Latin America Takes Steps to Strengthen Democracy

During the first six months of this year, four Latin American countries exercised democracy by scheduling elections. The Dominican Republic, Mexico, Peru, and Venezuela laid the groundwork for electoral processes, though only the Dominican Republic and Mexico actually held elections as planned (see also “What Latin America’s Elections Really Mean,” Page 4). In all four cases, however, Carter Center delegates were on site to monitor the proceedings. Below are the Center’s observations, listing the most recent election first:

Mexico Voters Opt for Change

Mexico’s major political parties, its government, and the Federal Election Institute (IFE) invited Carter Center delegates to witness a historic transition of power during elections July 2, ending 71 years of rule by one party.

“For countries searching for a way to give people control over their affairs and a sense of self-worth and importance in their own countries, this was an extremely significant election,” said former President Jimmy Carter, who co-led the Center’s delegation with former Bolivia President Gonzalo Sánchez de Lozada.

Both presidents are members of the Center’s Council of Presidents and Prime Ministers of the Americas, a group of 32 current and former heads of government who have monitored electoral processes in more than a dozen countries in the hemisphere since 1987. The council and the Center’s Latin American and Caribbean Program (LACP) have observed elections in Mexico for more than a decade.

In a close race, it is conceivable that even small-scale fraud could affect the outcome of the election,” said Dr. Robert Pastor, principal advisor to the delegation and former director of the Center’s LACP Program.

“Given the large size of the country, if fraud were to occur, it would happen in the most remote areas, which is difficult for international observers to cover.”

Therefore, The Carter Center adopted a new model of election monitoring. We stationed our team in the major parties’ headquarters and the IFE to gain access to the centers of communication and facilitate communications among the continued on Page 2
parties,” said Dr. Pastor. “Continuous exchanges of information built confidence so that by the end of election day, the losing parties accepted the results.”

“The free election was possible because of significant electoral reforms in the past decade, including the creation of IFE – the autonomous elections governing body – state-of-the-art voter identification cards, and an electoral court to rule on disputes and certify results,” LAP Director Dr. Jennifer McCoy noted. Reforms allowed the Democratic Revolutionary Party to win the governorship of Mexico City in 1997 and the PRI to lose its majority in the Congress, also in 1997, for the first time. By this year, opposition parties governed almost one-third of all the states.

“The Federal Election Institute has become one of the most professional election commissions in the world,” President Sanchez de Lozada told the press. “We saw a process which gave legitimacy to Mexican democracy, and which will make Mexico an example for our hemisphere.”

Opposition candidate Vicente Fox, who won the presidency by a surprising margin of seven percentage points over the ruling party candidate Francisco Labastida, begins his six-year term in December 2000.

**Venezuela Delays Elections**

Venezuelan voters saw their hopes for democratic elections stymied when the May 28 elections were delayed. The Carter Center and representatives of its Council of Presidents and Prime Ministers of the Americas had been observing electoral processes in the South American country for extended periods. Having observed presidential elections in Venezuela in December 1998, the Center made four assessment missions this year to prepare for the scheduled May elections.

Initial observations found many areas of concern, including a questionable legal framework for the election, voters’ high level of uncertainty and distrust, and calls for an external audit of the automated vote tabulation.

A t the invitation of Venezuela’s National Electoral Council (CNE), an international election monitoring team led by former U.S. President Jimmy Carter and wife Rosalynn Carter, and former Costa Rica President Rodrigo Carazo and wife Estrella Zeledon de Carazo arrived in Caracas on May 22.

“The Carter Center has had a continuous presence in Venezuela since August 1999 to closely follow the drafting and approval of the new constitution and to assess conditions for the elections,” said Dr. Jennifer McCoy, director of the Carter Center’s Latin American and Caribbean Program, which organized the election-monitoring mission. “We went to show the international community’s support for Venezuelans during a time of great political change.”

