

THE
CARTER CENTER



CARTER CENTER NEWS

FALL 2016

Cross-Border
Disease Control
Chiefs Play Role
in National Security



WAGING PEACE.
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ON THE COVER

Mother and baby live in Mali, where The Carter Center has been fighting the bacterial eye disease trachoma since 1999. Today, the Center is working to eliminate trachoma from the country, a feat that requires cooperation from Mali's seven neighboring countries. Read about disease-control challenges across national borders in Africa, the Caribbean, and South America on p. 4.



From the CEO

Center Hits 500 Million Milestone

Big institutional milestones are the result of small individual efforts.

As I write this, The Carter Center is closing in on the distribution of its 500 millionth dose of drugs to combat neglected tropical diseases. That's half a billion doses of medication given to tens of millions of people suffering or at risk for river blindness, trachoma, lymphatic filariasis, and schistosomiasis.

This achievement is possible because tens of thousands of regular folks in Central and South America and Africa have agreed to work with us, organizing clinics, inviting and reminding their neighbors, measuring people for proper dosing, handing out pills, and carrying out the myriad little tasks associated with these efforts.

We owe a huge thank-you to our pharmaceutical partners Abbott, BASF, Clarke, ESRI, GSK, Merck, Merck KGaA, Pfizer Inc, and Vestergaard for generously donating these drugs, larvicides, and other essential supplies that are changing lives and making history. They don't have to do it, but they choose to do it. We also thank our organizational partners, such as Lions Clubs International, which rally their members to help organize and educate endemic communities to prevent these diseases.

By the same token, our peace-building programs could not operate without grassroots citizen support and engagement. While The Carter Center sends teams of monitors to observe elections, it's thousands of local individuals who staff polling places to help their

fellow citizens exercise their franchise. Similarly, our dynamic Syria conflict map is generated from hundreds of social media posts coming out of the conflict zone daily.

Whatever the enterprise, it takes the combined efforts of many individuals—most of whom are not paid—to make it work. Today I salute those individuals, from Mexico to Mozambique, from the Philippines to Paraguay.

We could not do any of what we do without you. Thanks a billion.



A Nigerian girl prepares to take three drugs, protecting her against river blindness, lymphatic filariasis, and schistosomiasis. This fall, The Carter Center marks the distribution of its 500 millionth dose of medication to treat neglected tropical diseases around the world.



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

Center Monitors Elections in Zambia, Philippines

The Carter Center deployed limited missions to observe national elections in the Philippines in May and in Zambia in August.

The Center's team in the Philippines focused its work on the region of Mindanao, paying particular attention to violence around elections; freedom of expression, assembly, and choice; campaign finance; and the resolution of electoral disputes.

The team issued a postelection report saying that most of the people they spoke with felt the conduct of polling, counting, and tabulation was satisfactory. However, the report listed a number of concerns, including the lack of a level playing field at the local level, instances of vote-buying (also mostly at the local level), and the underrepresentation of women in government.

Meanwhile, the team in Zambia reported that the Aug. 11 election there was a step backward for the country.

The pre-election period was marred by harassment of private media, the abuse

A Zambian election worker prepares to check the voter list during August elections. The Carter Center found the elections to be deeply flawed.



of office by government ministers, and the application of laws in a way that disadvantaged the opposition party. When the opposition challenged the results, which returned the incumbent to office, they were ultimately denied the fair hearing and due process guaranteed them under the Zambian constitution and international treaties.

Sienko Named Vice President for Health Programs

Dean G. Sienko, M.D., M.S., was appointed vice president for health programs at The Carter Center, effective June 2016.

Sienko joined the Center from Michigan State University, where he was associate dean for prevention and public health in the College of Human Medicine.

In his new role at The Carter Center, he provides leadership for programs working to prevent or eliminate

six tropical diseases in 18 nations, as well as efforts to improve mental health care in the United States and abroad.

