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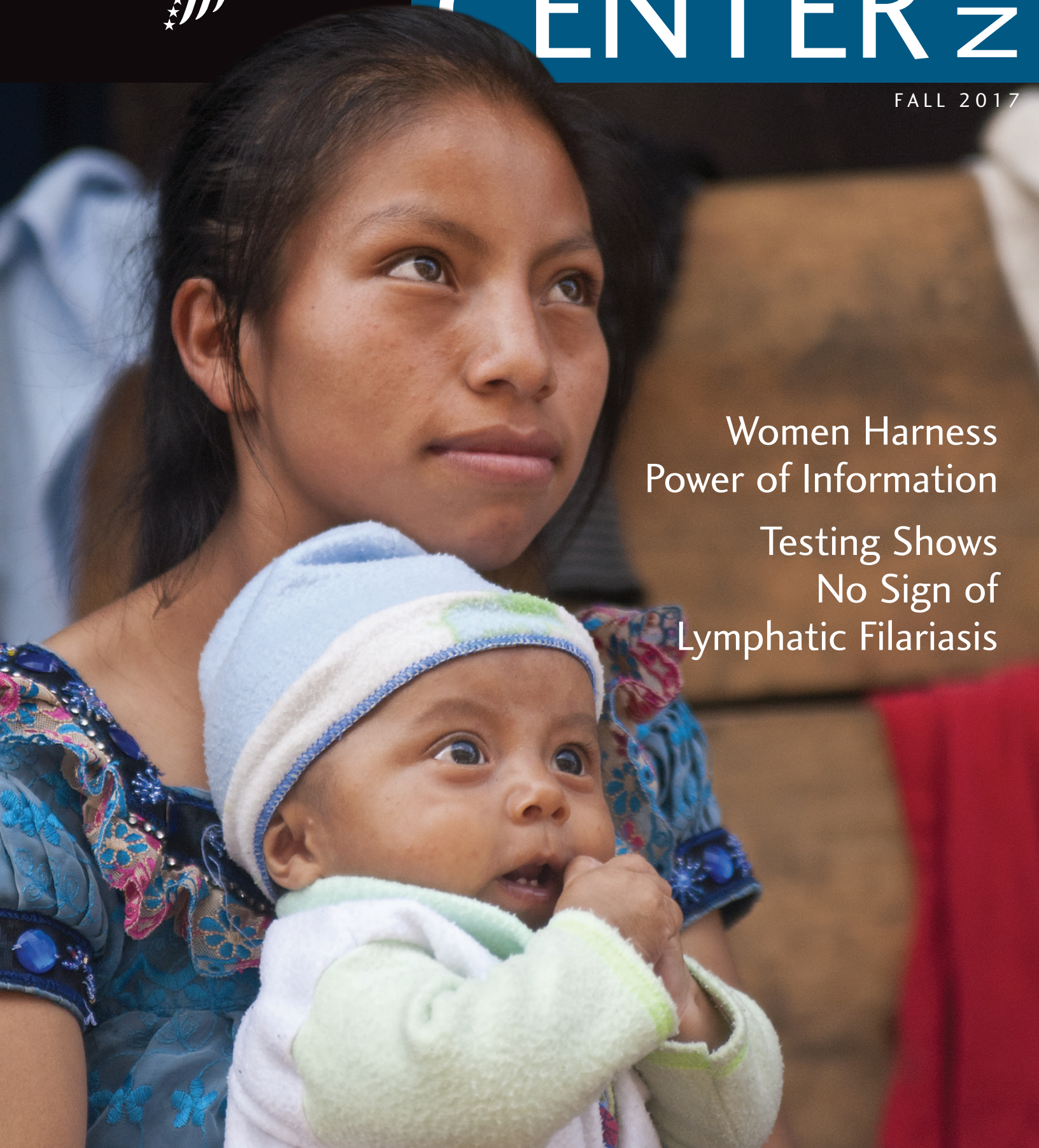
CARTER CENTER NEWS

FALL 2017



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

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ON THE COVER

A woman and her daughter sit at a market in Santa Cruz del Quiche in Guatemala. The Carter Center is working in the country to help women exercise their legal right to access government information. Read more beginning on page 4.

From the CEO

Carter Center Provides Pounds of Prevention

We all know Benjamin Franklin's proverb "An ounce of prevention is worth a pound of cure." It makes sense to try to keep a bad thing from happening rather than to try to fix the mess that results if you let the bad thing happen. This simple but profound principle is at work in everything we do at The Carter Center.

