

THE CARTER CENTER NEWS

FALL 2006

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THE
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Advocate Presses for Laws Protecting Human Rights

Marcel Wetsh'okonda fights for human rights laws to be passed in the Democratic Republic of the Congo, a country where 1,000 people die each day from disease, hunger, and vio-

lence. It is no easy task.

Wetsh'okonda found support, however, at the Carter Center's Human Rights Defenders Policy Forum last May, where human rights advocates from around the

world gathered to discuss ways they can make a difference in their countries.

Human rights defenders can be lawyers, policy-makers, or just ordinary people wanting to make a difference. They often work under pressure in fragile democracies to hold governments accountable for human rights standards.

Participants at last May's forum discussed how to help defenders working in new democracies to support human rights. Representing nations

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Deborah Hakes

Karin Ryan, Carter Center director of human rights, discusses a case with Marcel Wetsh'okonda, a human rights defender in Democratic Republic of the Congo.

Reporters Find Inspiration in Mental Health Stories

In South Africa, men view depression as a sign of weakness. So when veteran journalist Marion Scher wrote a story on the topic for the South African magazine *Men's Health*, she was thrilled that the men she interviewed allowed her to use their real names. "That's very, very unusu-

al," Scher said. "They really bared their souls to me."

Her article also provided contact information for the South African Depression and Anxiety Support Group, and, once the article was published, the organization's

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Annemarie Poyo

Reporter Michelle Trudeau of National Public Radio listens to Otto Wahl of the University of Hartford at a meeting for journalists who have received a Rosalynn Carter Fellowship for Mental Health Journalism.

From the Executive Director

Gates Award Marks Center's Impact on Neglected Diseases

The left leg of 8-year-old Monday Nweke bears five scars. Early in 2006, this Nigerian boy endured the pain of five Guinea worms exiting his body. He was crippled so badly that he missed several months of school and will have to repeat his grade.

Thankfully, however, Monday is one of the last people in his village of Umuezeali to know the agony of Guinea worm disease firsthand. Due to the Carter Center's 20-year eradication effort, Nigeria is extremely close to eliminating this disease within its borders.

Nigeria once had the most cases of Guinea worm disease in the world. At the end of 2006, the country may have seen its last case.

The Bill and Melinda Gates Foundation recognized The Carter Center

for such accomplishments by giving the Center the 2006 Gates Award for Global Health during the Global Health Council's annual international conference earlier this year. The \$1 million award—the world's largest prize for international health—honors efforts to improve health in developing countries.

"I have seen the extraordinary impact of the Carter Center's health programs. This award is a tribute not only to the leadership of Jimmy and Rosalynn Carter but also to the Center's very competent and dedicated staff," said William H. Gates Sr., co-chair of the Gates Foundation.

It is the strong and ongoing support of foundations and individuals that has made possible:

- Reduction of the incidence of Guinea worm disease by more than 99.5 percent



Dr. John Hardman, executive director of The Carter Center

- Delivery of more than 75 million Mectizan® treatments for river blindness
- Construction of more than 200,000 latrines by Ethiopians to help prevent the bacterial eye disease trachoma.

These milestones represent only a fraction of the progress The Carter Center has made in partnership with ministries of health and local communities throughout Africa and Latin America. The Center has pioneered programs battling lymphatic filariasis and schistosomiasis in Nigeria and demonstrated better farming techniques that have multiplied crop production across Africa. In Ethiopia, the Center has helped train public health workers. In Latin America, the Center is eliminating river blindness from the six countries where it is found. Finally, under the guidance of Mrs. Carter, the Center continues to fight stigma against mental illnesses.

The Carter Center is proud to receive such a great honor from the Gates Foundation. But what keeps the staff at the Center motivated is making a difference in the lives of individual people—children like Monday Nweke, who will never miss another day of school because of Guinea worm.



In Ghana, President and Mrs. Carter examine a boy's pipe filter, which prevents Guinea worm disease. The Center won the 2006 Gates Award for Global Health.

Annemarie Poyo

Annemarie Poyo

Elections in Troubled Congo Mark Step Toward Democracy

Citizens of the Democratic Republic of the Congo, a war-torn country the size of Western Europe with only 300 miles of paved roads, overcame huge logistical challenges to hold the country's first presidential and legislative multiparty elections in 46 years on July 30, 2006.