Dubbed “mega-elections” because of their size and complexity, the Venezuela elections had more than 36,000 candidates competing for about 6,000 positions. Technical difficulties and lack of voter information – problems almost from the start – prevented reliable elections. Members of civil society, political parties, and electoral technicians began voicing
strong concerns about the elections’ legitimacy. A appeal to Venezuela’s Supreme Court brought a ruling to delay the elections.

“Postponement of the elections will allow citizens to be adequately informed about the candidates running for office and ensure that technical conditions are put in place to ensure the integrity of the elections,” said President Carter at a May 27 press conference in Caracas.

“We will continue to offer our support and suggestions in a spirit of international cooperation and respect with the hope that the electoral process will accurately reflect the choice of the Venezuelan people.”

Peru’s Process Meets With Peril

Four observer missions, sponsored jointly by the National Democratic Institute (NDI) and The Carter Center, pointed to fundamental flaws in Peru’s 2000 electoral process.

These included unequal access to the media, media bias favoring the incumbent, smear campaigns against Peruvian election monitors and opposition candidates, the misuse of state resources for electoral advantage, and a climate of impunity.

Compounding these issues was an opaque vote tabulation process that, following the April 9 polls, was plagued by irregularities and inexplicable delays. All of these factors led a large segment of the Peruvian electorate to question the credibility of the polls and those administering them.

On May 5, NDI and The Carter Center issued a statement urging “immediate and comprehensive improvements” to build the credibility of Peru’s elections process. Because these improvements were never made, the Center and NDI announced May 25 that they would not send an observer mission to the May 28 run-off.

“Aafter seeing little improvement from our first mission in early December to our third mission in mid-March, NDI and The Carter Center concluded that the electoral process was irreparably flawed,” said Dr. McCoy. “We again called for changes after the April 9 first-round, but failing to see significant improvements, we concluded that these elections would not meet the minimum international standards for a democratic election.”

The May 28 runoff transpired without an opposing candidate since opposition leader Alejandro Toledo refused to participate. The Organization of American States (OAS) election observer mission, as well as the national observer group Transparencia and the Ombudsman’s office observer group, all declined to observe the run-off, citing an inability to properly assess the vote-counting process.

The final results showed President Fujimori winning 51.2 percent of the votes cast, Toledo garnering 17.68 percent because his name remained on the ballot, and 29.93 percent of the voters deliberately spoiled their ballots, perhaps rejecting the Fujimori candidacy. Blank ballots accounted for the remainder of the votes.

Dominican Republic Election Proceeds

Despite some minor voter registration problems, a joint delegation from The Carter Center and the NDI observed a smooth presidential election in the Dominican Republic.

More than 100 international election monitors closely observed the mid-May election. Carter Center staff also conducted three pre-election missions and has remained in the Dominican Republic to observe post-election activities.

When the votes were tallied, Hipolito Mejia, the Dominican Revolutionary Party candidate, was just shy of the required 50 percent vote needed to avoid a runoff. Mejia’s runner-up conceded defeat, negating the need for a second round.
What Latin America’s Elections Really Mean

Recent elections in Latin American countries (see “Latin America Takes Steps to Strengthen Democracy,” Page 1) have prompted questions about these areas’ political futures and how the outcomes may affect international monitors’ roles. To address these concerns, Dr. Jennifer McCoy, director of the Carter Center’s Latin American and Caribbean Program (LACP), shares her insight in the following interview:

Q: With recent presidential elections and violent demonstrations in Latin America, democracy seems to be backsliding. Why?

The backsliding is actually concentrated in Peru, Ecuador, Columbia, and Venezuela. Chile, Brazil, Argentina, and Mexico are showing stronger institutionalization and more entrenched democratic traditions.

In the Andean countries, we can point to exclusion of some of the population. In Peru and Ecuador, there has been exclusion of the indigenous peoples. In Columbia and Venezuela, the political parties that have held control for most of the last 40 years have excluded some of the lower classes and some of the newer social political groups. That exclusion is one reason we are seeing backlash now.

