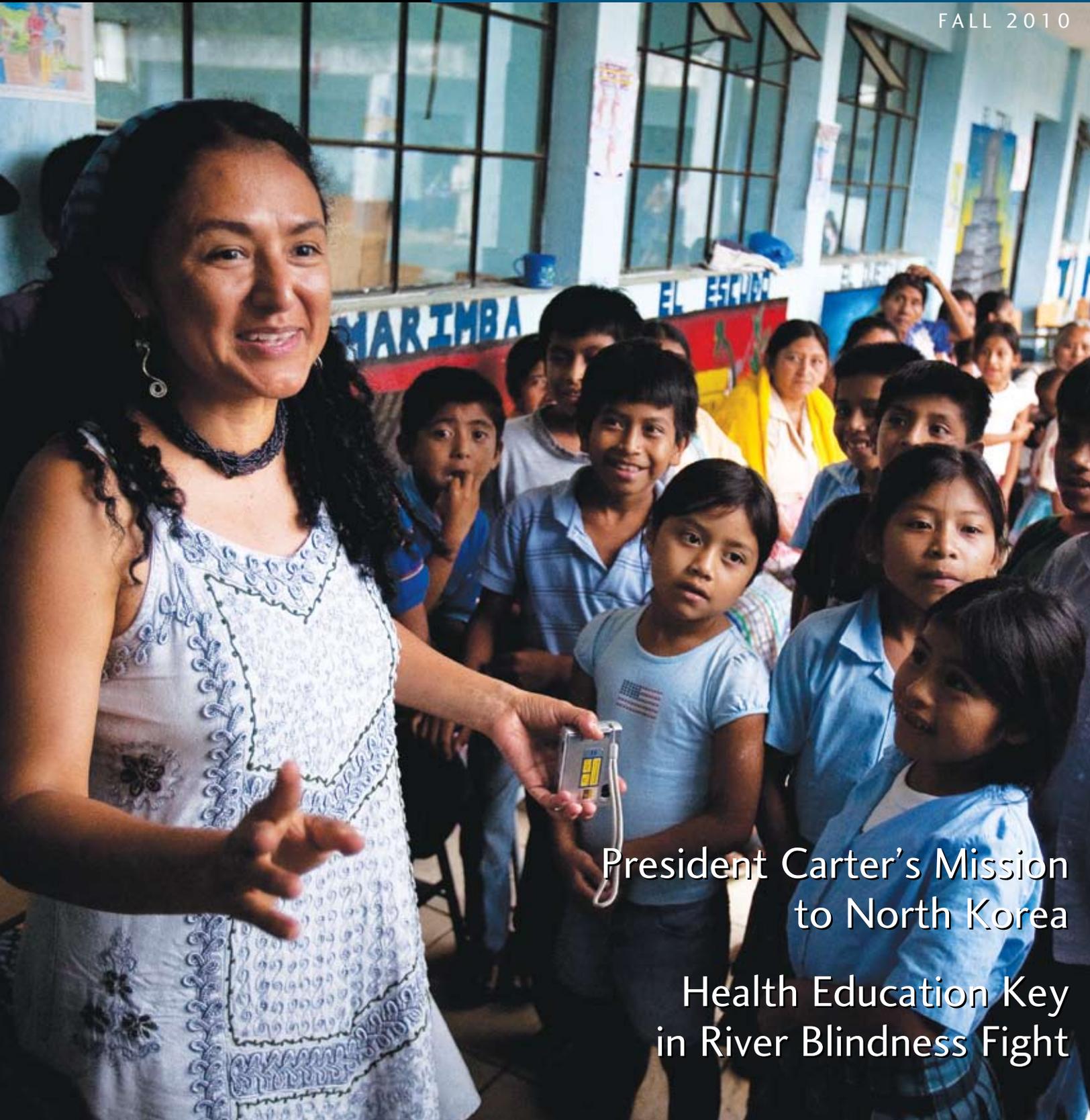


THE
CARTER CENTER



CARTER CENTER NEWS

FALL 2010



President Carter's Mission
to North Korea

Health Education Key
in River Blindness Fight

WAGING PEACE.
FIGHTING DISEASE.
BUILDING HOPE.