For example, we are closing in on the eradication of Guinea worm disease—and we got there by teaching millions of people how to avoid becoming infected. Filtering drinking water and keeping infected people from entering water sources are simple measures that have driven the parasite to the brink of extinction—and saved millions from having to endure the debilitating pain of Guinea worm disease.

In South Sudan, a demonstration to community members on how and why to use a water filter helps prevent Guinea worm disease.

We take a prevention approach with other neglected tropical diseases as well. River blindness and lymphatic filariasis are spread by insects that bite infected people and then inject the infection into healthy people. Mass drug administration doesn't stop the insects from biting; what it does do is make people healthier so that there is no infection to transmit. In the case of trachoma, we teach people hygiene techniques and help them build latrines to reduce the population of the flies that spread the infection from person to person. We prevent transmission, and people don't get sick.

The value of prevention isn't limited to health; our peace work embraces it too. Our Human Rights Program staff know that when people are knowledgeable about their rights, they are empowered to take lawful action to protect their freedoms. We work to prevent election-related violence that can spark civil conflict. We mediate and teach others to mediate disputes, with the goal of negotiating solutions and preventing violence.

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

In all these ways and more, we strive to meet challenges before they become problems and find solutions to problems before they become crises.

Call it "a stitch in time" if you like. At The Carter Center, it is standard operating procedure.

Liberia's Newest Class of Clinicians Graduates

As of Sept. 15, Liberia has 22 more clinicians specializing in child and adolescent mental health.

They are the third group to graduate from a training course developed by the Carter Center's Mental Health Program in partnership with the Liberia Ministry of Health, Ministry of Education, and Ministry of Gender, Children and Social Protection.

The graduates will provide mental health and psychosocial care in schools, clinics, and other child- and youth-centered settings. A total of 230 nurses, physician assistants, and registered midwives now have completed the free, six-month program.

Liberia is on course to reach its goal of expanding access to mental health care to 70 percent of the population within the next few years. The country of 4.6 million people has just three psychiatrists to meet the needs of at least 300,000 Liberians suffering from mental illnesses.

Graduates of the Carter Center program passed a credentialing exam in September administered by the Liberian Board of Nursing and Midwifery and the Liberia Physician Assistants Association to practice as licensed mental health clinicians. This allows them to return to their counties of practice as child and adolescent mental health specialists and to practice in primary care settings that focus on children and adolescents, or to begin working in school-based clinics.

In Liberia, a graduate of a Carter Center-sponsored training program for mental health clinicians receives her name badge during a spring 2017 graduation ceremony. The newest class of clinicians graduated in September.

Forum Draws Defenders of Human Rights

More than 70 activists, scholars, and community leaders from 31 countries took part in May's annual Human Rights Defenders Forum, which focused on strategies for protecting human rights in the wake of rising authoritarianism.

"Freedom from Fear: Securing Rights in Challenging Times" shone a spotlight on some of the obstacles human rights defenders are facing as governments in many countries clamp down on public debate and activism.

Abeer Pamuk, a young Syrian who worked with an organization helping orphans and children separated from their families, shared some of her experiences and heard from others engaged in equally difficult and dangerous work.

"When you are in Syria, you think that you are alone trying to change the world," she said during the forum. "But being here, with all these people who are suffering from the same problems with extremism and radicalism and peacebuilding, gives you a lot of context."

This year's event also included a public conversation between former U.S. President Jimmy Carter and U.S. Senator Bernie Sanders.

Former U.S. President Jimmy Carter participates in the Carter Center's annual Human Rights Defenders Forum in May.

Domestic Election Observers Focus of Center Research

Want to know who is allowed to observe elections in your state?

You can easily find out, thanks to a recently concluded Democracy Program project. Program staff researched the laws in all 50 states and partnered with the National Conference of State Legislatures to post its findings on the NCSL website.

Why does this matter?

"There really hasn't been much focus on observing U.S. elections. As a nation, we've taken it for granted that our elections are good and that the political parties are taking care of observation efforts," said Avery Davis-Roberts, the associate director in the Democracy Program who headed the project. "What we're realizing is that in the current hyperpoliticized environment, having nonpartisan observers in place can help calm concerns."

In part because of the Center's efforts, legislators in California and Maryland introduced laws that explicitly allow nonpartisan observers to be present at the polls. The law passed in California and is pending in Maryland. In Iowa, the secretary of state's office is working on changes to procedures to make nonpartisan observers more welcome.