Q: Why is democracy so hard to achieve in Latin America?

The history of Latin America has been characterized by very strong leaders without a parallel development of institutions to serve as checks and balances. Latin America traditionally has had very weak judiciaries and legislatures. Often, independent groups in the society have not formed to lobby the government. So, part of the struggle is to establish these institutions.

Q: How can the international community help shore up democracy?

First, international observers need to be very honest about our observations of democratic processes abroad. The Carter Center did this in Peru before the election when we monitored the campaign conditions, and again when we decided not to observe the run-off election. We alerted the international community to our concerns.

Now, it is up to the governments, particularly the governments of the Western Hemisphere, to decide what to do about Peru. One option is diplomatic isolation by not inviting Peru to any meeting of democratic countries. Another is to send an international mission from the Organization of American States to discuss with the Peruvian government and the opposition how to restore democratic institutions, perhaps even calling new elections.

Q: How is the role of international observers changing in Latin America, now that most countries in the hemisphere have held democratic elections?

When we started this business 10 years ago, we thought we would not be observing elections today in Latin America. We thought most countries would have had electoral institutions that had the trust of their people. In fact, in some countries that have a long experience with elections, distrust has grown in recent years.

Our role is changing in that we are not just focusing on transitions from military to civilian governments, for example. We are focusing in countries that have experience with representative democracy, but because of the exclusion of certain peoples or other factors, distrust has grown, and they need international observers to restore that trust.

Human Rights Leader Serves at United Nations

As a delegate to the U.N. Commission on Human Rights, The Carter Center’s Karin Ryan saw more than a decade of work come to fruition as several resolutions were passed during the commission’s 56th session in Geneva, Switzerland, in March.

The commission, which monitors compliance with international human rights law and investigates alleged violations, resolved to condemn Russia for human rights violations committed by its army, establish a fact-finding officer to investigate abuses or persecution of human rights activists worldwide, and recognize domestic violence and “honor killings” as violations of human rights. “Honor killing” is the murder of a woman by a relative for supposedly shaming her family.

“The most important part of all this is people in every society are claiming their rights,” said Ryan, assistant director of Human Rights. “We’re calling on the highest ideals among all societies to bring out the best and leave behind practices that undermine human dignity.”

Ryan joined The Carter Center in 1988 to assist President Jimmy Carter and Rosalynn Carter in their interventions with governments on individual cases. She later helped establish the Center’s International Human Rights Council. The Clinton administration appointed her this year to be a public representative with the U.S. delegation to the U.N. Commission on Human Rights.

Karin Ryan, assistant director for Human Rights, addresses the U.N. Commission on Human Rights in Geneva, Switzerland.
Blindness Prevention Publication Premieres

The Carter Center’s Global 2000 River Blindness Program (GRBP) and Trachoma Program (TCP) released their first blindness prevention publication in February.

Eye of the Eagle, an eight-page newsletter available in English and French, combines news and technical information about both diseases. The Lions-Carter Center SightFirst Initiative and the Conrad N. Hilton Foundation fund the newsletter, replacing another publication called River Blindness News.

“Many people are involved or interested in the struggle with both diseases,” said Don Hopkins, M.D., Carter Center associate executive director and head of the Health Programs. “A consolidated resource will help both constituencies benefit from each other’s experiences.”

River blindness is a debilitating disease spread by the bite of black flies, affecting millions of people in Africa and Latin America. Trachoma, a chronic bacterial infection that affects nearly 146 million people, is the world’s leading cause of preventable blindness.

The next issue of Eye of the Eagle, scheduled for release in early fall, will highlight the fourth annual GRBP Program Review and the first annual program review of Carter Center-assisted TCPs.

For a copy of Eye of the Eagle, call the Center’s Global 2000 program at (404) 420-3859 or visit www.cartercenter.org.