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FALL 2010

IN THIS ISSUE

NEWS & FEATURES

- President Carter Negotiates Release of American in North Korea 4
- As River Blindness Declines, Health Education Intensifies 6
- Massacre Fuels Survivor's Commitment to Democracy in Guinea 8
- Parasite-Fighting Medicine Brightens Nigeria's Future 9

DEPARTMENTS

- From the President and CEO 2
- News Briefs 3
- Profile: Teshome Gebre 10
- Philanthropy 11
- Notes from the Field:
Mental Health and Our Veterans 12

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ON THE COVER

Alba Lucia Morales Castro, health education adviser with the Carter Center-sponsored Onchocerciasis Elimination Program for the Americas, entertains children during a health education lesson in El Xab, Guatemala. As the prevalence of the disease, also called river blindness, lessens in Latin America, “the most important thing to do is health education—both for the health workers and the communities,” Morales said.



From the President and CEO

It's the Battles that Win the War

In 1986, when The Carter Center decided to take on the challenge of eradicating Guinea worm disease, outside observers probably believed success to be impossible. After all, there were 3.5 million cases of the disease spread across 20 countries in impoverished areas and no vaccine or medicine to stop the scourge. Not to mention that The Carter Center was a four-year-old organization with just a handful of staff.



The Carter Center's ongoing peace work and new health project in Liberia bring hope of a better life for the next generation.

But threat of failure has never been a deterrent to us, and 25 years later, there are only a few thousand remaining cases of Guinea worm disease in just four countries. The success of the eradication campaign is just a matter of time.

Along the way, it's been the small victories propelling the Center forward. Little by little, country by country, intense efforts in small villages have made a global impact.

We have worked in Liberia for more than 20 years on targeted efforts to resolve conflict, observe elections, and advance human rights. The problems of this war-torn nation have been so vast one would have thought it impossible to make a real

difference. Even five years ago, citizens had no reliable electricity, few paved roads, and little running water. Nonetheless, we renewed our assistance, this time helping the government to strengthen its justice system and citizens in rural areas to understand their rights under the law. Today, our weekly radio show on the rule of law airs nationally.

And on the health front, we just launched an initiative to help Liberia train mental health workers. Many Liberians suffer from trauma, depression, and other mental health issues following more than a decade of civil conflict. With only one psychiatrist in the entire country, and just a handful of nurses with mental health training, treating those who suffer from mental illnesses has been almost impossible.

We do not expect success overnight. Our experience has shown making progress in little ways over the long term yields the greatest rewards.



John Hardman, M.D., is president and chief executive officer of The Carter Center.

Ethiopia Health Program Transfers to National Ministries

After 13 successful years of working with the Ethiopian government and several universities to improve the state of public health training in Ethiopia, The Carter Center is turning over its administrative support to the government of Ethiopia.

When The Carter Center, in partnership with Ethiopia ministries of health and education and seven universities, began the Ethiopia Public Health Training Initiative in 1997, the country faced severe challenges—one in six children would not see his or her fifth birthday, and life expectancy was just 41 years. The single biggest factor of poor health was lack of access to trained health personnel.

The goal of the training initiative was to create a corps of qualified health workers nationwide. Working side by side with Ethiopian teaching staff, the Center helped conduct training workshops and seminars that enhanced faculty skills and assisted in developing learning materials based on the Ethiopian experience. In the classroom, the Center helped provide computers, journals and reference books, anatomical models, and medical supplies for students.

Since the program began, more than 26,000 health center professionals have

been trained. Approximately, 90 percent of Ethiopia's rural population now has primary health services available reasonably close, and life expectancy has increased.

Today, the Center is confident the Ethiopian government can sustain and build on the program's achievements, and other African countries are considering using the project as a model.



A woman receives a shot at the Haramaya Health Center in eastern Ethiopia. Clinics around the country are staffed by health officers who graduated from universities that are partners in the Ethiopia Public Health Training Initiative.

Jimmy Carter's Life Chronicled at Airport

Passengers waiting at Hartsfield-Jackson Atlanta International Airport can spend some time with a president. The new exhibit "Jimmy Carter: Georgia's Native Son" is packed with rare photos, art, and artifacts, giving viewers a snapshot of President Carter's life as a peanut farmer, a politician, a president, a humanitarian, and a Nobel Peace Prize winner.

"The exhibit is special because it's Jimmy Carter, the only president from Georgia," said David Vogt, airport art program manager. "From the art program perspective, it was important for us to highlight and showcase the new Jimmy Carter Library and Museum as well as to tout one of the most famous Georgians to the international audience we see daily here at the airport."

On display until July 2011, the exhibit is located in the corridor between main security and Concourse T.

Smart Phones May Assist in Election Observation

Smart phones and their apps have taken the United States by storm. Now, in a project with the Georgia Institute of Technology, The Carter Center is testing smart phones for use in election observation. The technology could become a tool to help compile the findings of observers in a fast, efficient, and transparent way.

