

THE CARTER CENTER NEWS

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Carter Center Reviews Conflict Resolution Agenda

Responding to the changing nature of world conflict and negotiation methods, The Carter Center reshaped its international advisory group of conflict resolution experts this fall.

New members of the International Council on Conflict Resolution (ICCR)



Photo by Annemarie Poyo

Mr. Laurie Nathan, executive director for the Center for Conflict Resolution in Cape Town, South Africa, listens as Mrs. Sadako Ogata discusses ways to address conflict.

held their inaugural meeting in November. Replacing the former International Negotiation Network, Council membership will be rotated, broadening areas of expertise among scholars, negotiation experts, and eminent peacemakers in the group. Among those who have agreed to participate are former Swedish Prime Minister Carl Bildt, former U.N. High Commissioner for Refugees Sadako Ogata, and former U.S. Ambassador to the U.N. Bill Richardson.

“There are many kinds of conflicts in the world and not all of them can be solved through classic diplomatic approaches. The Council will look at how we might think more creatively about the types of techniques used to address various kinds of disputes and advise the Center on where we might play a useful role,” said Conflict

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Announcements Target African Communities: Stop Guinea Worm Now

The Carter Center, in partnership with Voice of America (VOA), officially launched an air war against Guinea worm disease when the first messages in a massive public service campaign were broadcast throughout Africa in December.

In the announcements, President Carter called on “every man, woman, and child to do their part to stop Guinea worm now.” Former Nigeria Head of State General Yakubu Gowon and former Mali President Amadou Toumani Toure, long-time African leaders in the Guinea worm eradication effort, also are spokespersons for the campaign.

VOA has agreed to air as many public service announcements as necessary for as long as necessary in a collaborative

Photo by Emily Howard



Filtering all drinking water is a key element in eradicating Guinea worm disease.

effort to prevent and eventually eradicate Guinea worm in the remaining 13 African countries where the disease occurs.

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From the Executive Director

In 2002, we celebrate the 20th anniversary of the founding of The Carter Center to wage peace, fight disease, and build hope worldwide. Underlying our work is the principle that basic human rights—the right to live in peace, have adequate food and health care, and a voice in choosing political leaders—comprise the foundation for the human spirit to flourish and societies to prosper. There always has been an imminent need to secure these rights for people worldwide, but the events of Sept. 11, 2001, raised the collective consciousness about the urgent need for the work of The Carter Center.

Reflection on the terrorist attacks led us to reaffirm the Center's founding mission to alleviate the root causes of suffering and conflict around the world. Eradicating and controlling disease, reducing hunger by increasing food production, safeguarding human rights, strengthening democracy and freedom, and achieving sustainable development are critical to eliminating the desperate conditions exploited by terrorists.

Many new and long-standing friends of the Center have contacted us recently to say they now have a better understanding of the need for the Carter Center's work. They see more clearly than ever that helping others learn to help themselves is at the heart of democracy and true freedom. The mission of The Carter Center to alleviate suffering and secure human rights has become integral to a now-pressing global objective as our nation strives to address the threat of terrorism.

Our country has been changed, but our resolve as a people united to promote and protect the freedoms and ideas that have made our nation great has not been shaken. Here at The Carter Center we also remain committed to the basic human

values and goals that have guided our work since 1982.

As The Carter Center looks forward to celebrating its 20th anniversary, we take pride in our accomplishments. We have assisted the forward march of democracy in some 20 countries across the globe. We built a global coalition that has eradicated 98 percent of all cases of Guinea worm disease. We helped double and triple crop yields throughout Africa, worked to provide a better quality of life for people with mental illness worldwide, and helped avert conflict in Asia, Africa, and Latin America. Yet, in many ways, recent events emphasize that our work has just begun. During the next 20 years and beyond, The Carter Center will continue sharing its knowledge and resources with people of every race



John Hardman, M.D.

and religion around the globe, people who want the same things we do—basic freedoms, adequate health care, and a state of peace in which to live and raise their children. As President and Mrs. Carter often have said, “Our only failure would be not to try.”

PROFILE: DR. JAMES ZINGESER

Securing Hope In Disease-Ravaged Nations

“Despite all the success The Carter Center has had in the eradication of Guinea worm disease, what chance does hope have in an environment where another debilitating disease hangs over the people?”

That is a question Dr. James Zingeser, senior epidemiologist at The Carter Center, asked himself in developing the Center's plan to control trachoma, the world's leading cause of preventable blindness. Dr. Zingeser believes he has an answer that will ensure his plan's success, and results to date are proving him right.

Dr. Zingeser proposed The Carter

Center apply the experiences and knowledge gained from Guinea worm eradication and river blindness control efforts to achieve control of blinding trachoma. Working with governments and other partners, the Trachoma Control Program now uses community-based interventions, research, and advocacy to fight trachoma in countries where the Center has eradicated, or is working to eradicate, Guinea worm disease.

