



THE CARTER CENTER AT 30

Waging Peace. Fighting Disease. Building Hope.

THE
CARTER CENTER



cover: A boy surveys the scene at a cattle camp in South Sudan, where The Carter Center has advanced peace and health for more than 25 years.

opposite: An election official examines a ballot during Indonesia elections in 2004.



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*Waging Peace.
Fighting Disease.
Building Hope.*

THE
CARTER CENTER



Dedicated to the millions of impoverished children, women, and men worldwide who are striving to build peaceful and healthy communities for themselves with the caring support of Carter Center donors

The Carter Center was founded in 1982 by former U.S. President Jimmy Carter and his wife, Rosalynn, in partnership with Emory University, to advance peace and health worldwide. A nongovernmental organization, the Center has helped to improve life for people in more than 70 countries by resolving conflicts; advancing democracy, human rights, and economic opportunity; preventing diseases; improving mental health care; and teaching farmers to increase crop production.

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page ii: In northern Ghana, a woman filters her family's drinking water to prevent Guinea worm disease.

opposite: The town of General Farfan lies on the Ecuador border, separated from Colombia by a small river. Strained relations between the two countries prompted The Carter Center to study conditions in two border towns for human rights, access to justice, security, and inclusion of youth and other social groups to help inform future policies.



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Former U.S. President Jimmy Carter and Rosalynn Carter are welcomed to the Amhara region of Ethiopia in 2005.

INTRODUCTION

For three decades, The Carter Center has worked alongside impoverished, underprivileged people around the world to help them improve their own lives and strengthen their communities. Whether establishing an open process to elect their own leaders for the first time, learning to prevent Guinea worm and other devastating diseases of poverty, or discovering the path of dialogue as an alternative to violent conflict, millions in more than 70 countries have achieved tangible positive change, made possible through the unwavering vision of Jimmy and Rosalynn Carter for peace and human rights.

In celebration of our 30th anniversary, we have compiled photographs of our favorite moments with people across the globe. Their individual challenges may differ, but all share the common dream of a more peaceful and healthier life for their families.

We hope you enjoy these photos and stories from the field, and that you will join us as we wage peace, fight disease, and build hope in the years to come.

“The Carter Center has developed and grown more than we ever dreamed it would. It’s been really exciting to see.”

— Jimmy and Rosalynn Carter
Former U.S. President and First Lady,
and founders of The Carter Center

COORDINADOR CIT

EN TUS MANOS
ESTA LA POSIBILIDAD
DE TUSIAR TU
FUTURO.

RECUERDA O
TODOS LOS SERES
HUMANOS VALEN
INDEPENDIEMENTE
DE SU SEXO, RAZA
CLASE SOCIAL O RELIGION

Genero

COMUNICADOS
DEL CIT



El primer día de la Bicentennial en el CIT...
El primer día de la Bicentennial en el CIT...
El primer día de la Bicentennial en el CIT...





A family waits to meet with Rita Jimenez Huancollo (behind the office desk) at the Integrated Justice Center in La Paz. Huancollo mediates family conflicts and said her training with The Carter Center helped her learn how to better deal with issues of domestic violence.

BOLIVIA

A family of four waits outside Rita Jimenez Huancollo's wood-paneled office at the Integrated Justice Center in La Paz, Bolivia, husband and wife with eyes cast down, he folding and unfolding papers, and she glancing sideways to quietly encourage their children to sit patiently.

Each day, Huancollo meets with such families to mediate domestic violence disputes and other issues to resolve them peacefully. She believes that settling disagreements at the family level also will help her country, which is prone to tensions because of its citizens' diverse ethnic and regional identities and due to struggles over natural resources.

"The culture of peace that we want starts at a personal and family level—if we have a society of satisfied people talking from their heart, it will translate into less social conflict," she said.

Huancollo was one of nearly 3,000 Bolivians who learned mediation skills from Carter Center workshops to help young political and civic leaders, social groups, and authorities manage conflicts in a more positive way and discuss issues constructively.

In Bolivia, one of the poorest countries in the Western Hemisphere, political and social demands related to regional autonomy, indigenous rights, government-media relations, and control of natural resources often have escalated to the brink of conflict.

But the nation is striving to make its democracy more peaceful, inclusive, and respectful of human rights. Since 2004, the Bolivian government has reached out to The Carter Center to assist with these goals on several fronts—through media training to improve professional practices to help deter escalation of conflicts, by advancing access to information and government transparency, and by observing the 2009 constitutional referendum and national elections.

Greater respect and mutual understanding, and constructive dialogue and transparency are challenges within Bolivia and throughout the Andean countries. Carter Center forums for civic and government leaders also have aimed to prevent conflict and defuse tensions in an increasingly interdependent region and hemisphere.

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MARTELES 18 ENERO	QUINTOS	DICTAVOS
MIERCOLES 19 ENERO	CUARTOS	SEPTIMOS
JUEVES 20 ENERO	TERCEROS	SEXTOS
VIERNES 21 ENERO	SEGUNDOS	REZAGADOS
SABADOS 22 ENERO	PRIMEROS	
DOMINGOS 23 ENERO	REZAGADOS	

REQUISITOS PARA EL REGISTRO DE ALUMNOS:
1. CERTIFICADO DE MATRICULO ORIGINAL Y FOTOCOPIA
2. LISTA DE CALIFICACIONES DEL CURSO ANTERIOR Y
3. COPIA DE IDENTIDAD PARA ALUMNOS DE SEGUNDA

14 PAZ Enero del 2012



During a large rally in El Alto for the re-election of Evo Morales as Bolivia's president in December 2009, the horizon is a sea of flags and people. Drummers and dancers joined thousands of supporters waving flags and singing.

Bolivian election observers watch voting at a polling station in La Paz on Jan. 25, 2009. As Bolivians voted on a new constitution, a Carter Center delegation monitored whether the referendum process followed electoral code and was transparent and impartial.

The Carter Center has been working in Bolivia since 2003 to support a democratic transformation that is peaceful, inclusive, and respectful of human rights. Activities include election observation, access to information legislation, and media and conflict mediation training.



Bolivia is one of the poorest countries in South America. Ethnic and cultural diversity, as well as struggles over natural resources, fuel social and economic tensions. Below is capital city La Paz.





Early morning in Puerto Perez, near the Peru border, citizens try to determine which line they should join to vote. Hundreds of voters gathered at the polling station ahead of its 8 a.m. opening during Bolivia's presidential election on Dec. 6, 2009.



A woman sells goods on a street in El Alto. Fifty-one percent of Bolivians live below the poverty line.



第二组投票处

入口

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Zhang Ruiaui, a farmer, votes in Hetao, China, in March 2010. For more than a decade, at the invitation of the Chinese government, The Carter Center has helped to standardize election practices among villages and promote good governance and citizen participation.

CHINA

In the rural Chinese tobacco-growing community of Hetao, villagers walked for miles to gather at dawn in the courtyard of the area administrative center. There they remained all day, many with their children in tow, listening to speeches by candidates for local offices, casting their votes, and waiting for the results to be counted and announced. More than 80 percent of eligible people voted.

Hetao, in the southern Yunnan province, is one of more than 600,000 villages across China participating in a national movement toward meaningful democracy in a country of 1.3 billion people. For 15 years, at the invitation of the Chinese government, The Carter Center has aided this effort by helping local Chinese partners to standardize a vast array of electoral practices among villages, strengthen the governance skills of local officials, and advance citizen participation.

The Center's long-term work in China continues a friendship begun when President

Jimmy Carter established full diplomatic relations with the country in 1979, reversing an era of estrangement between the United States and China. Only three days later, China launched economic reforms that have fueled expansive growth.

In the late 1980s, The Carter Center helped to improve educational opportunities for handicapped children and to address the nation's need for modern artificial limbs. Today, while continuing to monitor local elections, the Center sponsors multiple websites in China that have become platforms for citizens to exchange views on political reform. The popularity of these forums reflects an unprecedented political awareness throughout Chinese society empowered by modern information technology and the Internet.

The Center also works to advance government transparency and access to information in China and, most recently, launched a project examining the impact of Chinese development in African countries.



Staff at a health clinic in Hong'an await a visit by a Carter Center group in 2009. In the 1980s, The Carter Center helped China develop the capacity to manufacture and deliver modern prosthetic devices for the millions of disabled people who needed them.

In Shidong village, an election staff member brings a ballot box via bicycle to community members who are sick or unable to make it to the polling station.



The giant city of Shanghai represents the old and new China. “The first time I visited Shanghai, in 1949, there were only pedestrians, bicycles, and rickshaws,” said President Carter. When he and Mrs. Carter visited in 2009, they rode the fastest train in the world, reaching a speed of 269 miles per hour. “As we flew past the Old City, one centimeter above the tracks, I thought the amazing experience symbolized what is happening in China,” he said.



Officials pour out completed ballots for counting after elections in Zhongping village, where a Carter Center delegation observed voting. Elections were held for the chair and vice chair of the villagers' committee and for committee members.



Over the years, The Carter Center has invited Chinese officials and scholars to see firsthand elections in the United States. In November 2004 (pictured), a 37-member delegation observed election organization, voter registration, and methods for mobilizing voters in Georgia and Tennessee.



Two girls peek from behind a doorway in Shidong village. In addition to helping standardize elections in China, The Carter Center also sponsors several websites, which have become important portals for political reform in this nation of 1.3 billion people.



