhat comical tale of a trip she made there during her first stint at The Carter Center, when she arrived in the country only to discover that her suitcase had been lost. The time and nature of the trip meant there was no room for shopping.

"Secret Service gave me t-shirts to sleep in," she recalled. For the next five days, she wore the same dress—and because she had dressed for her flight in a hurry, one black shoe and one blue shoe.

She laughed: "So that was an unglamorous experience."

But that's OK, because for Lincoln, it's always been about the work.

"The countries of Latin America and the Caribbean are our neighbors. When they suffer, we suffer. When they prosper, we prosper. When there is democratic stability in our neighborhood, it strengthens our democratic stability as well," she said. "President Carter's values of waging peace, fighting disease, and building hope are an inspiration throughout the hemisphere, and for me, it's an honor to be a small part of that."

## Grants Boost Trachoma Programs in Mali, Niger

Two major gifts announced in March will support the Carter Center's initiative to eliminate blinding trachoma in Mali and Niger.

The OPEC Fund for International Development (OFID) awarded The Carter Center a grant of \$800,000, and the Conrad N. Hilton Foundation pledged \$5.1 million to The Carter Center as part of its overall commitment of \$11.725 million to three organizations.

The world's leading infectious cause of blindness, trachoma is spread from person to person through direct contact and by flies that carry the infection from one person's eyes to another's. The disease affects impoverished communities that lack access to clean water and sanitation.

The three-year project supported by the OFID grant will enable the provision of free corrective eye surgeries to around 36,000 individuals, distribution of antibiotic eye ointment, promotion of hygiene campaigns, and the construction of latrines to limit fly populations. The elimination of blinding trachoma fits OFID's mission to eradicate all forms of poverty in partner countries, particularly the least developed.

The Hilton funds are a matching grant: Every dollar The Carter Center raises for trachoma by 2020, up to \$5.1 million, will be matched by the foundation. Thus, a total of \$10.2 million will be dedicated to fighting trachoma in Mali and Niger when the grant is complete.



*In the Zinder region of Niger, a woman waits at a clinic for a free surgery to repair the eyelid damage from the bacterial disease trachoma. Two new grants fund efforts to fight blinding trachoma in Niger and Mali over the next three years.*



*Some Carter Center human rights initiatives focus on women and girls.*

## Donors Back Carter Center Human Rights Initiatives

The Carter Center's work to bolster human rights, especially for women and girls, has been supported by three foundations: the P Twenty-One Foundation, the John C. and Karyl Kay Hughes Foundation, and the Hunter-White Foundation.

These donors made last year's Human Rights Defenders Policy Forum possible. Participants from across the globe discussed ways to end violence under the theme "A Time for Peace: Rejecting Violence to Secure Human Rights."

In addition, the Center's Mobilizing Faith for Women and Girls Initiative was supported by these foundations. The initiative focuses on the policies and practices of the world's religious institutions and traditional and customary belief systems, with the objective of achieving more equitable treatment for women and girls. A website, [forumonwomen.cartercenter.org](http://forumonwomen.cartercenter.org), provides a platform for ongoing discussion of these issues.

## Center a MacArthur Semi-Finalist

The Carter Center is one of eight semi-finalists in the MacArthur Foundation's competition for a \$100 million grant, called 100&Change. The grant will fund a single proposal that promises real progress in solving a critical problem.

The Carter Center proposes to eliminate river blindness from Nigeria, Africa's most populous nation and the one most endemic for this debilitating disease. The Carter Center's river blindness program already operates in several Nigerian states. The grant would allow the work to reach all Nigerians and serve as a model of how to eliminate the disease from other countries.

Five finalists will be named in September. For more information, see [www.100andchange.org](http://www.100andchange.org).

THE CARTER CENTER  
One Copenhill  
453 Freedom Parkway NE  
Atlanta, GA 30307  
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WAGING PEACE. FIGHTING DISEASE. BUILDING HOPE.



Hunter Keys, a doctoral student, is a consultant with the Carter Center's Hispaniola Initiative.

NOTES FROM THE FIELD

## Nighttime Best for Hunting Parasites

By Hunter Keys

Parasites keep strange schedules. Those that cause lymphatic filariasis, for example, are mostly active at night. To detect parasites in the blood, health workers will take a nocturnal sample, sometimes as late as 2 a.m.

This explains why a colleague and I were knocking at nearly midnight on the battered door of Esther's cinderblock home in a small *batey* in the Dominican Republic.

A week earlier, Esther, a Haitian immigrant, had participated in a survey project supported by The Carter Center. The Center works with the ministries of health in Haiti and the Dominican Republic to eliminate lymphatic filariasis and malaria, both mosquito-borne diseases, from the countries' shared island.

This survey focuses on *bateyes*, migrant shantytowns associated with large sugar cane plantations. Enrollees consent to have their blood tested for lymphatic filariasis and malaria.

Esther's blood had come back positive, so I returned with Yamely (not her real name), a Dominican laboratory technician, to get a nighttime sample. Yamely, in her white lab coat, called out, "Saludos!"

A light came on. Locks unlatched. The door cracked

open. A man peered out, a machete in hand. Given the country's violent history of anti-Haitian stigma, his fear was understandable. "Somos salud publica (We are from public health)," Yamely said, and some words in Haitian Kreyòl defused tensions. We were invited inside, where a bed and a footstool were the only furniture.

Yamely drew Esther's blood as she slapped at her legs. "Anpil moustik! (So many mosquitoes!)" she exclaimed in Kreyòl. We discussed when we might return with medication.

These epidemiological surveys can tell us a lot. The health workers, some from the *bateyes* themselves, ask whether anyone in the home has had a recent fever, take blood samples, inquire about risks, and sometimes spray for insects.

The Carter Center is finding that just a handful of lymphatic filariasis cases remain in both countries, and malaria programs now seek to eliminate rather than merely control the disease.

We'll keep staying up late until there's nothing left to count.

*On the island of Hispaniola, nighttime is sometimes the best time to track parasites. At right, Gilda Ventura, an entomologist, puts a mosquito that she has caught into a paper cup for later testing. Hunter Keys, who works with The Carter Center on Hispaniola, describes taking blood samples from people at night to identify those with lymphatic filariasis.*

