

THE
CARTER CENTER



CARTER CENTER NEWS

SPRING 2015



Center Mobilizes for
Liberia's Ebola Fight
Activists Unite for
Women's Human Rights

WAGING PEACE.
FIGHTING DISEASE.
BUILDING HOPE.

CARTER CENTER NEWS

SPRING 2015

IN THIS ISSUE

NEWS & FEATURES

- Center Mobilizes for Liberia's Ebola Fight... 4
- Forum Spotlights Women, Power... 6
- Hispaniola Target for Elimination of Two Parasitic Diseases... 8
- Guinea Worm Cases Fall to 126... 9

DEPARTMENTS

- From the CEO... 2
- News Briefs... 3
- Profile: Kelly Callahan... 10
- Philanthropy... 11
- Notes from the Field: Integrated Care Key to Better Outcomes... 12

Contributing Photographers: American Museum of Natural History/ R. Mickens, 11 top; Courtesy of John Bartlett, 12 bottom; Carter Center, 5 bottom; Centers for Disease Control and Prevention, 5 middle; Dominic Costa, 3 far right; Mark Darrough, 4; Peter DiCampo, 8 top; Gwenn Dubourthoumieu, 3 top; Paul Emerson, 11 bottom; Nancy Farese, cover, 10 bottom; Steffi Gross, 2 top; Louise Gubb, 9; Deborah Hakes, 10 top, 12 top; Caroline Joe, 8 small; Michael Schwarz, 6 all, 7 all; Emily Staub, 3 bottom.

Carter Center News is produced by the Office of Public Information, The Carter Center, One Copenhill, 453 Freedom Parkway, Atlanta, GA, 30307, 404-420-5100, www.cartercenter.org.

Follow The Carter Center on social media sites



ON THE COVER

The cover photo of a Liberian woman weaving was taken before the Ebola crisis took hold last year. As conditions in the country worsened, many Liberians faced fear and uncertainty. Because The Carter Center is a trusted, longtime partner in the country, the Liberian government asked the Center for help during the crisis. Read about the Center's response on p. 4.



From the CEO

Center Fueled by Passionate, Brave Staff in Field

Passion and courage abound at The Carter Center. These two valuable resources compel and sustain expatriate staff and hundreds of in-country employees and volunteers who work to wage peace, fight disease, and build hope.

In remote or unstable nations, Center workers face challenging conditions each day. Our Guinea worm technical advisers in rural South Sudan live in tents with no running water or electricity. In Nepal, long-term election observers endured harsh climates in mountain communities for weeks at a time. Others work in areas of civil conflict and unrest, as in Liberia in the 1990s and the Middle East today.

Passion for the Carter Center's mission drives these individuals, and courage is what makes them effective. They persevere in the face of regular setbacks, knowing that factors beyond their control may determine the outcome of even their most diligent efforts. The Carter Center brought Haiti and the Dominican Republic together seven years ago to fight malaria and lymphatic filariasis on their shared island of Hispaniola, only to see the work—and Haitian society—halted by the devastating 2010 earthquake. Today, the Center has renewed its efforts to fight the two diseases there.

Observers monitored elections in Egypt only to watch democracy backslide, yet we have not given up hope for an opening in the future. Several years ago, civil unrest kept Carter Center health staff out of northern Uganda, so we focused on treating river blindness in the South. Now health workers can move about the entire country to treat river blindness and other diseases. While Ebola ravaged



During their long-term mission to monitor democratic transition in Nepal, Carter Center observers traveled to cold and remote mountain villages.

Liberia, our projects to train mental health clinicians and improve access to information and justice shifted focus to address the crisis at hand.

Following President and Mrs. Carter's example, Center staff are firmly committed to human rights and the alleviation of human suffering. With passion and courage, they go where they are needed to prevent and resolve conflicts, enhance freedom and democracy, and improve health around the world.