During elections currently, observers at polling stations call a base field office every few hours on election day to report their findings, which are transcribed by hand into a database. The Center hopes that smart phones will allow observers to enter their findings into a phone; the entries will be transmitted with encryption and automatically added to a database. This will not only save time but also allow for easier comparison of overall observer findings.

The Georgia Tech students developing the technology "have been trained with all these geeky skills, and most of the time, we end up applying those skills toward something that's not philanthropic," said Michael Hunter, a research scientist at the university. "There's a whole different level of satisfaction in creating something with more meaning that can be used to enhance election observation in a developing country."

The smart-phone technology was tested in the field earlier this year during a small observation mission to the Philippines.



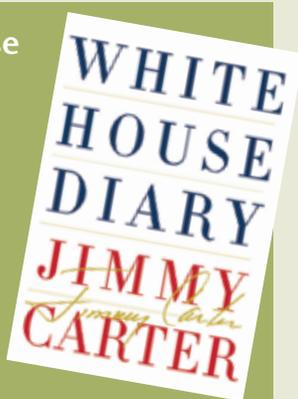
In the future, smart phones may help Carter Center election observers file reports from the field quickly and easily.

White House Diary

By Jimmy Carter

In his latest book, former U.S. President Jimmy Carter reflects on the critical issues he faced while in office.

"White House Diary," released in September, features never-before-published excerpts of President Carter's daily notes during his four years as president. In addition, President Carter has annotated the diary with his candid reflections on the people and events that shaped his presidency. Visit www.cartercenter.org for more information and a schedule of book signings.





President Carter Negotiates Release of American in North Korea

During a private humanitarian mission in August, former U.S. President Jimmy Carter gained the release of an American teacher imprisoned in North Korea 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. He lived in South Korea for two years teaching English prior to his arrest and is believed to have entered North Korea to support fellow U.S. activist Robert Park, who had crossed into the country but was expelled after 40 days.

President Carter was personally 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 that included Carter Center President and CEO John Hardman, former board of trustees Chairman John Moores, son Jeff Carter, and assistant Nancy Konigsmark.

'They wanted me to come in the hope that I might help resurrect the agreements on denuclearization and peace.'

President Carter requested Gomes be released for humanitarian purposes, and amnesty was granted by Chairman of the National Defense Commission Kim Jong Il.

U.N. Secretary-General Ban Ki-moon congratulated President Carter for winning Gomes' release, and the U.S. State Department issued a statement saying, "We appreciate former President Carter's humanitarian effort and welcome North Korea's decision to grant Mr. Gomes special

Aijalon Gomes greets his family in Boston after being taken home from North Korea by former U.S. President Jimmy Carter.

amnesty and allow him to return to the United States."

The Gomes family expressed gratitude to President Carter and The Carter Center, to the government of North Korea for agreeing to release him, to the Swedish Embassy for being a communication channel, and to the U.S. State Department for working for his release.

Following the trip, in a column in the New York Times, President Carter said he received clear, strong signals that Pyongyang wishes 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.

President and Mrs. Carter had traveled to North Korea in June 1994 at the invitation of then-President Kim Il Sung as Carter Center representatives. Following talks, President Kim agreed to freeze North Korea’s nuclear program in exchange for resumption of dialogue with the United States. That breakthrough led to the first dialogue between the United States and North Korea in 40 years and subsequent agreements by North Korea to neither restart its nuclear reactor nor reprocess the plant’s spent fuel. The agreements were successful in immobilizing the fuel rods and preventing North Korea from developing nuclear weapons for eight years, from 1994 until 2002.

Top Right: South Koreans watch a TV news program showing President Carter arriving in Pyongyang, North Korea.

Right: The plane carrying President Carter and Aijalon Gomes arrives at Boston’s Logan International Airport on Aug. 27.



1994: The Carters in North Korea

Sixteen years ago, President Carter and former First Lady Rosalynn Carter traveled to North Korea to meet with then-

President Kim Il Sung. The talks resulted in an eight-year freeze of the country’s nuclear weapons program.



President and Mrs. Carter admire a gift presented by North Korean President Kim Il Sung during their visit to North Korea in 1994.



The Carters negotiate with Kim Il Sung and North Korean officials in Pyongyang.

As River Blindness Declines, Health Education Intensifies



A health worker provides a dose of Mectizan, which will prevent and treat river blindness.