The process was not flawless—the Carter Center delegation noted procedures

that weakened the elections' transparency but determined that the overall results were credible.

"These elections were a major initial step toward achieving meaningful democratic governance," said Dr. John Stremlau, associate executive director of the Carter Center's peace programs and co-leader of the Democratic Republic of the Congo delegation. "But this was just the beginning

Stremlau, the delegation was also co-led by Right Honourable Joe Clark, former prime minister of Canada. A team of long-term observers was deployed in mid-April to observe the overall political environment and election preparations. Short- and medium-term observers arrived closer to election day.

One of the problems the delegation found was in the transport of electoral materials, such as ballots and sign-in sheets, from the polling sites to the tabulation centers. The materials lacked proper packaging, were not kept intact, and were not accounted for upon arrival for tabulation.



Deborah Hakes

A family in the Democratic Republic of the Congo cast their votes in the first presidential and multiparty elections in 46 years.

The process was not flawless — the Carter Center delegation noted procedures that weakened the elections' transparency but determined that the overall results were credible.

In such a large country, observers and voters alike faced procedural obstacles, such as managing a six-page, unwieldy legislative ballot that included 9,707 candidates for parliament. Polling stations often required multiple ballot boxes to accommodate the large legislative ballots.

Because no candidate won the majority vote, a runoff election was scheduled for Oct. 29 between the two leading candidates, Joseph Kabila, president, and Jean-Pierre Bemba, vice president and a former rebel leader.

The Carter Center remains committed to the democratic process in the Democratic Republic of the Congo and deployed observers throughout the country for the runoff elections.

The Carter Center hopes to continue working in the DRC after the elections, not only to verify their outcome but also to prepare for postelection conflict resolution and democracy-building activities, including protection of human rights.

"Deciding on the nature and scale of postelection engagement will take time," said Dr. Stremlau. "But the process of developing and exploring options is already underway and should accelerate."



Deborah Hakes

A voter struggles with a multipage ballot. More than 9,700 candidates were running for parliament.

of a long, costly, and conflict-prone nation-building process."

A 58-member Carter Center election observation delegation participated in the elections, with teams deployed throughout the country to monitor polling sites, the voting process, and final tabulations. In addition to Dr.

Profile: John Stremlau

Role at Center Allows Director to Keep Close Ties With African Continent

Dr. John Stremlau views the recent elections held in the Democratic Republic of the Congo as both triumphant and tragic. “It was quite moving to see the Congolese people turn out to vote,” he said. “At the same time,” he added, “it was depressing to see how the country and its people have suffered so greatly.” The elections were the first held in 46 years in a country devastated by five years of civil war where more than 3 million people have died, mostly from disease and malnutrition.

he added. South Africa is also playing a vital role in helping promote peace and democracy in the Democratic Republic of the Congo and in other conflict-prone areas where The Carter Center has programs in the areas of peace and health.

The social climate in his adopted South Africa also has made the transition to The Carter Center smooth for Dr. Stremlau. “Like The Carter Center, South Africa likes to be inclusive. You don’t leave

respects and likes the people of Africa and cares about their troubles.”