Carter Center’s Guinea Worm Fight Wins New Ally

The Bill and Melinda Gates Foundation announced May 17 it is donating $28.5 million to help eradicate Guinea worm disease, a painful, debilitating infection that has existed for centuries.

The grant, announced at the 53rd World Health Assembly, will be divided among The World Bank, The Carter Center, the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF).

The Global 2000 Program at The Carter Center and the Centers for Disease Control and Prevention Carter Center lead the campaign to eradicate Guinea worm disease (dracunculiasis), working closely with WHO and UNICEF. Their efforts have led to a 97 percent reduction in the number of reported cases of the disease since the program began in 1986.

The number of endemic countries— all in sub-Saharan Africa—has decreased from 20 to 13. Two-thirds of those cases exist in war-torn Sudan, where peace is needed before eradication efforts can be successful. Asia is completely free of the disease.

People become infected with Guinea worm when they drink water contaminated with tiny water fleas carrying Guinea worm larvae. The larvae mature inside the body and can grow up to 3 feet long. After about a year, the threadlike worm emerges slowly through a painful blister, usually on the foot or leg. If the affected area is immersed in water to ease the pain, the female worm releases its larvae and the cycle begins again.

There is no cure for or immunization against Guinea worm disease. However, it can be prevented through health education, by treating ponds with chemicals, or by boiling water or straining it with a special cloth filter.

“Guinea worm disease has caused tremendous suffering among millions of people for thousands of years,” said former U.S. President Jimmy Carter. “The grant from the Bill & Melinda Gates Foundation will accelerate the final assault on the disease.”

Kim Griffin
Artist
Arist’s rendering of a Guinea worm
Growing a Better Future in Nigeria

Carter Center efforts to end hunger in developing countries by teaching new farming techniques were featured in the March 30, 2000, issue of The Atlanta Journal-Constitution. Below are excerpts reprinted with permission from the Cox News Service:

Smritimoy Ghosh
President and Mrs. Carter stand with government officials and villagers amid a fledgling cornfield near Kaduna State, Nigeria, where farmers use SG 2000 methods to increase crop yield.

Growing in Nigeria

Growing in some places just a few feet underground. When the land is properly irrigated and farmed, it is immensely productive.

Othman envisions an African breadbasket stretching more than 400 miles across northern Nigeria to Lake Chad.

But the prospects for this vision are uncertain. Nigeria is struggling in its first year of a fledgling democracy. New agriculture policies, which can be life or death to small farmers, have yet to take. And peace in Africa is always tenuous.

Through it all, Othman has made his rounds of the farmers. On test plots of an acre or less, he teaches them how to apply fertilizer and to plant disease-resistant seeds as well as better methods of pest control and weeding.

SG 2000 insists that farmers adhere strictly to the regimen. When they stray, they are dropped to make way for farmers who will follow the rules.

When the recipe is followed, results can be dramatic, doubling and tripling yields.

Garba used to get five bags of wheat – less than half a ton – from his parcel of an acre or so. Now he expects to harvest 13 bags – about 1 1/2 tons.

“We depend on farmers showing other farmers how this works,” says Jose Antonio Valencia, SG 2000’s director for Nigeria.

Nigeria is seen as crucial to the goal of making Africa self-sufficient for food. With more than 110 million people, it is home to 20 percent of the people in sub-Saharan Africa and may be the most influential country.

Yet SG 2000 nearly gave up on Nigeria, which in 15 years of military rule became one of the world’s most dangerous and corrupt places. “It was very difficult dealing with the military regime,” says Valencia.

SG 2000 decided to stay only after last year’s election of Olusegun Obasanjo as president. Obasanjo, a respected chicken farmer, also is a former member of SG 2000’s board of directors.

Winning farmers over to fertilizer and new seeds is only half the battle. The other half is convincing governments to pursue policies that provide farmers high enough prices to make a living.

While SG 2000 has shown the region’s potential for growing wheat, Nigeria’s government has undercut its efforts by allowing in nearly unlimited imports of cheap wheat, Valencia says.

