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CARTER CENTER CELEBRATES 25 YEARS OF WAGING PEACE, FIGHTING DISEASE, BUILDING HOPE

When we first dreamed of creating a center like Camp David, a place where parties could convene to help resolve conflicts, we never imagined that 25 years later this vision would embody such a vast array of interrelated challenges in peace and health. Since 1982, we have watched as citizens cast their first votes in fair elections, celebrated with villagers who have triumphed over Guinea worm and other preventable diseases, and walked alongside people whose lives have been forever changed by the Center’s commitment to advancing human rights and alleviating human suffering. Today, The Carter Center is a permanent force for progress, a beacon of hope for the world’s most forgotten people, and the culmination of our life’s work. Please join us in celebrating some of the many accomplishments of the Center’s first 25 years and become our partner in work for generations to come.

Jimmy Carter  Rosalynn Carter
The first election observed by The Carter Center was the Panama presidential election of 1989. General Manuel Noriega, de facto military leader of Panama, was confident his candidates would win the election, and there were widespread reports he would commit fraud to ensure victory.

Yet the government of Panama invited The Carter Center to observe elections, and a delegation led by former U.S. Presidents Jimmy Carter and Gerald Ford and former Prime Minister of Belize George Price was dispatched. The men represented the Carter Center’s Council of Presidents and Prime Ministers of the Americas—an organization of former democratically elected heads of government from the Americas formed to promote democracy and resolve conflict in the Western Hemisphere. Despite discouraging rumors about the vote, more than 800,000 people went to the polls. The Carter Center team was given free access to polling places across the country, where they witnessed more than 50,000 workers tabulating the results legally and accurately. By 3 p.m. the following day, lay members of the Catholic Church, who had set up their own observers to tabulate the results in representative districts, had called the election with 73.3 percent in favor of ending the military dictatorship of Panama.

When General Noriega realized his candidates were not going to win, he ordered the destruction of the official records, in some cases with armed men confiscating the results by gunpoint. New results were fabricated and announced.

President Carter denounced the election as fraudulent to the world media: “Están ustedes honestos o ladrones?” (“Are you honest or are you thieves?”) and encouraged the Organization of American States to mediate a solution. Eventually, General Noriega was ousted by U.S. troops.

Trusted by the Panamanians, President Carter and a team of international observers were invited back to Panama in 1994 to witness the presidential elections and help with what would become the first Panamanian experience with an orderly transfer of political power after a democratic election.

“*The Panama election established the Carter Center’s reputation as a trusted broker. It also showed that, with the support of the international community, real change can take place without bloodshed*,” said David Carroll, director of the Center’s Democracy Program.

By December 2006, The Carter Center had observed 67 elections in 26 countries and was honored by an invitation from the United Nations to lead the drafting of a common set of standards for effective, professional, and impartial election observation, which were endorsed by dozens of election observation groups that have emerged to shepherd the growth of freedom and democracy worldwide.
An ancient parasitic infection once common around the world, Guinea worm disease now only exists in the poorest and most remote communities of Africa, thanks to the efforts of an international coalition led by The Carter Center.

Called the “fiery serpent” for the burning pain it causes as long worms emerge through blisters in the human body, Guinea worm cripples endemic communities, making children unable to walk to school and farmers too ill to work the soil. Yet today, due to the Center’s partnership with ministries of health in endemic African countries, international agencies, corporate donors, and thousands of village volunteers, Guinea worm is poised to become the second disease in human history to be eradicated and the first to be wiped out without using medicine or vaccine.

“The campaign to eradicate Guinea worm disease proves the power of partnerships to tackle public health problems. It also shows that, with tools and knowledge, people can become empowered to implement solutions to their own problems,” said Dr. Donald Hopkins, Carter Center associate executive director for health programs.

Guinea worm disease, or dracunculiasis, is contracted when water contaminated with microscopic water fleas carrying infective larvae is consumed. The larvae grow into threadlike worms inside the abdomen, emerging a year later through blisters anywhere on the skin. The cycle begins again when victims try to ease the pain by immersing themselves in local ponds, stimulating the worms to release new larvae.