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

Center Observes Tunisian Elections

Tunisian citizens voted in a genuine and competitive election on Nov. 23, the country's first presidential elections under its new constitution. This presidential election further consolidates Tunisia's democratic transition following a long and sometimes contentious transition period. Tunisia remains unique in the Arab region for pursuing a political transition through democratic means following its 2011 revolution.

Carter Center election observers reported that although security concerns resulted in an increase in the presence of security forces around the country on election day, the election was held in a calm and peaceful atmosphere.

The voting and counting processes were assessed as overwhelmingly positive, with just a few minor technical irregularities, such as the failure to give adequate voter instructions and the noncompletion of opening minutes before the polls opened.

The tabulation process was neither uniformly nor transparently carried out at all tabulation centers, and in some, Carter Center teams were not able to meaningfully observe the process because the configuration of the centers separated the observers from the procedures. The Carter Center urges the Tunisian election authority to take steps to ensure improved and meaningful access for future elections.

A study by The Carter Center details barriers Guatemalan women face in accessing government information.



A Tunisian man shows his ballot before casting his vote for president at a Tunis primary school in November. Carter Center observers monitored voting.

Study Shows Guatemalan Women Lack Full Access to Information

A recent study by The Carter Center details inequities that Guatemalan women face in attempting to access information and the importance of information for women's economic empowerment and the protection and exercise of other rights.

The study, "Women and the Right of Access to Information in Guatemala," found that obstacles to information include poverty, illiteracy, fear, machismo, insufficient time and poor access to public agencies, and lack of knowledge about the right to information and how or where to ask for it. The research was carried out in



five departments and Guatemala City and included over 600 interviews. A significant majority of community leaders and experts agreed that women are not able to access information with the same facility as men.

"There are a number of strong and committed supporters of women's right of access to information in Guatemala, both in government and civil society," said Laura Neuman, director of the Carter Center's Global Access to Information Program. "We must all work to advance this right in a meaningful way for women."

Jordan Ryan Named Vice President for Peace Programs

Jordan Ryan has been named vice president for peace programs at The Carter Center, effective June 1, 2015. Ryan served 24 years with the United Nations in developing countries and post-crisis settings.

Most recently, he was assistant administrator of United Nations Development Program and director of the UNDP Bureau for Crisis Prevention and Recovery, serving at the assistant secretary-general level.



Jordan Ryan

"With an accomplished career at the United Nations, Jordan Ryan brings valuable experience working with nations struggling to recover from conflict, build democratic processes, and strengthen human rights—all central components of the Carter Center's work to wage peace around the world," said Ambassador (Ret.) Mary Ann Peters, Carter Center CEO.

Other U.N. assignments include service in Liberia, China, and Vietnam. Ryan earned a bachelor's degree in anthropology from Yale University, a law degree from George Washington University, and a master's degree from Columbia University's School of International and Public Affairs.



Center Mobilizes for Liberia's Ebola Fight

As the Ebola epidemic escalated in Liberia last fall, the nation's ministries and international public health agencies asked The Carter Center to help mobilize communities to identify cases of the disease and prevent its spread.

Fearing quarantine if they were found to have Ebola, people resisted being tested for it. Health education was not reaching everyone. Many were offended by instructions to suspend burial practices that might spread the active virus. There was a growing need to help individuals and communities deal with the trauma and stigma of Ebola.

Compounding all of this was a general distrust in rural areas of central authorities.

Having worked in Liberia for 25 years to help resolve conflict, establish a post-war rural justice system, improve access to information, and create a cadre of mental health clinicians, the Center brought to the table established networks of grassroots partners and longstanding relationships at all levels of government.

Chiefs and Elders Fill Gap

"Health agencies were under enormous strain, and it became clear that community leaders not only were an underused

In the wake of the Ebola crisis, The Carter Center will respond to psychosocial needs of Liberians over the next three years with counseling and other services.

resource in this fight, but also were critical to identifying cases and spreading accurate information," said Tom Crick, associate director of the Carter Center Conflict Resolution Program.

