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WAGING PEACE. FIGHTING DISEASE. **BUILDING HOPE.**

FALL 2015

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ON THE COVER

n Guyana last May, The Carter Center celebrated its 100th election observation mission. The cover collage recalls three recent elections the Center observed: (clockwise from top) Tunisia 2011, Sierra Leone 2012, and Nepal 2013. Former U.S. President Jimmy Carter discusses memo-



rable elections on p. 4, and a special online elections feature can be found at www.cartercenter.org/100elections.

From the CEO

Center Poised for Future Impact

arter Center founders Jimmy and Rosalynn Carter have been an inspiration for our work for more than three decades. With President Carter's recent announcement that he is in treatment for melanoma, many of our friends have asked what the plans are for Carter Center programs without the Carters.

Through their leadership, the Carters have built an institution prepared to continue waging peace, fighting disease, and building hope for millions of the world's poorest people into the distant future. For years, President and Mrs. Carter have been mindful of securing a long-term, sustainable future for this unique institution.



When the Carter Center's headquarters was built in an Atlanta park in the mid-1980s, no one knew the global impact the organization would someday have.

Since its founding in 1982, the Center has grown into a respected force for good around the world. A seasoned board of trustees, now chaired by President and Mrs. Carter's grandson Jason Carter, is in place to govern the Center. A healthy financial endowment continues to grow. Our programs have a track record of achievement and global impact. And we have a devoted base of financial and program supporters who are deeply invested in our ongoing mission.

Our successes have created more opportunities for our mission. Our renowned experts in international affairs and global health bring their skills and passion to programs that are saving lives,

> changing mindsets, and reshaping what is possible in many developing countries where hope has long been elusive.



Ann Peters is the chief executive officer of The Carter Center.

As the former president and first lady continue to show us all how to live a life of purpose and immeasurable impact, we know that when they are no longer active, their mission—of peace and human rights for all-will endure through the dynamic living legacy of The Carter Center, bringing their bright light of hope to the world's least fortunate people for many decades to come.

Mexico Verified as Free of River Blindness

he World Health Organization has officially verified Mexico's elimination of the parasitic disease river blindness, or onchocerciasis. Mexico joins Colombia (2013) and Ecuador (2014) as the only Latin American countries to apply for and be granted verification of elimination of onchocerciasis by WHO.

Mexico is one of six countries in the Americas that had active transmission of the disease in 1993, when a coordinated effort to eliminate the disease from the Western Hemisphere began through the Onchocerciasis Elimination Program for the Americas, led by The Carter Center.

Guatemala, which has eliminated transmission of the disease and completed a multiyear post-treatment surveillance period, officially filed its request for verification of elimination in March 2015. Today, river blindness transmission in the Americas only occurs among the indigenous Yanomami people who live deep in the Amazon rainforest in an area that straddles the border of Venezuela and Brazil. The two countries have pledged to eliminate the disease from their shared border as soon as possible.



Jason Carter to Chair Carter Center Board

ason Carter, former Georgia state senator and grandson of President and Mrs. Carter, became chair of the Carter Center Board of Trustees in November. He was

elected unanimously by the board in March to succeed Kent "Oz" Nelson, who announced he would retire from the board this fall.

"It has been a wonderful 20 years being involved in so many activities that have



Jason Carter

impacted so many women, children, and men around the world. Now it is time for new leadership, and I am excited that Jason Carter has shown his commitment to the work of the Center and its future by agreeing to serve as the board's next chairman," said Nelson.

"We are grateful for Oz's leadership as

an active board member since 1994 and as chairman since November 2009. So many of the Center's accomplishments are a direct result of his involvement and direction. Rosalynn and I could not be more pleased to see Jason carry this important work forward," President Carter said.

A board member since November 2009, Jason Carter led its

Helped by her daughter, Pitasia Gonzáles (left) is one of the last people in Mexico to be blinded by the parasitic disease river blindness. strategic planning committee. He has traveled to Africa and the Middle East on behalf of Carter Center programs, including leading election observations in Egypt and Myanmar. The 2014 Democratic nominee for Georgia governor, he is a partner at the Atlanta law firm of Bondurant, Mixson, and Elmore.