Fortunately, the disease is preventable by using a fine nylon filter to strain the fleas from drinking water and through health education to keep infected people from entering water sources. Secondary measures include applying a safe chemical larvicide to water and drilling borehole wells for water supply. Because there is no animal host for Guinea worm, once the parasite’s cycle is broken in humans, the disease is gone.

When the Guinea worm campaign began in 1986, 20 countries in Africa and Asia harbored the disease, and there were approximately 3.5 million cases each year (or more). Today, only nine countries—Sudan, Ghana, Mali, Niger, Nigeria, Togo, Ethiopia, Burkina Faso, and Cote d’Ivoire—remain endemic to Guinea worm, and cases have been reduced by more than 99 percent.

The eradication movement also has empowered women, traditional caregivers and water gatherers in endemic communities, to effect positive, lasting change by participating actively in health education, prevention activities, and case detection and reporting.

“The many village leaders and volunteers know that the eradication of Guinea worm will mean more than an end to the physical suffering it causes; it will mean more opportunity for communities to realize their potential,” said Dr. Ernesto Ruiz-Tiben, technical director of the Guinea Worm Eradication Program. “When one disease is eliminated, other challenges once thought impossible may be tackled with the same tenacity.”

“…WITH TOOLS AND KNOWLEDGE, PEOPLE CAN BECOME EMPowered TO IMPLEMENT SOLUTIONS TO THEIR OWN PROBLEMS.”
**Center Assists with Elections in China**

By promoting civic engagement in more than 650,000 villages across China, the Carter Center’s China Program, in collaboration with the China Ministry of Civil Affairs, has helped enable 75 percent of the nation’s 1.3 billion people to participate in local affairs through their voice and their vote.

The Carter Center’s involvement with China began in 1997 with a groundbreaking invitation from the ministry to observe village elections. Former U.S. President Jimmy Carter visited China and met with China’s civil affairs minister to discuss means to improve the election process. That meeting led to a three-year agreement permitting the Center to work primarily in four China provinces to observe village election procedures and assist in gathering election data with computer technology, educating voters, and training election officials.

Today, the program has evolved, expanding its scope to include such activities as promoting political reform via Web sites, helping amend election laws, and reforming elections beyond the village level of governance.

The massive participation of rural citizens in local elections speaks for itself. The widespread popularity of these elections led to a revision in Chinese law to include procedures that guarantee electoral openness, fairness, and competitiveness. The success of village elections also prompted experiments of public election of township leaders—the next highest level of government—in various provinces.

The seeds have been sewn among a large number of citizens for a greater voice in government, and the discussion of democratic concepts continues today in China’s academic community and on Web sites the Center helped develop.

**Project Taps Atlanta’s Potential**

The Carter Center is well known throughout the world for its international work to wage peace and alleviate suffering, yet the Center also has made important contributions to its home community of Atlanta. Started in 1991 by former U.S. President Jimmy Carter and his wife, Rosalynn, The Atlanta Project (TAP) was created to help communities address the social ills associated with poverty, including challenges in education, health care, housing, community development, criminal justice, and economic development.

“We wanted to establish a framework for addressing difficult issues and eventually step back to have this framework become a permanent part of the community,” President Carter said.

Highlights of some of the Atlanta Project’s many accomplishments include: establishing six pilot after-school programs in area middle schools; immunizing 16,000 preschoolers in one week at area health clinics; creating a program for residents to report housing code violations and improve City Hall responsiveness to these complaints; and forming partnerships with businesses and welfare recipients to facilitate hiring and training.

In 1999, Georgia State University was given a grant to continue the groundbreaking work of TAP, where it continues to do so today.