In the 1990s, the World Health Organization developed the SAFE strategy to prevent and/or treat trachoma. Some organizations began by focusing on the

surgical and antibiotic parts of the strategy, as there was little knowledge of how to achieve behavioral and environmental changes to prevent trachoma. The Conrad N. Hilton Foundation knew of the Carter Center's success in changing behavior in the Guinea worm program and asked the Center experts to see if they could apply their knowledge to the fight against trachoma. In 1998, The Carter Center took on the challenge of the "F" and "E" of SAFE.

The SAFE strategy to control trachoma: "S" stands for surgery, "A" for antibiotics, "F" for facial cleanliness to prevent transmitting the disease, and "E" for environmental changes to improve hygiene and sanitation.

Trachoma is a chronic bacterial infection that spreads easily from person to person. Repeated infections result in scar tissue on the inside of eyelids, eventually turning eyelashes inward, which causes abrasions of the cornea and, finally, irreversible blindness. "I've been in villages in West Africa where virtually every person suffers from trachoma," said Dr. Zingesser, "older people unable to work and young people plagued by repeated eye infections, many of whom will go blind unless treated.

"The tragedy is that this is unnecessary. Unlike cataracts, for example, trachoma can be prevented with simple changes in household and environmental hygiene."

Dr. Zingesser expects early success will come from integrating the Guinea worm and trachoma programs. In Yemen, for example, the Center is working with the same partners who successfully eradicated Guinea worm there. "On the other hand, in countries like Ghana and Nigeria, the trachoma program works simultaneously with the Guinea worm

program, reinforcing each other."

Dr. Zingesser, a veterinarian who specialized in public health epidemiology, served with the Centers for Disease Control and Prevention before coming to The Carter Center and spent three years as technical advisor for the Guinea worm program in the Republic of Niger.

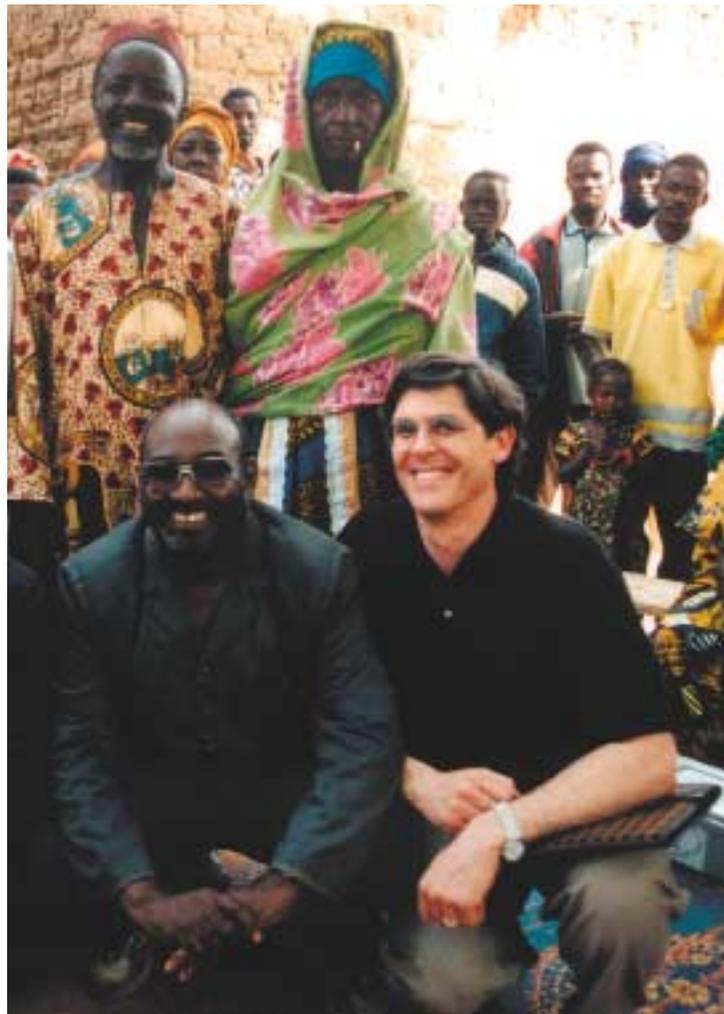
Health education is important to all of the Center's health programs, including trachoma. Dr. Zingesser said, "We observe the personal hygiene habits of parents and children, then help them make facial cleanliness part of their household routine. A concurrent effort is made to improve the environment—helping communities build and improve access to safe water."