The government asked The Carter Center to mobilize its rural network of community justice providers and the National Council of Chiefs and Elders to help

educate citizens about Ebola. Because they had worked with the Center since 2006 to establish a community justice system, these groups were uniquely positioned to engage the network of respected local traditional leaders, who had influence at the grass roots. Other partners in the effort were the ministries of Internal Affairs and Health, the Centers for Disease Control and Prevention, and UNICEF.

In the outbreak's initial months, The Carter Center brought together 118 chiefs and elders for Ebola training and to explain the challenges facing health authorities.

"The Carter Center played an important role by bringing the chiefs together," said C. Linda Campbell, national health promoter in the Liberian Ministry of Health. "The chiefs have power in the various districts and towns, but they would not allow health teams to trace the person-to-person contacts spreading the disease or other mobilization activities in their districts because they felt they were not being respected. This all changed after the chiefs were brought together. They even planned how they would work with the community health volunteers, and some drafted laws or regulations to ensure compliance."

From November 2014 through January 2015, over 4,000 clan-level chiefs and 10,000 community-level volunteers, including elders, youth, women, and religious leaders, were trained through this partnership to perform a door-to-door Ebola information campaign and search for active cases in 88 health districts. With training from public health professionals, citizens began reporting deaths and suspected cases to the town chief, who took the information up the leadership chain.

"By focusing on health education for the elders and chiefs and having them lead and organize the community outreach, resistance quickly changed to assistance," said Pewee Flomoku, chief of party for The Carter Center in Liberia.

Establishing Trust

Another prong of the Center's Ebola response in Liberia was to help the government develop and implement a strategy for disseminating timely, accurate information

about the epidemic, including use of funds, case detection, and food distribution as imports dwindled.

"As the crisis intensified and with inadequate resources to deal with it, there were a lack of certainty and even distrust about what the government was doing," said Laura Neuman, director of the Center's Global Access to Information Program. "The Ministry of Information asked us to help because we had been working with them for several years to maximize transparency and accountability and increase citizens' access to all types of government information."

The Carter Center helped coordinate over 50 government briefings and their radio broadcast. The Center also leveraged freedom-of-information networks in seven counties to reach people at community events with Ebola information, encourage use of the freedom-of-information law, and help collect on-the-ground realities to share with local and national authorities.



The Center helped educate elders and chiefs about proper Ebola protocol. They could then spread accurate information to their community members.

Communities in Trauma

The devastating toll on life and fear of the contagion also created the need for widespread psychological first aid. Mental health clinicians trained by The Carter Center since 2010 shifted their focus to citizens' psychosocial needs in the face of the epidemic, and Center staff in Liberia worked closely with the Ministry of Health on emergency response.

"Communities had a hard time dealing with anger toward those who got infected and infected others. There was a lot of discord around survivors and whether they continued to be infectious. In general, there was just a lot of loss very quickly for individuals and a strain on community dynamics," said Dr. Janice Cooper, the Carter Center's country lead for its mental health work in Liberia. The Carter Center sponsored community dialogues to foster healing and gave Ebola-specific training to more than 200 mental health clinicians and other health workers.

The Center will respond to psychosocial needs in Liberia for the next three years, well after the epidemic is over, with counseling, community dialogues, anti-stigma campaigns, further training for mental health providers, and the creation of a cadre of child mental health clinicians to be deployed to schools.

"Taking care of orphans and vulnerable children and seeing that survivors get resources available to them will be a priority for a long time," Dr. Cooper said.

Forum Spotlights Women, Power

Women, says New York Sen. Kristen Gillibrand, don't ask for enough.

"We put people in power, but we don't demand anything," she told the crowd at the Carter Center's Human Rights Defenders Forum in February. "Women have to seek out positions of power. We have to seek out the ear of the people in power."