As associate dean, Sienko directed the Division of Public Health and the college's Institute for Health Policy, which work to improve health care for Michigan residents.

Sienko recently completed a distinguished 33-year career as a U.S. Army officer, retiring in January 2015, at the rank of major general. His last assignment in the Army was as the commanding general of the Army Public Health Command, a 3,500-person organization that

provides technical support and expertise in preventive medicine, public health, health promotion, and wellness to military units around the globe.

Rights Defenders Promote Advocacy Without Violence

More than 60 activists and scholars from around the world met June 18–21 to discuss ways to end violence in all its forms during the Carter Center's Human Rights Defenders Forum, "A Time for Peace: Rejecting Violence to Secure Human Rights."

Discussions focused on the growing threat to human rights in the name of national security, the global spread of conflict, and the exclusion of women from decision-making.

Jin In, founder of U.S.-based 4Girls GLocal Leadership (4GGL), urged colleagues to be examples for generations to follow. "You can inspire young people today, whether they are in Syria or Afghanistan (or wherever), that there is a light at the end of the tunnel," she said. "That's you."

Participants issued "A Call for Peace, Dignity and Justice."

"We call on governments to recommit to universal human rights and divest from violence," the document begins, "to shift from a fear-based framework to a human-centered approach to peace."

Former President Jimmy Carter told the forum: "What is needed now more than ever is inclusive and peaceful leadership that steers us away from fear and fosters greater confidence in the inherent goodness and ingenuity of humanity."



Jin In, founder of a girls empowerment organization, explains how women today can inspire girls in their communities during a June human rights conference at The Carter Center.



Cross-Border Cooperation a Prescription for Disease Control

Parasites and bacteria have no respect for international borders. Many international frontiers are marked by rivers and lakes; but the water fleas that host Guinea worm larvae, the mosquitoes that transmit lymphatic filariasis and malaria, and the flies that spread river blindness and trachoma do not care which side they're on.

If nations are going to protect their people from disease, they will need to work together. The Carter Center helps them do that.

Hispaniola

On the Caribbean island of Hispaniola, a jagged north-south line divides Haiti from the Dominican Republic. Thousands of Haitians—some of them infected with malaria or lymphatic filariasis—cross that line frequently either to do business on the Dominican side or to work as seasonal laborers in the agricultural, construction, and service industries. Mosquitoes, the vector for both diseases, also freely traverse the same line in both directions. So, while the two diseases are much more prevalent on the Haiti side, they are a concern for both countries.

Hispaniola is the only island in the Caribbean with active malaria transmission, and Haiti accounts for 97 percent of cases there. It also accounts for about 90 percent of the lymphatic filariasis burden in the Western Hemisphere. In the Dominican Republic, the diseases occur mainly in areas along the border with Haiti and in areas with high concentrations of migrant laborers.

Since 2008, The Carter Center's Hispaniola Initiative has assisted both countries' ministries of health by strengthening binational cooperation, providing technical assistance for elimination of both diseases, and helping to integrate activities between the countries' malaria and lymphatic filariasis programs.

"What The Carter Center is doing is getting the two governments to sit down together regularly. The two governments need to talk," said Dr. Madsen Beau de Rochars, a Haitian-born University of Florida epidemiologist who consults with The Carter Center on

A small river divides Haiti from the Dominican Republic. The Carter Center has helped the two countries collaborate to halt malaria and lymphatic filariasis.

the Hispaniola Initiative. "The beauty of that is you can have a big dispute at the top level, but at the technical level they're still talking because they know they need to stay side by side to carry out this process. We leave the politics to the politicians."

Mali and Niger

Some countries have to work out disease surveillance and interventions with multiple adjoining states. Mali is a large, landlocked country in northwest Africa. It shares borders with seven other countries, several of which harbor Malian refugees fleeing political unrest at home. This makes cooperation with neighbors essential, said Dr. Marie Madeleine Togo, Mali's minister of health.