Xu Wenyan records votes on a chalkboard after they are read aloud by his colleagues.

Officials guard a ballot box soon after voting ends in Zhongping. The village, located in Yunnan province, southwestern China, has a total population of 2,045 and 1,493 registered voters. On election day, over 900 voters came to the election site, and some had to walk more than three hours to vote.







DEMOCRATIC REPUBLIC of the CONGO

In 2011, the United Nations ranked the Democratic Republic of the Congo (DRC) last among 187 countries for human development, which considers citizens' life expectancy, education, and income, among other factors. Through several initiatives, The Carter Center is working to bolster the human rights of and bring a brighter future to the Congolese.

In the Democratic Republic of the Congo (DRC), standing up for the human rights of others isn't just bold, it can get you arrested, tortured, or killed. The problem caught the world's attention in June 2010, when prominent Congolese activist Floribert Chebeya was murdered.

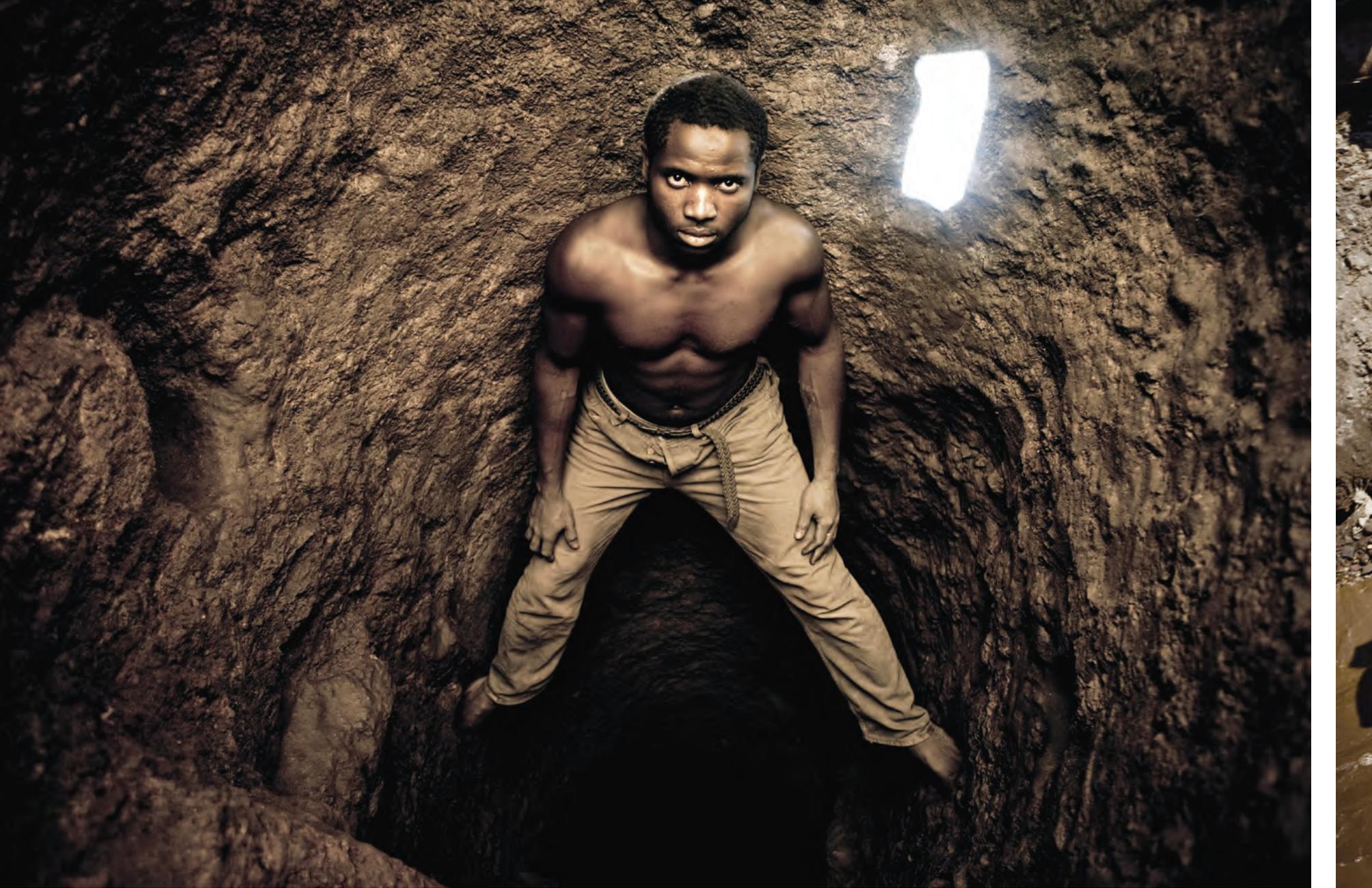
In the aftermath of that event, The Carter Center partnered with local Congolese organizations to create an alert system for human rights defenders. If threatened, a person can send a message by phone, text, or email to four of 12 organizations, and the groups will respond with swift action.

Pleas often come in the evening or at night from human rights defenders who have been threatened and are scared. With other partners, Center staff will go to a defender's house, staying until the threat dies down, or may hide the

defender in a safe location. The presence of others in a moment of crisis can deter further aggression, and defenders know that both local groups and the international community are engaged and looking out for them.

The base for these activities is the Human Rights House in Kinshasa, established by The Carter Center after its observation of the DRC's 2006 elections, the first meaningful national vote in more than 40 years. The house provides direct support to Congolese partners who work against child trafficking, shepherd victims of sexual and gender-based violence through the legal system, demand equitable use of natural resources through mining policy reform, and promote electoral reform.

Working with civil society helps strengthen a nation's own capacity to create and sustain systems to advance peace and human rights.



Artisanal miners, like the one seen here, work in hazardous conditions. Using only simple tools, they will dig up to 30 meters deep in search of a mineral vein without safety helmets, ropes, or shoes. Cave-ins occur daily.



One of the Carter Center's efforts in the DRC provides accurate and accessible information to government and civil society groups working for mining sector reform. Mining operations in the DRC generate huge profits, but impoverished local communities receive few of the benefits.



Domestic observers keep watch in a Kinshasa polling station during the October 2006 presidential runoff election. The Carter Center observer mission worked with domestic groups to share information and coordinate delegation deployment.

A Congolese woman casts her vote in a polling station in Kinshasa. The DRC's 2011 vote was only its second democratic multiparty national election since gaining independence in 1960.



After struggling to find her name on the voters list, a Congolese woman seeks assistance from Carter Center delegation leader and former president of Zambia Rupiah Banda at a Kinshasa polling station on Nov. 28, 2011. The elections were riddled with procedural and other troubles, and the Center ultimately determined that the elections were not credible.





In Mosebo village, 3-year-old Haymanot Shibabow shows off the lid of her training latrine. Over the last decade, The Carter Center has helped Ethiopians build more than 2.1 million latrines, which help prevent the eye disease trachoma by limiting breeding opportunities for the flies that spread the disease.

ETHIOPIA

In 2005, in the remote Ethiopian village of Mosebo, 3-year-old Haymanot Shibabow proudly led a Carter Center delegation, including President and Mrs. Carter, to see the newest addition to her family's compound.

"Haymanot charmed everyone when she pointed to her family's adult latrine and her own personal training latrine," said Dr. John Hardman, Carter Center president and CEO.

Latrines are critical to the Carter Center's campaign to control blinding trachoma, a bacterial eye infection spread easily from person to person through hands, clothes, and flies' feet that land near the eyes. Building latrines prevents breeding grounds for the flies, and combined with other approaches, including health education and distribution of the antibiotic Zithromax[®] donated by Pfizer Inc, can eliminate the disease.

Children, like Haymanot, bear the highest burden of trachoma infections, and women, as traditional caregivers, suffer most of the long-term impact of repeated infections, making them especially susceptible to disability in their prime from the painful advanced stages of the disease.

The people of the Amhara region, however, have become global leaders in trachoma control, building more than 2.1 million household latrines

in less than a decade, largely through women's advocacy. Amhara also is home to an innovative health mobilization campaign delivering malaria and trachoma prevention and treatments to millions of people in one week, twice a year.

In addition to latrines and medication, eyelid surgeries provide another intervention in the fight against trachoma. The Carter Center has helped equip and train local health workers to perform more than 262,000 eyelid surgeries in Amhara, correcting the most advanced stage of trachoma and preventing blindness.

When a Carter Center team returned to see how the Shibabows were doing in 2011, Haymanot's father had rebuilt the family latrine twice, but Haymanot still preferred to use her own behind the home. They also continued to receive other free trachoma prevention services from Ethiopia's national trachoma program, supported by The Carter Center.

"We traveled thousands of miles to see Haymanot, and it was worth it to know that, in a country where many children do not reach age 5, she will have a brighter future because her family has the tools they need to protect their own health," said Dr. Hardman.



A woman and her baby wait for medical attention at a health clinic. More than 15 percent of children in Ethiopia die before their fifth birthday.

The bed net in this home protects those sleeping under it from the bites of mosquitoes that transmit malaria. In 2007, The Carter Center purchased 3 million nets, the balance needed for the Ethiopian government to provide free nets to all citizens living in areas where malaria occurs. Bed nets and other malaria control activities have brought about a 90 percent reduction in malaria prevalence in the areas of Ethiopia where The Carter Center assists.