The theme of this year's forum, which drew about 100 participants from 20 countries, was "Beyond Violence: Women Leading for Peaceful Societies." Former U.S. President Jimmy Carter has made advancing women's rights one of his highest priorities in recent years, and he promised attendees, "The Carter Center—and I, personally—will never abandon this effort."

Much of the discussion focused on two issues: interpreting religious texts in ways that promote peace and gender equality, and ways of increasing women's presence in the corridors of power and involving women in peace negotiations.

Jessica Neuwirth, founder of Equality Now and former representative of the U.N. High Commissioner for Human Rights, said she recently met with women in Syria who told her, "Unless you have a gun, you can't get into the U.N. peace talks."

Women bring unique perspectives to peace talks because they—and their children—are the ones most affected by conflict. Women tend to view the stakes differently than men do.

But, as Egyptian women's rights activist Marwa Sharafeldin pointed out, "In the public discourse, who gets heard? Those with the loudest voices, those with the most violent voices."

Sharafeldin is involved with the global movement Musawah, which works to interpret the Quran in ways that promote justice and equal rights for women.

"The easiest way to shut someone up is to say, 'But what you're doing is against religion,'" she said. "So what we're doing in Musawah is empowering all these activists, all these women, to say, 'No, my



Above: At the Human Rights Defenders Forum, former U.S. President Jimmy Carter enjoys a presentation by Afeefa Syeed, a senior adviser at the U.S. Agency for International Development, Middle East and Asia bureaus.

Top: Participants from 20 countries attended the Carter Center's Human Rights Defenders Forum, the theme of which was "Beyond Violence: Women Leading for Peaceful Societies."

Activist Empowers Libyan Women Economically, Politically



Dr. Alaa Murabit

When Alaa Murabit was 15, she graduated from high school and moved with her mother from Canada to her mother's hometown in Libya.

The culture shock was profound.

She remembers the ridicule directed at her mother because she drove a pickup truck and handled house renovations. She remembers a medical school professor telling her not to worry about getting the answers right

on an exam because she'd never use her degree anyway. She remembers learning that girls weren't allowed to serve on the university's student council.

She drafted a petition and got that rule reversed. And since then, she has been a force for change in her new country.

During the Arab Spring in 2011, Murabit ferried medical supplies to the brigades fighting to overthrow dictator Moammar Gadhafi. That same year, she founded The Voice of Libyan Women, a group focused on increasing women's political participation, empowering them economically, and advocating against gender-based violence.



religion does not support violence against me. My religion actually supports the fact that I am an equal citizen, exactly like the men.”

Interpreting the Quran—or any other religious text—always involves making choices, she said.

“You choose this verse or that verse,” she said. Musawah is asking, “Why are we focusing on the verses that may be used as justification to discriminate—sometimes to be violent—and leaving out the other verses that are admonishing violence, that are encouraging people to come together, to treat each other equally?”

Over four days of workshops and panel discussions, participants swapped ideas and drew up action plans to help empower women as agents of positive change and to ensure their safety.

“We have been hearing about very creative suggestions to take to different decision-making levels, to different audiences, so that something concrete can be done,” said Maria Mejia, who works for women’s rights in Mexico. “I have already new ideas, and I think they will be very useful.”

It launched the highly successful Noor Campaign, which enlists community volunteers and creates radio and television ads to educate children and adults about the proper treatment of women, using the Quran and the teachings of Muhammad.

“One of our videos, for example, has a father hitting his wife in the morning,” Murabit said. “She goes to school where she’s a teacher and hits a student who acts out. And that young male student, at recess, hits the other student he’s playing soccer with. So it’s this idea of ensuring that people understand this is a cycle, this is all our fault.”

Murabit and her team worked for six months to get the support of the Grand Mufti, the country’s top religious leader, for the campaign.

“We realized that the culture is strongly influenced by religion, and it’s not necessarily religion as it should be, but as severe



“The pervasiveness of violence against women is the single greatest impediment to development throughout the world, because we maim half of the resources of our countries.”