In areas where support for the antibiotic aspect of the SAFE strategy is lacking, the Center draws on its experience with river blindness control to help international and local organizations develop a

distribution system for antibiotics. In some countries, Pfizer Inc. donates Zithromax® for annual treatment of trachoma patients.

The Trachoma Control Program is possible thanks to generous grants from the Conrad N. Hilton Foundation and Lions Clubs International. In addition, Pfizer Inc., the World Health Organization, Helen Keller Worldwide, the International Trachoma Initiative, and World Vision International are indispensable partners.

"We can't be satisfied with success in one program," Dr. Zingesser said, "when the people we work with in underdeveloped countries continue to face other crippling but preventable diseases. Our goal is to fight disease, but we never lose sight of the Carter Center's mission to build hope. Building hope is key in our struggle to break the cycle of disease and poverty that grips so many countries in the world today."



Salissou Kane, Global 2000 resident technical advisor, and Dr. Jim Zingesser team up to control trachoma in Niger. The Carter Center helps implement the SAFE strategy by focusing on health education and environmental change.

Center Works to Implement Nairobi Agreement

The Conflict Resolution Program continues work to implement the December 1999 Nairobi Agreement brokered by President Carter between the governments of Sudan and Uganda. Significant progress has been made in recent months. Diplomatic exchanges resumed in July 2001 after a five-year break. Since then, Sudan President Omar al Bashir visited Uganda twice and, most recently, Uganda President Yoweri Museveni completed his first state visit to Sudan in six years.

As relations improve between Sudan and Uganda, the program will continue to work with the governments to try to end peacefully the activities of the Lord's Resistance Army (LRA), a Ugandan rebel group based in Sudan. Over the last three months, the Conflict Resolution Program conducted a number of community peace-building activities in northern Uganda and continues to support the repatriation of former LRA combatants, including abducted children. During this same time period, international momentum has built toward revitalizing a viable peace process in Sudan itself. President Carter and The Carter Center remain deeply committed to seeing peace in Sudan and are actively engaged in efforts to support this process.

continued from cover page

Conflict Resolution, cont.

Resolution Program Director Ben Hoffman.

There are 110 existing armed conflicts in the world, with 30 of them major wars in which 1,000 or more soldiers have been killed on the battlefield.

"The nature and scope of world conflict has changed dramatically over the last 20 years," said Council member William Ury, Ph.D., of the Harvard Project on Preventing War. "Now we've got to deal with intrastate wars that are driven

International Council on Conflict Resolution

Ali Alatas. Former Minister for Foreign Affairs, Indonesia

Dame Margaret Anstee. Former Under Secretary-General; Former Special Representative of Secretary-General in Angola

Carl Bildt. Former Prime Minister of Sweden; Special Envoy of the Secretary General of the United Nations to the Balkans

Daniel Bowling. Association for Conflict Resolution

Ambassador Vitaly Churkin. Russian Ambassador to Canada

Samuel Gbaydee Doe. Executive Director, West African Network for Peace Building

Dr. Mari Fitzduff. Director, Initiative on Conflict Resolution and Ethnicity

Ms. Angela King. Assistant Secretary-General, United Nations; Special Advisor on Gender Issues and the Advancement of Women

Ambassador Lansana Kouyate. Executive Secretary, The Economic Community of West African States

Dr. Chris Mitchell. Institute for Conflict Analysis and Resolution, George Mason University

Joseph Montville. Director of Preventative Diplomacy, Center for Strategic and International Studies

Dr. Makumi Mwagiru. Institute of Diplomacy and International Studies, University of Nairobi; Director, Center for Conflict Research

Laurie Nathan. Executive Director, Center for Conflict Resolution, University of Cape Town

Mrs. Sadako Ogata. Scholar in Residence, Ford Foundation; Former United Nations High Commissioner for Refugees

Lord David Owen. Director, The Center for International Health and Cooperation

Giandomenico Picco. Chief Executive Officer, GDP Associates, Inc.

Ambassador Sir Kieran Prendergast. Under Secretary-General for Political Affairs, United Nations

Ambassador Bill Richardson. Chairman, Freedom House

Ambassador Mohamed Sahnoun. Special Advisor to the United Nations Secretary-General

Ambassador Mary Simon. The Canadian Ambassador for Circumpolar Affairs with the Department of Foreign Affairs and International Trade in Ottawa, Canada

General Sir Rupert Smith. Former Deputy Supreme Allied Commander, NATO

Paul Van Tongeren. Executive Director, European Center for Conflict Prevention

Dr. William Ury. Project on Preventing War, Harvard University

Dr. William Zartman. The School of Advanced International Studies, The Johns Hopkins University

by ethnic, religious, and economic reasons. It requires a whole new set of mechanisms. The ICCR has been set up precisely to deal with this gap."

