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CARTER CENTER



CARTER CENTER NEWS

FALL 2018



Advisor Helps Solve
Legal Problems
Jungle Paths
Lead to Health

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Carter Center News is produced by the Office of Communications, The Carter Center, One Copenhill, 453 Freedom Parkway, Atlanta, GA, 30307, 404-420-5100, www.cartercenter.org.

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ON THE COVER

These girls are from Liberia, a core country where The Carter Center has several ongoing initiatives. The Center is building a cadre of mental health clinicians, teaching women how to access government information, and mediating legal disputes. Read on page 4 about one Liberian who is helping her fellow countrywomen find justice.



From the CEO

Everyday People Can Do Exceptional Things

At The Carter Center, we believe people can improve their own lives when they have the right skills, knowledge, and access to resources. I'd like to introduce you to a few people who are making a real difference in their communities.

Abudala Kakooza collects black flies along the Victoria Nile River in southern Uganda. It's harder than you'd think, and it's important: Black flies transmit river blindness, a parasitic disease that causes severe itching, bumps under the skin, and, eventually, irreversible blindness.

We have been partnering with Uganda since 1996 to eliminate river blindness. Kakooza's district has been free of the disease since 1973. It must be closely monitored, however, because World Health Organization verification requires Uganda to show it has eliminated the disease throughout the country. So, Kakooza diligently hunts black flies and sends them off for testing.



Mongia Nefzi Souahi, a professor in Tunisia, is trying to keep young people from joining extremist organizations.

Mongia Nefzi Souahi is a university professor in Tunisia and a participant in our Preventing Violent Extremism workshops, in which we're training religious and community leaders from six

countries to counter extremist propaganda.

Souahi and two colleagues recently led workshops for 100 young people identified as being at risk for jihadi recruitment. Her efforts produced many success stories.

One young man came to her, kissed her forehead, and said she had saved him. Another—one she described as a thief and a terrorist—became a musician.

Haboubacar Mamane Nassirou, a 32-year-old nurse in the Zinder region of Niger, received training and support from The Carter Center to conduct a simple surgery to correct eyelids that have been scarred by trachoma. After two years, he's experienced and efficient.

"I can operate on seven to 10 patients a day, depending on whether they need one eye or both eyes done," he said.

These three people exemplify the passion, innovation, determination, and skill of our in-country partners and serve as inspiration for us all.



Ambassador (ret.) Mary Ann Peters is the chief executive officer of The Carter Center.

Center Hosts Workshop on Collaboration in Africa

The Carter Center's China Program hosted representatives from China, the United States, and African countries for a workshop in August in Djibouti, the small but strategically situated Horn of Africa nation where the United States and China operate military bases.

Attendees explored collaboration throughout Africa in infrastructure development, governance, capacity building, resource sustainability, environmental protection, anti-piracy, and other areas.

The meeting concluded with these and other recommendations: Conduct a review of current Chinese and American policies and approaches in Africa, harness complementary strengths of the U.S. and China within Africa, and maintain strong African leadership and ownership in all projects.

The event was sponsored by One Earth Future and the China Institute of Contemporary International Relations.

Center Sends Small Delegation to Zimbabwe

In July, The Carter Center sent a small expert mission to observe Zimbabwe's election, its first since the ouster of 37-year president Robert Mugabe.

The team also provided technical support to Zimbabwean observer organizations that used the Center's open-source software, ELMO, to gather and analyze observer data, and supported a Zimbabwean civil society network that monitored social media during the polls.

Zimbabwe's highly competitive presidential race pitted recently appointed President Emmerson Mnangagwa, former first vice president in Mugabe's government, against opposition leader Nelson Chamisa. Mnangagwa won with 50.8 percent of the vote. Civil society observers conducted a parallel vote count, which confirmed the margin between the frontrunners.

Although civil society and political parties enjoyed greater political freedoms than in past elections, the process was



During recent elections in Zimbabwe, The Carter Center provided support to domestic election observers using ELMO software, shown here in use in Egypt. The open-source software was developed by the Center.

marred by allegations of vote-buying and abuses of power by the ruling party. During postelection demonstrations, security forces shot and killed six people.