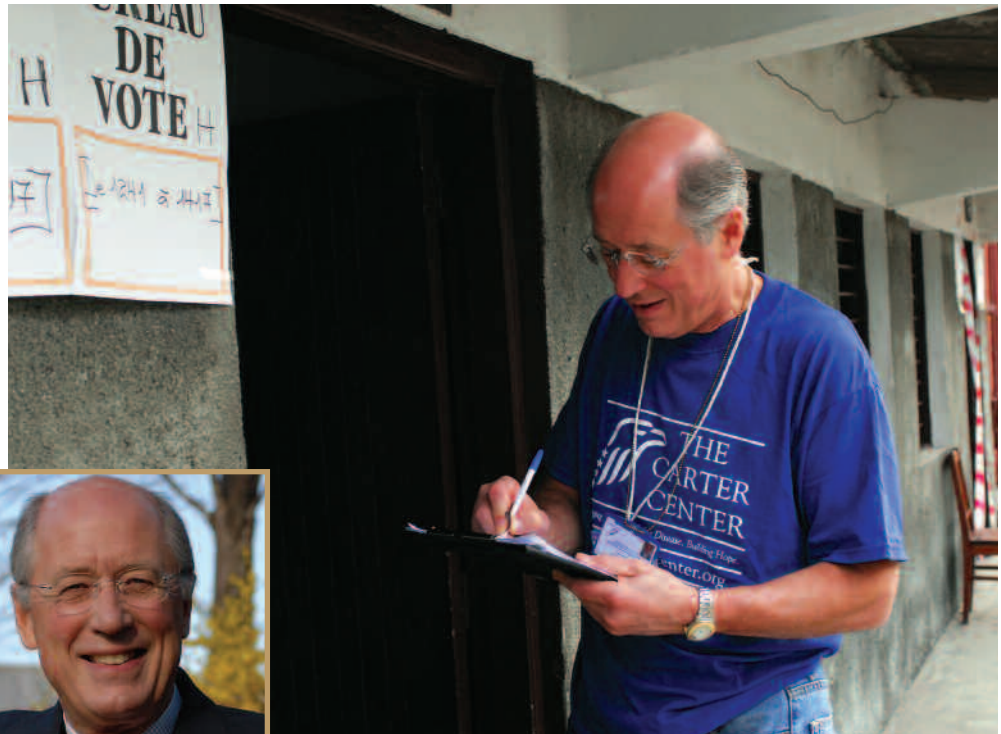
As the Center’s peace programs evolve, Dr. Stremlau has put forth a slogan to guide his programs’ work: peace with justice. “Peace alone is not enough. There must be a sense of fairness and justice for people to play by agreed rules and not revert to violence,” Dr. Stremlau said. “The peace programs have as their core concern the commitment to promote fairness as the foundation for building hope,” he said.

In this vein, the work of the peace programs will have a renewed emphasis on human rights, which has been a consistently strong undercurrent of all of the Center’s work. Plus, the Center plans to focus on helping countries truly build democracies

“The Carter Center has a small staff and a huge agenda,” Stremlau said. “There’s always plenty to do.”

Africa is familiar territory to Dr. Stremlau, associate executive director for peace programs at The Carter Center. He began his career in Nigeria, producing a book on that country’s civil war, continuing to work on African issues during stints as head of international relations at the Rockefeller Foundation and deputy director for policy planning at the U.S. Department of State. When he was hired at the Center in early 2006, Dr. Stremlau had been living for eight years in Johannesburg, South Africa, teaching at the University of the Witwatersrand and heading its Department of International Relations.

His recent South African experience has given Dr. Stremlau renewed hope for Africa’s future. “People want to debate in South Africa,” Dr. Stremlau said. “The country has used peaceful means to overcome the political and social challenges that stem from the legacy of apartheid,”



Dr. John Stremlau, associate executive director for peace programs, completes an observation checklist at a polling site in the Democratic Republic of the Congo in July.

people outside the tent,” he said. And in these times when support for the United States around the world is low, Dr. Stremlau is pleased to be part of the Center. “You cannot exaggerate how important the image of The Carter Center is as a reflection of the better side of America’s nature,” he said. “President Carter is seen as someone who genuinely

by not only monitoring elections but by maintaining a presence in countries for the long term—before and after elections.

Atlanta, Ga., may be a long way from South Africa geographically, but Dr. Stremlau already has become comfortable. “The Carter Center has a small staff and a huge agenda,” he said. “There’s always plenty to do.”

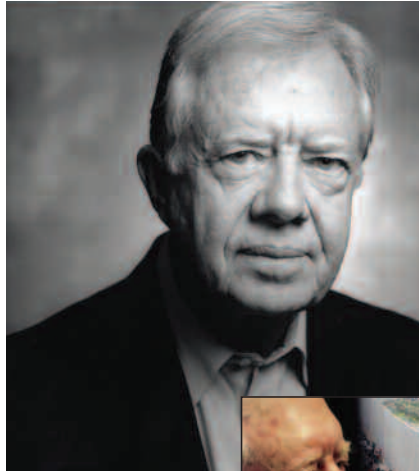
Deborah Hakes

Q&A With President Carter

Peace in Middle East Requires Inclusion

The 21st book by best-selling author and Carter Center co-founder former U.S.