The leaders also discussed ways they might bridge the gap between the official diplomatic community and professional dispute resolution practitioners, including increasing the frequency and quality of dialogue between the professions. "The international community does not have a broad, proactive strategy to use conflict resolution methods to prevent conflict or build peace," said Hoffman.

At the meeting, President Carter welcomed new members of the ICCR, providing them with guidance on the basic principles of The Carter Center's involvement in conflict situations. He stressed the importance of acting where other organizations or actors cannot or will not act as well as the need to take bold action to wage peace. Members of the ICCR not only advise The Carter Center but also participate in conflict resolution projects. In November, they brainstormed further approaches to the Center's peace-making efforts in Sudan.

Center Election Observers Assist Worldwide

As the continuing movement toward democracy worldwide entered the first year of the new millennium, staff from the Democracy and Americas Programs were very active, observing seven elections in Africa, Asia, and Latin America in 2001.

“The Carter Center helped develop the model for international election observation now used worldwide and broadly accepted internationally as a way to measure the freeness and fairness of electoral processes,” said Charles Costello, director of the Center’s Democracy Program. “People look to us to help them build hope through free elections. They know we will be objective and neutral and speak out with the truth.”

Here’s how things shaped up during missions since July.

ZAMBIA: A December observation mission for the presidential and parliamentary elections in Zambia reported that vote-counting procedures sometimes were chaotic and that the tabulation of results in constituency centers and at the Electoral Commission was not fully transparent. The delegation, which was co-led by former Nigeria Head of State Abdulsalami Abubakar, former Benin President Nicéphore Soglo, and former Tanzania Prime Minister Judge Joseph Warioba, lauded the large voter turnout and voters’ patience with long lines and procedural delays at polling sites. On Jan. 2, 2002, the governing party candidate, Levy Mwanawasa, was sworn in as president, having won just 29 percent of the vote and narrowly defeating a divided opposition, which lodged claims of vote rigging.

“Although the Center has serious concerns about reports of irregularities in the vote tabulation, we have not seen clear evidence of vote rigging,” said Democracy Program Associate Director David Carroll. “The strengthening of democratic institutions and electoral processes in southern

Africa is critical for stability and progress across the continent. The flawed Zambian elections demonstrated important progress as well as the serious challenges that remain.”

NICARAGUA:

Procedures observed by a Carter Center mission to Nicaragua’s presidential elections in November were generally smooth and fair, but behind-the-scenes politicking to determine party eligibility to be on the ballot revealed institutional weaknesses in the decade-old democracy. Now Nicaragua is challenged to

refine its political institutions, including the Supreme Electoral Council (CSE),

continued next page



Photo by Rossana Lacayo

President Carter discusses policy with Nicaragua President-elect Enrique Bolaños during the Center’s election mission in November.

Adam Mapani stood in the mud, wiped his brow, and looked back at the small, dimly lit building and sighed. He had not slept in more than 24 hours, and now, he had a host of problems as the top polling official in one of Lusaka’s most crowded and poorest areas.

Mapani was in charge of overseeing about 100 polling sites in Matero, an area of dirt roads, small cement homes, and desperate poverty. Electricity was rare, and many polling sites in Zambia’s third presidential election since achieving independence in 1964 were nothing more than a tent.

“I pitched tents last night,” said the full-time schoolteacher, who was on holiday break. “I’ve never pitched a tent before. I’ve had no sleep. Look at my eyes.”

This is Mapani’s third time as an election official, having served in Zambia’s 1991 and 1996 presidential elections. He and other electoral officials



Photo by Victor Nyambe

Mapani talks to another local election official at a polling station in Matero.

faced a lack of supplies, such as ballot papers and fabric to construct voting booths. An election date in the middle of the rainy season made transportation difficult. As he checked on his sites walking the muddy roads along with the masses, he told an international observer that he is doing his job to ensure a good election process.

“This election needs to go well,” he said. “It is my dedication to my country. It’s my interest; it pushes me.”

Elections, continued from previous page

which oversaw the country's Nov. 4 election in which Vice President Enrique Bolaños defeated former Sandinista leader Daniel Ortega.

"The CSE is to be commended on a free election, but it has challenges to overcome for future elections," said Dr. Shelley McConnell, associate director of the Center's Americas Program. "Partisan politics within the CSE hampered the effectiveness of election procedures."

BANGLADESH: An August mission to Bangladesh by former U.S. President Jimmy Carter on behalf of The Carter Center and the Washington, D.C.-based National Democratic Institute (NDI) resulted in the first serious meeting in years between rivals in upcoming parliamentary elections, during which they made commitments to ensure a democratic and peaceful election.