The opposition challenged the election in court, alleging that the counting and tabulation of ballots was not accurate, among other concerns. But the High Court affirmed the results, and Mnangagwa was inaugurated for the second time in nine months on Aug. 26.

WHO Validates Ghana for Trachoma Elimination

Ghana has become the first country in sub-Saharan Africa to be validated by the World Health Organization for the elimination of trachoma as a public health problem.

Trachoma is a bacterial infection that can lead to blindness. It can be treated and prevented through a WHO-endorsed strategy combining corrective surgery, antibiotics,

hygienic practices, and improved sanitation. From 1999 to 2011, The Carter Center helped Ghana increase surgical services and improve hygiene and sanitation.

Ghana and The Carter Center believed the elimination milestone had been reached in 2010 and stopped treatment for the disease. But there was no formal evaluation process or criteria in place until 2016.

With financial support from the Conrad N. Hilton Foundation, The Carter Center assisted Ghana in the training of more than 8,000 community health workers, including teachers in over 400 schools, environmental health officers, and village volunteers, to deliver program messages to rural villages. Radio broadcasts carried the messages to Ghanaian villagers living in some of the most remote areas of the country.

People in the village of Tingoli no longer worry about trachoma, a bacterial eye disease. The World Health Organization has verified that the disease is no longer a public health problem in Ghana, where The Carter Center worked for years.





Advisor Helps Liberians Solve Legal Problems

Community justice advisor Theodosia Borbor (right) provides encouragement to Etta Wenneh near the street cart where Wenneh sells bread just outside the West Point township in Monrovia, Liberia. Borbor helped Wenneh separate from an abusive boyfriend.

Theodosia Borbor may not be a lawyer, but she knows Liberian law. And she’s passionate about making sure others do, too.

Borbor is a community justice advisor with the Carter Center-supported Catholic Justice and Peace Commission. She provides free mediation services and organizes community awareness sessions for the people of Margibi County, which sits about an hour from Liberia’s capital, Monrovia. She travels the county on a motorbike, sometimes spending the night in the village where she has been working when she wraps up too late to safely travel home on Liberia’s unlit—and often unpaved—roads.

“As a CJA, I educate community members on the law of Liberia,” she said.

“All of the laws. Marriage. Child support. Property. Divorce. Rape. Inheritance. And I help people settle disputes out of court.”

Of the 54 or so community justice advisors spread across eight Liberian counties, Borbor has the highest case load, according to her supervisor, Cora Hare.

“Theo is overrun with cases,” Hare said. “She loves her job. She’s fearless and energetic, and she has a knack for getting people to trust her.”

In two years, Borbor has resolved roughly 95 cases, though the number of people she’s helped is much higher because she often gives legal advice without opening a case. Clients and advice seekers find her through her awareness sessions, through her Tuesday evening radio show, and through

word-of-mouth.

Though CJAs make their services available to both sexes, the majority of their clients are women.

“The biggest issue the women I see face is lack of child support,” Borbor said. “We have women with three, four, five children, and no father to take care of them. Many of the women don’t have jobs. Child support includes food, clothing, shelter, education, medication. Can the mother alone provide all of these things? No.”

Borbor tracks down fathers and encourages them to sit down with her and the mothers to figure out how they can contribute to their children’s survival.

Sometimes it takes a lot of work to get the men to the table. Sometimes they



The crowded West Point township, located on a peninsula in Monrovia, Liberia, is one of the areas where The Carter Center has focused its urban work. The area is home to an estimated 75,000 people.

are angry. But Borbor persists: “I tell them I am working for the best interest of the child. Most of the time, the father agrees because it’s important to send the children to school.”

If he refuses, she helps the mother pursue a criminal case against him.

Another issue women frequently confront is denial of property—for example, a father dies and a brother tries to squeeze a sister out of her rightful inheritance, or a couple who are not legally married split and the man kicks the woman out of the house they bought together. (The issue of marriage is a tricky one in Liberia, because many people engage in customary marriages, which are recognized by their families and by village chiefs but not by the government.)

Borbor helps women get the property to which they’re entitled.

She also handles rape cases. Because these are criminal cases, she doesn’t mediate, but rather refers them to the courts. She does, however, counsel the women and help them make their way through the court system.