Standing in the courtyard of his school in El Xab, Guatemala, his eyes blindfolded, a boy swings a large pole toward a fly-shaped piñata. Schoolmates cheer for the boy, who looks about 9 years old. His friends hope 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 goal of the school activities that afternoon was to educate the students about the parasitic disease river blindness, known scientifically as onchocerciasis. When left untreated, the infection can cause itching, skin nodules, diminished vision, and ultimately blindness. The students and their parents see little physical evidence of the disease in their community today, due in large part to the success of a 14-year operation by the Onchocerciasis Elimination Program for the Americas, sponsored by The Carter Center in partnership with the Guatemala Ministry of Health.

For all those years, mass treatment has been provided in the areas afflicted by river blindness with a twice-annual dose of the medicine Mectizan®, donated by Merck & Co., Inc. As a result, the infection is nearly gone, but the threat of its return remains, and so ongoing treatment and health education have become more important than ever.

“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,” he said.

The piñatas in the school courtyard were shaped like flies to remind students that river blindness is transmitted by the bite of tiny flies that breed in the nearby fast-flowing streams. Farmers and

coffee plantation workers may be bitten thousands of times each year, and it is the culmination of thousands of bites over time that leads to the disease.

When The Carter Center began its formal program to eliminate river blindness from Latin America in 1996, the disease could be found in 13 areas in six countries—Mexico, Guatemala, Venezuela, Colombia, Ecuador, and Brazil. Today, the Center and its ministry of health partners are fighting the disease in the remaining seven areas of four countries.



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

“We cannot become complacent,” said Dr. Frank O. Richards Jr., director of the Carter Center’s River Blindness Program. “If you stop elimination activities too soon before the parasite is gone, the infection could come back,” he said.

To stop the disease cycle, at least 85 percent of eligible people in an endemic area must take Mectizan each year until the parasite disappears from the local environment. Because there has been no new eye disease caused by river blindness in most areas in Latin America, the challenge is convincing people that the disease may still be present in their communities.

“The most important thing to do is health education—both for health workers and the communities,” said Alba Morales Castro, health education adviser for the Onchocerciasis Program for the Americas,

headquartered in Guatemala. The onchocerciasis program coalition includes the governments of the original six endemic countries, the Pan American Health Organization, the Lions Clubs International Foundation, the Gates Foundation, Merck & Co., Inc., the U.S. Centers for Disease Control and Prevention, and several universities and other nonprofit organizations.

The piñatas can turn a science lesson on parasites into a fun and memorable event. In another Guatemalan village, Union Victoria, health educators use role playing to bring the message to life. One child plays the fly that’s infecting people. Others are “bitten” by the fly and pretend to be infected. Still others play the health workers who distribute Mectizan in the community and treat the infections. Colorfully illustrated flip charts show every facet of the