“We understand that building healthy communities is a complex, never-ending process that requires respect among those who need assistance and those willing to help,” President Carter said.
River Blindness in the Americas ★ 1996

Today, river blindness, a parasitic disease transmitted by the bites of small black flies that breed in rapidly flowing streams and rivers, is nearly eliminated in the Americas. In 1996, The Carter Center began the fight against river blindness (onchocerciasis) in 11 countries in Africa and in the Americas. The Center’s work conducting health education and distributing Mectizan—a medication donated by Merck & Co. Inc.—has prevented millions of people from contracting this debilitating and often blinding disease. Once forced to abandon fertile land near rivers to avoid being bitten, people in the Americas are now returning to their land and reviving their local economies.

Latrine Revolution Sweeps Ethiopia

In the Amhara region of Ethiopia, women’s rights can be found in an odd place—a pit latrine.

Since 2004, The Carter Center has helped Ethiopians build more than 300,000 latrines (outdoor toilets) in its effort to fight the eye disease trachoma in poor, rural communities. But an unexpected benefit has been the freedom the latrines give the local women.

Until the latrine boom, people used woods and fields as toilets. Local tradition allowed men to defecate in the open at any time, but women were required to wait until nighttime so that no one would see them. Women were prisoners of the daylight.

Now women are the key to the latrine boom in the region, and a latrine has become a status symbol. Once a family builds one, so do their neighbors. Using local materials, a latrine can cost less than $10 to build, and women can use it at any hour of the day.

The latrines help fight trachoma by containing the waste that serves as a breeding ground for the disease-carrying flies, thereby reducing the fly population. Latrines are part of a four-pronged strategy that also includes eye surgery, antibiotics, face washing, and environmental improvements in water supply and sanitation.

Latrines are simple structures that make a big difference in people’s lives—they fight trachoma and other diseases, improve sanitation, and empower women. Let the latrine revolution spread, one family at a time.
Mental Health Journalism Fellows Fight Stigma, Save Lives

Until recently, mental illnesses were shrouded in such stigma that people with these disorders and their families would barely speak of their experiences, let alone agree to be quoted in a newspaper about them. But all that is improving thanks to a Carter Center program that is increasing accurate and sensitive reporting on mental health issues in the media.

“Today, mental illnesses can be diagnosed and treated, and many people can lead normal lives. The more people understand that, the sooner the stigma will go away,” said former First Lady Rosalynn Carter, founder of the Carter Center’s Mental Health Program.

Because media outlets are often the best avenue for reaching the general public, the Center sponsors the Rosalynn Carter Fellowships for Mental Health Journalism, providing grants to journalists in the United States and abroad to study a selected topic regarding mental health or mental illnesses. The one-year fellowships have trained 78 experienced journalists in the United States, Southern Africa, and New Zealand, giving them time and resources to raise awareness about issues they care about. In 2007, awards also will be given to journalists from Romania.

The results have been tangible and prolific, including more than 100 magazine and newspaper articles, television and radio reports, and books garnering several nominations for Emmy Awards and Pulitzer Prizes. Topics have ranged from posttraumatic stress disorder after Hurricane Katrina, to the mental health of Abraham Lincoln, to mental health care in the juvenile justice system.

“Mrs. Carter’s mission to reduce the stigma of mental illnesses really helped convince people that this was a safe place to tell their stories,” said Chicago-based documentary and television producer Julianne Hill. “The fellowship played a major role in allowing me to demonstrate to journalism colleagues that mental health is a legitimate, newsworthy topic that deserves coverage,” added journalist Caroline Clauss-Ehlers.

The fellowships complement the other work of the Mental Health Program to achieve equity for mental health care and raise international awareness about mental health issues. The program, founded in 1991, does this primarily through the leadership of Mrs. Carter and two public-policy forums each year for mental health policy-makers, researchers, consumers and family members, advocates, and practitioners: the Rosalynn Carter Symposium on Mental Health Policy, which tackles major challenges in the mental health field nationwide, and the Rosalynn Carter Georgia Mental Health Forum, which focuses on issues within the state of Georgia.