— Michael Kimmel, professor and masculinity expert

“The narratives that lend themselves to violence against women are the exact same narratives that lend themselves to political violence.”

— Mubin Shaikh, countering violent extremism expert



“We should not always use the military to promote democracy or good governance in any country. We should empower the people of that country to promote democracy and human rights, particularly their own women’s rights.”

— Sima Samar, chair of the Afghan Independent Human Rights Commission

“You cannot combat violence with violence. It’s impossible. You will just perpetuate the cycle.”

— Marwa Sharafeldin, Egyptian women’s rights activist



manipulation of that religion,” she said. “Manipulation of religion is the single greatest sociopolitical weapon of our time, particularly against women.”

The Mufti’s endorsement of the scriptural interpretations in their campaign, then, was crucial.

So, too, was letting him and the rest of the country know that they didn’t view men as their enemies: “For us,” she said, “men are seen as partners and not as perpetrators.”

These feelings stem from her relationship with her father, who eventually joined her mother in Libya. He raised his six daughters “to be professional and kind and successful and to aspire to do anything that they wanted in a society which did not support that worldview,” she said. “I think my parents are the reason I’m sitting here today.”

Hispaniola Target for Elimination of Two Parasitic Diseases

The Carter Center began working in Haiti and the Dominican Republic after a 2006 recommendation by the Center-sponsored International Task Force for Disease Eradication declared it “technically feasible, medically desirable, and economically beneficial” to eliminate both malaria and lymphatic filariasis from the nations’ shared island of Hispaniola. Efforts had to be halted after the devastating 2010 earthquake that left Haiti in ruins.

As Haiti continues to recover, The Carter Center has resumed working with the two nations with the goal of ridding the island of the two diseases by 2020. In addition, a new consortium funded by the Bill & Melinda Gates Foundation, of which the Center is a member, specifically targets malaria elimination in Haiti. Dr. Stephen Blount, director of special health programs, oversees the Center’s Hispaniola Initiative and discusses the project below.

Q: How is the elimination of malaria and lymphatic filariasis in Hispaniola important for global health?

Dr. Stephen Blount: There is no reason for anybody to contract these two devastating, mosquito-borne diseases. People still die



Dr. Stephen Blount

Haitians heading to Dajabon, Dominican Republic, for the weekly market cross the Massacre River that separates the two countries. The porous border means that cooperation between Haiti and the Dominican Republic is key to disease elimination.

from malaria, and lymphatic filariasis is a terribly disfiguring and stigmatizing disease that, among other things, prevents people from working. In addition to reducing the suffering in Hispaniola, elimination of these diseases has practical benefits for everyone in the region, including the United States. When people from Hispaniola travel, there’s a risk of these diseases spreading to other nations, for which there is a very real economic impact. For example, malaria outbreaks have cost millions of dollars in lost tourism revenue for places like the Bahamas and Jamaica.

Q: What are other less-obvious benefits of eliminating these diseases from the island?

Haiti is one of the poorest countries in the Western Hemisphere. It has the lowest level of economic consumption and development, but this can be overcome. Look at the neighboring islands that don’t have malaria or lymphatic filariasis—they did it, and Haiti and the Dominican Republic can do it, too. As a result, people’s lives will be significantly better. Free from these illnesses, they will have greater opportunity to work, stay in school, and improve their lives.

Q: What are some challenges specific to Hispaniola?

There is a lot of human traffic across the border between Haiti and the Dominican

Republic, and certainly the insects that spread these diseases can’t be prevented from traveling back and forth either. Therefore, the countries have to work together to eliminate these diseases. A porous border and economic connectedness between the two countries mean that binational coordination is key.

These two countries also have different health infrastructures, another unique challenge that comes with battling diseases on an island shared by two independent countries. But the only way that the Dominican Republic can eliminate these diseases is by working with Haiti to get rid of all their infections. They can do this by continuing binational planning.

Q: Why now?

