Rosalynn Carter, former First Lady and co-founder of The Carter Center, passed away on Nov. 19, 2023, at age 96. Read about how she was honored and see pictures from her life on page 4.

Last November, we lost one of our leading lights with the passing of the Carter Center’s trailblazing co-founder, former First Lady Rosalynn Carter.

For decades, Mrs. Carter gave her time, talents, and intelligence to a rich portfolio of important causes, among them human rights, women’s rights, early childhood vaccinations, support for caregivers, and, most notably, mental health.

It was Mrs. Carter who founded the Carter Center’s Mental Health Program, nurtured it, and molded it into the influential force it is today.

While we miss her terribly, we will build on her legacy and continue to advance society’s understanding of mental health.

In 2022, the Georgia State Legislature unanimously passed the bipartisan Georgia Mental Health Parity Act, which The Carter Center supported. It requires that insurance companies cover mental health treatment on a par with coverage for physical ailments, but many people in need didn’t know about it.

With funding from the Arthur M. Blank Family Foundation, last fall The Carter Center mounted a campaign to increase awareness in underserved communities in two Georgia cities, Albany and Savannah. Before the campaign, 30% of survey respondents worried that insurance wouldn’t cover treatment for mental health or substance use disorders; after the campaign, only 13% did.

To celebrate and further publicize the act, the Center and our partners organized the first Mental Health Parity Day at the Georgia State Capitol in February. The event brought together legislators, advocates, Carter Center leadership, and people with lived experience to talk about the difference the law is making in people’s lives.

The success of the campaign showed us the exciting potential for expanding awareness of parity in mental health to places far beyond Georgia. We are already planning our next steps.

Mrs. Carter wouldn’t have it any other way, and neither would we.
The Carter Center observed the Dec. 20, 2023, general elections in the Democratic Republic of the Congo. Civil society groups, human rights organizations, journalist associations, and opposition groups denounced a crackdown on dissenting voices ahead of the election campaign. Nevertheless, observers said most campaign activities were peaceful and festive.

On election day, conflict, poor infrastructure, poverty, and flooding affected many citizens’ ability to vote. Many polling stations did not open on time, resulting in long lines. In the capital, Kinshasa, observers reported mounting tension outside several polling centers as voters waited for hours. Some voters had to leave and return to vote later or were disenfranchised altogether by the delays.

The late opening and closing of many polling stations caused counting and tabulation of the vote to be severely delayed. The Carter Center urged voters to be patient while awaiting results.

Observers gave negative reports on 21 of 109 polling stations and noted serious irregularities at several. These included illegal assistance, vote buying, and violations of secrecy of the vote.

The Center will issue a final report on its election observation in the coming months.

Dominican Republic Celebrates Success Against Parasitic Disease

Blood specimens taken from hundreds of children in the Dominican Republic show no sign of the parasite that causes lymphatic filariasis, a mosquito-borne tropical disease that can cause enormous, painful swelling of the limbs and scrotum.

The findings mean the country can apply for recognition by the World Health Organization that it has achieved a major milestone in public health.

“We are on the brink of achieving this final goal, this dream, of eliminating lymphatic filariasis as a public health problem,” said Dr. Manuel Gonzales, national coordinator of the Dominican Republic’s lymphatic filariasis program.

The Carter Center has spent 15 years working with the Dominican and Haitian governments to eliminate both lymphatic filariasis and malaria in their countries.

In another success for the Dominican Republic, in November the Pan American Health Organization selected the country for the Malaria Champions of the Americas prize. The award recognizes efforts that lead to eliminating malaria in the Americas. Along with Haiti, the Dominican Republic also won the award in 2017.

Forum Marks Anniversary of Normalization with China

A conference hosted by The Carter Center in January commemorated the 45th anniversary of President Jimmy Carter’s normalization of U.S.-China diplomatic relations.

The Jimmy Carter Forum on U.S.-China Relations was held Jan. 9-10, 2024, at The Carter Center and Emory University. The event featured American and Chinese experts from the Center for Strategic and International Studies; Asia Society; Albright Stonebridge; Yale Law School; Georgetown, Tsinghua, and Renmin universities; the Chinese Academy of Social Sciences; the Academy of Contemporary China and World Studies; and others.