Perhaps the greatest legacy of Mrs. Carter’s three decades of mental health work is her tireless effort to help people understand that mental illnesses are illnesses “like any other” and that people with mental disorders have a right to the same care and consideration as those with heart disease or diabetes. And each day, thanks to Mrs. Carter, more people are willing and able to tell the world their story.
In 1998, the government of Mozambique asked the Carter Center’s Global Development Initiative to help bring together Mozambicans from across the social and political spectrum to create a shared long-term vision and strategy for the future development of their country.

The Carter Center convinced the opposition to participate in this consensus-building process, resulting in Agenda 2025, a national vision and development strategy approved by the parliament in 2003 and currently being applied to the government’s action plan for poverty reduction supported by international donors.

Meanwhile, in Guyana, the Center worked for more than a decade to build consensus around development priorities within the country and between the country and its international donors. One outcome: a commitment of $320 million in aid from bilateral donors.

“Mozambique and Guyana, along with Albania and Mali, gave us four different models to help countries be in the driver’s seat when it comes to development strategy,” said Dr. John Stremlau, associate executive director of peace programs. “These experiences are valuable lessons as the international community continues to struggle with how to best use foreign aid to alleviate poverty.”
Nobel Prize Awarded to President Carter
On a cold December evening in 2002, former U.S. President Jimmy Carter and his wife, Rosalynn, stood on the balcony of their hotel in Oslo, Norway, as they were honored with a torchlight vigil from hundreds of well-wishers. Earlier that afternoon, President Carter had just been awarded the Nobel Prize for Peace, an honor bestowed only to those whose work has made the “greatest benefit to mankind.”

For many Nobel laureates, the full impact of their work on the course of human progress may be difficult to appreciate until many years later. In 2002, it was clear the Carters’ efforts to build peace had already improved the lives of millions of the world’s most vulnerable people and would continue to make a difference well into the future.

During his presidency (1977–1981), President Carter’s mediation brought about the Camp David Accords for peace between Israel and Egypt, in itself a great enough achievement to qualify for the Nobel Peace Prize. Yet the Nobel Committee also cited his ongoing work to advance peace and fight disease through the not-for-profit Carter Center. In announcing the award, Norwegian Nobel Committee Chairman Gunnar Berge said:

“The bond of our common humanity is stronger than the divisiveness of our fears and prejudices. God gives us the capacity for choice. We can choose to alleviate suffering. We can choose to work together for peace. We can make these changes — and we must,” he said.

The torchlight serenade on the balcony that night was not only an expression of good wishes but also a symbol of the inspiration the Carters have been to people around the world to achieve positive change in the face of seemingly insurmountable odds.

“We can choose to alleviate suffering. We can choose to work together for peace. We can make these changes — and we must.”
The Center participated in activities that increased the worldwide immunization rate from 20 to 80 percent between 1984 and 1991.

In 1995 in Sudan, President Carter secured the longest humanitarian cease-fire ever achieved to reach families in regions inaccessible to health workers during the nation’s prolonged and brutal civil war.

The cease-fire lasted almost six months and effectively allowed for the inauguration of the Sudan Guinea Worm Eradication Program and expansion of activities to combat river blindness and immunize children against polio and other illnesses. Largely because of the war, Sudan has carried one of the largest national burdens of Guinea worm disease since the worldwide eradication campaign began.

“The Guinea worm cease-fire was a turning point for the eradication campaign,” said Craig Withers, then a field staff worker for the Guinea worm eradication campaign. In 1996, there were 118,578 cases of Guinea worm disease identified in Sudan compared to approximately 20,000 in 2006.

“After the cease-fire, fighting renewed with ferocity and continued for most of the next decade, so many areas of southern Sudan continued to be insecure and therefore inaccessible,” said Withers. “There was jubilation in Sudan and

at The Carter Center when the parties signed a peace agreement in January 2005. It has allowed us to expand our Guinea worm activities in what is now the most highly endemic country of the remaining nine countries.”