Discouraged farmers have been turning to growing tomatoes, peppers and other crops that get a better price but do little to help the continent’s food needs.

How SG 2000 Took Root

When the program came to Nigeria eight years ago, the SG 2000 system was greeted with skepticism. Initially, it required more labor, precision and money than traditional methods.

Farmers must sow within narrow windows of time, space plants according to exact measurements and work precise amounts of fertilizer into the soil. To make measuring fertilizer easier, SG 2000 had special spoons made.

SG 2000 uses few outside experts and places on farmers the burden of using the new techniques and financing seed and fertilizer.

Farmers work with the program about two years.

The program has been in Africa since the mid-1980s. Operated in a dozen countries in addition to Nigeria, it has been credited with sharp increases in corn, wheat and rice output throughout the sub-Saharan region.

Its methods were developed by Norman Borlaug, the American agronomist who heads SG 2000. Borlaug won the Nobel Peace Prize in 1970 for breeding the high-yield wheat that set off Asia’s green revolution.

The program, which has involved more than 12,000 Nigerian farmers, operates in six Nigerian states, mostly in the poor, rural north.
New Directors at Carter Center, Library

The Carter Center and the Jimmy Carter Library and Museum recently appointed the following new staff members:

**Gregory Fricchione, M.D.,** is the Center’s Mental Health Program director, beginning in January. He is an associate professor of psychiatry at the Harvard Medical School. Dr. Fricchione previously led the medical psychiatry service at Brigham and Women’s Hospital and headed research at the Mind-Body Medical Institute at Beth Israel-Deaconess Medical Center in Boston. His clinical work helped establish the use of the drug lorazepam to treat catatonic syndrome.

**Ben H. Hoffman, Ph.D.,** joined The Carter Center in March as director of its Conflict Resolution Program. Previously, he was president and chief executive officer of the Canadian International Institute of Applied Negotiation, where he conducted peace-building projects in Haiti, Lebanon, Lithuania, Crimea, and Romania.

Dr. Hoffman is widely recognized for his work on reconciliation and designing dispute systems to support rule of law.

**Jay Hakes** began as the new director of the Jimmy Carter Library and Museum in June.

Appointed by John Carlin, the archivist of the United States, Hakes now oversees 40,000 museum objects, more than 1 million photographs, thousands of hours of audio and videotape, and nearly 27 million pages of documents about the Carter presidency.

Hakes previously worked with the U.S. Department of Energy as administrator of the Energy Information Administration, coordinating the nation’s energy data.

**Call for Mental Health Action**

Former First Lady Rosalynn Carter joined U.S. Surgeon General David Satcher, rallying community mental health organizations nationwide to follow recommendations documented in the first-ever surgeon general’s report on mental health.

The discussion was part of the annual Rosalynn Carter Georgia Mental Health Forum held May 22 at The Carter Center (see also “Parity, Stigma Top Mental Health Concern,” Page 8). A bout 350 mental health leaders, consumers, and policy-makers attended to learn how they could use the surgeon general’s report to overcome barriers to mental health care in Georgia.

■ To view the Rosalynn Carter Georgia Mental Health Forum videoconference, visit www.sgconference.org or call (800) 969-NMHA toll-free. The videoconference will be online through the summer.

**Sudan, Uganda Deal Continues**

When President Carter negotiated a peace deal between Sudan and Uganda in December 1999, the real work had just begun for The Carter Center.

The 11-point agreement, signed in Nairobi, Kenya, by Uganda President Yoweri Museveni and Sudan President Omar al-Bashir, now requires action. To help achieve this, both parties asked for The Carter Center’s support as they re-establish diplomatic ties and promote peace in the region.

To date, there has been progress. Uganda has returned prisoners of war (POWs) to Sudan, and Sudan has begun identifying and returning children abducted from Uganda by the Lord’s Resistance Army.