"Culturally, Mali is a country of exchange—information, trade, everything is exchanged with our neighboring countries," she said. "This covers multiple concerns—agriculture, culture, the arts, commerce. Given this, Mali doesn't have any problem collaborating with its neighbors in different domains, and especially in health."

With The Carter Center coordinating, Mali and Niger are working together closely to control the infectious eye disease trachoma in both countries. Representatives of each country's health ministry have attended each other's annual trachoma reviews, observed field activities, and even shared treatment protocols, said Kelly Callahan, director of the Carter Center's Trachoma Control Program.

The cross-border partnerships go beyond the level of top officials, Togo said. Mali is divided into 63 health districts, each of which borders another country; all their medical officers are instructed to collaborate closely with their international peers.

"They share information, they share data, they share resources, they share strategies, they share their experiences fighting disease," she said.

A member of the Yanomami population receives a dose of Mectizan to treat the parasitic disease river blindness. His village is located in the cross-border region between Venezuela and Brazil, the last area of active river blindness transmission in the Americas. Logistical coordination between the two countries to fight the disease has required high-level political agreement.

Students in a rural community in Niger are educated about how to prevent the spread of trachoma, a bacterial eye disease. The Carter Center works to prevent trachoma in both Niger and Mali, which are neighbors.

Sudan and Ethiopia

Sudan also has seven adjacent neighbors, including Ethiopia. River blindness and trachoma are endemic to both countries, and coordination of elimination efforts is essential in border areas if either is to see sustained success.

For example, transmission of river blindness appears to have been interrupted in Sudan's Galabat focus, but the same cannot yet be said of the adjoining focus on the Ethiopian side of the border, said Biruck Kebede, neglected tropical disease team leader with the Ethiopia Ministry of Health. The area in Ethiopia has received about 12 annual rounds of treatment with Mectizan®, donated by Merck, since 2003.

The differing status of the adjacent areas “is a perfect example of how we need to further coordinate our efforts and understanding of the disease burden on each side of the border to eliminate the disease in both nations,” Kebede said.

Kebede pointed out that all nations in the region have signed an agreement to support one another in the development of health systems. He noted that several Ethiopian health professionals have traveled to South Sudan for that purpose.

Venezuela and Brazil

Similarly, Venezuela and Brazil have signed a Carter Center-supported agreement to work together on river blindness elimination in their border area in the Amazon rainforest.

“There are already ongoing activities, and all the governments know about the need for collaboration,” Kebede said.

“Because people are moving freely across borders, it's important that we agree on when to conduct mass drug administration or how we carry out vector control,” said Dr. Isameldin Mohammed Abdalla, undersecretary of Sudan's Federal Ministry of Health. “Synchronizing this can be challenging, but it can be done if we involve our partners, local and state authorities, as well as the federal ministry.”

In the end, when it comes to fighting neglected tropical diseases, we're all in this together, the Hispaniola Initiative's Beau de Rochars said, “We need to keep talking, keep moving, keep walking together.”





Liberia's Chiefs Prepare for Bigger Role in National Security

In July, the United Nations turned over the responsibility for Liberia's security to the Liberian government.

It's the first time in 13 years that the government has been solely in charge of keeping the peace.

The transfer comes at a critical time for Liberia, which is still grappling with the aftereffects of 2014's Ebola outbreak even as it prepares for 2017's election to replace President Ellen Johnson Sirleaf, who has led the country since its emergence from a brutal civil war.

One key to a successful peace will be the country's network of chiefs and traditional leaders.

The chiefs are often among the most respected people in their communities—the ones who make many of the rules, the ones others call on to settle disputes. And since 2010, The Carter Center has been working with the chiefs to increase their understanding of the country's laws, to strengthen their ability to resolve disputes, and to better connect them to local and national government officials and agencies.

During the Ebola crisis and a subsequent measles outbreak, the chiefs proved invaluable in persuading their communities to take preventative measures to halt the spread of the diseases, said Pewee Flomoku, who helps manage the Carter Center's Access to Justice Project in Liberia. He thinks they can be similarly effective in maintaining peace.