Following the Sept. 11 terrorist attack on the United States, The Carter Center and NDI canceled a mission to observe the Oct. 1 election; however, when international and domestic observers reported the election met international standards, President Carter issued a public statement urging the losing Awami league to cease inflammatory charges of massive rigging and "accept the results of the election in order to strengthen Bangladesh's democratic institutions for the long term" and continue its leadership role in opposition. "This is the essence of democracy," he said.

CHINA: Former U.S. President Jimmy Carter led a small delegation in September to observe a village election outside Shanghai and to speak in Beijing at the Center-sponsored international symposium *Villager Self-government and the Development of Rural Society in China*. The Carter Center has assisted the Chinese Ministry of Civil Affairs since 1998 in a project to standardize electoral procedures among the more than 700,000 villages in China. During the recent mission, 50,000 copies of the updated *Handbook on Village Election Procedures* were printed and



Photo by Suzanne Ogden

Voters in Quanwang Village, Zhouzhuang Town, present their voter IDs to receive ballots.

distributed to local authorities. "We hope our advice on procedures that can qualitatively improve village elections in China will help build the base for democratic values in that country," Costello said.

EAST TIMOR: The Carter Center saw a peaceful election here in August, a stark contrast to the balloting for independence two years ago that was marred by violence by the Indonesian military. Voter turnout was high, and the emerging democracy's

first Constituent Assembly was elected. "The election serves as an example to other countries in the Pacific region and the rest of the world that are working to strengthen democratic political institutions in the face of serious challenges," said delegation co-leader U.S. Representative Eni Faleomavaega of American Samoa. With independence slated for May 2002, the East Timorese have turned to the task of writing a constitution for their new state of Timor Loro Sa'e.

Americas Program Combats Corruption in Jamaica

In a recent survey, Jamaicans said corruption is the second greatest threat to their democracy, more so than drugs and poverty. As part of its multiyear project on transparency, the Carter Center's Americas Program is working

with Jamaicans and Prime Minister P. J. Patterson to erase this threat.

Corruption can lead to poverty, disenfranchisement, and violence by

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Jamaica, continued from previous page

diverting scarce resources from public services and putting them in the pockets of politicians and corrupt contractors. The Americas Program combats corruption by working with governments and civil society to develop ways to monitor corruption. Greater "transparency" in government-business interactions can improve investor confidence, spur economic growth, provide better public services to the population, and increase public confidence in democratic institutions.

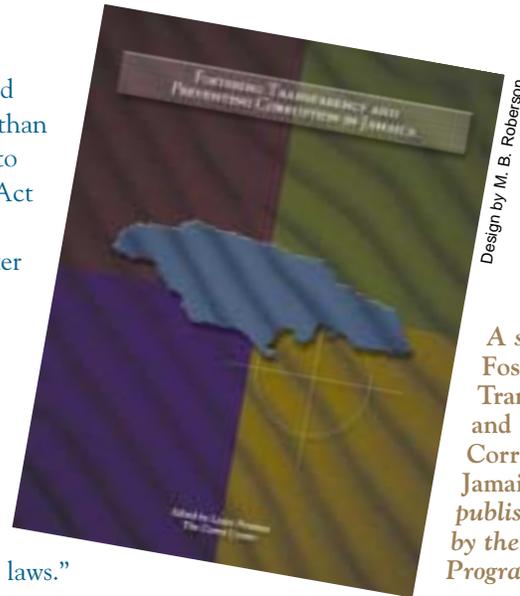
When The Carter Center began its work in Jamaica, Patterson's administration had just drafted both an act aimed at preventing corruption and a freedom of information law.

"There were a number of concerns relating to the first draft of the corruption prevention act," said Laura Neuman, senior program associate of the Center's Americas Program. "For example, under the law finally passed, civil servants are required to submit annual asset declarations, and a fine is imposed if corruption is indicated. The initial draft law called for an even larger fine against the media if they published a copy of the corrupt asset declaration or information from it. The law essentially muzzled the media."

Corruption can lead to poverty, disenfranchisement, and violence by diverting scarce resources into the pockets of politicians and corrupt contractors.

The Americas Program commissioned papers analyzing similar proposed laws and compiled them into the booklet *Combating Corruption in Jamaica: A Citizen's Guide*. All 1,000 copies were taken in a matter of weeks, and the information was listed on the Web site of the largest Jamaican newspaper.

"The Parliament debated for eight months, and more than 40 amendments were made to the Corruption Prevention Act in order to strengthen it—many suggested by The Carter Center," Neuman said. "We will continue our partnership with the government, the Jamaican Media Association, the private sector, and civil society groups to ensure effective implementation and enforcement of the new laws."



Design by M. B. Roberson

A second guide, Fostering Transparency and Preventing Corruption in Jamaica, was published recently by the Americas Program.