"I am honored to have this opportunity to help further the mission of The Carter Center to wage peace, fight disease, and build hope," he said. "Millions of people in the poorest nations have better lives and hope for a better future because of the effective, action-oriented work of The Carter Center. Oz Nelson is retiring from a strong organization that he did so much to build, and all of us associated with The Carter Center owe him a great debt of gratitude."

Elections in Myanmar, Guatemala Draw Center

t press time, The Carter Center was set to observe its 101st election, this one in Myanmar.

The Southeast Asian nation is emerging from isolation after 50 years of oppressive military rule and taking its first tentative steps toward democracy. Its people were set to go to the polls on Nov. 8 for the first general election since democracy began to take root, with a Carter Center delegation of more than 60 on hand to witness this historic event.

Scheduled to lead the delegation were Jason Carter, the new chairman of the Carter Center Board of Trustees; Mary Robinson, former president of Ireland; and Bhojraj Pokharel, Nepal's former election commissioner.

Earlier this fall, The Carter Center twice sent small, high-level political delegations to corruption-plagued Guatemala elections: first for September's presidential election and then for October's presidential runoff, which saw former comedian Jimmy Morales voted into office. The presence of the delegation did not constitute an electoral observation but was an expression of the international community's high interest in Guatemala's democratic process.



ast May in Guyana, The Carter Center celebrated its 100th election observation mission. In this Q&A, former U.S. President Jimmy Carter, who led the Center's first election mission to Panama in 1989 and 38 of the 99 that followed, discusses three decades of elections, remembering ones that made history, ones that put his life in danger, and one that brought tears to his eyes.



Former U.S. President Jimmy Carter

Where did our election work begin?

President Carter: Panama. We went at the invitation of the government, but we had doubts about the integrity of the election from the very beginning. During the voting process, we saw that the leaders of Panama [backed by General Manuel Noriega] were going to lose. That night, we had reports of armed militia in civilian clothes going in and confiscating the voting records. So when Noriega's candidates began to announce the results, I knew that they were false. In my fumbling Spanish, I stood on a table and denounced the election as fraudulent. Afterward, we found that our safety was in danger. On the way to the airport, our car was stoned. But the so-called winners never took office. There was, later, another election that was honest and fair. That was the birth of real democracy in Panama.

Back then, in 1989, did you ever imagine the Center would one day monitor its 100th election?

No, we didn't dream of that. In fact, at first we thought we would only have election observations in Latin America, in just a few places like Nicaragua. On Oct. 31, 1991, Zambians elected a new president and 150-member National Assembly in the nation's first multiparty elections since 1968. President Carter said watching the elections was emotional.

What were some other memorable elections?

We condemned an election in Peru one time; we had to leave the country early for our own safety. We had another election of that kind in Togo, where during the week before the election, we condemned the whole process as fraudulent. My wife and I had to escape into Benin to get away from possible retribution.

One of our most exciting elections was in Zambia, where the man who led the country for 27 years was unexpectedly defeated. They had no process of swearing in an alternate leader. I met privately with the chief justice of the Supreme Court, and they couldn't even find a copy of the constitution to see what was the procedure for swearing in a new president. We finally found a mimeographed copy of the old constitution.

Perhaps the three most honest and fair elections we've ever had occurred in Palestine, because they have an election commission comprising some of the most distinguished people who live in Palestine. There's never been any allegation of dishonesty or unfairness; there's never been any violence or refusal by the losers to accept the results.

Nicaragua was another very important and troubled election. The Sandinistas had ostensibly cheated in the first election. They thought they would win the second election, but we saw in the middle of the night that they were losing by 12 percentage points. We met with a whole array of Sandinista leaders and convinced them that they did lose. And Daniel Ortega, who was the incumbent

What Are Election Observers?