The societal disruption caused by wars is the most vivid example of the interrelationship between peace and health reflected in the Carter Center’s broad-based program agenda. When populations are displaced by war, they cannot grow crops to feed themselves, and community public health delivery and sanitation systems are disrupted.

“The goals of waging peace and fighting disease are inextricable. They are mutually beneficial to each other,” Withers said.

CHILDHOOD IMMUNIZATION CAMPAIGNS ★ 1984

For the past 20 years, The Carter Center has worked to eliminate unnecessary suffering from preventable childhood diseases. Through a partnership with the Task Force for Child Survival and Development, the Center participated in activities that increased the worldwide immunization rate from 20 to 80 percent between 1984 and 1991. And in the 1990s, Mrs. Rosalynn Carter and Mrs. Betty Bumpers traveled throughout the United States to ensure states and individual communities provide babies lifesaving vaccines in a timely manner.
Projects Help Keep Promise of Democracy in the Americas

In 1990, The Carter Center observed elections in Haiti, only to witness a military coup eight months later and a crisis-ridden government following the reinstatement of the democratically elected president. The case of Haiti made it clear that the maintenance and growth of democracy require more than just a fair vote on election day. Some countries suffer reversals due to civil conflict, political instability, poor government performance, lack of democratic institutions, corruption, crime, or economic crisis.

Achieving a true culture of democracy can take decades or sometimes generations and hinges on active citizen participation beyond the ballot box. To strengthen democracy, The Carter Center learned it was critical to also foster transparency of government decisions, respect for the rule of law, human rights, and equal access to resources to run for public office.

To answer these needs, an annual forum was established to strengthen the voices of human rights defenders, civil society groups have been trained in monitoring government actions, leaders in the Western Hemisphere have endorsed the need for campaign finance reform and greater transparency in government, and help has been given to implement the right to access to information.

“Strong and transparent democratic governance is vital to ensure the stability of democracy,” said Americas Program Director Dr. Jennifer McCoy. “Citizens must monitor and vigorously defend democracy in order for it to thrive.”
One precious legacy of the Guinea worm eradication campaign in Nigeria, which began in 1988, is the village-based health care delivery network, which today allows that country to treat multiple diseases simultaneously.

“In Nigeria, as in many developing countries, children and adults live at unnecessary risk from not just one, but many debilitating, disfiguring, and painful diseases that could be easily prevented,” said Dr. Frank Richards, director of the Center’s river blindness, malaria, lymphatic filariasis, and schistosomiasis programs. “With just a little outside help, rural people can be empowered to control or eliminate these diseases from their villages.”

Using the Guinea worm health care infrastructure in place, the Center helped expand programming in Nigeria in 1996 to distribute the drug Mecitzan® to prevent river blindness, in 1999 to control schistosomiasis with praziquantel tablets, and in 2000 to eliminate lymphatic filariasis with Mecitzan® and albendazole. That year, The Carter Center also began working with state and local health authorities to help build trachoma control programs in Plateau and Nasarawa states, and from 2004 to 2006, health care workers distributed more than 80,000 insecticide-treated bed nets to prevent lymphatic filariasis and malaria in the region.

With support from the Gates Foundation, The Carter Center will measure the impact of treatment integration efforts in these two Nigerian states during the next four years. Dr. Richards said, “By proving that integration is a practical and sustainable solution to providing health care in a developing nation, we can establish a public health care model that can help not only Nigerians but thousands of communities in the world carrying a heavy burden of disease.”

The initiative has trained health care workers to serve 90 percent of the country’s population in more than 600 rural health centers.

Health Worker Training in Ethiopia ★ 1997

President Carter and Ethiopia President Meles met in 1991 to discuss the lack of medical services to stem the grim realities of debilitating and fatal diseases in Meles’ country. Indeed, the single biggest factor of poor health in Ethiopia has been lack of access to trained health personnel. The Ethiopia Public Health Training Initiative has changed this by creating a corps of qualified health care workers. In partnership with the Ethiopian government, the initiative has trained health care workers to serve 90 percent of the country’s population in more than 600 rural health centers.