New Program Name Reflects Changes in Western Hemisphere

The Carter Center's 15-year-old Latin American and Caribbean Program has a new name—the Americas Program—that reflects both the comprehensive nature of the program and the changing relationship between North America and the rest of the hemisphere. The Center's Board of Councilors approved the name change in October 2001.

"The Latin America and Caribbean Program always focused on issues within Latin America, particularly democratization or ways to improve the quality of democracy," said Jennifer McCoy, Ph.D., director, the Americas Program. "However, we've also worked on inter-American relations and on deepening the relationship between North America and the rest of the hemisphere, so a name that embraces the entire hemisphere best reflects our work."

Intra-country issues addressed by the Americas Program include corruption, transparency, and campaign and political party finance. Concerns that involve more than one country, including the United States, include protecting democracy through the new Organization of American States Democracy Charter, implementing

the regional anti-corruption convention, progress on trade agreements, incorporating Cuba into the hemisphere of democracies, and arms control (the sale of advanced weaponry from the United States to countries in the region).

A name that embraces the entire hemisphere best reflects our work.

"With the rise of democracy, in which values and rules of the game are shared, nearly all of the countries in the hemisphere are coming closer together," said Dr. McCoy. "I see a willingness to work together on issues such as recognition of environmental threats and the plight of people who are unemployed and want to immigrate to other countries. We also have the goal of a free trade agreement for the Americas. That agreement will create the largest trading block in the world and will set the hemisphere apart as an entity."

On the Road With President Carter: Targeting River Blindness

This past November, former President Jimmy Carter attended the 11th annual InterAmerican Conference on Onchocerciasis in Mexico City, which brought together high-level representatives from the six onchocerciasis- or river blindness-endemic countries in the Americas to discuss recent findings that, under certain conditions, it is feasible to eliminate river blindness in the Americas. Occurring mostly in Africa, the disease also threatens about 540,000 people in Mexico, Guatemala, Venezuela, Colombia, Ecuador, and Brazil.

President Carter's report follows.

River blindness is caused by the bite of small black flies, not much bigger than Georgia gnats, that breed only in rapidly flowing streams with high oxygen content. As centuries have passed, people have abandoned rich bottomland near rivers and moved to less fertile hillside areas to avoid contact with the insects. It is estimated that people in affected areas are bitten more than 20,000 times each year, so everyone in an endemic village will harbor the disease.

For many years, river blindness could be prevented by only two methods: either to treat the stream with insecticides to kill the fly larvae or to administer a strong medicine with serious side effects. But some years ago, when it was discovered that ivermectin, a veterinary medicine used to prevent heartworms in animals, was also effective in its human formulation against river blindness, Merck & Co.'s chief executive officer, Dr. Roy Vagelos, came to Atlanta and offered their Mectizan® tablets free of charge, provided we could work out a procedure whereby the medicine could be safely distributed in remote areas.

Today, The Carter Center has helped to deliver 35 million treatments directly to individuals in endemic villages, and we are now maintaining an annual rate of seven

million, of which about 600,000 treatments per year are in the Americas. Results vary even within countries. For instance, in Mexico there have been no new cases in

Oaxaca since 1998, while the disease continues to spread in Chiapas, where political unrest has interfered with delivery of Mectizan. However, the overall effort has been very successful.

We have been the lead agency among the endemic countries in this hemisphere, and there are several other organizations that share this responsibility with us in Africa, where we are treating about 6.5



Health workers in Latin America measure a young woman's height to determine her correct dosage of Mectizan, the medication administered twice a year to treat river blindness.

million people in five countries. Our partners in the Americas are International Lions Clubs, the Pan-American Health Organization, the InterAmerican Development Bank, the Centers for Disease Control, and national health departments. The work of the Center and its partners has helped reduce the number of people at risk in the Americas from 4.7 million in 1995 to an estimated 500,000 people today.

Our primary goal is to reduce the ravages of the disease, but we now have hope that onchocerciasis might become the next disease to be totally eradicated from the Americas, after smallpox, Guinea worm, and polio. The program in the Americas uses two doses of Mectizan each year, compared to a single dose in Africa, and the results have been encouraging. We are convinced that regional eradication of river blindness will occur in the Americas if we can treat at least 85 percent of the people twice a year. During the conference, each of the endemic countries reported significant progress toward reaching the regional goal of 85 percent or more coverage, and each country had improved coverage from the previous year.

We now have hope that onchocerciasis might become the next disease to be totally eradicated from the Americas.

This is an exciting project, with onchocerciasis being one of five tropical diseases with which we contend. The others are trachoma, the number-one cause of preventable blindness; dracunculiasis, or Guinea worm disease; schistosomiasis; and lymphatic filariasis. We feel that good health is one of the basic human rights, and we work especially to target preventable afflictions that are confined to people who are poor, isolated, forgotten, ignored, and often without hope. Just to know that someone cares about them can not only ease their physical pain but also remove an element of alienation and anger that can

lead to hatred and violence.