Election observers play a key role in shaping perceptions about the quality and legitimacy of electoral processes. To ensure a meaningful role, The Carter Center must be invited by a country's election authorities and welcomed by the major political parties.

Observation missions start long before election day, with long-term observers analyzing election laws, assessing voter education and registration, and evaluating campaigning. On election day, observers assess the casting and counting of ballots. After the election, observers monitor tabulation, electoral dispute resolution, and publication of final results.

president, finally agreed to go with me to see his successor (Violeta Chamorro). They embraced and agreed that they would accept the results of election.

In what country has our presence made the biggest difference?

I would say Indonesia, which was the most important election, perhaps, that we've ever done, because they had had 50 years of dictatorship. We were invited to monitor their first democratic election in history. It was a fair election. Five years later, we went back. I would say that election had the most impact on the most people. But the cumulative impact of our human rights policy and our election monitoring system has probably been as important in the totality of South America.

There are the big moments, like when you met with Daniel Ortega and Violeta Chamorro. Are there smaller moments that stand out?

I think the election in Zambia was one of the most emotional for me. We had an assistant from South Africa. South Africa still had an apartheid government, and the black people had not been permitted to vote for many generations. The assistant who was helping me monitor the election was a very distinguished member of the African National Congress, which was a black part of South Africa's government. We went into a place, kind of like a basketball arena, and there were a number of voting tables. When we walked in and looked around, he began to weep. I asked him why he was crying. He said he was 54 years old and this was the first time he'd ever seen anybody vote. I got emotional, too.

In Liberia, President Carter watches ballot counting by lantern light in 2005.



Elections Observed by The Carter Center

Through May 2015

Bolivia	December 2009*
	January 2009*
Cherokee	July 1999
Nation	September 2011
China Elections	March 1997*
	July 1997*
	March 1998*
	January 1999*
	September 1999*
	January 2000*
	August 2000*
	September 2001*
	December 2001*
	December 2002*
	June 2004*
	May 2005*
	May 2006*
	March 2010*
Cote d'Ivoire	November 2010
	December 2011
Democratic	July 2006
Republic of	November 2011
the Congo	1.0vember 2011
Dominican	May 1990, June
Republic	1996, May 2000
	September 2007*
Ecuador	September 2008*
	November 2011 –
Egypt	January 2012;
	January February,
	2012; May 2012
Ethiopia	May 2005
-tinopia	November 1992
Ghana	December 2008
Guatemala	November 2003*
Guinea	June 2010
Conse	October 1992
	March 2001
Guyana	August 2006*
	May 2015
Haiti	
	December 1990
	December 1990 June 1999
	June 1999
Indonesia	June 1999 July 2004
	June 1999 July 2004 April 2009*
	June 1999 July 2004 April 2009* December 1997
Indonesia	June 1999 July 2004 April 2009* December 1997 October 2002
Indonesia	June 1999 July 2004 April 2009* December 1997 October 2002 December 2002
Indonesia Jamaica	June 1999 July 2004 April 2009* December 1997 October 2002 December 2002 March 2013
Indonesia	June 1999 July 2004 April 2009* December 1997 October 2002 December 2002
Indonesia Jamaica Kenya	June 1999 July 2004 April 2009* December 1997 October 2002 December 2002 March 2013
Indonesia Jamaica Kenya	June 1999 July 2004 April 2009* December 1997 October 2002 December 2002 March 2013 June 2009

Libya	July 2012	
Madagascar	December 2013*	
Mali	April 2002	
Mexico	July 1992 August 1994 July 1997	
Mozambique	July 2000 December 1999 November 2003 December 2004 October 2014	
Nepal	April 2008 April 2009* November 2013	
Nicaragua	February 1990 October 1996 November 2000 November 2001 November 2006	
Nigeria	December 1998 January 1999 February 20, 1999 February 27, 1999	
Occupied Palestinian Territory	January 1996 January 2005 January 2006	
Panama	May 1989 May 1994	
Paraguay	May 1993	
Peru	April 2000 April 2001	
Philippines	May 2010*	
Sierra Leone	May 2002 November 2012	
Sudan	April 2010 January 2011	
Timor-Leste	August 1999 August 2001 April 2002 June 2007	
Tunisia	October 2011 October 2014 November 2014	
Venezuela	December 1998 July 2000 August 2004 December 2006*	
Zambia	October 1991 December 2001	
*These missions were targeted or focused observations and did not result in		

July 2012

^{*}These missions were targeted or focused observations and did not result in statements on the overall administration of the electoral process.