"Chiefs are on the ground. They are the eyes and ears of their community and an early-warning system when crises threaten," Flomoku said. "Generally, there's little trust in the government, and the police and courts are hard to access in rural areas. But a chief is a combination of a political leader and religious leader, and people are more likely to do what the chiefs ask."

Already this year, they have played important roles in a couple

The Carter Center has been organizing training sessions for Liberia's chiefs since 2010. As trusted community leaders, the chiefs play a key role between the government and its people.



Left: The United Nations turned over peacekeeping duties to Liberia's government in July.

Right: Community members in rural Liberia listen to a presentation about their rights under Liberia's justice system.

of issues with national security implications: Local chiefs near Cote d'Ivoire met with their counterparts across the border (alongside representatives of the government and the U.N.) to discuss border security. Chiefs also held discussions that helped ease tensions related to a proposed constitutional amendment that would declare Liberia a Christian nation.

The Carter Center supported both events. And as election season heats up, it will be working with election officials to conduct educational sessions for chiefs (as well as for women and youth) on the electoral process. The goal is to increase the chiefs' understanding of how things should work so they can pass that information on to their communities.

Said Flomoku, "We're hoping that through our training and through working with local security forces in their own communities, the chiefs can help ensure that there are good elections and that disputes are resolved in nonviolent ways consistent with the law."

The Carter Center in Liberia

The Carter Center has a longstanding commitment to the people of Liberia. Since the end of the country's civil war in 2003, The Carter Center has helped to rebuild Liberia and consolidate peace. Recent work in the country includes several initiatives.

The Carter Center is doing the following:

- Helping to educate citizens on the rule of law and provide informal justice services to historically marginalized rural citizens.
- Working with the Liberian government and interested parties to craft and facilitate implementation of Liberia's first access to information law.
- Monitoring national elections, most recently in 2011.
- Assisting with the training of a sustainable and credentialed mental health workforce.
- Responding to Liberians' needs following the Ebola crisis with long-term aftercare.



Election observers monitor a polling station in Monrovia. The Carter Center has observed three national elections in Liberia.



Project Aims to Fight Terrorist Propaganda

Every year, thousands of people leave their home countries and travel to Syria or Iraq to join Daesh, also known as ISIS.

The Carter Center has launched a project that aims to help reduce the stream of foreign fighters joining Daesh. Houda Abadi, an associate director in the Center's Conflict Resolution Program, describes Daesh recruitment and ways to counter it.



Houda Abadi, Ph.D., is associate director in the Conflict Resolution Program.

Q: Why do you call the group “Daesh”?

HA: The group wants to be called the Islamic State. They are very savvy when it comes to propaganda. Calling them the Islamic State lends legitimacy to the idea that they are a state, and that they are following Islamic principles. Neither is true. “Daesh” is an acronym of the Arabic words “Islamic State in Iraq and Sham.” But “Daesh” in Arabic

sounds similar to the Arabic words “Daes,” and “Dahes,” which mean, respectively, trampling or crushing something underfoot and “the sowers of discord.” The group hates to be called Daesh.

Q: Can you describe the project?

HA: The project has two components. The first involves trying to understand how Daesh recruits young people. To that end, we’ve analyzed more than 300 Daesh videos and all issues of its online magazine, Dabiq, and will continue to add to that research. The second component involves convening workshops with religious and community leaders to provide them with a more nuanced understanding of Daesh communication strategies, ways to counter Daesh narratives, and strategies to engage alienated youth.

Q: What did your research find?

HA: Our research has found that their recruitment strategies vary by region, race, gender, and language. We’ve identified several recurring narratives—among them,

the need to wage military jihad, the advantages of living in a caliphate, hypocrisy of Muslim religious and political leaders, and the humiliation of the ummah (the Muslim community). They produce videos in French, German, Arabic, Russian, English, Spanish—even local sign language! For Daesh, the media battlefield is as important as the physical one.