Paige Alexander, CEO of The Carter Center, and Stephen Orlins, president of the National Committee on U.S.-China Relations, spoke at the event, with remarks delivered remotely by U.S. Ambassador to China Nicholas Burns and Chinese Ambassador to the U.S. Xie Feng. Panel discussions addressed different dimensions of the two powers’ diplomatic, military, and economic relationship.

Following the conference, a gala dinner featured U.S.-China Business Council President Craig Allen, who celebrated President Carter’s achievements and longstanding, value-based commitment to peaceful and prosperous U.S.-China ties.

Afterward, American and Chinese experts engaged in closed-door dialogues regarding contentious issues in the relationship.
The Late Rosalynn Carter
Honored for Long Life of Service

Thousands of admirers from all walks of life honored former U.S. First Lady Rosalynn Smith Carter, who died at home in Plains, Georgia, on Nov. 19, 2023, at age 96.

Tributes to the longtime mental health care champion dominated social media, while many others flowed into RosalynnCarterTribute.org.

“First Lady Rosalynn Carter walked her own path, inspiring a nation and the world along the way. My love is with the entire Carter family, as they, and we, grieve our dearest Rosalynn,” current First Lady Jill Biden wrote.

“We were blessed to have her in the White House and in her own house for so long. The world is better for her having graced us with her presence,” wrote Maggie Werner Washburne of Albuquerque, New Mexico.

A motorcade bearing Mrs. Carter’s body stopped for a wreath-laying ceremony at her statue in front of the Rosalynn Carter Institute for Caregivers at Georgia Southwestern State University, her alma mater. Mrs. Carter founded the institute in Americus, Georgia, to conduct research and provide support for people who give long-term care for family members or others.

“Mrs. Carter spent her life fighting for mental health parity and lifting up the voices of family caregivers,” institute CEO Jennifer Olsen said in a statement. “Mrs. Carter founded RCI 36 years ago.... Her voice and vision are at the heart of everything we do, and she will always be our North Star.”

Mrs. Carter’s remains were brought to the Jimmy Carter Presidential Library and

Former First Lady Rosalynn Carter worked for 50 years to improve the quality of life for people around the world. She was a leading voice for mental health and human rights through her work at The Carter Center in Atlanta.

This photo was taken on July 7, 1946, when Rosalynn Smith and Jimmy Carter were married in Plains, Georgia.

Rosalynn Carter testifies on behalf of the President’s Commission on Mental Health before the Senate Subcommittee on Health and Scientific Research of the Committee on Labor and Human Resources on Feb. 7, 1979.
In 2007 at Savelugu Hospital in Northern Region, Ghana, President and Mrs. Carter watch as a Guinea worm health worker dresses a child’s painful Guinea worm wound.

Mrs. Carter’s casket is moved from the Jimmy Carter Library and Museum to the Emory University campus for her tribute service on Nov. 28, 2023.

Mrs. Carter observes voting at an Indonesian polling station in June 1999 during the nation’s first genuinely democratic legislative elections, which were monitored by The Carter Center.
Helping countries control or eliminate diseases is no easy feat — helping them do so when they’re in the midst of armed conflict is exponentially more challenging.

And yet that’s the reality on the ground in many places where Carter Center health programs operate, including Sudan, Ethiopia, Mali, Nigeria, Niger, and Chad.

When health experts and country office staff met in Atlanta in April for their annual review of each health program’s progress, we sat down with the heads of three country offices to talk about the challenges of implementing health projects in times of conflict. Here are excerpts from that conversation.

Country Staff Fight for Health Amid Conflict

Can you tell us a little about the conflict in your countries and how it affects your work?

**Boukari Gambo, Niger:** We work in three areas, and one of those areas is on the border with Chad and Nigeria, where Boko Haram is active. We have refugees coming in from Nigeria and also from Chad. To access certain villages, we have to have a military escort. And sometimes we have no access at all because there is conflict underway between government soldiers and Boko Haram guys. Another area, Maradi, has issues with bandits.

In addition to all of this, we had a coup last July. They chased out the French troops, and recently they asked the American troops to go. There is a lot of tension in the country.