Long-Term Work in Liberia ★ 1991

When The Carter Center was invited to help mediate Liberia’s civil war in 1991, it began a long-term effort to help build peace and democracy in this West African country, founded in the 1800s by freed slaves from the United States. Since then, The Carter Center has been a force for peace, democracy, and human rights by arranging peace talks, observing elections, and supporting numerous civil society organizations in the country. Today, the Center is working with the Ministry of Justice and other nongovernmental partners to help build a strong rural justice system as a prerequisite for lasting peace.
In 2003, human rights activists gathered at The Carter Center to draw international media attention to the increasing threats and obstacles faced by defenders as rights have been curtailed by many nations in the wake of the 9/11 terrorist attacks. Yet this wasn’t the first time these unsung heroes turned to The Carter Center. Over three decades, President Carter has personally intervened to secure the release of thousands of political prisoners or others unjustly persecuted. Annual Human Rights Defenders Forums with the U.N. High Commissioner for Human Rights at the Center now offer a permanent platform for defenders to raise high the flag of human rights.

In 1990, talks between Jimmy Carter and former Soviet President Mikhail Gorbachev resulted in the establishment of the Commission on Radio and Television Policy at The Carter Center. The commission supported the worldwide development of broadcast media free from undue political and economic constraints to promote stronger democracies. The commission, which is now based at Duke University, has published several groundbreaking publications, including “Television & Elections,” a guidebook for broadcast journalists that has been translated into a dozen languages.
Rising international hostilities, civil wars, terrorism, genocide, and the threat of nuclear weapons drain many people of their hope for a more peaceful world. But one man has never given up in his tireless efforts to wage peace. During his presidency and since, Jimmy Carter has traveled the world to help resolve some of the most violent and deeply rooted conflicts in modern history. His efforts and those of Center staff have blazed an increasing role for nongovernmental organizations as an alternative and effective avenue for communication, negotiation, and ultimately, conflict resolution.
Haiti ★ 1994

 Barely seven months after Haiti’s first free and fair election—observed by The Carter Center in 1990—President Jean-Bertrande Aristide was overthrown by the military. The Carter Center soon became involved in assisting the international community to restore constitutional government to Haiti, and in September 1994, President Carter was asked by Haitian Gen. Raoul Cédras to help avoid a U.S. military invasion of Haiti. With permission from the White House, President Carter, Sen. Sam Nunn of Georgia, and Gen. Colin Powell traveled to the country, where they worked around the clock to successfully negotiate the departure of Haiti’s military and restore President Aristide to power.

North Korea ★ 1995

 In 1995, the United States and North Korea were on the brink of war due to concerns the North was trying to build a nuclear weapon. In the absence of diplomatic relations between the two nations, President and Mrs. Carter were sent as private citizens representing The Carter Center to meet with President Kim Il Sung in Pyongyang. A breakthrough was achieved, and North Korea agreed to freeze its nuclear program in exchange for a dialogue with the United States. The trip set a new stage for efforts to strengthen peace on the Korean Peninsula.

Bosnia-Herzegovina ★ 1995

 By 1995, the violence between Muslims and Serbs in the Balkans had raged for three years when President and Mrs. Carter were invited as representatives of The Carter Center to revitalize the peace process. Extensive discussions with the warring factions led to a four-month cease-fire agreement and a pledge from all sides to resume peace talks. Alexander Ivanko, a spokesman for the U.N. force in Bosnia, said at the time, “This is the first time the Serbs have shown a willingness to even consider the [peace] plan.”

Great Lakes Summits ★ 1995

 A year after the 1994 Rwandan genocide, 1.7 million refugees remained displaced, and continuing ethnic violence in Burundi approached civil war. The Carter Center was invited as a neutral broker to organize talks between heads of state from the region on refugee repatriation and a sustained peace. Held in Cairo in 1995 and Tunis in 1996, summits with the presidents of Burundi, Rwanda, Tanzania, Uganda, and Zaire showed hope can be renewed even during the darkest chapters of history.