Journalists Gain Insight to Mental

n September, 18 journalists met at The Carter Center to discuss an underreported health problem: mental illnesses. Half of the journalists had spent the past year working on mental health topics of their choosing. The other half was preparing to spend the upcoming year doing the same thing.

The meeting was part of the Rosalynn Carter Fellowships for Mental Health Journalism, which aim to enhance public understanding of mental health issues and reduce stigma and discrimination against people with mental illnesses through balanced and accurate reporting. Each fellow is awarded a stipend and provided with two trips to The Carter Center to meet with program staff and advisers. Fellows join a cadre of over 165 current and former fellows from the past two decades.

Three fellows share their experiences here.



Fellow: Megan
Thompson, 2014–
2015 class
Occupation:
Producer and
reporter, PBS
NewsHour Weekend
Fellowship Project:
Connection

among children, poverty, and mental health; well-being of girls in the juvenile justice system

Thompson said she never thought of herself as an insensitive reporter, but her Rosalynn Carter fellowship has made her more aware of the stereotypes about people with mental illnesses. Throughout the fellowship, she also focused on success and resilience. "It really kind of stuck with me," she said. "For example, when talking about kids and poverty for my story on toxic stress, I didn't want the story to come across as though we have millions of kids who are doomed. It's a serious problem but there are ways it can be mitigated."

Besides focusing on positive outcomes for people with mental health issues, Thompson said that her fellowship experience has made her a more sympathetic interviewer. "It's okay for people to tell only the parts of their story they want to tell. I don't need to ask for every gory detail," she said. "I can do my job without making people relive experiences they don't want to relive."

'I can do my job without making people relive experiences they don't want to relive.'

One of the unexpected aspects of the story on children and poverty was the feedback PBS NewsHour received. It has been shared more than 21,000 times on Facebook and was viewed online more than 34,000 times. "I was really surprised about that kind of response, not only for a mental health story but on something that is really complicated," Thompson said. "It's about poverty. It's about stress. It's not a sexy topic that people would be clicking on."



Fellow: Ben Selkow, 2010–2011 class Occupation: Documentary filmmaker Fellowship Project: "Buried Above Ground," a documentary film

about post-traumatic stress disorder as it relates to an Iraq war veteran, a domestic abuse and child abuse survivor, and a Hurricane Katrina survivor

Selkow began his career with a planned film on street basketball in New York, but a chance meeting at the courts turned the focus of the film to a man living with bipolar 'I want my audience to leave with an appreciation for humanity.'

disorder. For his current film, "Buried Above Ground," he wanted to look at how trauma affects people in different communities. "I want my audience to leave with an appreciation for humanity," he said. "That's why I like documentaries—in the long form there's an opportunity to place context, which can lead to empathy and compassion."

Selkow started the film in 2008 and received a fellowship in 2010, just as he began editing. "I was starting to think about the obligations and responsibilities when you're dealing with a vulnerable population," he said in reference to his documentary subjects, who had all survived different kinds of trauma. The editing continued long after his one year as a fellow; he completed the film this year, and it was shown at The Carter Center in October.

At screenings of the film, Selkow has heard firsthand about the impact on attendees. "People will say: This is how I was feeling and now I feel validated," he said. "There are moments after a screening when I know I've moved the needle a little bit in the community, whether it be aware-

'I like documentaries — in the long form there's an opportunity to place context, which can lead to empathy and compassion.'

ness, disrupting someone's 'crisis of connection,' or elucidating an issue that they know nothing about," he said.