**Dr. Sara Lavinia Brair, Sudan:** Our situation in Sudan is complete war. We went through all the phases, probably, that Niger is going through. We had protests and a coup, a transitional government. We had more protests, we had a military coup, and now we have war.

During the protests and smaller conflicts, we had disruptions of the medical supply chain. Now we have complete collapse. All of our drugs were looted. Most of our staff had to evacuate. There are also issues with the social and economic systems and a high inflation rate. We are experiencing pandemics and food insecurity, with millions in danger of starvation.

**Dr. Zerihun Tadesse, Ethiopia:** I think we have a lot of commonalities in Ethiopia. In some areas, we have interethnic conflict that comes...
and goes. Nobody knows when it will come, but the good thing is, in a few days or a week, it goes back to business. That is the case in Gambella, where we have the Guinea worm program. I feel very comfortable and safe working there.

That is not the case in Amhara, where we have our trachoma program. We have had a conflict—really a civil war—there for almost three years.

When the war broke out, everything had to stop. This is after a decade-and-a-half of investment to eliminate trachoma as a public health problem. Amhara is Ground Zero for trachoma. If we fail to eliminate trachoma in Amhara, we fail Ethiopia. We fail Africa. We fail the whole world.

Can you share one bright spot or moment of success despite these difficulties?  
**Brair:** I can give you two. One of them was the evacuation of an expatriate who was in Khartoum when the war broke out. He was in a hotel in an area that became very unsafe. And we lost all communication with him when the hotel Wi-Fi went down.

I was constantly in touch with our Atlanta team on the best routes for our staff to take as they relocated, I was evacuating my own family to Cairo, and I also was working with Atlanta to figure out how to evacuate the Khartoum expat. After two weeks, we got him back safely to his kids in Kenya. But I don’t think I slept for those two weeks and neither did Yohannes Dawd or Craig Withers from the Atlanta staff.

The second success is that the program is up and running again. In May, we will conduct our first mass drug administration since the war began.

**Gambo:** One bright spot is our collaboration with government services. Currently, government workers in Niger can go to the tough and hostile places where we cannot go. But we support them with training so they can do surgeries and give them funds to carry out the work. For me, that’s something important to show.

**Tadesse:** Last year, we lost one of our staff—a security guard who was traveling back from vacation to his duty station when he was attacked by people from another ethnic group. That was a very tragic moment for us.

But after a couple of days, we returned to work because we are all committed to the program. In the back of our minds, we know that anything could happen to us at any time. But we cannot stop the work.

What do you think is special about the way The Carter Center carries out its work in your country?  
**Brair:** I appreciate the good security guidelines that are in place to protect staff. And I think the second thing that makes the Center special is the empathy it has shown to staff. Many smaller organizations knew that areas would be inaccessible for a long time and laid off staff, but the Center didn’t do that and committed to carrying out activities where possible. The Carter Center was among the few organizations that reimbursed staff evacuation costs.

**Gambo:** I like the Carter Center’s focus. I am only working on trachoma. I have worked for other organizations, and I had to work on education, health, shelter. We were doing too much. If you are doing everything, you are doing nothing.

**Tadesse:** We at The Carter Center feel very proud of alleviating the suffering of people at the grassroots in real time, regardless of the situation—peace, conflict, and the like. That is the reason why we have been not only surviving but also thriving during the last four decades.
Center Prepares for 2024 U.S. Election

The Carter Center has a hard-earned reputation as a fair, impartial observer of elections overseas. It brought its electoral expertise to a U.S. election for the first time by observing Georgia’s post-election risk-limiting audit in 2020, and its domestic focus has grown ever since.

“The environment in the United States has changed in ways that have prompted us to expand our programming,” said Barbara Smith, the Carter Center’s vice president of peace programs. “We believe we can help forge a better path for American democracy than what we’ve seen in recent years.”

The Center’s work emphasizes strengthening trust in the U.S. election system and encouraging citizens to address disagreements in a civil manner.

“For too many Americans, the hallmarks of U.S. politics today are polarization, misinformation, disinformation, and distrust of election systems,” said David Carroll, director of the Center’s Democracy Program. “One way we hope to help is by demystifying the electoral process and highlighting its safeguards.”