At the conference, Dr. Julio Frenk Mora, Mexico's secretary of health, speaking for Mexican President Vicente Fox, stated Mexico's firm commitment to stop onchocerciasis transmission in Mexico by the end of his administration. Dr. Maria Neira of the World Health Organization also assured the group of her organization's intent to assist countries in the certification of elimination process.

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Stop Guinea Worm, cont.

"The Africa division of Voice of America is proud to work with The Carter Center in its campaign to eliminate Guinea worm in Africa. Part of VOA's broadcasting mission is to share with its listeners the information they need to live long and healthy lives; radio is one of the best ways to share this kind of information," said Gwen Dillard, Africa division director, Voice of America. "Along with The Carter Center, we look forward to a day when Guinea worm no longer exists in Africa."

Since 1986, The Carter Center has led the global campaign against Guinea worm in an effort to make it the second disease to be eradicated in human history and the first disease to be overcome without a single vaccine or medication.

The Carter Center's Guinea Worm Eradication Program and Office of Public Information developed a dozen messages to be read by native African speakers, first to be aired in English, Hausa, and French, followed by Arabic, Fulani, and Bambara.

"Educating people about what they can do to prevent Guinea worm is critical to our efforts to rid the world of the 75,000 cases of Guinea worm disease that remain," said Donald Hopkins, M.D., associate executive director of health programs at The Carter Center. "No vaccines or medications are effective against the disease. Guinea worm has to be prevented by the people themselves."

Guinea worm is a parasitic disease contracted when people drink water contaminated with microscopic fleas carrying infective larvae. Inside the human body, the larvae can grow to three feet in length, emerging through painful blisters approximately one year later. Worms can take up to two months to be completely removed, and even then, secondary infections may occur. Victims immerse their limbs, seeking relief from the burning sensation caused by emerging worms, and in doing so recontaminate drinking water and pass the disease to others as the worm releases more larvae.

"Public service announcements were crafted to educate and encourage people to make the behavioral changes necessary to stop the transmission cycle," said Emily Howard, Carter Center public information coordinator. "We built the messages around key elements of the larger Guinea worm eradication campaign, highlighting slogans such as 'Prevent it — Avoid it — Filter it — Report it' and 'Think before you drink.'"

VOA not only has donated airtime to the Guinea worm campaign but also has committed to a long-term partnership with The Carter Center, its programs, and health education.

ENGLISH: Guinea worm disease
Prevent it — Avoid it — Filter it — Report it

HAUSA: Kurkunu
Rigakahi — Kiyayewa — Tacewa — Sanarwa

FRENCH: Ver de Guinee
Prévenir — Eviter — Filtrer — Rappporter

Children's Mental Health Needs Take Center Stage

Former First Lady Rosalynn Carter has called on parents, teachers, and health care providers to address the "national crisis" in children's mental health.

"Parents, other family members, and teachers often miss the warning signs of mental illness, and doctors fail to adequately diagnose mental illness in children," said Mrs. Carter. "Concern about this has heightened with the anxiety teachers and parents are seeing since the Sept. 11 attack, but youth always have suffered due to a failure to diagnose these illnesses."

The 17th Annual Rosalynn Carter Symposium on Mental Health Policy in November convened some 200 mental health experts to assess ways the nation's health care system can better diagnose and treat children's mental illnesses. Their ideas will contribute to the work of a federal task force charged with identifying the key indicators of mental illness in children and adolescents.

indicators or signs in children who need evaluation and support."

Parents and adolescents, as well as teachers, officers in the criminal justice system, doctors in the primary care health system, and mental health providers are being consulted in this collective public health effort to improve early intervention in the development of children's mental and emotional problems. Studies show



Brandon Fletcher speaks about his experiences with mental illness to conference participants.

Photo by Annemarie Poyo

Youth always have suffered due to a failure to diagnose these illnesses.

"Leaders at the symposium agreed the situation has not improved since the September 2000 Surgeon General's Conference on Children's Mental Health called the burden of suffering experienced by children with mental health needs and their families a 'national crisis,'" said Greg Fricchione, M.D., director of The Carter Center Mental Health Program. "Our group agreed on a clear need to address the crippling fragmentation of services that exists and to create a list of practical, easily understood physical and behavioral



Youth participants at the Rosalynn Carter Symposium on Mental Health Policy share their stories with the former first lady and national radio talk show host Dr. Drew Pinsky. Dr. Drew moderated a panel of four youth who spoke out about their struggles with mental illness and the health care system.