A clinician examines a pregnant woman at Haramaya Health Center. To help fill the void in primary care in Ethiopia, The Carter Center, in partnership with the Ethiopian government, helped train more than 26,000 health service professionals, including more than 5,000 health officers, who serve as leaders of community health centers.

Ethiopian children play in a cornfield. With assistance from The Carter Center and its partners, more than 8 million small-scale farmers in Ethiopia and 14 other sub-Saharan countries have doubled or tripled crop yields in countries where malnutrition is a constant threat.

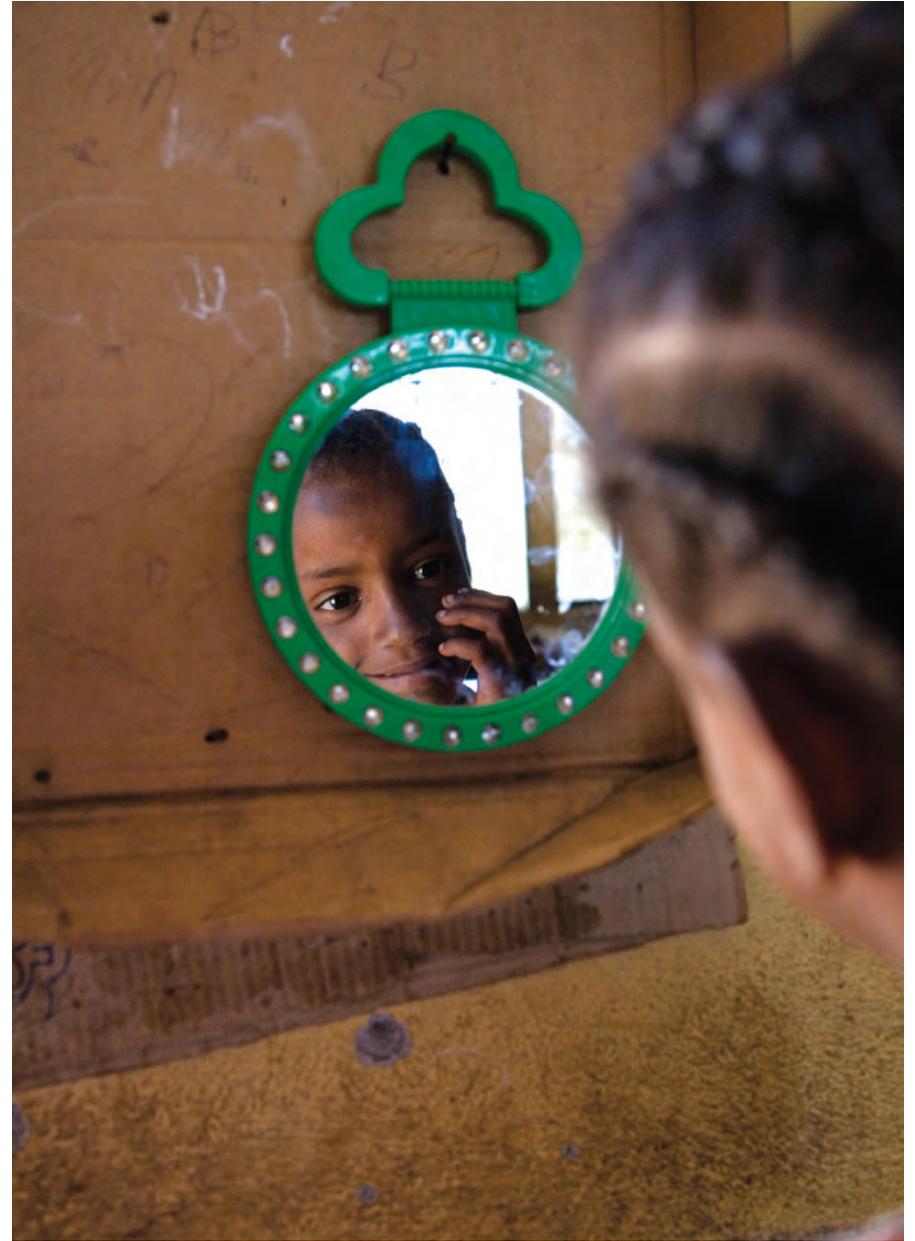


This man has lost his vision due to river blindness disease. Since 1996, in 11 countries, The Carter Center has helped provide more than 150 million treatments of medication to prevent the parasitic disease, prevalent in areas near fast-flowing streams.





Sifelig Balew, age 10, washes her hands outside the family latrine, constructed with simple, low-cost materials. Hand and face washing and latrines are part of a four-pronged strategy for preventing trachoma in Africa. Other interventions include antibiotics and corrective eyelid surgery.



A student at Yisma Nigus School looks at her eye in the mirror during a malaria and trachoma treatment week in Ethiopia. When health workers visited the girl's village, she received medicine and health education to prevent the bacterial disease trachoma, which can lead to blindness. People exhibiting malaria symptoms were tested and, if necessary, treated.

In Amhara region, Ethiopians wait to greet President and Mrs. Carter, who visited the area to see the impact of the Carter Center's work to prevent trachoma.







In Savelugu, Hubeida Iddirisu shares a laugh with community members during her rounds selling charcoal to help support her family and pay school fees. As a 9-year-old, Iddirisu suffered the pain of multiple Guinea worms emerging from her body, but in 2011, Ghana declared that it had eliminated the parasitic disease.

GHANA

In 2007, 9-year-old Hubeida Iddirisu faced long days of pain as three Guinea worms began to emerge from blisters on her body. Iddirisu was the victim of a particularly severe Guinea worm disease outbreak in her town of Savelugu, Ghana.

“I probably caught the worms when accepting a drink of water from a neighbor I was selling charcoal to,” she said. Iddirisu’s after-school job helped support her family and paid her three siblings’ school fees. An “A” student, Iddirisu was incapacitated for weeks and couldn’t go to school or work. Instead, she met daily with a local volunteer health worker, who carefully extracted the worms from her body, inches at a time over two weeks.

Guinea worm disease afflicts the world’s poorest and most isolated communities. Also known as dracunculiasis, the disease is contracted when people consume water contaminated with Guinea worm larvae, usually gathered from stagnant ponds. After a year, a meter-long worm slowly emerges from the body through a painful blister in the skin. The ancient affliction is being wiped

out worldwide through simple, cost-effective tools like health education and behavior change. For example, in Ghana, The Carter Center and its partners taught people to filter all drinking water and keep anyone with an emerging worm from entering water sources. There are no vaccines or medicines to prevent or treat the disease.

The Center has been leading the international Guinea worm eradication campaign since 1986. Soon after, Ghana became one of the first country partners in this historic effort, with a national case search showing it to be the second most Guinea worm–endemic country on earth, with about 180,000 cases.

Having made great strides over two decades, in 2008, Ghana’s national program and thousands of community volunteers redoubled efforts in the wake of new Guinea worm outbreaks in Iddirisu’s town and others in northern Ghana that threatened to set back progress, and by May 2010, Ghana reported and contained its last indigenous case. Today, children in Savelugu have a more hopeful future because they are forever free from this horrible affliction.

In northern Ghana, Salefu Abdul Karim shows children how to use foot-powered pumps to collect water from Dukanani Dam. Water filters provided by The Carter Center were tied to the spouts to ensure the water would be free of Guinea worm larvae.





A health worker shows an emerging Guinea worm. By the time this threadlike worm broke through the ankle of the infected person, it had lived in the victim's body for a year. The worm can be extracted only through a slow, painful process of wrapping it little by little around a roll of gauze or a stick. If the worm is pulled too quickly, it can break off under the skin and possibly cause secondary infection or a physical disability.



President and Mrs. Carter comfort Rafia Fuseini, 4, as a health worker treats her Guinea worm wound. The Carter Center spearheads the campaign to eradicate the parasitic disease and has, in collaboration with an international coalition, reduced the number of cases by more than 99 percent since 1986, from an estimated 3.5 million in 1986 to fewer than 500 expected in 2012.





Schoolchildren have played a crucial role in Ghana's public health successes, which include elimination of Guinea worm disease and blinding trachoma, a bacterial eye disease. Health education is conducted in school with the expectation that the messages will be shared with the students' families.

In rural areas of Ghana, village chiefs, such as Tingoli's Abduhai Moussa (pictured), are a key element of public health campaigns and political participation.





In 2008, a Ghanaian woman votes for president and members of Parliament in capital city Accra. Carter Center observers found the elections to be largely peaceful and transparent.

Poll workers show observers empty ballot boxes as vote counting begins.







In his schoolyard, a Guatemalan boy tries his luck at a fly-shaped piñata. The piñata serves as a reminder that river blindness is transmitted by the bites of tiny flies.

GUATEMALA

Standing in the courtyard of his school in El Xab, Guatemala, his eyes blindfolded, a 9-year-old boy swings a large pole toward a fly-shaped piñata. Schoolmates cheer for him, hoping that one well-placed strike will smash the fly, releasing oodles of candy. The adults in charge hope the children leave with something more than a handful of treats.

The piñatas were shaped like flies to remind students that the disease river blindness, known scientifically as onchocerciasis, is transmitted by the bite of tiny flies that breed in the nearby fast-flowing streams used to irrigate farms and coffee-growing plantations. When left untreated, the infection causes itching, skin nodules, diminished vision, and ultimately blindness. A person could be bitten hundreds or thousands of times each year, and it is the culmination of bites from infected flies over time that causes the parasitic disease.