This is a winnable battle. Malaria was nearly eliminated from the island in the late 1960s, but failure to finish the job led to rampant resurgence. Fortunately, there are a number of factors still favoring malaria elimination in Hispaniola, including effective, safe, and inexpensive drugs; overall low intensity of transmission; and an inefficient mosquito vector. With the benefit of historical hindsight, we now know that there must be 100 percent commitment to elimination to ensure that these diseases are wiped out from Hispaniola once and for all.

Worldwide Guinea Worm Cases Fall to 126

The number of cases worldwide of Guinea worm disease dropped to 126 in 2014, according to The Carter Center. Cases fell 15 percent, down from 148 the previous year. When the Center began leading the first international campaign to eradicate the debilitating parasitic disease in 1986, there were an estimated 3.5 million Guinea worm cases occurring annually in Africa and Asia.

“Guinea worm eradication is closer to the finish line,” said former U.S. President Jimmy Carter. “We believe it is very possible in the next few years.”

In 1991, there were 23,735 villages with endemic transmission of the waterborne Guinea worm disease in 21 countries in Africa and Asia. As of the end of 2014, there were only 30 endemic villages in four countries—all in Africa. South Sudan reported 70 cases in 2014. Most of those cases were in Eastern Equatoria state. The remaining indigenous cases in 2014 were reported in isolated areas of Chad (13), Mali (40), and Ethiopia (3).

Considered a neglected tropical disease, Guinea worm disease (dracunculiasis) is contracted when people consume water contaminated with Guinea worm larvae. After a year, a three-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 halted 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.

South Sudan

The 70 cases reported by South Sudan Guinea Worm Eradication Program are considered a success in light of political and ethnic hostilities that broke out in December 2013 and spilled over into early 2014. Even given circumstances of unrest and an isolated outbreak, the program continued to function at a high level by reducing and containing cases.

Ethiopia

The Gambella region of Ethiopia remains as the nation’s only Guinea worm–endemic area. In 2014, the federal ministry revamped the national Guinea Worm Eradication Program and expanded the network of villages under active surveillance (62 to 173). With only three reported cases in 2014, Ethiopia is positioned to stop transmission by the end of 2015.

Chad

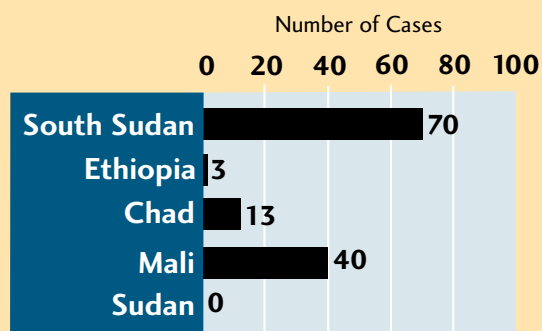
Chad’s program expanded health education and continued to investigate the unusual epidemiology of its Guinea worm cases in 2014, and the government is preparing additional control measures to address remaining transmission.

Mali

The conflict that began in Mali in April 2012 continues to delay interruption of Guinea worm disease transmission. In 2014, the program was partially operational in three regions and only slightly operational in one region. However, the program expanded the number of villages under active surveillance from 85 to 391.

In Eastern Equatoria, a state in South Sudan, a child checks a water filter for holes to ensure protection from Guinea worm disease, which is contracted through unfiltered drinking water. Eastern Equatoria is ground zero in the Carter Center’s fight to eradicate the ancient disease.

Reported Cases of Dracunculiasis by Country During 2014



Since 1986, 17 countries have stopped Guinea worm transmission: 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.



Kelly Callahan

Guinea Worm Veteran Tackles Trachoma

Kelly Callahan was 8 years old when she unwittingly charted her life's course. "I was sitting under the dining table with my neighbor's dog, listening to my mother's conversation about Liberia," Callahan said. "I thought, 'Yeah—I'm going to go there.' And from then on, I always knew I would go to Africa. I just didn't know why or for what."