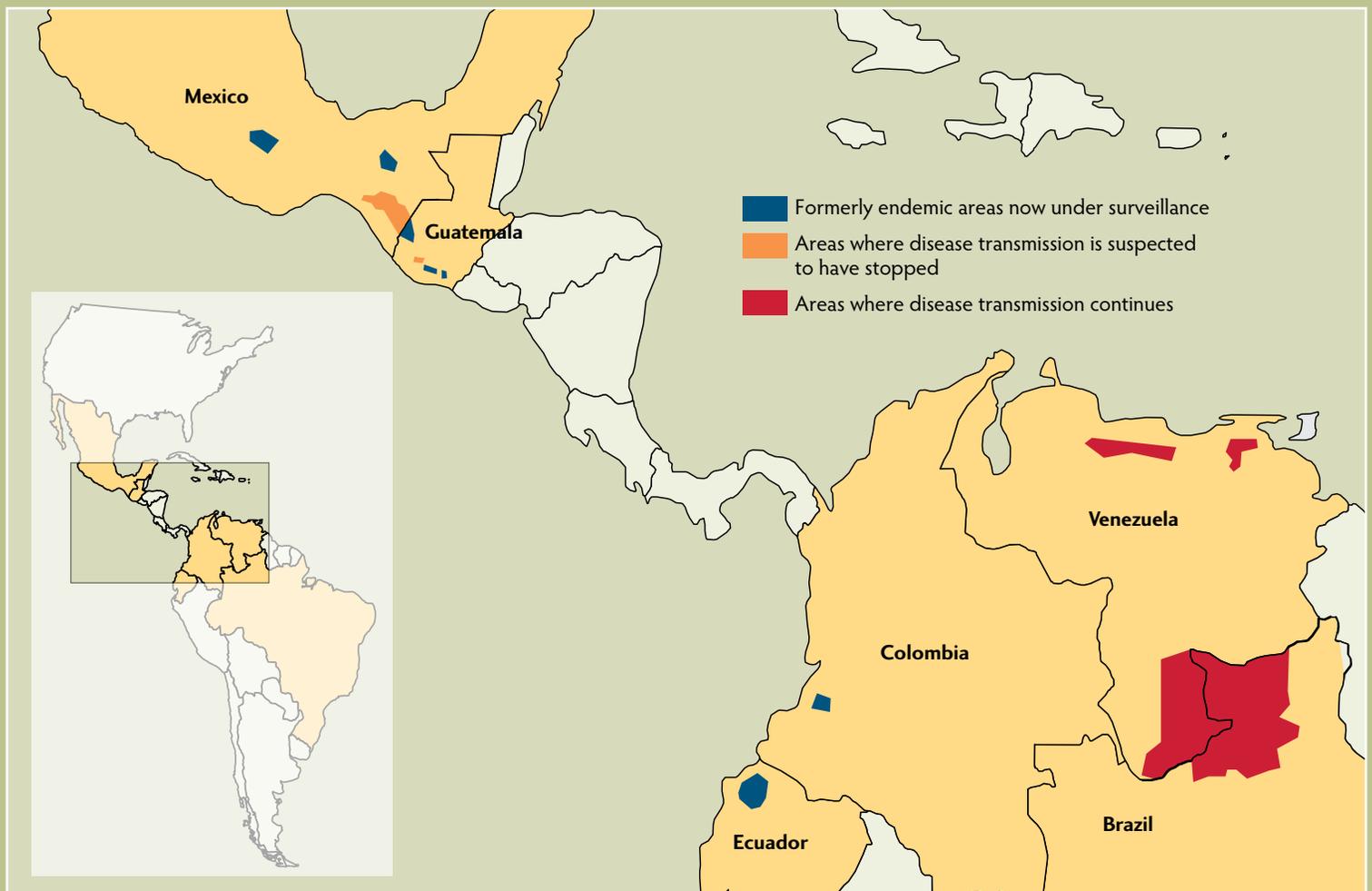


Workers on coffee plantations and farms are especially vulnerable to river blindness because such agriculture is typically located near the fast-flowing streams where the transmitting flies breed.

disease, so the people fully understand it.

The success of the program in the Americas can be a guide for Africa, where nearly 100 million people are at risk for the disease. “What’s happening in the Americas is important as a guiding light as to what can be achieved globally against river blindness,” Dr. Richards said.

Latin America Distribution of River Blindness





Massacre Fuels Survivor's Commitment to Democracy in Guinea

Quietly recalling the memory of people jumping from stadium walls to save their lives and others falling like flies from the gunfire of soldiers, Bademba Diallo remembers thinking in the chaos of that afternoon: “You only die once.”

Diallo, 47, along with nearly 50,000 others, had gathered for a rally in Conakry, Guinea, on Sept. 28, 2009, to peacefully protest junta leader Moussa Dadis Camara’s broken promise not to run in the next presidential election. When the demonstrators gathered in the city’s stadium, security forces opened fire. By the end of the massacre, nearly 200 people were dead, 1,400 injured, and dozens of women raped.

In a country that has endured decades of dictatorship, this incident has only further fueled Guineans’ desire to freely elect their own leader for the first time. The opportunity for full democracy has never happened until now.

On June 27, Diallo and his fellow Guineans cast their votes for president, in an election observed by a 30-person Carter Center delegation. At press time, a runoff

was scheduled for late October.

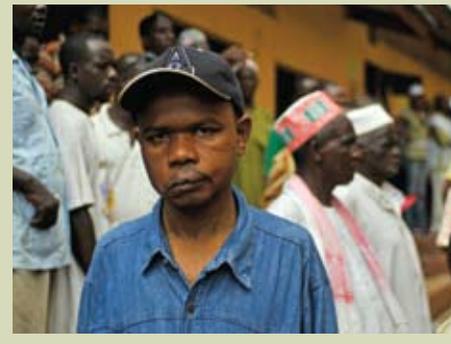
“This election is restoring the pride of many Guineans. There isn’t any other action that Guinea can take that would impact all citizens, their national identity, and what they have phrased as their ‘return to the world,’” said John Koogler, Carter Center field office representative.

While first elections are exciting, they are understandably hampered by lack of experience of the election commission, government, and even voters. The Carter Center delegation found no evidence of systematic fraud or manipulation in the first round, but did cite problems that needed to be addressed prior to the runoff. These included the accuracy of voter lists, accessibility to polling stations in some regions, and the transmission and tabulation of results. The election commission, the transitional legislature, and the Ministry of the Interior are working to improve these deficiencies to an international standard of acceptability in time for the runoff.