Q: Why do you think Daesh has been so successful at recruiting?

HA: Some of it can be attributed to religious illiteracy. The less you know about what Islam really says, the more easily you can be manipulated when you are thrown a Quranic verse out of context or told that doing something will make you a better Muslim.

But we also can’t ignore the root causes and legitimate grievances. Years of military intervention by outside nations have ravaged the region. And recent marginalization of Muslims in the West has disenfranchised youth and made it easier for Daesh to seduce recruits.

Q: How will offering training to religious and community leaders help?

HA: Religious leaders have denounced Daesh and made it clear that their actions and beliefs are un-Islamic. However, these leaders have relied on traditional forms of communication, and as such, have not connected with marginalized youth. They often respond with non-engaging sermons in classical Arabic. And their responses often lack emotional appeal, or don’t directly counter Daesh’s messaging.

We want to help leaders understand Daesh’s propaganda strategies and learn how to amplify their own voices to immunize their communities against Daesh. We want to help them fill the online space with their own messages.



Daesh propaganda magazine Dabiq reveals the group’s recruitment strategies. (Left) Daesh propaganda includes selling the advantages of living in the so-called caliphate. In this ad, it claims to provide quality health care to residents. (Center) The magazine called the terror attacks in Paris “just.” (Right) Daesh created this image to suggest that its members don’t suffer from the racism felt in the United States.

Congolese Youth Inspired by Education in Democracy

As the Democratic Republic of the Congo edges toward its next national election—slated for November, though the timing is in question—one thing is clear: The nation’s young people will play an important role.

The Carter Center wants to make sure it’s a positive one.

“Traditionally, young people have been associated with violent protests,” said Elysée Sindayigaya, director of the Center’s Human Rights House in DRC. “Youth unemployment is high, as is their skepticism of government. Politicians often take advantage of that, sometimes even paying them to demonstrate in the streets.

“We wanted to find ways to empower young people as nonviolent agents for democratic change.”

Nearly 3,000 young people took part in some aspect of the Center’s democracy programming. It’s a promising start.

So in March of this year, with the aid of a grant from the Swedish International Development Cooperation Agency, the Human Rights House launched a three-month pilot in the cities of Goma and Kinshasa to educate young people about electoral processes and encourage constructive democratic participation.

The team created Citizen Cafés, bringing governmental officials and politicians together with young people for a series of discussions. It organized “democracy bees” in local high schools. And it arranged site visits to some key political institutions—a town hall, a provincial assembly, regional election commissions, and police headquarters (where the national chief of police engaged in an eight-hour Q&A session with the youth).

“The democracy bees were great,” said Sindayigaya, “because the winners in each classroom then competed in schoolwide elections to be chosen as their school’s representative in an area-wide contest. The elections were organized just like DRC’s national election. The goal was to show that an election can be held peacefully and that winners must be held accountable for their promises.”

The pilot also included artistic workshops and contests, which allowed youth ages 15–30 to use drawing, singing, writing, and theater as tools to advocate for nonviolent democratic participation. These include a “letter” written by democracy to the government.

“Dear Beautiful Government,” it begins. “It’s me, your wife, Democracy. I don’t recognize you anymore...”

In all, nearly 3,000 young people took part in some aspect of the Center’s programming. It’s a promising start.

As Congolese Senator Moise Nyarugabo told young participants in a Carter Center–organized Democracy Day conference: “The shift



As part of a democracy education pilot sponsored by The Carter Center, youth in the Democratic Republic of the Congo created artwork to advocate for nonviolent democratic participation. Noteworthy pieces included (clockwise from top): “Protecting It: Protecting our constitution from bad weather!” by Ngemba Lapojo; “Young Democrat, I Participate: Space for civic values, work, conscience, integrity, self-consciousness, patriotism, and democracy for the good of my country, the DRC,” by Christian Baruti Monga; and “Building the Congo: Civic engagement for the construction and protection of the DRC,” by Katsivake Tsongo.

to good, democratic governance in the DRC requires the involvement of all citizens; but one person, a special youth with strong political will and an understanding of human rights, can change the whole situation.”