Nineteen years later, Callahan finally made that trip to Africa, and she never looked back. Starting as a U.S. Peace Corps volunteer and eventually joining The Carter Center in South Sudan, she spent the next eight years on the continent working to eradicate Guinea worm, a parasitic disease that persists in remote areas with no access to clean water.

These days, Callahan's home base is Carter Center headquarters in Atlanta, where she directs the Trachoma Control Program, but her passport stays close. Last year she visited 10 countries in six months, including four nations where the Center is working to eliminate blinding trachoma, a bacterial eye disease.

"I knew I wanted to dedicate a chunk of my life to either helping animals or people," Callahan said. In college she spent three summers in British Columbia, studying killer whales. In her late 20s, she applied for the Peace Corps.

For her Peace Corps assignment in Cote d'Ivoire, she started working on Guinea worm disease "within 10 minutes of arriving in

my village," she said. The Peace Corps was placing volunteers in areas highly affected with Guinea worm disease. She was the first of two to be placed in highly endemic areas in Cote d'Ivoire.

After two successful years, Callahan was asked to join the Carter Center team in South Sudan. She found herself living in Kenya at a U.N. base camp of canvas tents. Due to safety concerns and logistics, all nongovernmental organizations serving South Sudan were based in Kenya. Callahan was able to go into South Sudan for just a few weeks at a time.

"It was the toughest job I've ever had," Callahan said. Because the South Sudanese populations were highly mobile, Callahan and others hatched a plan to manufacture and distribute portable personal pipe filters that could be worn around the neck. Within six months massive air cargo planes were disbursing 9.29 million pipe filters across Sudan. "At the time, it was the largest public health intervention that had ever been attempted," Callahan said.

After more than five years in South Sudan, Callahan returned to the states, taking a job as assistant director of program support at The Carter Center. In this role, she did whatever was needed to help the Carter Center's field offices run as smoothly as possible. "One day I would be working on a contract, the next I was purchasing vehicles for Mali, and the next I would be trying to get a consultant who tore his aorta out of South Sudan and into South Africa within hours for treatment," Callahan said.

After 10 years, Callahan was ready for a new challenge, and last spring she was named director of the Center's trachoma program.

"When I look at the maps of active trachoma prevalence, we have made significant progress over the years," Callahan said. Her goal is to increase the work to prevent the long-term, recurring trachoma infections that can lead to blindness: educating people on facial cleanliness, which keeps the flies that spread the disease away, and environmental improvement, which involves building latrines to reduce the fly population.

In Uganda recently in an area with Carter Center services, Callahan visited a camp where free eyelid surgery is provided to correct the painful in-turned eyelashes that result from years of repeated trachoma infections. "A grandmother was holding her grandchild while the mother had surgery on both eyes," she said. "It perfectly represented past, current, and future. In the past we had performed surgery on the grandmother. Currently we were taking care of the mother. And the child should not need surgery in the future."



Kelly Callahan



A 17-year Carter Center staff member, Callahan shares photos with a group of boys during a trip to Ghana.

Grant from Irish Aid Assists Women and Girls

Irish Aid, the overseas development assistance program of the government of Ireland, has approved a new three-year grant to The Carter Center for its work to empower women and girls in sub-Saharan Africa. The grant of 600,000 euros (approximately \$645,000) extends Irish Aid's previous support of this initiative.

The funding undergirds three areas of the Center's work. The Mobilizing Action for Women and Girls Initiative supports African faith leaders in advancing human rights and gender equality, linking them to the Human Rights Defenders Policy Forums convened by former U.S. President Jimmy Carter. Gender and access-to-information work raises awareness of inequalities women face in exercising their right to information. The project strengthens women's organizations in Liberia and aids government in helping women overcome obstacles. Finally, the Center's Human Rights House in the Democratic Republic of the Congo advances the rights of women and children by strengthening local civil society networks and initiatives.