But through health education activities like this one and mass distribution of the drug Mectizan[®] donated by Merck, Guatemalans

recently broke the transmission cycle of river blindness in the last area where it remained, and in 2012, are halting their treatment program. A three-year monitoring process will confirm the disease does not resurge.

This success is part of a 16-year river blindness campaign by The Carter Center in partnership with ministries of health in six nations through the Onchocerciasis Elimination Program for the Americas. The project has brought the disease to the brink of elimination in the Western Hemisphere.

When The Carter Center began working in the Americas, river blindness existed in six countries. Today, it remains only in a targeted border region of Brazil and Venezuela. Guatemala originally had more than 40 percent of the people at risk for the disease in the Americas.

“My eyes used to tear, and I was covered with lesions on my skin,” said Cirilo Aldrin, a 67-year-old farmer and former City Hall employee from Estrellita, Guatemala. “Now we are free of the disease.”



“I can see perfectly,” said Jozefa Ortiz Rosa, 81, whose once-marred vision was restored with treatments of Mectizan for river blindness. Since Guatemala halted river blindness in 2011, her granddaughter Blanca Lidia Bachan Calel, 20, can enjoy a future free of the parasitic disease.

In 2009, a child in Union Victoria swallows one tablet of the medication that prevents river blindness. The health worker used the measuring tape behind the girl to determine her dosage, which is based on her size.



In Tarrales, health worker Alba Lucia Morales Castro checks a woman's head for nodules, a sign of the parasite that causes river blindness. "This program is a very important case in international public health, to show that the challenge is possible," she said. "We can be a model for the international public health community."





The black flies that spread river blindness bite their victims ruthlessly. Jacinta Maribel Brito Corio's face bears scars from constant scratching of bites.

Coffee farmer Manuel Peres Gomez picks beans near El Xab. In coffee-producing countries, river blindness can be an occupational hazard because the coffee farms are typically located along the fertile banks of fast-flowing streams, where the black flies that spread the disease breed. Over generations, many people moved away from such fertile land due to the threat of river blindness. Now that transmission of the disease has been broken, these people can return.







Carter Center-supported health worker Jonel Mompremier gently pricks the finger of a feverish boy to test for malaria in Ouanaminthe, Haiti.

HAITI

On a sweltering fall day in 2009, a crowd of children followed Jonel Mompremier, 27, as he traveled from house to house in Ouanaminthe, Haiti. They giggled as the health worker asked the same question at every doorstep, “Does anyone at home have any fevers?”

At one home in Ouanaminthe, family members brought a feverish and frightened young boy to Mompremier. Sitting in a chair borrowed from another family, and balancing his malaria testing kit and clipboard on his knees, the health worker pricked the boy’s finger, smearing the blood on a glass slide. He promised the child’s father he would come back as soon as possible with the results from the test and free treatment if the child had malaria.

The year before, no one like Mompremier had been conducting active malaria surveillance in Ouanaminthe. But Mompremier was part of a new army of health workers on the island of Hispaniola who worked to eliminate malaria from Haiti and the Dominican Republic, the only Caribbean island where the disease still exists.

The campaign was spurred by a recommendation of the Carter Center’s International Task Force for Disease Eradication that it was technically feasible to eliminate malaria and lymphatic

filariasis—another parasitic disease spread by mosquitoes—from the island. The Center has had a long involvement with the island nation, including election observations to further democracy and a 1994 negotiation led by President Carter that ended a military coup in Haiti and restored the newly elected president, avoiding a U.S. military invasion.

In 2008, the Center began an 18-month pilot project that brought together the presidents and ministers of health from both countries to collaborate on the best ways to rid their shared island of these two diseases. Coordination between the neighboring countries, which have a long history of tense relations, was seen as a crucial element to success. After all, the mosquitoes carrying the diseases do not turn around at the border.

The project, which took place in three towns, brought new equipment and trained staff, but significant challenges remain for Haiti and the Dominican Republic, which jointly set a target date to eliminate both diseases by 2020. To reach their goal, the support of the international community will be imperative, especially given damage wrought by the 2010 earthquake in Haiti.

As he performed his work, Mompremier was optimistic: “Step by step, I know we can devastate malaria.”

Candida Galvan Jimenez, who lives on the Dominican Republic side of the border with Haiti, displays one of two bed nets in her home to protect against mosquito-borne malaria and lymphatic filariasis. Hispaniola is the only Caribbean island that still has malaria, and it also contains more than 90 percent of the lymphatic filariasis cases in the Americas.

Former U.S. President Jimmy Carter, flanked by U.S. Senator Sam Nunn and former Joint Chiefs of Staff Chairman Gen. Colin Powell, speaks to reporters and Haitian officials after arriving at Port-au-Prince on Sept. 17, 1994. The delegation successfully negotiated the departure of Haiti's military and restoration of constitutional government in Haiti.





Haitians heading home cross the Massacre River, which separates Haiti and the Dominican Republic. The area has been the site of numerous conflicts between the two countries in years past, but now people of the surrounding towns benefit from trade.





INDONESIA

Carter Center election observers witnessed the birth of democracy in Indonesia in 1999, after 45 years of military rule, an election that brought new political freedoms crucial to domestic peace, political stability, and economic progress.

An archipelago of 17,000 islands and 210 million people, Indonesia is home to the world's largest Muslim population. For The Carter Center, the vote was the largest and most complex democratic procedure ever witnessed. Forty-eight qualifying political parties presented a total of 13,800 candidates for local, provincial, and national office, at some 300,000 polling sites. Partnering with the National Democratic Institute for International Affairs, The Carter Center posted 100 international observers to thousands of polling sites, many reaching their destinations in rowboats or by hiking wooded trails.

President Carter described the scene on election day: "Without exception, the officials were well-trained and meticulous in their duties, materials were on hand, the turnout was about 90 percent, the voters were orderly with a majority of women, and everyone seemed to

be in good spirits.... At the close of voting, in a fully public count, each ballot was examined carefully and the vote was called for everyone to hear. There was a festive atmosphere, with either cheers or boos from the crowd after each vote was announced. After all, this was the first time in many years that the citizens had been free to make their own choices."

In 2004, Indonesians showed The Carter Center and the international community how far they had come by directly electing their president. In a vote that reflected popular discontent with the new government and the economy, incumbent President Megawati Sukarnoputri was replaced by popular ex-general Susilo Bambang Yudhoyono.

Another milestone in the region was the birth of the first new nation of the 21st century, East Timor, which gained independence from Indonesia through a vote in 2002. It is unusual for a nongovernmental organization to assist with founding a new country, but The Carter Center played such a role for the people of East Timor, who have had two successful elections, drafted and ratified a constitution, and begun to create important institutions for a strong, sustainable democracy.

Along with a Carter Center delegation, President and Mrs. Carter observed elections in Indonesia in 1999 that brought an end to 45 years of military rule. Here, children greet the Carters in capital Jakarta.



Prior to elections in 2004, Indonesians participate in a rally for one of the political parties.



Rivers provide a means of transportation for this Indonesian man and his family. Approximately 70 percent of all rivers in capital Jakarta are classified as heavily polluted.



A woman purchases noodles at a stand in Jakarta, Indonesia. Indonesia has the largest economy in Southeast Asia, and its government plays a major role in it through ownership of business and setting prices on some basic goods like electricity and rice.

A Muslim girl peeks out from her traditional dress. Some 86 percent of Indonesians are Muslim. The three largest democracies in the world—India, the United States, and Indonesia—are primarily Hindu, Christian, and Muslim, respectively.





A man leaves the polling booth after voting for president in July 2004. The Carter Center has observed three elections in Indonesia: 1999, 2004, and 2009.





The Dome of the Rock shines brightly in this view of Jerusalem, which includes the Old City looking toward West Jerusalem.

ISRAEL and the OCCUPIED PALESTINIAN TERRITORY

President Carter's commitment to peace in the Middle East began in the White House with his negotiation of the Camp David Accords, which provided a framework for guaranteeing rights and peace for Palestinians and Israelis, as well as a peace treaty between Israel and Egypt that endures to this day.

Since leaving office, he and Carter Center staff have traveled regularly throughout the Middle East to explore every opportunity for achieving a comprehensive and sustainable peace in the region, a two-state solution to the Israeli-Palestinian conflict, and return of occupied territory.

Through these efforts and those in other strife-torn regions, the Center has come to fill an important space between official diplomacy and grassroots peace efforts to resolve and prevent armed conflicts, serving as an alternative path for dialogue until official diplomacy can take place.

For example, in April 2008, President Carter convinced Hamas to drop its requirement that a truce in Gaza be tied to a truce in the West

Bank, making the June 2008 cease-fire possible. The Carter Center's work on Palestinian reconciliation also contributed to the Fatah-Hamas agreement reached in May 2011.

Center staff in Atlanta and the region in partnership with Israeli and Palestinian peace activists, human rights organizations, and think tanks will continue to monitor tensions and identify possible avenues for intervention.

Steps toward democracy in the region also are critical to achieving lasting peace. The Center observed elections to establish a governing authority in the Occupied Palestinian Territory in 1996 and subsequent votes in 2005 and 2006. All three elections reflected the will of voters.

When the Arab Awakening of 2010 spread demands for freedom and dignity through the greater region, The Carter Center once again was invited to help foster democracy by observing elections in Tunisia and Egypt. These rapid changes mark a new phase of uncertainty but also renewed possibility for eventual peace and progress in the Middle East.