★ Go to www.cartercenter.org/drc-slideshow to see a slideshow of democracy-themed art from youth in the Democratic Republic of the Congo.

Dr. Marie Madeleine Togo

Guinea Worm Fight Personal for Mali Health Minister

Dr. Marie Madeleine Togo is the minister of health for the Republic of Mali, responsible for protecting her almost 17 million fellow citizens from all kinds of diseases and dangers. That covers a lot of people and myriad maladies, but her work to eliminate Guinea worm disease goes beyond a professional interest in public health.

At the conclusion of the 2016 annual program review at The Carter Center, when health program partners from all over the world gathered in Atlanta to discuss progress and strategies, Togo confided her own family's experience with the disease.

"Some of you may giggle when I tell you that I am the best-placed person to speak of the fight against Guinea worm in Mali," she told former U.S. President Jimmy Carter and dozens of her peers.

When the program started in Mali in 1992, that country had 16,024 recorded cases of Guinea worm disease in 1,164 villages, she said, and half of the cases were in Dogon County, where the health minister is originally from. At the end of 2015, Mali had detected

only five cases—among the last 22 in the world, whereas once there were millions. Dogon County now is free of Guinea worm.

"It was a true scourge in our area," Togo said. "We called it the illness of empty silos because we are an agricultural people, and the cases would occur during field work seasons; it wasn't unusual to see three, four, or five people in a family affected by Guinea worm. Can you imagine? These families wouldn't be able to harvest their fields. Because of Guinea worm, we had families, sometimes half an entire village, suffering food insecurity."

For the health minister, this was a first-person history.

"I narrowly escaped the Guinea worm," she told her hushed listeners. As young girls, Togo and her sister would fetch water for their family. However, "I'm afraid of water," she confessed. "When I go to the seashore, I sit down and say I can't go further. It was my sister who would go get water for herself and for me, and she is the one who got Guinea worm. I escaped because I was afraid of water and used my headscarf to filter the water I consumed."

Thankfully, the story doesn't end there. Togo grew up to become a physician and is now the head of the Department of Health and Public Hygiene of Mali. She said Malians have great respect for The Carter Center and its founders, who have helped them reach the brink of wiping out the ancient disease.

"You cannot imagine the joy that people in my village will feel when I go home and show them my picture next to President Carter—what an event!" she said. "Everyone in my delegation is here to really bear witness to the great gratitude that we feel for President Carter and his entire team, who fought for us to arrive at this point where we are now."

She noted that Mali's culture has a ceremonial mask called a *ciwara* (pronounced "tchee-wah-rah").

"That's a mask that is given in recognition of bravery and courage, perseverance, a battle waged, and especially a victory. We will do everything possible so that in three years we can come back here to Atlanta with the *ciwara*, which I would really like to give to President Carter. Thank you so much to The Carter Center."



Dr. Marie Madeleine Togo (in white), Mali minister of health, visits a village where Guinea worm disease no longer exists. Under her leadership and in partnership with The Carter Center, the disease is on the brink of elimination in Mali.

Journalism Program Expands to Qatar

The Carter Center Mental Health Program has partnered with the Qatar Foundation's World Innovation Summit for Health (WISH) global health care community initiative to develop and implement a Rosalynn Carter Fellowships for Mental Health Journalism program in Qatar. The program will be the second mental health fellowship program for journalists in the Middle East. The first one began in the United Arab Emirates in May.

Over nearly two decades, the Center has awarded one-year fel-



Buthaina Mohammed Al-Janahi, a columnist at Qatar's Al Arab newspaper, attends the September meeting in Atlanta of Rosalynn Carter journalism fellows. For her fellowship project, Al-Janahi will investigate and report on the mental health of working mothers in Qatar.

lowships to 165 journalists to connect them with resources and experts to enhance their ability to cover mental health issues around the world. The program is currently operating in the United States, Colombia, and the United Arab Emirates and was previously in New Zealand, South Africa, and Romania.