“We know what trauma is, so we counsel them for the stress and trauma they are going through,” she said. “Sometimes they want to blame themselves. And we say, ‘You are not responsible for what happened.’ So we counsel them, and we give them hope again.”

Often, Borbor’s assistance goes beyond basic legal advice—she’s helped women figure out ways to support themselves by starting their own small businesses.

“The work is helping to empower women a whole lot,” she said. “And that travels down the line. When a girl sees that her mother is empowered, that she is able to bring some money home—this girl, she has hope again. There’s hope that if her mother



Theodosia Borbor is a community justice advisor in Liberia, providing free mediation services to citizens. Borbor has the highest case load of any advisor—she’s resolved roughly 95 cases in the past two years.

can do it, she can do it.”

Working as a CJA can be stressful. The job frequently takes Borbor away from her five children for long stretches at a time.

But, she said, the rewards outweigh the sacrifices.

“I’m very proud, and I’m very grateful to the Carter Center for the training,” she said. “I gain strength because I have passion for this job. If someone tells me that they have paid \$1,300 but the other person refuses to give them their land, and I can advocate for them, that makes me feel great. I have the passion to help somebody.”



Jungle Paths Lead to Better Health

For the indigenous Yanomami people of the Amazon Rainforest, trekking through jungle pathways is a way of life. Such paths serve as the only way in or out of remote Yanomami communities, where the parasitic disease river blindness is transmitted by the bites of tiny black flies.

Paths also figure prominently in Yanomami ideas around health. Particularly, shamans are believed to travel spiritual paths searching for causes of disease.

Such understanding is helping The Carter Center find a path to assisting with the elimination of river blindness from the Yanomami. The remote and hard-to-access area along the Venezuela and Brazil border, home to about 30,000 people, is the last place in the Americas where river blindness transmission still occurs.

Johanna Gonçalves Martín, a Venezuelan anthropologist and expert in indigenous culture, worked with The Carter

Center to develop a training program that respects the Yanomami understanding of health and healing. She developed a “path to health” concept and formulated visual teaching aids around it. Indigenous health agents and leaders provided feedback on this innovative education plan.

“For me, the most exciting aspect of this approach is the awareness of being in touch with one of the less transformed ethnic groups on the planet,” said Alba Lucia Morales of the Carter Center’s Onchocerciasis Elimination Program for the Americas. “These people flow to the rhythm of nature, are guided by nature’s signs; they hold a harmonic relationship with the jungle.”

Some of the people delivering this education plan are the Yanomami themselves. More Yanomami are being trained to deliver river blindness treatment and education. One such indigenous health agent is Daniel

Health workers in the Amazon Rainforest must travel on foot to treat and prevent river blindness in indigenous Yanomami communities.

Borges Silva, who is responsible for the Komitarope area of Venezuela.

Soon after starting, Borges recruited nine Yanomami teammates to treat their local communities and teach prevention. Each team walks along paths through the jungle in the traditional Yanomami way, harvesting, hunting, and camping on their treks between communities. Serving in both a technical and sociopolitical role, the health agents meet with shamans and community elders to explain their mission and gain their consent to treat the people with Mectizan,[®] a drug donated by Merck & Co. Inc., USA.

“In the most remote communities, those that could only be reached by small plane or helicopter, the regular presence of external health workers can never be fully



Daniel Borges Silva, an indigenous health agent, has recruited other Yanomami to treat their communities.

The Yanomami rely on jungle paths, several of which can be seen here, for their everyday needs. Pathways play a key role in the Yanomami worldview, including the concept of health.



guaranteed,” Morales said. “The only team members who can get there walking for many hours and days are the Yanomami, since walking and moving through the jungle is part of their daily life.”

Involving the Yanomami in improving their own health has fostered development of a treatment style that is more likely to be accepted, successful, and sustainable, anthropologist Gonçalves said. It also could contribute to finding previously unknown communities, she added.

“I envision a network of Yanomami health agents with the highest level of education possible, full support, and an optimal provision of supplies to perform their work,” Morales said, “and Yanomami communities that hold the knowledge that allows them to protect their health and live well.”