While not taking political positions itself, the Center for the past three years has been recruiting right-leaning and left-leaning leaders in six swing states—Arizona, Florida, Georgia, Michigan, North Carolina, and Wisconsin—to bring all kinds of Americans together for civil, fact-based discussions about issues.

“So what do you do about that? One step is to get trusted messengers to pass on better information about the nature of American elections.”

The goal is to correct misinformation, search for common ground, and reduce fear of our fellow Americans.

“We want people on opposite sides to acknowledge one another as human beings,” Stock said. “They probably won’t ever agree on the Second Amendment or abortion rights, but they can agree that protecting the functioning of our democratic republic is important.”

The Carter Center recognizes the role that faith communities can play in the effort. It is building a network of religious leaders to work with their congregations to promote healthy conversations and tamp down dehumanizing language.

The Center’s work has a legal angle as well, partnering with law schools and legal associations to provide lawyers in Georgia, Arizona, and Wisconsin with election-specific knowledge and skills. The effort aims to create a cadre of “citizen lawyers” who can speak knowledgeably and persuasively about election processes in a way that helps restore public confidence in our elections’ integrity and results, said Randolph Kent, associate director of the Center’s Rule of Law Program.

On the front lines of that system are election workers, who have been subjected to threats and harassment in recent years. Recognizing the stress of the role, the Center has published a mental health wellness guide just for them.

As it always has, The Carter Center supports a set of widely accepted international election standards. These include ensuring that all citizens have an equal opportunity to exercise their voting rights. To that end, the Center backs efforts to ensure that voters with disabilities can access polling places, and to secure voting rights for Native Americans and people returning from incarceration.

The Carter Center also is working to demonstrate the important role that nonpartisan election observers can play in several U.S. states, with plans to support state-based actors in Montana, New Mexico, and California. The Center will provide guidelines and instruction to local organizations working to observe elections in these states.

“We hope that these nonpartisan groups will provide well-documented public reports and actionable feedback and recommendations on how to improve electoral processes,” Carroll said.
Humankind has been battling Guinea worm disease for millennia, and since the 1980s, The Carter Center has been leading the charge to rid the world of this parasite. Incredible progress has been made in recent decades.

Fourteen human cases and 726 infections in animals were reported in 2023, both slight increases from the previous year, when there were 13 human cases and 683 animal infections.

“This doesn’t necessarily mean the worm population is growing,” said Adam Weiss, director of the Center’s Guinea Worm Eradication Program. “It means we’re getting better at finding them.”

Weiss cited expanded surveillance and reporting in Angola, where Guinea worms have appeared only recently, and Cameroon, where infections spill over from Chad.

Nine of the 14 human cases reported in 2023 occurred in Chad, two in South Sudan and one each in Cameroon, Mali, and the Central African Republic. Ethiopia reported zero human cases.

When The Carter Center assumed leadership of the global eradication campaign in 1986, an estimated 3.5 million human cases were occurring every year.

To encourage reporting of cases and animal infections, people in impacted locations are paid cash rewards for reporting confirmed Guinea worms. Health workers aggressively investigate all such rumors, which are key to finding actual cases and infections.

Carter Center CEO Paige Alexander met a Guinea worm patient and observed interventions in action during a rain-soaked April 2023 visit she and Board of Trustees member Dr. Greg Vaughn made to Adeba, South Sudan.

“The hard work being done here and in the other endemic countries is so important,” Alexander said during the visit. “This is how we’re going to eradicate Guinea worm—one rumor, one person, one village at a time.”

Guinea worm disease is typically contracted when people or certain animals drink water containing tiny crustaceans (called copepods or water fleas) that harbor Guinea worm larvae. The larvae mature into worms and mate within the human or animal host. The male worm dies. After about a year, a meter-long pregnant female worm emerges slowly through a painful blister in the skin, often of the legs or feet (but it could be anywhere). A sufferer may seek relief by dipping the affected body part in water. Unfortunately, contact with water stimulates the emerging worm to release its larvae and start the life cycle anew. Guinea worm disease incapacitates people for weeks or months—sometimes permanently—reducing individuals’ ability to care for themselves, work, grow food for their families, or attend school.