Part of the U.S. elections project also involved training members of the League of Women Voters in election observation. Following a pilot program in Ohio in 2016, the Center created a set of online training materials that the League can use to train members across the nation.

When government records were destroyed in Guatemala, Blanca Nieves lost the small pension that helps pay for her medication.

Guatemalan Women Harness Power of Information

For nearly three years, 83-year-old Blanca Nieves Valdez didn't exist.

She was living in a cozy house in the small town of San José la Arada, Guatemala, doing all the things that real people do — eating, sleeping, chatting, chores — but as far as the government of Guatemala was concerned, she was a non-person. The official record book containing her information was destroyed, so when the government changed its ID system, it didn't issue her a new ID card.

And like that, her identity — and the small pension she received — vanished.

Blanca Nieves' niece and caretaker, Reyna Moscoso, had no idea how to go about getting her aunt an ID card.

Then the president of a women's group that Reyna belongs to attended a Carter Center-sponsored session about the right of access to information and told her that she should ask The Carter Center for help.

In recent years, the Center's Global Access to Information Program has expanded its efforts to include a special focus on women.

After conducting studies in Liberia, Guatemala, and Bangladesh that found that women often can't access government information as easily as men can, it launched programs in all three countries to improve this situation. Working with local partners, it conducts sessions to make women aware of their right and encourages governments to proactively disclose information. It also employs information liaisons who help women file information requests and track the results.

"One of the things we learned in our studies is that women oftentimes had issues of access," said Laura Neuman, director of the Carter Center's program. "Public offices were too far away. Bus tickets were too expensive. Or the men in their household wouldn't let them leave to go seek information. The idea behind the information liaisons was to figure out how to bring the information to the women."

The Center has three information liaisons in Guatemala, working in three different parts of the country.

One of them is Magdalena Leon Lux, who is based in El Quiche, a rural department high in the Guatemalan mountains. Every day, Magdalena walks more than half a mile through the fields that surround her family's farmhouse to catch a bus that will take her into the department's capital, where she usually catches another bus to go visit that day's clients.

Always with her are her Carter Center-issued laptop and portable Wi-Fi device.

"Many women don't have access to the internet in their homes," explained Sofia Villatoro, who leads the Carter Center project in Guatemala, "so oftentimes, when women want access to information, before even filling out an information request, the liaison will sit down with them, go online,

Magdalena Leon (second from right), information liaison for The Carter Center in Guatemala, has breakfast with her family in La Estancia Primero in Santa Cruz del Quiche.

and see if they can figure it out right there. If not, she'll help file a request and follow up."

One July day, Leon Lux checked in on Violeta Jax Ixcoy, a young woman living in the village of Pasajcab, where she helps her mom take care of her six younger siblings and serves as the president of the village's women's group.

Every year, the municipality that oversees Pasajcab sets money aside for women's projects. Each community gets to decide what sort of project it wants. Violeta and her group asked for laying hens. Last October, when the chickens still hadn't arrived, the women approached Leon Lux for help filing a request to find out where they were.

Several weeks later, the hens turned up — two for every family in the village. Pasajcab families now have more food on the table and can sell extra eggs. And the village's emboldened women have approached Leon Lux about making other information requests.

"We really didn't know what the right to access to information was until Magdalena came to our community," Jax Ixcoy said. "Now, women are less afraid to raise their voice."

Working with Carter Center information liaison Dina Moscoso produced similarly happy results for Blanca Nieves, the woman who lost her identity.

Dina helped Blanca Nieves and her niece Reyna file a request to find out how to get a new ID card.

It took a little time but eventually Nieves received her new card and started getting her small pension again, which helps cover the cost of her medications.

Blanca Nieves suffers from dementia.

"Because of her memory issues, she doesn't do much anymore," Reyna said. "But she really likes to wash her clothes, so she'll go outside and wash her clothes and hang them up, and when they're dry, she puts them away. She used to like to dance; she liked to sing. I remember Blanca Nieves always singing. She still remembers songs from when she was younger and sings them."

Reyna is happy that this woman who has lost so much of who she is has an official identity again.

And she is grateful to Dina, The Carter Center, and its local partners who are supporting women as they make requests for information that has the power to improve their lives.

"I was ready to give up," she said. "Dina's work is really important."