The countries have met three times since December under the Center’s auspices, more meetings are planned.

**Auction Surpasses Half-a-million Mark**

The eighth annual Winter Weekend and Benefit Auction was the most successful ever, with combined totals from the silent and live auctions topping $532,000 to benefit The Carter Center.

The Feb. 16-20 event, held in Crested Butte, Colo., allows former President Jimmy Carter and Rosalynn Carter to update supporters about how their donations assist the Center’s worldwide mission. Activities also include snowmobile rides, ski outings, and a town hall meeting with the Carters.

The weekend’s traditional highlight is the Saturday night live auction, featuring a handcrafted, donated item by President Carter. This year’s piece was his display cabinet and a photo album with his handwritten descriptions of the cabinet’s building process. Together, they sold for $230,000.


President Carter sands his cabinet.
HEALTH

Parity, Stigma Top Mental Health Concerns

Diane Lore of The Atlanta Journal-Constitution interviewed Mrs. Rosalynn Carter to discuss the findings of the U.S. surgeon general’s mental health report. Excerpts of the May 23, 2000, article are reprinted below with permission from the Cox News Service:

In Georgia, more than 1.6 million residents struggle with mental illness, and one in every eight has a severe condition.

To raise awareness and help those in need, Rosalynn Carter has for more than a decade hosted the annual Georgia Mental Health Forum, where 350 consumers and policy-makers gathered Monday at The Carter Center in Atlanta to hear Surgeon General David Satcher talk via teleconference about a historic 500-page report he released in December on mental illness, compiled from more than 3,000 studies.

The report found that nearly half of all mentally ill Americans do not seek treatment and, in many cases, face an enduring stigma, a lack of services, and inequity in insurance coverage. As many as 825,000 Georgians sought mental health treatment last year.

Carter took a break from the forum to talk with medical writer Diane Lore about the report’s impact on mental health policy and care.

Q: How would you assess the state of mental health care in this country?

A: We would rank as “poor” or “could do a lot better.” At least half of the people who need treatment still don’t get it. And many who are critically ill are absolutely not getting the care they need. We still have a cycle of people getting hospitalized for a short while and then landing back on the street. We really need a plan where they can go to a community center where they can get care.

Q: The confidentiality of mental health records has been a concern for you. How is that issue developing nationwide?

A: It’s still pretty dismal. With managed care, we still have so many people who can access records. We still have not made any progress with a bill in Congress.

Q: What changes would you like to see in mental health?

A: The main, most important thing at the national level is to pass laws requiring parity in insurance. (A lot of people believe that) if insurance covers a condition, then it must be all right to have. We’ve had 31 states pass parity laws, but often they are very narrow in scope. Also, insurance companies often get around true parity by imposing higher co-payments and fewer days for treatment.

Q: Are there things happening that you would hold up as models for diagnosis, treatment, or prevention?

A: Skyland Trail, a treatment facility here in Atlanta, is doing an excellent job, because its services are simply state of the art. I also think (the groups) Community Friendship and Project Interconnections, which deal with the homeless mentally ill and are located here, are taking a good approach. The National Alliance for the Mentally Ill is also supporting a program for the seriously mentally ill, called Program for Assertive Community Treatment. It takes a holistic approach. Depression and anxiety screening days also are helpful.

Q: What are the best changes in the mental health field in the past 10 to 15 years?

A: Scientific research and the development of the consumer movement.

Q: What would you change in mental health if you could?

A: I would wipe out stigma. Stigma remains our greatest challenge. Part of the reason is the misconception that mental health is the result of a weak will or a moral defect or bad parenting. Too often, families still believe that if (patients) wanted to, they could just snap out of it.

Q: What impact do you think the surgeon general’s report will have?

A: The report gives us the scientific basis we need to make a case to policy-makers. It will help us tell the public the true facts (about mental illness) instead of the myth and misconceptions. It also calls attention to mental illness on a national level, promoting awareness and helping people do away with the stigma.