Candidate posters for Palestinian elections adorn the controversial separation barrier in the West Bank in 2006. A Carter Center team observed elections to establish a democratic government in the Occupied Palestinian Territory in 1996, 2005, and 2006.

A Palestinian boy looks at the rubble of his home days after it had been partially destroyed by Israeli rocket fire. He and his family now live in the Al Amari refugee camp, established in 1949 and home to nearly 11,000 Palestinians.



President and Mrs. Carter examine rocket shells in the Israeli city of Sderot, about a mile from the northeast corner of Gaza. Before a fragile cease-fire took place between Hamas and Israel, Sderot citizens had been the victims of rocket attacks from Gaza since 2001, resulting in 13 deaths.

AROUND THE MIDDLE EAST

In addition to working in Israel and the Occupied Palestinian Territory, The Carter Center has observed elections across the Middle East, especially following recent Arab revolutions.



Lebanon does not employ standardized ballots; therefore, political parties can hand out their own, such as these pictured with preprinted names of their candidates, to voters as they enter the polling station. The Carter Center observed voting in Lebanon in June 2009, prior to the Arab revolutions.



Tunisians make their way through the ancient streets of Tunis. The Arab uprising began in this North African country in December 2010, and The Carter Center observed its peaceful and orderly elections less than a year later, in October 2011.

Two Egyptian poll workers wait to ink the fingers of citizens who have already voted, which prevents them from voting again. The Carter Center monitored several rounds of elections in Egypt in late 2011 and early 2012.







Newly credentialed mental health clinician Klubo Mulba (left) greets new mother Surprise Otto at JFK Hospital in Monrovia. As part of a Carter Center training program, Mulba counseled Otto for anxiety about her pregnancy. “I think Klubo is very good at her job,” said Otto. “She helped me a lot when I was sick and frightened.”

LIBERIA

Some Liberians think mental illnesses are contagious or that victims are under the spell of witchcraft. With the wounds of a brutal 14-year civil war still raw, others believe that a person tormented by a mental illness is being punished for perpetrating some wartime evil. Compounding the problem is the lack of care for those who need help; this country of 3.8 million has only one practicing psychiatrist.

The Liberian government is working to improve mental health care as part of its post-conflict recovery and invited The Carter Center to expand its two-decades-long portfolio of local peace-building efforts by supporting Ministry of Health and Social Welfare efforts to create a sustainable mental health care workforce and fight stigma. Launched in 2010, the five-year project aims to improve life for people with mental illnesses across Liberia.

“Liberia’s mental health system will not be transformed overnight,” says Dr. Janice Cooper, a native Liberian and international mental health policy expert who heads the project in the field. “But we must do all we can, and we’re off to a tremendous start.”

The first major milestone of this groundbreaking program was graduation of the nation’s first credentialed class of 21 locally trained mental health clinicians in 2011 after nearly six months of rigorous course work in the schoolroom and in clinical settings.

These primary care nurses and physician assistants have returned to their communities in seven counties throughout Liberia to apply their knowledge of mental health care to local primary care settings and train other professionals and educators to do the same. Soon, 150 mental health clinicians will be providing care in many counties, building hope for thousands that they can lead healthy and productive lives.

Ministry of Education
National Office of Electoral System

**PRESIDENTIAL, SENATE and
HOUSE OF REPRESENTATIVES ELECTIONS 2011**

The Polling Steps

**PUT LIBERIA FIRST:
Vote Wisely!**

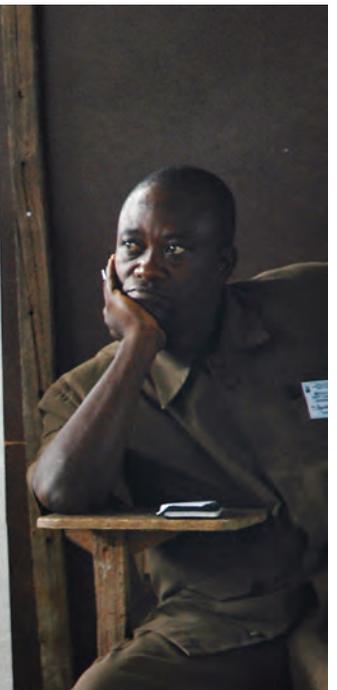
Polling Place

2





In 2005, Liberians voted in their first national election in eight years, which was observed by The Carter Center. Some waited in line overnight to vote, and others walked up to seven hours to reach their polling stations. Here, President Carter (left) monitors counting, and a woman in Monrovia waits patiently to cast her vote (below).



In October 2011, local and international election observers watch as poll workers count ballots. Working in partnership, The Carter Center and the Electoral Institute for Sustainable Democracy in Africa sent 55 observers to 282 polling places in 15 counties to assess voting and counting.





Performing a skit in the city of Gbarnga, a drama club uses humor to convey vital information, part of the Carter Center’s multifaceted approach to access to justice for citizens. Through skits like this one, “the people got to know, especially the women, that they have a right to inheritance, they have a right to education, they have a right to basic social services,” said community legal adviser Michael Biddle. “Years back, if a husband died, his family—the mother, the brother, the uncles—would drive the wife away from the property. But with the message we are carrying around, some of these women are beginning to challenge such a situation.”

In this Monrovia studio, actors record dramas that are later broadcast on radio stations to inform Liberians about legal issues such as property rights and access to government records. Another Carter Center-supported program provides legal advisers who work in communities to solve disputes through mediation, at no charge to the parties.



Spiritual leader Mama Tumeah explains how The Carter Center and her group, Traditional Women for Peace, are working together to empower Liberian women to stand up for their rights.



Capital city Monrovia was settled by freed American slaves and named after U.S. President James Monroe. The city sustained major damage during Liberia's 14-year civil war, which ended in 2003.



In Monrovia, a woman sells bananas at the side of the road.
Only 15 percent of Liberia's population is formally employed.





A Nepalese woman smiles as she checks the documents of a citizen registering to vote in February 2011. Nepal is working to create its first digital voter list.

NEPAL

On a crisp morning in rural Nepal, a group of women walked for miles in their best red saris, many carrying children on their backs, to have their photos taken for the first time in years. The photographs weren't for a family album, but for their new voter registration cards. In preparation for elections, Nepali citizens participated in a nationwide voter registration in 2008 to create the first digital voter list in the country, replacing a sketchy register with missing names and inaccurate entries.

Carter Center observers monitored this important registration process to support a major transition to democracy in Nepal, traveling around the country, assessing progress, and reporting their findings to the international community. In the last eight years, The Carter Center has accompanied this Asian country on a journey from civil strife and rule by monarchy to the election of a constituent assembly to draft a constitution.

Long-term observers educate people in remote villages about the electoral process and at the same time ask their opinions about the

promise and practices of political change. With poor infrastructure in much of Nepal, observers encountered roads submerged by water or blocked by landslides from a monsoon. Leaving their cars behind and walking for several days to reach remote villages, two-person observer teams talked with ordinary Nepalese about politics along the way.

"You can easily strike up a conversation about Nepali politics and local dynamics when walking next to someone on a footpath," said Carter Center observer Antonia Staats.

Such encounters as well as contacts with Nepal's local and national political leaders provided information and insights from a cross-section of the Nepali people unmatched by even news organizations.

Having furthered peace in Nepal since 2004 through mediation training for civil society leaders and political parties, The Carter Center also observed the 2008 constituent assembly elections and has remained in-country to observe constitution drafting and the peace process.



With Mt. Everest looming in the background, long-term observer Jason Katz sends a text message to the Carter Center's field office in Kathmandu on his satellite phone in the lead-up to the 2008 constituent assembly election. Observers notified the field office of their whereabouts twice a day for security.



A diverse country, Nepal hosts 103 ethnicities and castes and 92 languages. Geographic elevation varies from 230 to 29,035 feet above sea level in an area the size of Arkansas. Most of the countryside is difficult to access, providing logistical challenges to Carter Center observers monitoring the country's political situation.

Nepali women walk through a market in Kathmandu. Some 5 million people live in the Kathmandu Valley; nearly 30 million live in Nepal, according to the United Nations.





Prior to 2008 elections, voters in one Kathmandu constituency are taught how to use automated voting machines.



Forming separate lines, men and women in Bhaktapur wait for polls to open. The Carter Center observed the 2008 election, which was designed to ensure a diverse group of people would serve on the assembly to draft a new constitution.

A woman of the lower Dalit caste breaks bricks. Approximately 30 percent of Nepal's population lives in poverty.



An elderly man votes in the election that ended monarchy rule in Nepal. Since the 2008 election, political change in the country has moved extremely slowly with arguing factions pushing the peace process and new government into stalemate.



El Frente,
la solución!

Daniel
2006

FSLN
FSLN

X

2 fsln
vos
ganás!

NICARAGUA TRIUNFA





A billboard touts Daniel Ortega for president in 2006. Sixteen years earlier, then leader Ortega lost his bid for re-election and was hesitant to step down. President Carter, who had observed the election, told Ortega that if he left office graciously, he would be able to run again in the future. Ortega took the advice, running unsuccessfully in 1996 and 2001 before winning in 2006.

NICARAGUA

In Nicaragua in 1990, leftist Sandinista leader Daniel Ortega was defeated by opposition candidate Violeta Chamorro, but Ortega was reluctant to concede the election.