After attending a Carter Center-sponsored training session in Chiquimula, Maria Etelina Miguel and three other women artisans asked the mayor how they could get a market stall from which to sell their handmade goods. They got one in February.

Testing Shows No Sign of Lymphatic Filariasis

A sample of schoolchildren line up for a quick blood test in Plateau state, Nigeria. None of the children tested across the state in May was found to have signs of lymphatic filariasis.

Herded outdoors by their teachers, bright-eyed children chatter, their blue-and-white school uniforms gleaming in a sharp but wiggly queue. Their excitement ebbs just a bit when they reach the front of the line and get a finger pricked by an adult wearing surgical gloves.

The momentary pain of these schoolchildren in central Nigeria's Nasarawa state portends significant gain for themselves, their families, and their country. Carter Center-trained researchers from the state Ministry of Health are testing the children's blood for signs of lymphatic filariasis, a tropical infection that can cause painful, permanent, debilitating enlargement of the legs and other extremities.

No such signs will be detected, demonstrating through hard data the success of a pioneering program to eliminate the disease as a public health problem in Nasarawa and adjacent Plateau state through mass administration of the drugs albendazole and Mectizan® (donated by GSK and Merck, respectively).

"Over the past two years, we have tested more than 14,000 children ages 6 and 7 throughout the two-state area, and not one of them was found to be infected," said Dr. Gregory Noland, epidemiologist at The Carter Center, who helped train the testing teams. "In human terms, these children will never have to worry about being disabled by lymphatic filariasis."

Lymphatic filariasis is caused by microscopic worms that are transmitted by mosquitoes. The parasites impair the body's lymph system, often resulting in enormous, irreversible swelling known as elephantiasis, which brings secondary infections and fevers. It also can cause hydrocele, a massive swelling of the scrotum. In addition to pain and loss of mobility, people with lymphatic filariasis often experience stigma, and their families and communities suffer lost productivity.

Sama'ila Simon, 48, knows the effects of lymphatic filariasis all too well. Before he learned from the Carter Center's Hope Club support group how to care for his massively enlarged leg, he would get skin sores that would become infected, causing pain and a strong odor. In addition to his physical discomfort, the disease brought Simon social pain.

Now that lymphatic filariasis has been eliminated as a public health problem in two Nigerian states, these schoolchildren in Kinsachi village will not have to worry about the disease.

Sama'ila Simon (left) lives with an extremely enlarged right leg due to the parasitic disease lymphatic filariasis. He lives with his brother's family and has never married, common for those with the disease due to the severe social stigma that accompanies it. Here, he plays with his 1-year-old nephew.

"Some people—strangers in the streets and in the market—were saying I had done something wrong and God was punishing me for what I did," he said.

The Hope Club helped him with that too.

"I was gladdened to know that this was not caused by anything other than infection by a parasite," he said. "Some people today still believe it is caused by something else, but I know it is a parasite."

The finger-prick blood tests are part of a rigorous process the World Health Organization requires to demonstrate that parasite transmission has been reduced below sustainable levels with drug treatment. Several rounds of such testing must be completed over a five-year period after the halt of drug administration. Researchers must then continue to watch Plateau and Nasarawa states for importation of lymphatic filariasis from surrounding states until Nigeria achieves elimination nationwide. The goal is to eliminate the disease—and the need for the Hope Club—altogether.

Kenyans Vote for President

Kenyans wait in line to vote on Aug. 8.

On Aug. 8, the Kenyan people stood for hours in long lines to cast their votes in presidential, parliamentary, and local races.

Despite their patience and determination, the underlying mood was tense.

No one had forgotten the violence that followed the 2007 election. Then, both opinion and exit polls predicted a win for Raila Odinga. When his opponent, Mwai Kibaki, was declared the winner, Odinga's supporters took to the streets. Neighbor fought neighbor. Ultimately, more than 1,000 died and some 600,000 were driven from their homes.

Odinga ran against Uhuru Kenyatta in 2013 and again lost. That election didn't see the sort of violence that marred 2007, but Odinga claimed fraud, took his case to court, and lost.

August's election pitted him against Kenyatta a second time. Many citizens sent their families and children out of Nairobi, worried about predictions of widespread violence should Odinga lose once more. Fears only increased after the still-unsolved murder of election commissioner Chris Msando shortly before election day.