Health



Fellow: Misty
Williams, 2014–
2015 class
Occupation: Health
reporter, Atlanta
Journal-Constitution
newspaper
Fellowship Project:
Lack of access to

mental health care for the uninsured

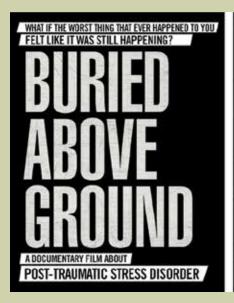
In addition to receiving a stipend, journalists are paired with mental health professionals who serve as advisers for the fellowship year. As a health care reporter in Atlanta, Williams was used to reaching out to Carter Center staff for mental health expertise. But when she became a fellow, Williams' pool of resources widened. At the annual fellowship meeting "you enter a room with experts from across the country and the world who are tops in their field," Williams said.

For part of her project on the uninsured, she traveled to Oregon, where Medicaid has been expanded under the Affordable Care Act, and contrasted behavioral services provided there with those in Georgia,

'The peers and experts The Carter Center provides are going to continue to help me.

which has not expanded Medicaid. "One of my fellowship advisers put me in touch with people in Oregon who know the entire history of the state's mental health system," she said. "It's incredibly valuable to have that kind of access to experts."

Although her fellowship concluded in September, Williams has found the Carter Center's support system for journalists covering mental health is ready to assist her in future newspaper stories and as she embarks on writing a book. "The peers and experts The Carter Center provides are going to continue to help me," she said. "The fellowship really hasn't ended. It's just moving forward, and it's exciting to know that."









After working on his documentary "Buried Above Ground" for seven years, Ben Selkow is screening the film for audiences around the country. The documentary examines post-traumatic stress disorder, and Selkow received a Rosalynn Carter Fellowship for Mental Health Journalism in 2010 to help support the film's completion. Scenes from the film pictured above include a New Orleans home after Hurricane Katrina and Iraq war veteran Luis Montalvan.



utgoing and quick to smile, Rahab Joshua has the right personality to sell rice and maize at the market near her home in Plateau state, Nigeria. So several years ago, when friends began avoiding her because she has lymphatic filariasis, or LF, she was devastated.

"Someone gave me some new clothes to pass on to another woman," said Rahab, "but she refused to collect them because they came through me. During that time I cried a lot."

Rahab is one of about 120 million people in the world infected with the mosquito-borne disease. LF has caused her right leg to swell enormously. The deep folds of leathery skin not only give the disease its common name, elephantiasis, but invite bacterial infections to spawn a host of secondary complications preventing people from earning a living or attending to children.

Mother of six, Rahab's symptoms appeared after the birth of her fourth child. She struggled to cope.

"I used to have fever attacks," she said. "And for weeks I couldn't do anything, not even take care of my family."

If the physical manifestations aren't disabling enough — the permanent deformities can assault arms, feet, legs, breasts, and genitals — the social stigma often leaves patients shunned by their communities. Rahab is fortunate her husband helps care for their children and stands by her in the darkest times.

"Sometimes I even prayed, let God take her life because she is suffering too much," said her husband, Joshua. "And even the pain in my heart is too much on me."

The Carter Center and partners have evidence to prove they can prevent future generations in endemic areas of Nigeria and Ethiopia from suffering that pain. The Center has assisted Nigeria's Ministry of Health in stopping transmission of LF in two states—Plateau and Nasarawa—through health education, mass drug administration of Mectizan, donated by Merck, and albendazole, donated by GlaxcoSmithKline, and by providing families with long-lasting insecticidal bed nets to prevent mosquitoes from carrying the infection from one person to the next. The Center is now ramping up efforts into seven other states in Nigeria, to more than triple the number of treatments, Rahab Joshua, 45, watches as her daughter performs chores at their home in Mangu, Plateau state, Nigeria. Rahab's right leg is severely swollen as a result of the parasitic disease lymphatic filariasis, but she has found support through a peer group.

from about 10 million in 2014 to a projected 33 million in 2015.