In addition to eagerly voting, Diallo also worked at a polling station in Conakry. While he still bears emotional scars from

Above: At a polling station in Conakry, election workers and party observers await the voters who will determine Guinea’s future.

Below: Bademba Diallo, who survived a day of bloodshed at a 2009 stadium rally, served as a polling station worker during Guinea’s June 27 election.



that day in the stadium, where his arm was broken by soldiers who beat him, and friends around him died, Diallo remains hopeful that Guinea will finally become a real democracy with a leader who will do what is just for the whole country.

The Carter Center mission was co-led by General Yakubu Gowon, Nigeria’s former head of state, and Dr. John Stremlau, Carter Center vice president for peace programs.

Parasite-Fighting Medicine Brightens Nigeria's Future

In the blistering heat of Nasarawa North, Nigeria, the cool waters of the River Uke beckon all. Women launder clothes, people bathe, girls fetch water, and children, especially boys, splash and swim for fun.

But the enjoyment of the swimming hole comes with a steep price here—red urine, stunted growth, and poor school performance. The river water contains a parasite that bores right through the skin of its victims, wreaking havoc on the bladder and other internal organs and tissue, evidenced through blood in victims' urine.

School-age children are most susceptible to this disease, called schistosomiasis, probably due to the time they spend playing in the water. On a trip to Nigeria, Dr. Frank O. Richards Jr., director of the Carter Center's schistosomiasis program, pointed out some boys stretching out in the shallow water of a pond. "It's so sad," he said. "Those kids are lying there soaking up the schisto," he said.

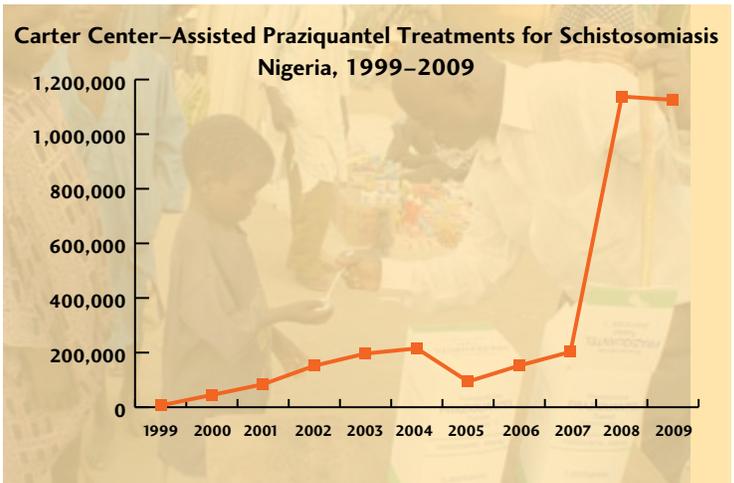
More than 200 million people worldwide suffer, and Nigeria has more cases of schistosomiasis than anywhere else. The Carter Center has been fighting a small and targeted but intense war on the disease in the country since 1999 in partnership with the Nigerian government. The disease runs rampant in rural areas without access to sanitation and clean water. When the urine from an infected person, which contains the eggs of the parasite, is passed into water, the eggs hatch and infect snails. The infectious form of the parasite is released from the snails, completing the parasite's life cycle.

Controlling schistosomiasis is relatively easy. A single oral dose

Swimming, which is often the only way to cool off from the hot Nigerian sun, exposes children to the parasite that causes schistosomiasis.



These vials contain the blood-red urine of the children who hold them — evidence that they are infected with schistosomiasis.



of the drug praziquantel annually reverses up to 90 percent of the damage caused by the disease. As a result of drug administration, "we've seen a dramatic decrease in the number of children with blood in their urine," Dr. Richards said, "from over 50 percent to now less than 5 percent in the areas where we work."

The Center's campaign to control this silent tragedy received a huge boost three years ago when an unprecedented donation of praziquantel was made from German manufacturer Merck KGaA through the World Health Organization, a Carter Center partner. From 2000 through 2007, when the Center had to purchase the medicine at about 8 cents per tablet, an average of 143,000 treatments were provided each year. Following the donation, in 2008, treatments skyrocketed to 1.14 million. The donation pledges 1.8 million tablets to The Carter Center annually for 10 years. The average child needs two tablets per dose.

As long as community life in Nigeria continues to center around local rivers and ponds, its rural citizens will likely face this quiet but heartbreaking disease. And The Carter Center will continue to take advantage of every opportunity to see that the most Nigerians possible reap the benefits that a simple tablet can provide.