The Carter Center will provide training, educational materials, mentorship, evaluation tools, and technical expertise to develop a sustainable and tailored program in Qatar.

WISH will manage the program in that country and will be responsible for the selection of journalists, facilitating media trainings, and adapting the program to meet the needs of the local journalists.

"Qatar became one of the first nations in the region to create a national mental health strategy," said Egbert Schillings, chief executive officer for WISH.

Since the Rosalynn Carter Fellowships for Mental Health Journalism were established in 1996, fellows have produced more than 1,500 articles, documentaries, books, and other works during and after their fellowship year.

Auction Raises \$3.7 Million

The annual auction at this year's Carter Center Weekend, which took place June 22–26 in Annapolis, Maryland, brought in a record-setting \$3,724,000—more than twice the amount raised at any previous auction.

All proceeds will benefit the Center's peace and public health work in the world's poorest and most forgotten countries.

The 150 items in this year's silent and live auction included fine art, dream 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 \$750,000.

Other items that drew top bids in this year's auction included:

- Farm table with six chairs handcrafted by President Carter and other artists, \$600,000
- Signed photograph of five U.S. presidents, \$285,000
- Camp David peace negotiations collection, \$110,000
- John F. Mello handmade guitar, \$70,000
- Hawaiian paradise vacation, \$55,500
- Two Jerome Lawrence original paintings, \$52,500 each
- Film screening with former Hollywood executive Sherry Lansing, \$19,000

At the auction during Carter Center Weekend in June, former U.S. President Jimmy Carter comments on the table and chairs he helped build. The dining set raised \$600,000 for the work of The Carter Center.



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Frank Richards is director of the Carter Center's river blindness, lymphatic filariasis, and schistosomiasis programs.

NOTES FROM THE FIELD

Guatemala Eliminates River Blindness

By Frank Richards, M.D.

My career has come full circle. I was working in Guatemala for the U.S. Centers for Disease Control and Prevention in 1988 on the parasitic worm disease called river blindness. Then, Guatemala was Latin America's most endemic country for the disease, which is spread by bites of black flies breeding in streams. Now, the World Health Organization has verified that Guatemala has eliminated the disease. This is a monumental achievement, reflecting 28 years of effort.

In the 1980s river blindness was rampant and the elimination program was just beginning. I remember seeing people constantly scratching an arm or leg—a telltale sign of river blindness. The intense itching was caused by the worms in their skin. Eventually, the worms would migrate to the eye, causing visual loss and, potentially, blindness.

I was in Guatemala for the first mass distribution of Mectizan,[®] the medication donated by Merck that halts and even reverses the effects of the infection. Together with health education, Mectizan put Guatemala,

and all of Latin America, on the steady road to elimination of this parasite. This is the focus of the Carter Center's Onchocerciasis Elimination Program for the Americas, working in partnership with the ministries of health in the six affected countries, Colombia, Ecuador, Mexico, Guatemala, Venezuela, and Brazil.

Guatemala is now rid of river blindness, as are Colombia, Ecuador, and Mexico. The population requiring Mectizan treatment in the Americas has been reduced by more than 95 percent, and in the Americas today, the disease is found only along the border between Venezuela and Brazil, deep in the Amazon jungle.

Now when I go to the mountains of Guatemala, I am so gratified to no longer see people incessantly scratching their arms and legs. Eyes are bright and clear. Participating in Guatemala's victory has been a tremendous achievement for me both personally and professionally.

Coffee farmer Manuel Peres Gomez picks beans near the community of El Xab in Guatemala. Historically, such workers have been particularly vulnerable to river blindness due to their proximity to the streams where black flies breed, but in September Guatemala announced it had eliminated the parasitic disease.