President Jimmy Carter will be published by Simon and Schuster in November. "Palestine Peace Not Apartheid" offers an assessment of what must be done to bring permanent peace to Israel with dignity and justice to Palestine. Architect of the enduring 1978 peace agreement between Israel and Egypt, President Carter has remained deeply involved in Middle East affairs since leaving the White House, including serving as a leader of Carter Center election observations in the Palestinian territories in 1996, 2005, and 2006. Here, President Carter answers questions about the current situation in the Middle East.



Billy Howard

President Carter, the 2005 Palestinian presidential election renewed optimism about prospects for peace in the region. Why did that hope prove so fragile?

It should be remembered that President Mahmoud Abbas is the undisputed leader of the PLO, the only Palestinian organization recognized by Israel and the international community. He has made it clear that he is eager to join in peace negotiations, based on all pertinent U.N. resolutions, the Oslo Agreement, and the international "road map for peace." As prime minister and before being elected president, Abbas had been the pre-eminent choice of both Israel and the United States as the trusted spokesman for the Palestinians. However, he has never been permitted to participate in any substantive peace effort.



What impact has international reaction to the election of Hamas in 2006 had on the currency of violence and extremist organizations such as Hezbollah, Al-Qaeda, and Hamas in the Arab world? Has this strategy made anyone safer?

Although the 2006 election was recognized as an honest, fair, and free choice of Palestinian voters, inclusion of Hamas in the Palestinian National Authority has precipitated the withholding of international assistance and collected Palestinian funds from the people. This reduces humanitarian aid; precludes the payment of government salaries to police, teachers, nurses, and other social workers; and engenders both suffering and resentment in Palestine. The unmet demands are that Hamas recognize Israel's right to exist, forego violence, and endorse all previous agreements negotiated by the PLO. Hamas leaders respond that they will honor a

Deborah Hakes



A Palestinian boy looks at the rubble of his home three days after it had been destroyed by Israeli rocket fire. He and his family now live in a refugee camp.

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Center Takes on Missions in Guyana, Nicaragua

In addition to observing elections in the Democratic Republic of the Congo, The Carter Center has undertaken missions in Guyana and Nicaragua.

In Guyana, a small Carter Center delegation witnessed a peaceful election day on Aug. 28, 2006. The observation team consisted of a field office director, three medium-term observers, and seven short-term observers. The team met with election officials, political party and civil society leaders, representatives of the

international community, and other stakeholders to analyze campaign and electoral preparations.

Because of the limited scope of its observation presence, the Carter Center team did not draw conclusions or issue public judgments about the overall election process. Given its longstanding engagement in the country, the Center hopes to assist Guyana in using the elections and the postelection period as an opportunity to reaffirm its commitment to building

more inclusive governance there.

The Carter Center observed its fourth national election in Nicaragua on Nov. 5, having already observed contests there in 1990, 1996, and 2001. Seven Carter Center long-term observers were deployed in mid-September. They were joined by a full-scale delegation in early November.

President and Mrs. Carter visited Nicaragua in July to meet with President Bolaños, election authorities, candidates, civil society representatives, and the diplomatic community. The Nov. 5 election mission was headed by Jaime Aparicio, former Bolivian ambassador to the United States.

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Human Rights

like Haiti, Bolivia, Afghanistan, Egypt, and Kenya, the defenders agreed that despite recent elections in several countries that raised the hopes of millions of people for freedom and justice, democracies—both fledgling and established—are falling short in their support of fundamental human rights.

“Defenders work in countries long after the world loses interest in an election or other political events,” said Karin Ryan, director of the Carter Center Human Rights Program. “The international community needs to stay engaged after elections to ensure human rights are embedded in the institutions that are likely to be weak in countries emerging from conflict.”

One of the international watchdogs for human rights violations was completely revamped last spring. Under increasing pressure to make reforms, the United Nations disbanded its existing human rights body and created a new 47-nation Human Rights Council. The move was encouraged by The Carter Center and other organizations; the previous commission had been heavily criticized for having member countries with poor human rights records.

In the Democratic Republic of the



Wetsh'okonda works in Kinshasa on behalf of Congolese citizens.