Without a vaccine or medicine, the disease is being eradicated mainly through community-based interventions to educate people and change their behavior.

“The volunteers and program officers are the backbone of the surveillance system in areas beyond the end of the road, where Guinea worm disease is making its last stand,” Alexander said in South Sudan.

In addition to education, interventions to stop transmission include the use of filters (donated by Vestergaard’s LifeStraw®) for all drinking water, barring people and animals with emerging Guinea worms from entering water sources, and targeted use of the larvicide ABATE® (donated by BASF) in thousands of stagnant, shallow water sources.

Tethering dogs to keep them out of water and not allowing them to eat potentially contaminated fish entrails are key factors in preventing Guinea worm infection in animals.

With continued interventions and alert surveillance, the Guinea worm will soon run out of places to hide.
Zarie Riley has one simple piece of advice for the Carter Center’s interns: “Say yes to as much as you can.”

For nearly four decades, the Carter Center’s Education Programs, which encompass interns and graduate assistantships, have offered college students and recent graduates the chance to learn alongside experts at the Center and contribute directly to their meaningful work. In September 2023, Riley stepped into her role as director of the programs, bringing her passion for saying yes with her.

As a resident advisor in her undergrad dorm at Tulane University, Riley spotted a higher-education path she hadn’t considered before: “You can do this professionally—help college students grow up? This sounds like a good idea.”

After graduation, Riley pursued that idea, taking on a one-year internship as a residence director and once again living alongside the students she was guiding. She later enrolled in graduate school at Tulane, working at the School of Public Health while she pursued a master’s degree. Eventually, Riley and her family decided to move to Georgia—and, once again, she looked for a path that would allow her to continue learning, growing, and serving students. Based on her colleagues’ encouragement, she set her sights on Emory University.

As the associate director of academic programs at Emory’s Rollins School of Public Health, Riley encountered numerous opportunities to grow professionally. She described herself as an “intern for the dean,” learning as much as she could by taking on challenges beyond the scope of her role—a practice she repeated as she pursued her doctorate at Mercer University.

“I was working on a degree, learning how to lead an institution of higher education,” Riley said, “and I asked, ‘Can you let me touch everything you’re working on and learn all of this stuff?’”

Now at The Carter Center, Riley encourages interns—whom she lovingly calls “baby geniuses” because of their impressive resumes—to follow her lead. Whether in one-on-one sessions or through “unsolicited advice,” she coaches students on time management, empowering them to take advantage of every opportunity that comes their way.

“One thing that stands out to me is the interdisciplinary opportunities available here at The Carter Center,” Riley said. “An intern coming into the development space is going to be touching the peace programs or the health programs, or perhaps communications. That is the epitome of us working together.”

As Riley looks to the future and considers new possibilities for the Center’s Education Programs, she is drawing on conversations with colleagues and past participants to ensure the opportunities remain empowering and enlightening for each new group of students.

“The Carter Center is a launching pad for careers,” Riley said. “I’m here to help students grow professionally and make sure they’re ready for their next experience.”

She also wants to make sure the program prepares them to follow President Jimmy Carter’s example. In his 1976 autobiography, “Why Not the Best?” President Carter shares the story of Admiral Hyman G. Rickover asking him whether he did his best during a job interview. When a young President Carter responded, “No, sir, I didn’t always do my best,” the admiral asked him a final question: “Why not?”

“That’s the beginning of this really great leader,” Riley said. “And so, one thing I want interns to come away with is knowing the difference it makes to show up, say yes, and give your best every time you have the opportunity to do so. So many things are going on in the world, and the difference is going to be the people who do their best work all the time, no matter what.”

Zarie Riley was named director of the Carter Center’s Education Programs last year.
Mali Overcomes Trachoma with Donors’ Support

The Carter Center’s partnership with Mali achieved a major success in 2023 when the World Health Organization validated the country as having eliminated the eye disease trachoma as a public health problem.

Trachoma is a bacterial eye infection found in poor, isolated communities lacking basic hygiene, clean water, and adequate sanitation.