Teshome Gebre

Go-To Man in Ethiopia Keeps Eyes on Country's Health

Teshome Gebre, the Carter Center's country representative for health programs in Ethiopia, likes to joke that he has been in public health service for what seems like 100 years. But maybe that's because helming disease eradication and prevention efforts for four diseases in a country almost twice the size of Texas has yielded enough experience to fill more than a lifetime.

Teshome's expertise in grassroots community mobilization and his fierce determination to fight disease have proven a tremendous asset not only to the Center's campaign against Guinea worm — par-

the Center's Guinea worm program in 1994, after two decades of working with the Ethiopia Ministry of Health and the World Health Organization's childhood disease prevention programs.

"At The Carter Center, we are not just donors or an organization that brings resources like Guinea worm filters or bed nets into a country," Teshome says. "We also are implementers, working alongside the national programs to identify strategies for achieving a goal and then partnering with local communities to implement the program."

The Carter Center's record of successful partnerships with the Ethiopia Ministry of Health led the government to invite the Center to partner in an ambitious project to combat malaria—the nation's leading cause of death—by blanketing the entire at-risk population of 50 million with long-lasting insecticidal bed nets.

Using the same community-based networks already established for Ethiopia's river blindness and trachoma control programs, The Carter Center expanded its efforts to include malaria control initiatives in 2006. The program successfully distributed more than 3 million long-lasting insecticidal bed nets in 2007, and implementation was then integrated into the existing trachoma and river blindness control programs. Recognizing that constant drug distribution campaigns were consuming a disproportionate amount of time, Teshome designed and launched twice-annual malaria-trachoma weeks to concentrate treatments, health education, and community mobilization into two short campaigns of massive scale. The last campaign targeted 9.2 million people for treatment and health education in a single week.

Teshome has helped Ethiopians successfully battle two blinding infections: river blindness and trachoma. In 2009 alone, in Ethiopia, The Carter Center, in partnership with Lions Clubs International Foundation, distributed more than 8.6 million treatments of Mectizan® (donated by Merck & Co., Inc.) to prevent river blindness and nearly 16 million treatments of Zithromax® (donated by Pfizer Inc.) for trachoma control. Trachoma control is based on an integrated strategy that also emphasizes improving environmental sanitation to prevent trachoma. More than 1.2 million latrines have been constructed in Ethiopia since 2004 through a partnership between the Center, the Ethiopia Ministry of Health, and LCIF.

"I face each new day with new challenges and new expectations," Teshome said. "Honestly, I consider myself one of the luckiest chaps in all of Ethiopia. I am in the fortunate position of seeing how our work is benefiting people all over my country."



Teshome Gebre



Teshome Gebre listens to a river blindness victim describe his symptoms. Teshome heads the Carter Center's health programs in Ethiopia, which include Guinea worm disease, malaria, river blindness, and trachoma.

ticularly because he has a background in smallpox eradication—but also to the Center's work combating river blindness, trachoma, and malaria.

"My driving ambition always has been to eliminate the diseases we fight because they cause so much unnecessary pain and suffering," Teshome said. "Sometimes people call Guinea worm, river blindness, or trachoma 'neglected' diseases. But the impact of these plagues on endemic communities is so great that I would hate to think these diseases could ever be neglected by anybody."

Under Teshome's country leadership, The Carter Center has helped Ethiopians make great strides in public health. Ethiopia has nearly eradicated the debilitating water-borne infection Guinea worm. In 2009, there were only 24 cases reported of the "fiery serpent" that once incapacitated entire villages in Ethiopia. Teshome joined

Sudan in Midst of Crucial Political Period

Sudan is facing a pivotal point in its history. As the country implements the 2005 Comprehensive Peace Agreement that ended decades of civil war between the North and South, its future hangs in the balance.

In a referendum scheduled for January 2011, Southern Sudanese will vote to confirm the unity of Sudan or for secession. The Carter Center has been in the field to monitor the implementation of the peace agreement—including general elections in April this year—and is now fielding a team to observe the upcoming referendum.

Sixteen long-term observers from 13 nations arrived in September to assess preparations for the referendum in Southern Sudan and in the areas in the North where voting will occur. An additional 30 observers will head to Sudan in November to monitor voter registration across Sudan.

Days before the referendum, a group of 50 short-term observers will supplement the Center's presence on the ground. Findings from these observers will inform the Center's preliminary public statements to be delivered in the days immediately after the referendum.