Congo, where Wetsh'okonda works, elections were held in August for the first time in over 46 years. Though civil war there ended in 1997, fighting remains in the eastern part of the country, and stability in capital Kinshasa is shaky. Wetsh'okonda regularly sees human rights violations like sexual harassment and abuse of power by authorities, and he views fighting for the rights of ordinary people as the only natural thing to do.

“As I work, I discover even more reasons to do this,” he said. “If I didn’t

push so hard perhaps these laws would not be accepted or would not be respected or implemented.”

He is encouraged by the presence of international election observation groups like The Carter Center in the country and hopes the Center remains involved there.

“The Democratic Republic of the Congo has a baby democracy,” he said. “When you have a baby, do you leave it, or do you take care of it as it grows? The Carter Center can help hold the new government accountable for its promises.”

Deborah Hakes

Trachoma Study in Sudan Shows SAFE Strategy Works

Children in the United States may not give grape-flavored cough syrup another thought, but in Eastern Equatoria, Sudan, children look forward to their yearly dose of an antibiotic that tastes like bananas. The medicine, azithromycin, is one part of a strategy designed to prevent blinding trachoma, a bacterial eye disease and leading cause of preventable blindness in the world.

A recent program evaluation by the Carter Center Trachoma Control Program showed that simple measures applied at the community level can nearly eliminate the devastating disease in one of the most neglected regions of the world.

The evaluation results, published in the August 2006 issue of the medical journal *The Lancet*, centered around the SAFE strategy, the four-pronged approach to controlling trachoma endorsed by the World Health Organization. After three years of intervention using the SAFE strategy in communities in southern Sudan, prevalence of active trachoma and unclean faces was reduced by up to 92 percent and 87 percent, respectively. The program was implemented with support of the Lions Clubs International Foundation in four districts with a combined population of almost 250,000 people.

The SAFE strategy refers to surgery, antibiotics, facial cleanliness, and environmental improvement.

“The evaluation data provide hope that if the strategy can be implemented with such success in southern Sudan, an area with limited resources, little infrastructure, and difficulties in access and insecurity, the strategy can be used to effectively wipe out the disease in all countries where it is found,” said Dr. Paul Emerson, technical director of the Carter Center Trachoma Control Program and co-author of the *Lancet* paper.

Caused by bacteria, trachoma is prevalent in poor, rural communities that lack access to basic hygiene, clean water, and adequate sanitation. The disease is easily spread throughout a community via contact with dirty clothes, hands, and flies that are attracted to eyes.

“These disease factors have been aggravated by the prolonged civil conflict in Sudan. In fact, the trachoma situation in southern Sudan is dire, with one of the highest prevalence rates of blinding trachoma in the world,” said Dr. Jeremiah Ngondi, co-author of the paper and Carter Center consultant.

The path to blindness from trachoma is slow and painful, as repeated infections cause the eyelid to scar and turn inward, allowing the eyelashes to scrape against the cornea. If left untreated, eyelashes constantly scratch the surface of the cornea, leading to scarring and irreversible blindness. For millions of people tortured by the end stages of the preventable disease, the world permanently fades from view, one painful blink at a time. Young children who rub their eyes with unclean hands and whose faces are constantly wiped by their mothers’ skirts, bear the heaviest burden

of active trachoma infections and are the main source of infection for other people.

The study raises opportunity for future research on the collateral health benefits that the SAFE strategy can provide for children in trachoma-endemic areas of southern Sudan and elsewhere around the world.

“Just imagine how useful it is for people to have a yearly dose of a systemic antibiotic, plus hygiene promotion, plus access to water and sanitation, and imagine what effect that also is having on diarrheal diseases, infection with worms, pneumonia, and other communicable diseases. We can have a powerful effect on health and development through the vehicle of trachoma control,” said Dr. Emerson.



A girl in Eastern Equatoria, Sudan, takes a dose of the antibiotic azithromycin to protect herself from the bacteria that causes trachoma.

Paul Emerson

Laughter Is the Best Medicine

Group's Humor Aids in Guinea Worm Education

Two actors take the stage and make wild cartoonish gestures and snappy remarks. This is not the latest sitcom in Hollywood or a new Broadway production but a drama about Guinea worm disease in rural Ghana.