“I went to see him. There were nine Sandinista comandantes (Cabinet members) in the room. I met with them and told them in no uncertain terms that they had lost,” recounted President Carter, who led a Carter Center observer mission that found the election to be fair and open. “They were in a quandary about how to accept it. I told them that I also had lost when I ran for re-election. I never wanted to go back into politics; but I told them that if they accepted the defeat graciously, they had a chance to run again in the future.”

Indeed, after President Carter brokered an agreement that day for transition of power, Ortega was elected Nicaragua’s president again in November 2006. His victory came during the fourth Nicaraguan election observed by The

Carter Center as part of a long-term effort to support democratic stability and development in the nation.

The Center’s defense of democracy in Nicaragua, as in many nations, reached beyond elections, as various government administrations and civil society leaders invited the Center to help find ways to resolve disputes about property rights, to strengthen access to information laws, and to assist during tense moments through quiet diplomacy.

In 2005, when the legislature threatened to impeach the president in a political dispute, the Carter Center–based Friends of the Inter-American Democratic Charter, a group of former leaders and eminent individuals from the Western Hemisphere, sent a small delegation that led to one of its members being named special representative of the Organization of American States and a mediated resolution to the crisis.



On behalf of The Carter Center, Alejandro Toledo, former president of Peru, discusses the 2006 Nicaraguan elections with a news crew. Toledo is a member of Friends of the Inter-American Democratic Charter, a group of former leaders and eminent people from the Western Hemisphere organized by the Center to serve as a watchdog for democracy and human rights in Nicaragua and other nations.

President Carter, former U.S. Secretary of State James Baker, and former Costa Rica President Oscar Arias examine ballots while monitoring elections in Nicaragua in 1996.





A woman votes in the 2006 Nicaragua elections, the fourth observed by The Carter Center. Concerned in recent years about democratic backsliding, the Center sent a small group from the Friends of the Inter-American Democratic Charter to visit the country during its 2011 national elections. According to the group, “This last election was the least transparent and verifiable national election in the past 20 years in Nicaragua.”



The night of the 2006 presidential elections, men celebrate in a fountain in capital Managua when it becomes apparent that Daniel Ortega is going to win the election. Many celebrated in the streets, and the John Lennon song “Give Peace a Chance” blared through loudspeakers.

Lake Nicaragua is the largest lake in Central America. Connected to the Caribbean Sea by the San Juan River, the lake attracted pirates during the colonial era who were looking to capitalize on the trading center of Granada, located on the lake's northwestern edge.







Dauda Usman, 12, holds a sample of his bright red urine, a telltale sign of schistosomiasis. Since this photo was taken several years ago, the schistosomiasis infection rate in children has been reduced by two-thirds in the area where Usman and his friends live.

NIGERIA

In Nasarawa North, Nigeria, in 2006, three young boys—13-year-old Aminu Farouk, 12-year-old Dauda Usman, and 11-year-old Salihu Abdullahi—were the best of friends, but none of them had told each other about a secret they all shared.

All three boys had blood in their urine, a telltale sign of a common and devastating water-borne parasitic infection they developed during swims in their community's reservoir. Their secret was revealed to the world, when during a visit by health workers, it was soon discovered many other children in the community had the same problem. They were not alone.

For communities already burdened by poverty, schistosomiasis is especially devastating: it can cause anemia, weakening the body's resistance to other infections and preventing young children from reaching their full potential. Yet, schistosomiasis can be easily controlled and treated with health education and a single annual dose of the drug praziquantel.

An estimated 20 million Nigerians need treatment for schistosomiasis, making the country

the most endemic in the world. Since 1999, the Carter Center–assisted schistosomiasis program has been the largest in Nigeria, fighting the disease in Delta, Edo, Nasarawa, and Plateau states.

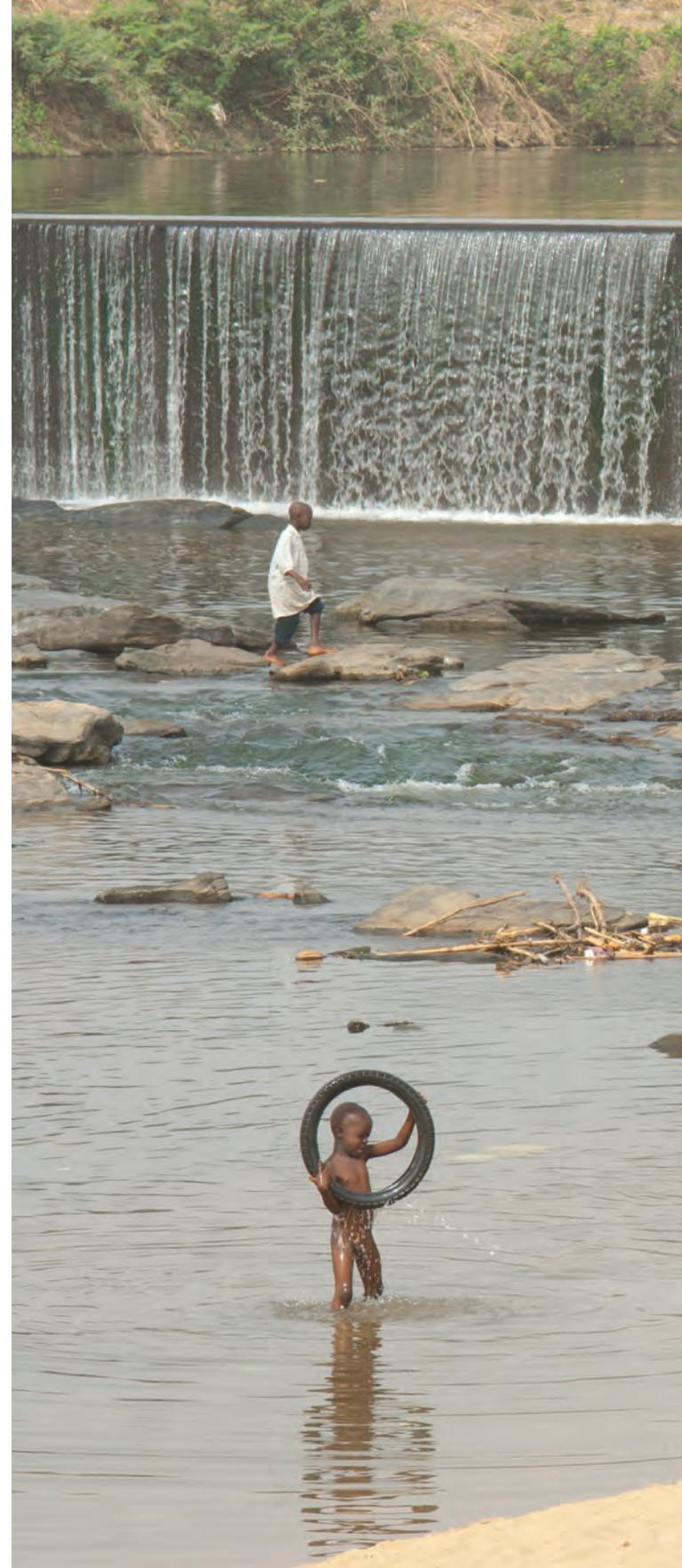
In Plateau and Nasarawa—where Aminu, Dauda, and Salihu live—all of the approximately 1 million children are targeted for treatment. As a result of these efforts, nearly 6 million treatments have been given cumulatively, and most importantly, the schistosomiasis infection rate in children has been reduced by two-thirds in areas treated.

This work is being paired with an innovative approach to treatment distribution called triple-drug treatment, in which trained health workers give community members three different medicines at once that in combination treat schistosomiasis, river blindness, lymphatic filariasis, and several kinds of intestinal worms. Triple-drug treatment is helping communities save time, and The Carter Center and its partners conserve about 40 percent in operational costs such as gasoline and training.

The Uke River in Nasarawa North provides for a community's every need — bathing, washing laundry, swimming. It also provides a breeding ground for the parasite that causes schistosomiasis.



When this photo was taken in 2004, the village of Tankupara was on the verge of stopping Guinea worm disease. Here, a woman displays her water filter, which protected her family from the parasite. Almost 15 years earlier, in 1988, Nigeria reported a staggering 653,492 cases of Guinea worm disease, but vigilance from the country's leadership and village volunteers resulted in the country reporting its last case in 2008.







Despite Nigeria's wealth of natural resources, especially oil, general living conditions in the country are poor, and life expectancy is 52 years. Just over half the population has access to potable water and appropriate sanitation. Nigeria is the most populous country in Africa and seventh in the world.



Children in Seri village show their community schoolhouse. The Carter Center assisted in the distribution of bed nets here to fight malaria and lymphatic filariasis, both transmitted by mosquitoes. Children are particularly vulnerable to malaria.



Shehu Lliya suffers from an extreme case of swelling due to lymphatic filariasis, a disease caused by worms that nest in the lymph glands. He said that people have treated him as if he were dead. Although the swelling will never completely subside, Lliya has learned through health education how to care for his leg, including how to wash it to prevent sores and infection.





In Wamba village, a woman washes her child's face to prevent the bacterial eye disease trachoma, spread by eye-seeking flies. Like Ethiopia, Nigeria employs a four-pronged approach to fighting the disease: surgery, antibiotics, facial cleanliness, and environmental improvements such as latrines.



Using grasses from his rural village, Tankupara, a man weaves a basket that he will use to transport food and other goods.





President Carter meets with North Korean leader Kim Il Sung in 1994 to negotiate terms for the first dialogue in 40 years between the United States and North Korea. The meetings helped defuse international fears about a possible nuclear buildup in the country and led to resumption of a dialogue between the United States and North Korea.