"You can't imagine how happy I am that my children and grandchildren will never have to go through this," Rahab said.

Her disfigurement is permanent. But Rahab has hope—literally, a support group called the Hope Club, started by the Carter Center's John Umaru. Attendees discuss managing symptoms, preventing infections, and coping with the disease. Umaru said Rahab has come a long way.

"She wholeheartedly accepted the advice and started practicing it," he said. "It is more than five years now that she's had a serious, acute infection of the skin."

And Rahab doesn't keep the advice to herself. She takes advantage of her outgoing personality to pass along the message of hope to others.

Congolese Man's Life Upended in Shadow of Mining

or five years, Christophe Kabwita has been trying to reclaim what is rightfully his while also trying to keep his family sheltered, fed, and healthy.

Like thousands of others in the Democratic Republic of the Congo, Kabwita has suffered huge losses at the hands of the mining companies. The DRC is among the most mineral-rich nations on earth, but a history of corruption and irregular contracts between mining companies and the government has resulted in inequities of financial benefits and legal rights. Since 2007 The Carter Center has been pushing for reforms to ensure transparency and accountability in the mining sector, which would help people like Kabwita.

His story symbolizes the human costs involved in such large-scale abuses.

Since 1995 Kabwita had been farming cassava and corn on 40 acres of land that had been in his family for years.

"The harvests from my field helped me to meet all of my family's needs: food, school fees for my children, medical expenses, and clothes," he said. "The field was my only source of income for my family's survival."



Christophe Kabwita is one of about 6,000 Congolese people whose farmland was seized by the Ruashi Mining company several years ago. For 15 years prior, he had worked his family's 40 acres, growing enough corn and cassava to provide for his family of 12.

Kabwita and his family watch television in their house in Lubumbashi, capital of the mining province Katanga in the Democratic Republic of the Congo. A farmer until his land was taken by a mining company, Kabwita now ekes out a living selling charcoal.

In 2003 Kabwita was earning enough to buy two small pieces of property in Washeni, a village near the city of Lubumbashi, where he intended to build a new house for himself and his wife, Tshisola Rachel, and their nine children, who range in age from 23 to 3.

But in 2010 the Ruashi Mining company seized Kabwita's farm without offering any compensation. Then the Chemaf (Chemical of Africa) mining company expropriated the land he owned in the village, giving him an arbitrary sum of US\$400 for one parcel and nothing for the other.

Since then, every aspect of life has become harder for the family. Kabwita now ekes out a living making and selling charcoal. It is a tedious, environmentally destructive process that involves cutting wood in the bush, baking it in a homemade oven, and hauling it more than 50 kilometers into Lubumbashi, where he rents a stall in a small market.

"Before, I always had food in abundance in the house," Kabwita said. "Now I sometimes have trouble finding food for my family.

"In addition, paying the school fees for my children has begun to weigh me down a lot," he added. "I experience the same difficulties when I have to pay for medical care if a family member falls ill."

The family's overall health has suffered

in their post-farming life. Explosives used in the nearby Ruashi Mining operations have caused cracks in the walls of the house, putting them all at risk, and sometimes the plant emits a pungent smoke that makes breathing difficult.

Like any father, Kabwita dreams of a safer, healthier future for his children. The Carter Center's work in the DRC has given everybody new hope, he said.

"I would like to thank The Carter Center for the report it published in 2012 about our problems and for the way its staff worked with us during their investigative research," Kabwita said. "It was the first time that our problems were heard by all of the various government offices and courts within the country and even outside the country."

The Carter Center also maintains the French-language website www.congomines. org, which pushes for transparency in the Congo's mining sector.

At age 55, Kabwita wants to return to farming, so he can take care of his family and rebuild their future.

"My hope is that both the Chemaf and Ruashi Mining companies, along with the Congolese government, can find us new areas of land as a replacement," he said, "so we can continue our normal agricultural activities."