Hundreds of people in the community of Tugu squeeze on top of school desks around the dusty village center, craning their necks to see the performance. For the crowd, the humorous plot is entertainment

worth leaving their homes for. For The Carter Center and Ghana's Guinea worm eradication program, the drama marks one more avenue for spreading the word about how to prevent the disease.

Conveying public health messages can be a challenge in isolated communities where few people can read or write. Harkening back to ancient community theater in Greece and Rome, the drama brings education to life through the performing arts.



In the community of Tugu, Ghana, two actors perform in a play about Guinea worm prevention. The play uses humor to capture the audience's attention.

"You can organize a community meeting, and people won't come out. But if you mention that you are going to do a drama, you see everyone rushing out to see the group," said Nyohini Baba, producer of the Suhuyini Drama Group.

Dispelling the myths about a 3,000-year-old disease isn't easy. Many communities in northern Ghana hold strong beliefs that Guinea worm disease is the result of a curse or a genetic disposition that is passed down through generations. In truth, Guinea worm is contracted through drinking water contaminated with a larva that matures into a long, spaghetti-thin worm after a year in a human body. The worm exits the body through an agonizingly painful blister in the skin.

"Guinea worm is a thorn in our flesh. It brings poverty to the people because when one is attacked by Guinea worm, that fellow cannot go to the farm, that fellow cannot work," said Osmond Abdullah, Suhuyini's playwright.

"Humor helps the audience feel comfortable talking about the disease."

Abdullah has written seven plays on various aspects of prevention and treatment of the disease, including the importance of filtering water. In Tugu, a character that refused to filter his water becomes infected with Guinea worm. As he limped into view, he gripped his foot and screamed with each step. The audience shrieked with delight watching the big man cry like a child. To keep the audience interested, the plot is filled with action, comedy, and romance.

"Humor helps the audience feel comfortable with talking about the disease and, in effect, reduces the stigma associated with it," said Philip Downs, assistant director of the Center's Guinea Worm Eradication Program. "When stigma is reduced, people no longer hide their cases of Guinea worm, and health workers can contain all cases of the disease before infected people recontaminate the water source."

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Mental Health

phones began to ring with men looking for help. Some even called Scher personally. “They asked if I could put them in touch with the men in the story,” she said.

Scher wrote the depression article, plus several others on suicide, childhood depression, and general anxiety disorders, under the auspices of the Rosalynn Carter Fellowships for Mental Health Journalism. Scher was one of two journalists from South Africa who received fellowships for 2005–2006. The class also included two New Zealand and six U.S. journalists.

The Carter Center fellowship program trains a cadre of journalists in mental health reporting each year. By providing

financial support and mentors, the program aims to increase the visibility of mental health issues in the media and reduce stigma about mental illnesses.



“Mrs. Carter is inspirational to reporters,” Trudeau said. “We have really benefited by being exposed to her passion and her intelligence.”

While Scher was helping South Africans with depression see that they were not alone, Michelle Trudeau, a correspondent for National Public Radio, reported on current research in mental health. One of her most memorable stories focused on aggression in school-age children. A study showed that acting aggressively was a coping mechanism for many children who had major stresses at home. Trudeau reported that many of these students simply are kicked out of school without any in-depth diagnosis and evaluation. “This was an effort to show that if we can get to the underlying

Journalist Marion Scher’s article on depression, which was published in *Men’s Health* magazine, struck a chord with many readers in South Africa.

problems, then we can help with intervention and treatment,” she said.

Trudeau found the members of the Center’s fellowship advisory board to be a resource for her work. “I could shoot off an e-mail saying, ‘I’m looking for an expert on X or Y’ and have four or five different people respond to me immediately with good suggestions,” she said. She added that she plans to continue calling on the Carter Center’s board of experts in her future work.

For Chicago television producer Julianne Hill, her affiliation with the Center and former First Lady Rosalynn Carter opened doors. “Mrs. Carter’s mission to reduce stigma of mental illness really helped convince people that this was a safe place to tell their stories,” Hill said. “This was a place where they were going to be heard,” she added.

“Mrs. Carter is inspirational to reporters,” Trudeau said. “We have really benefited by being exposed to her passion and her intelligence.”