NORTH KOREA

In 1994, the United States and South Korea were on the brink of war with North Korea, convinced that the North was moving to develop nuclear weapons. In the absence of diplomatic relations among these nations, President Carter and Mrs. Carter went 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, setting a new stage for efforts to strengthen peace on the Korean Peninsula.

President Carter returned to North Korea in 2010, this time on a private humanitarian mission that gained the release of an American teacher imprisoned there for seven months. Aijalon Gomes had been sentenced to eight years of hard labor with a fine of about \$700,000 for illegally entering North Korea. President Carter

was invited by North Korean officials to go to Pyongyang to negotiate Gomes' release and after receiving White House approval, embarked on a two-day visit with a Carter Center delegation.

Following the trip, in a New York Times column, President Carter said he received clear, strong signals that the isolated communist nation wished to restart negotiations on a comprehensive peace treaty with the United States and South Korea and on the denuclearization of the Korean Peninsula. "They wanted me to come in the hope that I might help resurrect the agreements on denuclearization and peace that were the last official acts of Kim Il Sung before his death in 1994," he said.

Since that first trip in 1994, power has transferred to two successive generations; son Kim Jong Il died in 2011, and grandson Kim Jong Un now holds the title of "Great Leader."

President Carter and Aijalon Gomes, a U.S. citizen who was imprisoned in North Korea for seven months after entering the country illegally, embrace at Boston Logan Airport, where Gomes was reunited with his family. The North Korean government invited President Carter and a Carter Center delegation to Pyongyang to negotiate Gomes' release in 2011.



Members of the press await President and Mrs. Carter in the Joint Security Area of the Korean Demilitarized Zone, the boundary between North and South Korea. The concrete slab marks the border, and this area is the only portion of the 155-mile DMZ where the two forces stand face to face. In 1994, the Carters were the first people to cross the demilitarized zone from the south to the north and back since the two countries were divided following the Korean War.

For the 1994 negotiations in North Korea, President and Mrs. Carter met with President Kim Il Sung as private citizens representing The Carter Center. Five years later, the Center partnered with relief and development agencies on a pilot initiative to boost potato production and improve food security in North Korea. The group purchased 1,000 metric tons of potato seed and oversaw its planting on farms in a southeastern province.







SOUTH SUDAN

In Juba, women line up to vote in Sudan's April 2010 national elections, which The Carter Center observed. Although the elections fell short of international standards, they were a formal step outlined in the country's Comprehensive Peace Agreement and allowed for southern Sudan's later referendum on secession.

As the sun rose across Juba on Jan. 9, 2011, Lulogo Market area resident Ibrahim, 33, already had waited in line for hours to be among the first to vote in South Sudan's historic referendum on seceding from Sudan. He clutched a small radio with antenna pointed toward the sky to hear news fragments from BBC and local stations about the referendum. Around him, hundreds of others also queued, some holding mattress pads—they had spent the night on the ground in front of the station—as poll workers unpacked materials, taped up signs, and sealed the empty ballot boxes.

"I've been anticipating this vote for a long time," said Ibrahim. "Every day I would check to be sure I still had my voter registration card. It's a very important day."

More than 100 Carter Center observers witnessed the birth of the world's newest nation in January 2011, with an overwhelming majority of 98.8 percent voting for self-determination.

South Sudan officially became a nation in July 2011.

Center observers, who were deployed across Sudan and overseas voting locations, found the referendum process to be generally credible, but it was followed by continuing border disputes between Sudan and South Sudan, interethnic violence in South Sudan, and unresolved conflict about the distribution of oil revenues. The Carter Center has remained in-country to help foster prospects for peace and to support the building of democratic institutions in South Sudan.

The Center's recent efforts to mediate conflict and strengthen democratic processes grew from trust established working for 26 years at the grass roots to fight disease. Beginning in 1986, projects that multiplied crop yields, pursued the eradication of Guinea worm disease and the elimination of river blindness, and controlled blinding trachoma have helped to build pockets of hope in one the most underdeveloped and strife-ridden nations in the world.





Girls look out over Juba in the days leading to the historic referendum on self-determination for the southern Sudan region. Over seven days of polling, citizens responded with 98.8 percent voting for secession, and South Sudan officially became a nation in July 2011.



President and Mrs. Carter leave a polling center near Juba after observing voting during the referendum on Jan. 9, 2011. Since gaining independence, South Sudan has faced escalating political, economic, and security risks such as border disputes with Sudan, interethnic violence, and unresolved conflict over oil revenue.



Women of the Mundari tribe prepare to welcome President Carter to the Molujore village, where he reviewed progress on the eradication of Guinea worm disease. The ceremony drew hundreds of local people for singing, dancing, and the slaughtering of a bull, the highest honor a visitor can receive.



To protect herself from the bacteria that cause trachoma, a girl in Eastern Equatoria state takes a dose of banana-flavored azithromycin. Young children carry the highest burden of active trachoma infection, and annual mass distribution of antibiotics is recommended for communities where more than 10 percent of young children suffer from the disease.



At the Carter Center compound in Ayod, a trachoma patient prepares for eyelid surgery. In this advanced stage of the disease, called trichiasis, eyelashes turn inward due to scarring from years of infections, scraping the cornea with every blink, causing excruciating pain, diminished vision, and, eventually, blindness. Although the surgery does not restore lost vision, it will relieve patients of pain and halt further eye damage.

At a case containment center in isolated Abuyong, 12-year-old Nyawut Reec Dhala crawls toward the latrine following treatment for seven Guinea worms in her legs and feet. Emerging worms are so painful that they can temporarily cripple their victims.



A young goat herder drinks water from Kuse Dam in Terekeka County through a filtration pipe provided by The Carter Center in its efforts to eradicate Guinea worm disease. South Sudan is the last frontier for the eradication campaign, harboring nearly all of the remaining cases in the world.







UNITED STATES

Former First Lady Rosalynn Carter speaks in July 2007 in favor of the Wellstone Domenici Mental Health Parity and Addiction Equity Act before a House Education and Labor subcommittee. In 1979 she testified before Congress on behalf of the Mental Health Systems Act, only the second first lady in history to do so after Eleanor Roosevelt. Since that act was passed, Mrs. Carter has offered congressional testimony on four occasions on mental illnesses and caregiving.

For decades since Jimmy Carter's earliest political campaigns, former First Lady Rosalynn Carter has been fighting to improve mental health services and reduce stigma and discrimination against people with mental illnesses in Georgia and the nation.

As an extension of her work in the White House, Mrs. Carter founded the Carter Center's Mental Health Program in 1991 to bring together national policymakers, stakeholders, and consumers to discuss urgent issues in mental health and push the field forward. Over time, Mrs. Carter has seen the veil of stigma lifting from these disorders in society and improvements in government approaches to mental health care.

In 2008, a major breakthrough occurred with passage of the Wellstone Domenici Mental Health Parity and Addiction Equity Act, which achieved what Mrs. Carter had long been urging. Health plans are required to end costly restrictions on mental health and substance abuse care, giving them equity with physical illnesses like cancer or diabetes.

"To me, it is unconscionable in our country and morally unacceptable to treat 20 percent of our population—one in every five people in our country will experience a mental illness this year—as though they were not worthy of care," said Mrs. Carter in her 2007 congressional testimony. "We preach human rights and civil rights, and yet we let people suffer because of an illness they didn't ask for and for which there is sound treatment."

Today, The Carter Center continues to fight for the rights of people with mental illnesses. Leading a coalition of stakeholders, the Center is supporting the transformation of Georgia's hospital-based mental health care system into a community-based system following a federal lawsuit and settlement. Through the Rosalynn Carter Fellowships for Mental Health Journalism, important issues facing people with mental illness are being brought to light. And, through work with primary care organizations, efforts are being made to improve the quality of health care for people living with serious mental illness.

In 2005, winds and a tidal surge from Hurricane Katrina destroyed this apartment building along the Gulf Coast in Long Beach, Miss. The following year, mental health professionals involved in the tragedy and other national experts gathered at the Rosalynn Carter Symposium on Mental Health Policy to discuss ways communities can provide critical mental health care in the wake of disaster.





The mental health of children has been a frequent topic of the annual Rosalynn Carter Symposium on Mental Health Policy. Celebrating its 28th year in 2012, the symposium brings together national leaders in mental health to coordinate their efforts on an issue of common concern.

Former First Lady Rosalynn Carter meets with Iraq veteran Michael Jernigan, who was severely injured and blinded by a roadside bomb. In 2010, dozens of journalists from around the United States came to The Carter Center to learn about the challenges facing returning veterans.





New York freelance journalist Jimmie Briggs listens to a presentation during the annual meeting of recipients of Rosalynn Carter Fellowships for Mental Health Journalism, awarded annually to a handful of journalists who pursue stories related to mental health. The program combats the stigma of mental illnesses by helping journalists access accurate information and avoid sensational depictions or stereotypes. Briggs chronicled women and children facing violence in the Democratic Republic of the Congo.



At the Carter Center's Atlanta headquarters, three interns compare notes on their assignments. More than 2,500 students and recent graduates have worked at the Center since its founding, assisting in almost every area.



The Carter Center shares its picturesque grounds with the Jimmy Carter Library and Museum. The two facilities, located near downtown Atlanta, host community events year-round, including author talks and panel discussions on controversial current issues.