Uganda Able to Stop Treatment in Two Areas

More than 311,000 people in two areas of Uganda are now free of the threat of river blindness, the country’s Ministry of Health announced in August. Building on earlier successes in other areas, the East African country said it had interrupted transmission of the parasitic disease in the Budongo and Bwindi areas.

The Carter Center has partnered with Uganda since 1996. In 2007, Uganda shifted its target from control of the disease to nationwide elimination.

River blindness is spread by the bites of black flies that breed in rapidly flowing waterways. It causes intense itching and eye problems that can lead to blindness. It is treated in Uganda through health education, twice-yearly mass administration of the drug Mectizan® (donated by Merck & Co., USA), and targeted control of the fly population.

Interruption of transmission means that Mectizan treatment can be halted, initiating a three-year period of watching to see if the disease will re-emerge in the absence of treatment.



Ugandan lab technician Monica Ngabirano checks blood samples for evidence of river blindness. The country continues to make progress toward eliminating the parasitic disease.

Human Rights Defenders Share Unique Perspectives

In July, The Carter Center brought together nearly 70 activists, peacemakers, and religious and community leaders from 36 countries for the annual Human Rights Defenders Forum.

This year's theme—"Restoring Faith in Freedom"—was chosen because of the sense that many people across the globe are losing faith in the institutions and principles that have long guided them.

The group spent four days discussing pressing issues—income inequality, the rise of authoritarianism, the backlash against human rights defenders—while also looking for ways to restore the social contract, rebuild faith, and recommit to the indivisibility of human rights.

Defenders shared their successes, challenges, and frustrations. Here's what three had to say:

Daoud Nassar

Nassar is founder and executive director of Tent of Nations, an educational and environmental farm in Bethlehem, Palestine. His family has fought a 27-year legal battle with authorities who want to confiscate his land.



Daoud Nassar

"When people live under a difficult

political reality, with no hope, and are threatened by violence, there are typically three options: violence, resignation, or emigration. But Tent of Nations espouses a fourth option: We refuse to be enemies.

Four important principles inform that fourth option: (1) We refuse to be victims. (2) We refuse to hate. (3) We live with our faith. (Nonviolent resistance is a way of life, not just a strategy.) (4) We believe in justice.

We convert negatives into positives. For example, we are not allowed to have electricity, water, or building permits. So we use solar power, collect rainwater in cisterns, and we build underground. We believe that things are possible even in very difficult situations, and that we can make a difference. Whenever you face challenges, don't sit down. Stand up."

Marilia Ramos

Marilia Ramos is a member of Repórter Brasil, which seeks to provide information to influence policymakers and public opinion in the fight against slavery and human trafficking.

"Sometimes we have this sense that human rights issues are the same for everyone, but really every country has its own struggles. In Brazil, since 1995, there has been a policy to combat slave labor, which

is now being dismantled. We're trying to sensitize the population to this issue and to press for its maintenance.

We face opposition from the public and private sectors, as well as the rural caucus, because they don't want the country to look bad, or cause problems in their supply chains, or face financial restrictions from international investors.

We continuously publish pieces on important issues. But we also partner with public schools to insert information about modern slavery and related issues into the curriculum. That has raised awareness and helped prevent more cases."

Leah D. Daughtry

The Rev. Leah D. Daughtry is president and CEO of On These Things, which helps businesses and organizations strengthen capacity and build coalitions and partnerships that advance the common good.



Marilia Ramos



Leah D. Daughtry

"For the past seven years, my organization has been working in the mountains of Appalachia, where there is entrenched long-term poverty. As in many disadvantaged communities, there was a lot of mistrust; the struggle for limited resources tends to fracture communities. Because of the long-term effects of poverty, there's also a lot of depression.

Our work has been to identify and leverage resources that already exist in Appalachia to help people empower themselves—to give them the push to create their own solutions, elevate local voices, improve the schools and the economy, bring new services, and create new possibilities for young people.

Over time, we've been able to help them collaborate. And after seven years, we're starting to see a turning of the corner."



Former U.S. President Jimmy Carter shares his perspective with human rights defenders from around the world at a July conference hosted by The Carter Center.

A woman with short dark hair, wearing a black t-shirt with a vibrant red, yellow, and white pattern, is holding a young child. The child is wearing a white sleeveless top and pink shoes. They are standing on a dirt path in a rural area with green foliage and a building in the background.