In September, the 2005–2006 class formally finished their year as Carter Center fellows, and the program welcomed another 10 journalists to the program. But the outgoing fellows go back to their newsrooms with a new perspective on and sensitivity to mental health.

“The fellowship experience reminded me that the most important story about mental health is the personal story—the story that touches people who are suffering with mental illnesses and their families and their communities,” Hill said.

Recent Legislation Creates New Opportunities to Support Center

New legislation has made it possible for individuals age 70 or older to make outright gifts to The Carter Center directly from an individual retirement account (IRA). The tax-law change was the result of the Pension Protection Act of 2006, signed into law last August. The primary purpose of the legislation is reflected in its title, but it also contains a number of other provisions, one of which allows for direct gifts to charity.

A gift from an IRA is treated as a qualified distribution, the same as if the funds were received by the holder of the

IRA. The amount of the gift, however, may be excluded from gross income for tax purposes. While the contribution is not eligible for a charitable deduction, there is also no income tax due on the transfer.

This legislation presents an important opportunity for tax-advantaged giving in support of the Carter Center's mission. The law remains in effect through Dec. 31, 2007, and allows an individual to give up

to \$100,000 from IRA accounts to qualified charities in each calendar year.

Interested individuals should check with their IRA providers regarding restrictions and to inquire about the process for making such a gift to The Carter Center. The Center also recommends consulting an attorney or financial planner prior to making a donation under the provisions of this legislation.

Questions regarding the Pension Protection Act of 2006 and charitable gifts to the Center should be directed to Rhonda Schultz in the Office of Gift Planning at (800) 550-3560, ext. 868 or by e-mail to rhonda.schultz@emory.edu.

Reminder: Year-end gifts of stock must be received by The Carter Center by Friday, Dec. 29, 2006, so contact your broker early. Call (404) 420-3868 for more information.

Grant From Ireland Strengthens Election Monitoring Standards

Irish Aid has given The Carter Center a \$761,000 USD grant to help develop and build international consensus around election observation standards. A pioneer in the field, the Center will draw on its experience observing 65 elections in 26 countries and work with a variety of international partners to build common standards that could be implemented by all election observation organizations.

The Center's new work will build on the Code of Conduct and Declaration of Principles for International Election Observation that was endorsed in October 2005 at a meeting at the United Nations co-chaired by President Carter, U.N. Secretary-general Kofi Annan, and Madeline Albright. The Carter Center was one of the key initiators of these standards.

Prior to the grant for observation standards, Irish Aid had given The Carter Center four grants totaling \$737,000 since 2005 to support three projects: long-term election monitoring in Liberia and Nicaragua and the Human Rights Defenders Policy Forum.

The assistance provided by Irish Aid is a reflection of Ireland's wider foreign policy interests in peace, justice, and human rights issues.



An observer watches election procedures in Liberia in 2005. Irish Aid provided grants for the Center's mission in Liberia and for the development of standards in election observation.

Two Grants Target Nigeria

Two grants from the Bill & Melinda Gates Foundation of \$5 million each will help The Carter Center conduct demonstration projects on preventing neglected tropical diseases in Nigeria.

One of the grants will support integrated control of river blindness, lymphatic filariasis, schistosomiasis, trachoma, malaria, and vitamin A deficiency in Plateau and Nasarawa states in central Nigeria. The Center hopes to show the cost-effectiveness and efficiency of tackling multiple diseases simultaneously.

The other grant will study the effectiveness of using long-lasting insecticide-treated bed nets alone to control lymphatic filariasis in areas of southern Nigeria where anti-filarial mass drug administration cannot be given because of concern about health risks of such therapy in individuals infected with the parasite *Loa loa*.

In these new efforts, the Center will work with the following longstanding partners: Nigeria Ministry of Health, Emory University, and the Centers for Disease Control and Prevention.

Deborah Hakes

Young Donor Finds Himself Involved in Center's Activities

Four years ago, Jason Sheedy was watching a PBS documentary about President Carter. The 33-year-old was intrigued when President Carter talked about The Carter Center and its humanitarian programs that reach people around the world.

After the program, Sheedy, who lives in St. Paul, Minn., found the Carter Center Web site. Impressed by the Center's mission, he made a donation online. Since then, his support for the Center has grown, and now he belongs to the Ambassadors Circle and the Legacy Circle and has

attended the annual Winter Weekend auction and other events.