Profile: Mary Ann Peters

Former Ambassador Brings Global Perspective to CEO Post

osted by the U.S. State Department to Moscow during the Mikhail Gorbachev era, Mary Ann Peters had an up-close view of the Soviet system. "The isolation and repression of the people were palpable," said Peters, a former U.S. ambassador and now chief executive officer of The Carter Center. "We in the embassy knew that talking to people on the streets would get them in real trouble, so we refrained for their sakes."

A few years later, she was assigned to another Eastern Bloc country: Bulgaria. It turned out to be one of her favorite posts in her 31-year diplomatic career. The Berlin Wall had just come down and the communist regime was no longer in power. Peters found that although the people suffered an enormous decline in their economic standard of living, they were relieved and hopeful.

"Having worked on Cold War problems on and off for much of my career, it was a real privilege to help Bulgaria rejoin the community of European nations," Peters said.

Now The Carter Center is benefiting from her skills as a leader and global citizen.

Peters' taste for international work and the nomadic lifestyle it requires began long before she took the entrance exam to the U.S. Foreign Service. Her father was a corporate executive who was reassigned every three to five years. She and her six siblings got used to moving around. She recalls significant stints in the town of Setauket on the north shore of Long Island and in Grand Rapids, Michigan, but also lived in California and Pennsylvania, among other places.

In college, she spent a year abroad in Paris, and in graduate school, she studied for a year in Bologna, Italy. Thanks to these experiences and her frequent childhood moves, she had no fear of relocating, a boon for any future diplomat. Those years abroad provided the foundation for learning six languages during her diplomatic career.

On Sept. 11, 2001, Peters was serving as U.S. ambassador in Dhaka, Bangladesh, and had to navigate uncertain waters in a densely populated Muslim country during the aftermath of the terrorist attacks. She recalls an outpouring of sympathy from the Bangladeshi people. She still keeps a piece of art by a child in Dhaka that depicts the attacks. "It's a reminder that the initial international response to 9/11 was one of immense support," she said.

Before joining The Carter Center in September 2014, Peters was provost at the Naval War College, essentially the chief operating officer of an accredited professional graduate school that grants a master's degree in national security and strategic studies. "I used to

tell incoming students: You are all great at driving a ship or flying a plane, but now you need to think about why you do it," she said.

International matters are par for the course at The Carter Center, which has worked in more than 80 countries over the years. Peters believes that the Carter Center's mission statement provides a clear template for the organization's activities. "Thanks to President and Mrs. Carter, the Center has a uniquely defined role that makes it easy to understand why we do what we do where we do it," she said.

She believes wholeheartedly in the work of the Center and wants the organization to continuously search for opportunities to make an impact. "We should not be shy about the fact that we are very good at what we do," she said.

As Peters embarks on her second year at The Carter Center, she is focused on showing the value of the organization's work. "We need to continuously assess to ensure we're having the impact that we seek," she said.

The Center's programs are based on respect for the people we seek to assist, said Peters. "We don't work *for* them, we work *with* them, an attitude that comes directly from President and Mrs. Carter."



During Tunisia's presidential election in November 2014, Ambassador (Ret.) Mary Ann Peters, Carter Center CEO, prepares to brief Tunisian and international media about the Center's role in monitoring polling. Ambassador Peters co-led the Carter Center delegation of some 85 observers.

Offor Foundation, Carter Center Form Partnership in Nigeria

n June, alongside former U.S. President Jimmy Carter, Nigerian businessman Sir Emeka Offor announced a \$10 million grant to The Carter Center to eliminate river blindness in seven states in southern Nigeria by 2020. When completed, this pledge will be the largest gift ever made to The Carter Center by an individual African donor.

This major new funding will allow The Carter Center to assist the Nigeria Ministry of Health in eliminating river blindness from seven states—Abia, Anambra, Ebonyi, Edo, Enugu, Delta, and Imo—by 2020.

After the announcement, made during a meeting of the Carter Center Board of Councilors, the Carter Center's country representative in Nigeria, Dr. Emmanuel Miri, presented an overview of the program and its challenges, including the need to implement twice-per-year treatments.