Venezuelans attend a political rally in capital Caracas. Media play a critical role in the polarizing political debate in the country; a Carter Center training program for journalists aims to keep discussion peaceful and balanced.

VENEZUELA

Amid the highly politicized media in Venezuela, Jordan Bracho, editor-in-chief at Telesur TV, found a safe space for debate among partisan colleagues at Carter Center workshops aimed at decreasing vitriol and increasing responsible, balanced reporting.

“The media is where the political battle is carried out in my country,” said Bracho. “The training reinforced my beliefs that a good journalist should present reality in as objective a manner as possible, work in the name of the truth, and not shrink away from a complicated story—just the opposite—this makes the story even more valuable and interesting.”

Bracho said the program allowed him to develop relationships with colleagues that couldn’t otherwise have happened in Venezuela’s media environment, where mass media have greatly exacerbated the growing chasm between

political parties and social sectors in recent years.

More than 100 reporters and opinion leaders at public and private media outlets participated in discussions of neutral topics of journalistic professionalism and technical training, including investigative journalism, techniques for media monitoring, coverage of electoral processes, journalism ethics, and planning and production of multimedia projects.

“I believe that the Carter Center’s workshops give us the tools to modernize journalism in Venezuela, which has been held hostage in the hands of a small group for a long time,” said Bracho. “It serves as an instrument of democratization for journalism.”

Over more than two decades, the Center has monitored four hard-fought elections and referenda in Venezuela, and helped the nation resolve civil strife and increase dialogue with neighbors in the Andean region and the United States.



In 2004, opponents to President Hugo Chávez's government attempted to drive him from office through a recall referendum, which The Carter Center monitored. The country was divided over Chávez's "Bolivarian Revolution," in which he enacted various social welfare programs. Recall supporters asked citizens to vote "Sí" to recall Chávez, but only 41 percent did, and Chávez finished his term and was re-elected.



A highly urbanized population, more than 90 percent of Venezuelans live in cities like the capital Caracas, shown here.



President Carter visits with the Yanomami, an indigenous people from the dense rainforest along the Venezuela-Brazil border. This area represents the last hurdle in the drive to eliminate the parasitic disease river blindness from the Western Hemisphere, which is led by a Carter Center-sponsored coalition of six Latin American governments and several public health organizations.

Venezuela has vast reserves of oil and natural gas, but the country suffers from high levels of corruption. Approximately 46 percent of the rural population lacks adequate sanitation. Through initiatives to strengthen democratic practices and civil society, The Carter Center aims to bring a brighter future to the next generation of Venezuelans.



THE CARTER CENTER AROUND THE WORLD

Since its founding in 1982, The Carter Center has undertaken peace and health initiatives in more than 70 nations worldwide. The following is a list of the countries where The Carter Center has had an impact, past or present.

North America

- 1 Canada
- 2 Mexico
- 3 UNITED STATES

Caribbean and Central America

- 4 Belize
- 5 Costa Rica
- 6 Cuba
- 7 Dominican Republic
- 8 El Salvador
- 9 GUATEMALA
- 10 HAITI
- 11 Jamaica
- 12 NICARAGUA
- 13 Panama

South America

- 14 Argentina
- 15 BOLIVIA
- 16 Brazil
- 17 Chile
- 18 Colombia
- 19 Ecuador
- 20 Guyana
- 21 Paraguay
- 22 Peru

- 23 Suriname
- 24 VENEZUELA

Europe

- 25 Albania
- 26 Bosnia and Herzegovina
- 27 Estonia
- 28 Romania
- 29 Russia

Africa

- 30 Benin
- 31 Burkina Faso
- 32 Burundi
- 33 Cameroon
- 34 Central African Republic
- 35 Chad
- 36 Cote d'Ivoire
- 37 DEMOCRATIC REPUBLIC OF THE CONGO
- 38 Eritrea
- 39 ETHIOPIA
- 40 GHANA
- 41 Guinea
- 42 Kenya

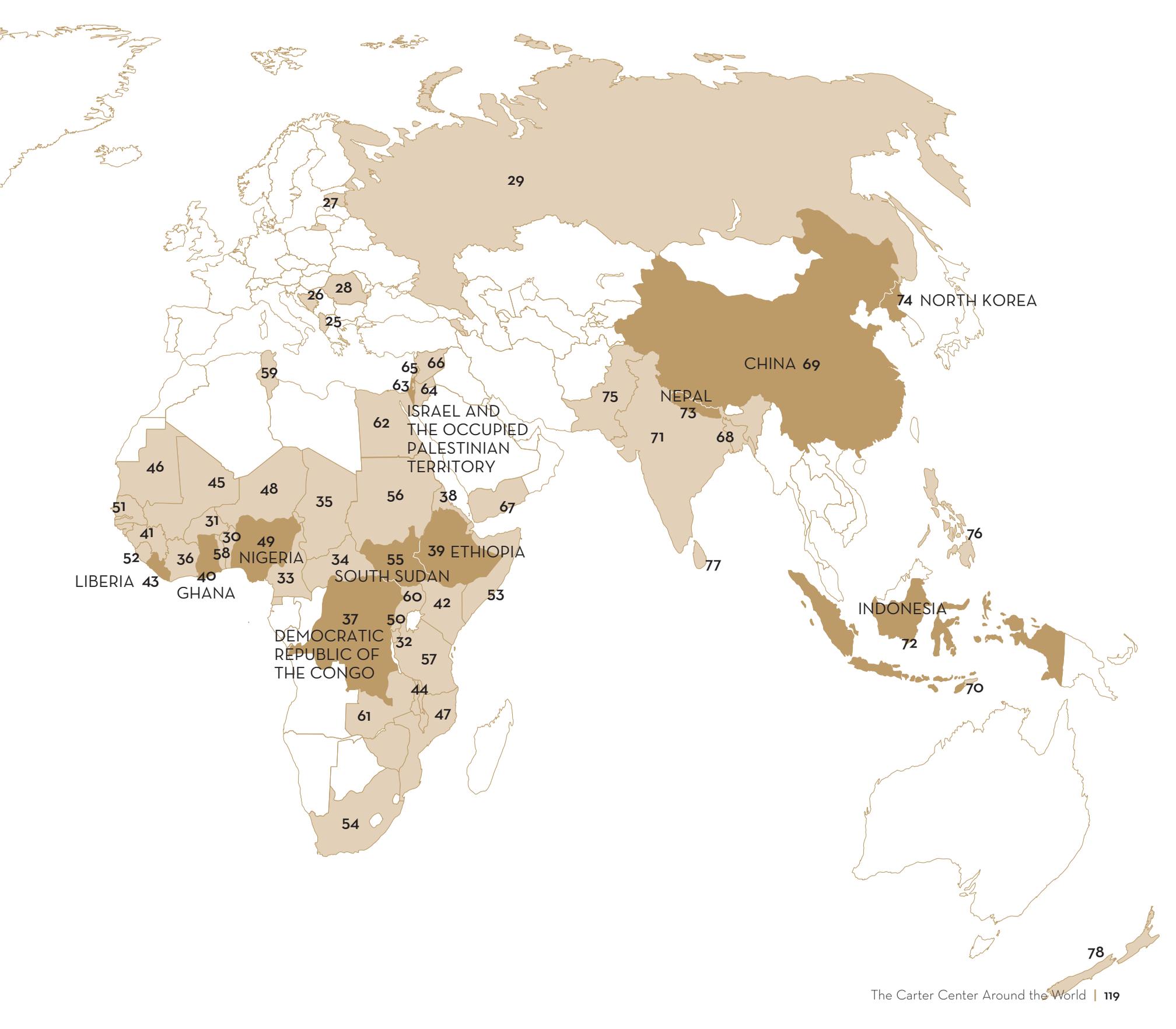
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 - 51 Senegal
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A woman sells apples at a Mozambique market. The Carter Center monitored national elections in the country in 1999 and 2004 and municipal elections in 2003.

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In Tunisia, a man disappears down a narrow corridor in the ancient city of Kairouan, founded in 670.



THANK YOU

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Two Nepalese girls play in a schoolyard.

THE CARTER CENTER AT 30

Millions of lives have been touched by the Carter Center's three decades of waging peace, fighting disease, and building hope in more than 70 nations. Some of the major accomplishments include the following:

- Cases of Guinea worm disease have been reduced from about 3.5 million in 1986 to fewer than 500 expected in 2012, and this historic eradication effort has helped to establish permanent basic village-based health care delivery networks in thousands of communities in Africa.
- Ninety elections in 36 countries have been observed. And the Center, which helped pioneer election observation, is seen today as setting the standard for neutral and professional election observation practices worldwide.
- Bolstered by President Carter's reputation as a peacemaker, Center-led conflict mediations furthered avenues to peace in Ethiopia, Eritrea, Liberia, Sudan, Uganda, the Korean Peninsula, Haiti, Bosnia and Herzegovina, and the Middle East.
- In the field of human rights, the Center was instrumental in helping to establish international standards for human rights through the United Nations and today serves as a forum for human rights defenders worldwide struggling to protect human rights on the ground.
- New public health approaches to controlling devastating neglected diseases now exist thanks to the Center's efforts to find viable and cost-effective approaches to delivering treatments that can be sustained by communities themselves.
- In the field of mental health, the stigma against mental illnesses as well as the long fight to create parity for mental health in our health care system have seen tremendous advances.

For ongoing updates on the Center's work, visit our website at www.cartercenter.org.

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