Initiatives Aim for Improved Maternal Outcomes

A Carter Center initiative is helping Nigeria train health workers to meet the needs of mothers and their babies, particularly in rural areas.

Pregnant women, newborns and new mothers face life-threatening challenges in some parts of the world, in large part because of a lack of adequately trained health professionals to look after them. The World Health Organization estimates a shortage of almost 7.2 million physicians, nurses, midwives, and health support workers worldwide. Sudan and Nigeria are affected in different ways, but The Carter Center is helping both address the shortfall.

Sudan recognized a decade ago that it not only lacks frontline health workers, it also lacks up-to-date training for them. In partnership with the Qatar Fund for Development and the LUI Che Woo Prize, the Center's Sudan Public Health Training Initiative works with the Sudan Federal Ministry of Health to strengthen its health workforce from within.

State-run health science training institutions, nursing schools, midwifery schools, and health extension programs have received new laboratory equipment, textbooks, computers, classroom materials such as anatomical models, and curricula in an effort to enhance the learning and teaching environment of professionals who will work directly with women and children and the faculty who train them. Depending on

the academic program, training can take 15 months to three years.

The initiative in Sudan is expanding to cover almost half of the country.

"Sudan is a big, wide country; 70 percent of the population is rural," said Dr. Amani Mustafa, the initiative's coordinator in Sudan. "In many places, there simply are no doctors. Eighty percent of babies are delivered at home, so community midwives are a very important part of the system."

The problem looks somewhat different in Nigeria. On a per capita basis there are plenty of frontline health workers, but they are concentrated in urban areas, leaving women and children in rural areas underserved.

In response, the Federal Ministry of Health and the health ministries of six states have partnered with The Carter Center to launch the Nigeria Public Health Training Initiative at four schools of nursing and midwifery and two colleges of health technology. As in Sudan, the goal is to optimize the training of frontline health workers who treat mothers and children, with a clear focus on rural areas.

To date, 1,010 pieces of furniture, 290 classroom accessories, 607 teaching and learning aids, 445 pieces of laboratory

equipment, 750 laboratory consumables, and 138 pieces of information technology and communication equipment have been distributed to the six institutions in Nigeria.

The Nigeria initiative's priorities include the development of courses to provide in-service training to more than 2,000 health professionals working in more than 950 health facilities in Plateau state alone over the next five years.

The Center has partnered with Georgia State University Georgia Health Policy Center, Emory University's Nell Hodgson Woodruff School of Nursing, and consulting firm ICF to provide technical training in both countries. The initiatives intend to make themselves obsolete as Sudan and Nigeria develop well-supported, self-sustaining public health training systems staffed by professionals who are skilled at passing on their expertise to others. The ultimate goal is improved maternal and child survival rates and better health overall.

"In the beginning we learned what the needs were and where the gaps were, and we have been addressing those through procurement of equipment and training," Mustafa said. "So far, so good. But now we must expand our reach to more areas. There is much more to do."

Salissou Kané

Nigerien a Giant for His Country's Health

If you want to get things done in Niger, it helps to know Mohamed Salissou Kané. The Carter Center's country representative in Niger seems to have connections everywhere.

He's earned his insider status. Few individuals have done as much as Kané to improve public health in Niger, one of the world's poorest countries.

"In Niger, most of the diseases are related to low hygiene and poor environmental health practices as well as inadequate education on nutrition. There are very few well-trained health personnel," Kané said. "I felt that the way to best help my country was to dedicate my career to public health."

After completing his education in the United States, Kané served as the Niger Ministry of Health's national director of hygiene



Salissou Kané

and sanitation. He then became an advisor on community water supply and sanitation for the World Health Organization (WHO). In 1996, Kané joined The Carter Center; he led the campaign that eliminated Guinea worm disease throughout Niger.

"Salissou has been a huge advocate for his country men and women, and he worked tirelessly to rid Niger of Guinea worm," said Kelly Callahan, director of the Center's Trachoma Control Program and a former member of the Guinea worm team.

Kané is humble in the face of such praise.

"I'm proud to have contributed to alleviating the community's suffering from that dreadful disease," he said.