Trachoma is easily spread from person to person through hands, clothes, and eye-seeking flies. Repeated infection over time leads to scarring and inward turning of the eyelid, causing the eyelashes to scratch the cornea—a painful condition called trachomatous trichiasis (TT)—which eventually causes blindness if left untreated.

The disease has been eliminated as a public health problem in Mali through a combination of mass administration of the antibiotic azithromycin (Zithromax,® donated by Pfizer Inc), effective face and hand washing, the building of sanitary latrines, and surgery to correct TT.

“Together, the Malian people have shown persistence and dedication to eliminate trachoma in their communities,” said Lamine Traoré, coordinator of Mali’s national eye health program. “It has been a privilege to work alongside dedicated government staff, communities, and partners to reach this trachoma elimination milestone, which impacts the lives of millions in Mali.”

The Carter Center, Helen Keller Intl, and Sightsavers joined together under funding provided by Conrad N. Hilton Foundation. These implementing partners covered different regions of Mali and shared the goal of supporting the country until trachoma elimination was achieved.

Additional partners included the Lions Clubs International Foundation, the U.S. Agency for International Development, the OPEC Fund for International Development, Pfizer Inc, the International Trachoma Initiative, the Manaaki Foundation, and many other generous donors.

Trachoma exists in 40 countries, mostly in Africa and the Middle East, with a few cases in the Americas and Asia. Globally, 115.7 million people are at risk for trachoma and 1.5 million are at immediate risk of blindness from TT.

Having completed its work in Mali, the Carter Center’s trachoma work continues in Ethiopia, Niger, South Sudan, and Sudan. Ethiopia and South Sudan have the highest prevalence of trachoma worldwide.

Annual Auction Set for June

Bucket-list trips and celebrity memorabilia are among the items to be auctioned on June 29 to benefit The Carter Center. Proceeds will support the Center’s work to advance peace and health across the globe.

The event is part of a five-day retreat for Center supporters June 26–30 in San Diego at the Rancho Bernardo Inn.

This year’s auction features a 36-inches-square oil painting by artist Sherri Richards, who commemorates the enduring love story of President and Mrs. Carter, with whom she was personally acquainted. The piece was inspired by a photo of the Carters taken by her husband, Dr. Frank Richards, senior advisor in health programs at the Center, during a 2007 visit to Ethiopia. “An Everlasting Love” also includes a butterfly garden in the background as a tribute to Mrs. Carter’s efforts to conserve monarch butterflies.

As the auction date draws near, catalogs for all items in the live and silent auctions will be available on the Carter Center website (www.cartercenter.org).
I have three messages for journalists writing about mental health: Words matter. Images matter. You matter.

I hope that's what people reading the Carter Center’s new guide to reporting on mental health absorb and then implement in their work. We believe this guide will help journalists — and really anyone writing about mental health — approach the topic of mental health with sensitivity.

First, the language we use when talking about mental health is so important. We need to change from using stigmatizing language to person-first language. This humanizes discussions of mental illness by placing the focus on people, not their conditions. For example, instead of calling someone a “schizophrenic,” the person should be referred to a “person with schizophrenia.” It’s a subtle change that makes a world of difference.

Next, journalists and editors need to know that images matter. If stories on mental health only show people sitting alone with their heads in their hands, readers become desensitized to what depression and anxiety look like. Showing diverse images helps readers understand that mental illnesses can affect lots of people in lots of situations.

Finally, I hope the guide reminds journalists that their own self-care is important. We’re losing journalists out in the field. Sometimes their medium is going out of business — like newspapers — but we’re also losing journalists because the work is so hard and it takes such a toll. They may not have support structures, and some don’t have insurance.

The release of this short booklet comes at a time when coverage of mental health is skyrocketing. We hope this guide helps journalists understand how to be responsible in their storytelling and aware of the impact they can have both negatively and positively regarding stigma.

In addition to being mindful with words and images, we discuss other pillars of good reporting, such as high-quality sources and useful statistics.

Finally, we ask journalists to consider the perspectives of people with lived experience. Yes, an expert opinion is important, but the point of view of someone living with a mental illness is invaluable.