The Center's long-term involvement in this complicated peace process has been possible only with the support of generous donors, including the following: Canadian International Development Agency, German Ministry of Foreign Affairs, Irish Aid, The Netherlands, Norway, Norwegian Resource Bank for Democracy and Human Rights, United Kingdom Department for International Development, U.S. Department of State, U.S. Agency for International Development, and U.N. Development Program.

A woman votes in Juba, the capital of Southern Sudan, in the April 2010 elections, which were observed by The Carter Center.



From Our Donors

Rev. Kathy Moore, Edgewater, Md.



"I believe so fully in the work of the Center and the difference it is making in people's lives around the world. I seek to be a part of that work but am only able to give from limited funds during my lifetime. In death, I can do much more as I leave behind an estate that can be directed toward others."

Rev. Moore joined the Carter Center's Legacy Circle in 1996 when she named The Carter Center as a beneficiary in her will. The Legacy Circle is a group of almost 700 people who have made planned gifts to support the future of the Center. For more information, contact the Office of Gift Planning at 404-420-3868 or e-mail barry.nickelsberg@emory.edu to discuss retirement or estate plans.

OPEC Fund Pledges \$1 Million for Guinea Worm, River Blindness

At an Atlanta ceremony on Oct. 12, officials from The Carter Center and the OPEC Fund for International Development (OFID) signed two grant agreements totaling \$1 million in support of the Center's work to stop Guinea worm disease in Africa and river blindness in Latin America.

"This generous contribution is a significant boost to the Center's efforts to fight these two horrific parasitic diseases," said former U.S. President Jimmy Carter, founder of The Carter Center, who participated in the event along with Suleiman J. Al-Herbish, director-general of OFID.

The grant to the Guinea Worm Eradication Program, \$500,000, will be matched dollar for dollar by the Bill and Melinda Gates Foundation, which issued a \$40 million challenge grant to The Carter Center in 2008. Cases of Guinea worm disease have been reduced by more than 99.9 percent since 1986; only 3,190 cases were reported last year in four endemic African countries: Sudan, Ghana, Mali, and Ethiopia.

The river blindness grant, also \$500,000, will help the Center in its mission to banish the disease from the Western Hemisphere. In 1996, when The Carter Center began the Onchocerciasis Elimination Program of the Americas, river blindness was found in 13 areas in six countries. Today, the disease persists only in remote pockets of Guatemala, Mexico, Brazil, and Venezuela.

Located in Vienna, Austria, OFID is an international development agency. A partner in the Center's Guinea Worm Eradication Program since 1997, OFID also supported the Center's Ethiopia Public Health Training Initiative in 1998.



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WAGING PEACE. FIGHTING DISEASE. BUILDING HOPE.



Dr. Thom Bornemann is director of the Center's Mental Health Program.

NOTES FROM THE FIELD

Reservist Vets Need Help at Home

By Dr. Thom Bornemann

The wars in Iraq and Afghanistan have posed a unique set of psychological challenges to troops due to multiple tours of duty and a significantly greater prevalence of brain injury, among other factors.

As a result, members of the military deployed in these wars have the highest rates of post-traumatic stress disorder on record, and one in seven veterans from Iraq and Afghanistan suffers from major depression.

In fact, in 2009, mental illnesses were responsible for more hospitalizations among service members than any other illness, costing the Pentagon 488 years in lost duty.

According to national reports, 18 veterans complete suicide every day, and they comprise 20 percent

of all suicides in the United States. We know there are many more soldiers in crisis who could use our help. The Veterans Affairs' suicide hotlines receive about 10,000 calls per month from current or former service members, and there are untold numbers of veterans suffering too much to reach out.

This issue is personally meaningful to me, as I started my career counseling veterans at Fort McPherson while in the Army during the Vietnam War.

This year's Rosalynn Carter Symposium on Mental Health Policy, held Nov. 3 and 4, was devoted to the mental health needs of members of the National Guard and military reserve. These veterans, along with their families, do not have the same access to health care services as active duty personnel and instead must rely more on providers in the communities in which they live. The symposium focused on enhancing community-based mental health delivery systems for these returning service members and their families.

Attendees at the November symposium heard firsthand from veterans and those providing them with treatment services. Participants left the Center with practical strategies for helping veterans in their own communities.

If families and loved ones learn about and discuss the mental health risks facing soldiers, it reduces stigma and helps ensure that veterans will seek professional treatment if they need it.

Our heroes deserve greater access to the resources, support, and health services they need for a healthy journey home.



At a journalists' workshop, former First Lady Rosalynn Carter meets with Iraq veteran Michael Jernigan, who was severely injured and blinded by a roadside bomb. Veterans of Iraq and Afghanistan are in desperate need of mental health services.