Sudan-Uganda ★ 1999

 In 1999, President Carter and the Center’s Conflict Resolution Program negotiated the Nairobi Agreement between Sudan and Uganda, with both sides committing to stop supporting forces against each other’s government. Since the mid-1980s, the Lord’s Resistance Army, a quasi-spiritual Ugandan rebel group with bases in southern Sudan, had caused almost continuous insecurity in northern Uganda and contributed to the severing of diplomatic relations between the government of Uganda and the government of Sudan. With urging from The Carter Center, the two countries agreed to eventually re-establish full diplomatic relations, which allowed greater opportunity for improved regional peacemaking.

Cuba ★ 2002

 In May 2002, President Carter, joined by his wife Rosalynn, became the first former or sitting U.S. president to travel to Cuba since 1928. The Carter Center delegation, including Executive Director Dr. John Hardman and Americas Program Director Dr. Jennifer McCoy, were invited by Cuba President Fidel Castro. In an unprecedented live speech broadcast on Cuban television, President Carter called on the United States to end an “ineffective 43-year-old economic embargo” and on President Castro to hold free elections, improve human rights, and allow greater civil liberties.
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**IMPROVED FARMING BUILD HOPE FOR A FUTURE WITHOUT FAMINE**

In many African countries, providing enough food for one’s family is a daily struggle. Yet there is hope for a future free from famine thanks to a partnership of The Carter Center, the Sasakawa Africa Association led by Nobel Prize winner Dr. Norman Borlaug, and the Nippon Foundation. Since 1986, this endeavor has shown more than 8 to 10 million farmers in 15 sub-Saharan African countries how using improved techniques can double or triple their crop yield.

The prescription is simple: Selected farmers on production demonstration plots show other farmers the impact of improved land preparation, fertilizer, harder crop seeds, and improved growing techniques on crop yields. The program has caught on so quickly that the model has been used in almost 3.3 million crop demonstration plots. Because of the success of the program, farmers also needed to learn post-harvest technologies including methods for processing and storing grain surpluses.

A highlight has been the introduction of Quality Protein Maize, a maize with greater protein nutrient value than traditional maize, approaching that of cow’s milk. One of the greatest opportunities for QPM is its use as an infant weaning food in areas where milk is prohibitively costly. In Ghana, results of studies of infants found those fed QPM had reduced stunted growth and illness by 50 percent and decreased their risk for infant death by one-third.

The project is viewed as so important that the program encourages all its country programs to use QPM to improve food security. Other African countries are now studying Ghana’s experiences with the hope of adopting similar initiatives.

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**The program aims to reach a total of 27 million Africans at risk with long-lasting insecticide-treated bed nets,**

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**MALARIA CONTROL ★ 2007**

The Carter Center has begun a new initiative to help Ethiopia and Nigeria fight malaria, a parasitic disease that causes death in more than 1 million people each year, most of whom are young children in Africa. The program aims to reach a total of 27 million Africans at risk with long-lasting insecticide-treated bed nets, which protect people from the mosquitoes that carry the disease. The Center is providing the nets to all members of at-risk communities free of charge.
The Carter Center, in partnership with Emory University, is guided by a fundamental commitment to human rights and the alleviation of human suffering; it seeks to prevent and resolve conflicts, enhance freedom and democracy, and improve health.

While the program agenda may change, The Carter Center is guided by five principles:

★ The Center emphasizes action and results. Based on careful research and analysis, it is prepared to take timely action on important and pressing issues.

★ The Center does not duplicate the effective efforts of others.

★ The Center addresses difficult problems and recognizes the possibility of failure as an acceptable risk.

★ The Center is nonpartisan and acts as a neutral in dispute resolution activities.

★ The Center believes that people can improve their lives when provided with the necessary skills, knowledge, and access to resources. The Carter Center collaborates with other organizations, public or private, in carrying out its mission.