The Carter Center has designated Sir Emeka a special emissary for river blindness elimination in Nigeria. He hails from Anambra state in southern Nigeria and formed his foundation in the early 1990s.

A health worker measures a Nigerian boy to determine the correct dose of medication to prevent river blindness.



New Grant Supports Project to Improve U.S. Elections

he John D. and Catherine T. MacArthur Foundation has awarded \$250,000 to The Carter Center for a new project to improve the quality of elections in the United States.

The Center and partner organizations will raise awareness of the important contributions that objective, data-driven election observation can make to election reform. The Carter Center will work with the National Conference of State Legislatures to build a clearinghouse of information on U.S. election observation and to provide tools and resources derived from the Center's extensive international election observation experience. The partners will reach out to state election authorities, state legislators, and others about election observation in the United States in an effort to raise awareness of the important benefits that observation can bring to electoral processes and voter experience.



The Carter Center's extensive experience observing elections around the world, such as this one in Indonesia, will inform a new project aimed at improving the quality of elections in the United States.

This year The Carter Center marks 10 years as an original endorser of the Declaration of Principles for International Election Observation. In its election observation missions, the Center employs a methodology and tools based on international and regional laws and standards, and has played a leading role in building consensus on standards for democratic elections based on state obligations under public international law.

Auction Raises Nearly \$1.8 Million

n auction held during this year's annual Carter Center Weekend, which took place June 24–28 in Vail, Colorado, brought in just under \$1.8 million, making it the Center's most successful auction to date.

The 160 items in this year's silent and live auction included fine art, vacations, presidential memorabilia, and autographed guitars and sports souvenirs. The highest bid was for an original oil painting by former U.S. President Jimmy Carter, which sold for \$250,000.

Other items that drew top bids include a fly-fishing trip with President and Mrs. Carter for \$160,000, a signed photograph of four Nobel Peace Prize laureates for \$125,000, and two Jerome Lawrence original paintings for \$100,000 and \$57,000.

The 2016 Carter Center Weekend will take place June 22–26, 2016, in Annapolis, Maryland.

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Aisha Stewart is associate director of the Carter Center Trachoma Control Program.

Participation in Trachoma Campaign Inspires Longtime Health Worker

By Aisha Stewart

arlier this year, the trachoma program in the Amhara region of Ethiopia, supported by The Carter Center, launched its biannual weeklong campaign in the region, which aims to provide a single dose of antibiotics to the entire population of the region, over 18 million people per year. Antibiotics are a key component of the multifaceted strategy to combat trachoma, a bacterial eye disease pervasive in the region. Providing antibiotics to such a large population is no easy feat.

While visiting Ethiopia during the campaign, I met Tibeltalech Kifelie, a health worker

who had been involved with antibiotic distribution for the past nine years. She had been working in the village of Wonchit in the South Gondar zone for just two months but was already impressed by the community's eagerness to participate.

Health extension worker
Tibeltalech Kifelie provides a
dose of azithromycin to a child
in the South Gondar zone of the
Amhara region, Ethiopia.

Tibeltalech has found that one of the keys to successful drug distribution is to ensure communities are well-informed in advance. Before the most recent round of treatment, Tibeltalech had mobilized a network of community volunteers to announce the upcoming distribution date at community forums and churches. With strong outreach, she found that community members were very willing to take antibiotics.

When I talked with her, she and her team had completed drug distribution in three of their five villages, and she anticipated exceeding her goal of reaching 80 percent of the eligible population with antibiotics.

The annual drug distribution campaigns also are an opportune time to provide health education and promote behavior change to prevent trachoma. Encouraging face washing and the construction and use of latrines can prevent the disease and reduce transmission, and are both topics that Tibeltalech and volunteers promote during the campaign. Tibeltalech said that people are willing to accept education but changing behavior is slower and more challenging. However, she was pleased to share that it does eventually occur.

In fact, Tibeltalech has noticed changes over time. She said that for the last several years, the willingness of community members to participate in the annual mass drug administration campaigns has increased, especially as people notice that the medicine improves their health.