Kané and his tight-knit staff are now close to eliminating another disease that causes and perpetuates poverty, the eye disease trachoma. Again, Kané's expertise in water and sanitation suits him perfectly for the job.

Eighty percent of Niger is desert. In some places, a thick stratum of granite makes drilling for water virtually impossible. A lack of sufficient water for drinking, cooking, cleaning, and bathing creates an environment where pathogens can thrive.

"People don't get enough water from good sources, so they are forced to get it from unsafe sources like rivers and ponds, resulting in Guinea worm and other infections," Kané explained. "Or there is not enough water to maintain hygiene, which is a key to preventing trachoma."

With a kindly manner, quick wit, and ability to speak four languages, Kané is equally at home conversing with governors and sultans as he is with goat herders and subsistence farmers. He and Ousseini Mahamane, 80, the chief of Goulouké village in Zinder region, recently sat on the floor of Ousseini's mud-brick home to catch up and peruse archives from Ousseini's time as a Center-trained village volunteer.

Kané has a talent for developing outstanding public health specialists. A revolving-door policy allows health experts to move fluidly between the Ministry of Health and nongovernmental organizations such as The Carter Center and back again; the ongoing talent exchange makes both partners better and stronger.

Kané, a member of the Lions Club, said he simply wants to be known as a good family man who serves his country, "an experienced person who focuses on results and is dedicated to making a better life for my community."



Mohamed Salissou Kané (right) examines Guinea worm archives with Ousseini Mahamane, chief of Goulouké village in Zinder region and its former Guinea worm village volunteer.

Lions International Foundation Commits \$16 Million

The Lions Clubs International Foundation has committed \$16 million to support the Carter Center's Trachoma Control and River Blindness Elimination programs. This pledge continues the partnership between The Carter Center and the Lions Clubs International Foundation for their shared goal of eliminating trachoma and river blindness.

Under the agreement, the Lions Clubs International Foundation will support the Carter Center's River Blindness Elimination Program in Ethiopia, as well as its Trachoma Control Program in Ethiopia, Mali, and Niger.

The Lions Clubs International Foundation is a key partner to The Carter Center, having provided more than \$59 million in grants since 1994, leading to the distribution of over 214 million treatments for river blindness and over 175 million treatments for trachoma. More than 775,000 sight-saving trichiasis surgeries have been performed, and more than 3.2 million latrines have been built.



An Ethiopian child receives a dose of antibiotics to prevent the bacterial eye disease trachoma. Lions Clubs International supports the Center's trachoma work in Ethiopia, Mali, and Niger.

Program Aids Liberia Entrepreneur

Liberian Olivia Stewart's ears perked up one day as she was washing up. A radio announcement mentioned the availability of government grants for projects that empowered women and girls. Stewart had such a project—a micro-lending and training program for women in her community of New Georgia Estates, on the outskirts of Monrovia.

After previously attending a workshop on accessing government information, sponsored by The Carter Center, Stewart had become familiar with government processes. "I got to know how to engage my leaders and how to get free information," she said. "It makes me feel more pride. Before, we didn't know anything."

Irish Aid, a longtime partner of The Carter Center, is one of the supporters of the Carter Center's Access to Information program in Liberia. A donor since 2005, Irish Aid has contributed nearly \$4.6 million to the Center's peace programs. This support



A workshop sponsored by The Carter Center and supported by Irish Aid gave entrepreneur Olivia Stewart the confidence to apply for a grant to expand her micro-lending and training business in Liberia.

made the information workshop possible, which in turn fueled Stewart's next steps.

Armed with confidence, Stewart went to the local peacebuilding office and found out how to apply for the grant. Several months later, she learned she was one of 14 grant recipients. The money allowed her to scale up her enterprise, which she'd started with her own money.

She purchased four sewing machines, soap-making materials, and other necessities for training and expanded the number of loans she makes.

Auction Weekend Raises \$4.2 Million

The Carter Center raised \$3,524,890 at its annual Carter Center Weekend Auction in June, held this year at Skamania Lodge in Washington state. All proceeds will benefit the Center's ongoing peace and health programs. In addition to the auction totals, \$600,000 was raised at the event for the Carter Center Mental Health Program and \$75,000 for the Access to Information Program, bringing the grand total of the weekend to \$4.2 million raised.