"I'm motivated by the way The Carter Center operates," he said. "With limited staff, the Center becomes an adviser to local people in countries where it has programs. These people are taught how to help themselves."

Sheedy has a particular interest in the work of the Center's health programs. "No one deserves to live with diseases like Guinea worm, river blindness, and trachoma," he said. "It's tragic that so many people have no money for nourishment, much less health care," he added.

Although Sheedy's job as an international business consultant has taken him to more than 45 countries, he has especially enjoyed trips for Carter Center donors, such as visiting President and Mrs. Carter's hometown of Plains, Ga., where he square-danced with Mrs. Carter and received a tour of the Jimmy Carter Boyhood Home from President Carter himself. At Winter Weekend in Crested Butte, Colo., last winter, he purchased an ornate ceremonial dagger that had been a gift to President Carter from the president of Indonesia in 1999.

As a young man in his 30s, Sheedy can barely remember the Carter presidency, but that has not stopped him from embracing The Carter Center. His message to other young people: "With the way the world is progressing, we truly live in a global community. We are all affected by what happens to people living in other countries," he said. "You must help others just like others have helped you."



Donor Jason Sheedy has met President Carter at several events, including the 2005 Winter Weekend.

Channel a Match for Center's African Presence

A little over a year old, The Africa Channel is a broadcast network devoted solely to stories from the continent of Africa, designed for U.S. audiences. Because so much of the Carter Center's work happens in Africa, the channel and the Center make natural partners and have agreed to cooperate on future programming.

The channel currently plays a public service announcement from President Carter about Guinea worm disease, urging viewers to take action, and plans to cover the November 2006 Guinea worm ceremony in Atlanta honoring African countries Uganda, Benin, Central

African Republic, and Mauritania for stopping transmission of the disease.

The channel, which covers many aspects of African culture through news, music and entertainment, and documentaries generated by stations in Africa, will begin original programming in 2007.



This girl in Togo with Guinea worm disease is featured in the public service announcement running on The Africa Channel.

Emily Staub

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President Carter Q&A

permanent cease-fire and will accept any peace agreement approved by the Palestinian people. The stalemate continues and results in increased animosity and violence among radicals on all sides. No one in the troubled region is safer.

What steps can be taken to share the Holy Land without a system of apartheid or the constant fear of terrorism?

An overwhelming majority of Israelis, Palestinians, and other neighbors express a desire for a resolution of differences, based on a two-state solution with Israelis and Palestinians living side by side on their own territory as recognized by international law and previous peace agreements. In the past, the United States has provided the necessary strong and objective role as mediator, but this historic leadership has



been absent during the last six years. It may be that the international Quartet (United States, United Nations, Russia, and European Union) can fill this vacuum and implement the terms of its “road map for peace,” which calls for withdrawal of Israel

from occupied territories and provides for Israelis to live securely and in harmony with their neighbors.

How can The Carter Center help foster peace in the Middle East?

One notable contribution has been the Geneva Initiative, which is a comprehensive agreement negotiated by responsible Israelis and Palestinians and revealed in November 2003. It spells out reasonable terms for peace and earned the public endorsement of many world leaders and approval of a majority of citizens on both sides of the dispute. Representatives of our Center participated in the evolution and promulgation of this initiative, and I made the keynote speech at the announcement ceremony. In addition, The Carter Center has monitored all three Palestinian elections—in 1996, 2005, and 2006—and we remain engaged, unofficially, in exploring additional avenues for resolving the Middle East crisis.

Center Launches New Web Site

The Carter Center’s new Web site, unveiled in late August, was designed to powerfully communicate stories of lives changed through the Center’s peace and health programs.

Created with intuitive navigation, visitors will see more feature articles, news stories, and multimedia such as video and slide shows. The site also offers more interactive features, including RSS feeds, which allow visitors to sign up for regular news updates about the Center’s work; podcasts, which include audio and video that can be downloaded and played on any mp3 player or computer; and a multimedia console, which houses all Carter Center video, audio, and slide shows in one place.

In addition, a “How to Get Involved” section explains the Center’s volunteer program, Conversations at The Carter Center, the intern program, and career opportunities.

The site was designed by Melia Design Group of Atlanta.