The grant comes from Irish Aid's Civil Society Fund, which

partners with grassroots organizations that contribute to the eradication of poverty, hunger, and human rights violations. The goal is for local communities to participate in their own development.

Irish Aid has been a valuable partner of the Carter Center's peace programs for many years. In addition to supporting human rights work, the organization has funded election missions, conflict resolution work, and access-to-information initiatives.

A three-year Irish Aid grant supports a multipronged Carter Center initiative to empower women and girls in sub-Saharan Africa.



At the opening of the "Countdown to Zero" exhibit at the American Museum of Natural History, former U.S. President Jimmy Carter explains how pictures on clothing from some African countries is used in the fight against Guinea worm disease. The exhibit's run has been extended to January 2016.

Health Supporters Contribute to Unique Museum Exhibit

A new exhibit at the American Museum of Natural History in New York was made possible with the support of five Carter Center donors. Created in collaboration with The Carter Center, "Countdown to Zero: Defeating Disease" examines the history and impact of disease eradication and features Guinea worm disease.

The Center is grateful to these longtime donors that contributed to this special project: Clarke Mosquito Control, Conrad N. Hilton Foundation, Lions Clubs International Foundation, Mectizan Donation Program, and Vestergaard. These supporters continue to be invested in the Center's day-to-day work in the field, and now they have helped bring the story of neglected tropical diseases to a new audience.

Opened in January and with an extended run through January 2016, the exhibition employs stunning photography, videography, and artifacts to highlight several global efforts to fight infections.

"Countdown to Zero" explores the factors that determine if a disease is eradicable—meaning that it can be wiped out completely—as well as the scientific and social innovations that are ridding the world of ancient afflictions. Chief among these is the more-than-30-year campaign that will soon eradicate Guinea worm disease, positioning it to become only the second human disease ever eradicated, after smallpox. The exhibition also highlights ongoing programs to eradicate polio; local elimination of river blindness, lymphatic filariasis, and malaria; and the challenge of diseases that cannot be eradicated, including Ebola.



John Bartlett is senior project adviser in the Carter Center's Mental Health Program.

NOTES FROM THE FIELD

Integrated Care Key to Better Outcomes

By John Bartlett, M.D., M.P.H.

In 1993, my 92-year-old mother suffered a severe heart attack. After two months in the hospital, she returned home a changed woman. On the day of her heart attack, she had been dancing around in her famous red pantsuit with her grandchildren, but back at home following her hospital stay, she would sit on the sofa, motionless, not talking very much, and eating less.

My brother, who is also a doctor, and I tried to figure out what was wrong, considering the spectrum from additional cardiac problems all the way down to rare tropical diseases (my

mother had traveled to Morocco at age 90!). It took a psychologist colleague of mine to point out what should have been obvious — my mother was depressed.

I am a psychiatrist, and even I was pulled into the trap of trying to rule out every obscure disease instead of seeing the mental health issue.

The Carter Center launched its Primary Care Initiative in 2008 to increase the early detection and treatment of depression, anxiety, and substance abuse in primary care settings. Many patients seen in primary care settings also suffer from a behavioral or emotional health problem such as anxiety, depression, problem drinking, or some risky lifestyle choice or behavior. Yet, primary care physicians often do not have the tools and support necessary to diagnose or treat these patients.

We're working in the state of Georgia to increase collaboration between primary care physicians and community service boards, which are the entities that oversee mental health services for Georgia's safety-net population. Through a curriculum-based program, we have increased the formal integrated care programs at safety-net providers from three in 2010 to 18 today. In addition we formed a high-level policy group to look at barriers to three important aspects to care: finance, quality, and access. Next we'll be developing action plans for overcoming those barriers.

Although we are off to a good start on integrated care in Georgia, the challenge continues to be an environment focused on short-term costs, rather than long-term investments.



After suffering a severe heart attack, John Bartlett's mother (above, with her husband) faced another hurdle — depression.