Photo by Annemarie Poyo

one in 10 children and adolescents has some significant degree of mental health impairment, but only one in five receives specialty mental health services in any given year.

Symposium participant Brandon Fletcher, a 15-year-old diagnosed with bipolar and anxiety disorder at age 12,

said, “Before I was properly diagnosed, I had been on 20 different medications and had seen at least 10 doctors. I also had tried to kill myself. I can only hope that in the future, warning signs of mental illness in kids will be readily detected so that others and their families will not suffer needlessly.”

Studies show one in 10 children and adolescents has some degree of mental health impairment.

Mental Health Journalism Fellows Selected

The Mental Health Program announced its 2001–2002 class of fellows, including for the first time, two international journalists. The program awards fellowships each year to journalists to write or produce works on mental health issues. Investigations by fellows are helping to reduce stigma against people with mental illness and to highlight pressing public issues.

Sandra Ackerman,
freelancer, Durham,
N.C. Book on
development of
the brain in latter
years of life.



Angela Mitchell,
freelancer, Chicago, Ill.
Book on children's
mental illness.



William Skane,
producer, CBS,
Washington,
D.C. Report on
depression and
young people.



John Francis,
publisher, *TEAR-
AWAY* Magazine:
The Voice of NZ
Youth, New
Zealand. A 12-part
series: youth and
mental health
issues.



Lawrence Hott,
Florentine Films/
Hott Productions,
Haydenville, Mass.
Documentary telling
the story of two
brothers, one of whom
has suffered from
mental illness for 40 years and the other,
his primary caretaker.



Jodie Snyder and Susie Steckner,
reporters, *The Arizona Republic*, Phoenix,
Ariz. Special series on schools and
workplaces accommodating those
with mental illness.

Mike Gourley,
freelancer, New
Zealand. Radio
documentaries
exploring media
portrayal of mental
illness and public
perception, includ-
ing how journalists can reduce stigma
and discrimination.



Tanya Ott, producer,
WUFT/WJUF-FM,
Gainesville, Fla. Two
radio documentaries
exploring the state of
mental health care in
juvenile justice and
foster care systems.



Christmas Book Underscores Never-changing Truths

C*hristmas in Plains*, former President Jimmy Carter's 16th book, follows *An Hour Before Daylight*, in which he described growing up on a farm during the Depression. In this newest work, the President focuses on his childhood, college years, time in the Navy, White House holidays, and recent Christmas celebrations. The best Christmas of all? It's in the last chapter and not to be missed.

More than 1,800 book lovers and admiring fans lined up on Dec. 12 at the Jimmy Carter Library and Museum to have former President Carter sign some



4,000 copies of this book and others he has written. His daughter, Amy Carter, illustrated *Christmas in Plains*.



Annual Auction to Benefit Center

Former President Carter and Mrs. Carter will host their 10th annual auction and ski trip Feb. 6–10, 2002, at Crested Butte Mountain Resort in Crested Butte, Colo. The excursion provides an opportunity for the Carters to spend time with Carter Center supporters as well as with 10 Atlanta high school students chosen each year for the trip, all of whom are members of FutureForce, a leadership program for at-risk teens.

A highlight of each trip is a live auction, to be held this year on Saturday, Feb. 9, at 7:30 p.m. MST. Items for 2002, among many others, include a piece of woodwork crafted by President Carter; a rare photograph, autographed by the Carters, of President and Mrs. Carter with Elvis Presley; several resort packages; a 2002 Saab automobile; and a guitar signed by Crosby Stills Nash and Young. The auction is open nationwide, and items can be viewed and bids can be placed at www.cartercenter.org.

“Rosalynn and I always look forward to bringing together many of our Carter Center supporters to discuss how we can make a difference around the world,” said President Carter. “Each year we contribute personal items to the auction and greatly appreciate all bids received. Such generous support makes possible the work of improving the lives of those less privileged.”

Historic Documents Celebrate Freedom

Arare opportunity to see some of America's greatest documentary treasures is coming up at The Jimmy Carter Museum.

April 27–July 5, 2002, the Museum will serve as host to *Freedom's Journey*, an exciting exhibit that will include Norman Lear's copy of the Declaration of Independence.

September 27, 2002–January 5, 2003, the Museum will display *American Originals*, a collection of documents normally housed in the National Archives. *American Originals* includes the Emancipation Proclamation (1863), which has not appeared in the southeastern United States since 1949, as well as:

- The Louisiana Purchase Treaty (1803)
- Susan B. Anthony's arrest warrant for voting illegally (1873)

- Thomas Edison's patent application for the electric light bulb (1880)
- German Instruments of Surrender for World War II (1945)
- President Carter's handwritten draft of the Sinai Agreement (1978)

A number of other items, including several not displayed publicly before, also will be on view.