Of the 200-plus items in this year's silent and live auctions, the highest bid was for an original oil painting by former U.S. President Jimmy Carter, "Rachel and Cotton," which sold for \$600,000.

"Rosalynn and I extend our deepest gratitude to all the supporters who contributed to this successful auction," Carter said. "Their generosity enables The Carter Center to continue advancing peace and health globally."

Other items that drew top bids in this year's auction included a collection of images, some signed by Elvis Presley and Richard Nixon, for \$400,000, and memorabilia of President Carter's mother, Lillian Carter, for \$250,000.

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453 Freedom Parkway NE
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Iman Ben Chaibah is the recipient of a 2017–2018 Rosalynn Carter Mental Health Journalism Fellowship. She also is CEO and editor in chief of Sail, an online magazine produced in the United Arab Emirates.

NOTES FROM THE FIELD

UAE Journalist Reflects on Eye-Opening Year

By Iman Ben Chaibah

In September, I completed my Rosalynn Carter Fellowship in Mental Health Journalism. The fellowships were started by former First Lady Rosalynn Carter about 20 years ago to provide journalists with resources and opportunities to accurately and holistically report on mental health in their countries and their regions.

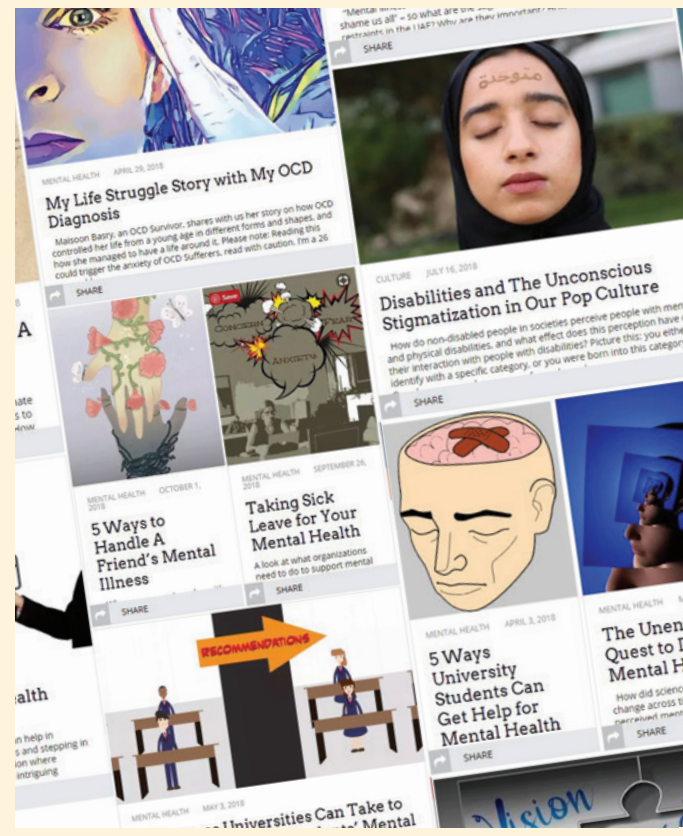
My fellowship project was for Sail Magazine to create a series of mental health articles focused on university students. At the time we started the project, I had recruited two of the magazine's writers for this project aside from myself. We sat and discussed topics and themes and had many feedback rounds from the fellowship's advisory board that helped us shape the project in the most realistic way. We chose topics like social perceptions, academic pressures, reasons, triggers, and so much more.

When the planned articles began posting in April this year, we received an outpouring of support from our readers and our writers. Some wanted to contribute with their own reflections or stories. Some expanded on academic pressures, reflected on social expectations, discussed mental health in the context of Harry Potter, took an analytical approach on mental health as a field, and one shared the detailed story of her struggle with obsessive-compulsive disorder.

I went into the fellowship thinking we would publish five articles. We ended up with more than 15.

It might have been one year of focused fellowship in mental health journalism, but I know it's just the start of better understanding, reflecting, and talking about

mental health problems. The goal is to eradicate the shame and normalize them enough so that people can talk about their mental health without fear of judgment and actively look for help without delay and denial. I'm hopeful. How about you?



Iman Ben Chaibah's online magazine featured articles about university students' mental health.