Because of these past troubles, The Carter Center accepted Kenya's invitation to observe the 2017 election. On election day, the Center deployed more than 100 people across the country, including the mission's co-leaders, former U.S. Secretary of State John Kerry and former Prime Minister of Senegal Aminata Touré.

Despite concerns, voting on election day was peaceful.

In its preliminary report, issued two days after the election while tallying was still ongoing, the Center said that the voting and counting processes had functioned smoothly and commended the people of Kenya for their "remarkable patience and resolve" on election day. The Center went on to point out that the electronic transmission of results had proven unreliable and that it wouldn't be able to make a complete assessment until the process was complete.

Odinga's team was already claiming fraud. After what happened in 2013, he said, he planned to take his case to the court of public opinion, not to the actual courts. The Carter Center and other international observers urged him to pursue his claims through the legal process, which he ultimately decided to do.

And on Sept. 1, in a history-making moment for Kenya, Kenya's Supreme Court sided with Odinga and nullified the results of the presidential election, ordering a new race eventually set for Oct. 26.

"The court's decision focused largely on problems in the electronic transmission of results forms, which were something our team had pointed out as well," said David Carroll, director of the Carter Center's Democracy Program. "It stopped short of saying fraud had occurred, but it said the many irregularities and illegalities had affected the integrity of the election."

Kenya's key players invited the Center to observe the fresh election. Then Odinga declared he was pulling out of the race because he didn't think enough changes had been made to ensure a fair and credible election. Though his name stayed on the ballot, Odinga urged his supporters to boycott the polls. There were many protests, some of which turned violent. In all, more than 60 people died in election-related violence between the first and second elections.

The Center ultimately decided that the situation on the ground precluded a full election mission and instead launched a limited mission with 10 long-term observers and the same team of experts who have been on the ground since April. At press time, Kenyatta had been declared the winner. But turnout was exceedingly low because many Odinga supporters stayed home, and in some areas, made it impossible for polls to even open. The Center plans to maintain its observation presence through the remainder of the process, including any court challenges.

Journalist Examines Refugees' Trauma

Emily Underwood

Healing from trauma sometimes goes beyond individual therapy, journalist Emily Underwood reports. Underwood is helping readers understand that when an entire community experiences trauma, a kind of communal healing needs to take place as well.

Underwood, a correspondent for Science magazine, was one of 16 journalists selected to receive a 2016–17 Rosalynn Carter Mental Health Journalism Fellowship. The competitive fellowships provide journalists with training and funding to increase public understanding of mental health issues.

The stipend provided by the one-year fellowship allowed Underwood to travel to learn about and meet refugees who are members of the Yezidi community, a long-oppressed Iraqi religious minority. Thousands of Yezidis have been driven out of Iraq by successive attempts to exterminate them, whether by the so-called Islamic State (also known as ISIS or Daesh) or by previous regimes.

In addition to individual pain, "Yezidi refugees also experience trauma collectively, because they are and have long been targeted as a group," Underwood said. "The sources I talked to insisted that this group suffering—the result of repeated genocide—must be addressed both within individual therapy and in efforts to help Yezidi communities heal."

Many such efforts come from within the Yezidi community and its traditions, but host countries and mental health professionals can help by supporting asylum policies that allow families and communities to stay together and providing therapies that acknowledge Yezidis' shared traumatic history, she said.

"It wasn't enough to talk about and address the symptoms of an individual—(practitioners) had to consider the history of genocide within the group and how the current forced diaspora is affecting the bonds that have helped that community survive centuries of persecution," Underwood said. "Many psychologists and psychiatrists I talked to pointed to Yezidis' community ties as an important source of strength and resilience. These ties are under huge strain as they are forced to relocate across the globe."

Underwood, of Coloma, California, spent time in refugee camps in Greece, where she met the Yezidi family who became the focus of a story she wrote for Science. She also visited other places where health professionals and researchers are grappling with the mental health challenges many refugees face, including Sweden, the Netherlands, Germany, and Lebanon.

"This fellowship allowed me to get out of the office and into the field—I could never have spent so much time traveling and interviewing without the fellowship's support," Underwood said.

As a science writer, Underwood has visited many laboratories, attended conferences, and conducted thousands of phone interviews.

"Although that is great training, it does not prepare you to walk into a refugee camp and talk to strangers about something as raw and personal as their mental health," she said. "The fellowship training process gave me some ideas about how to do that respectfully and ethically, but it was still challenging and intimidating. I learned many lessons in the process that I hope will translate into my future stories."

Over nearly two decades, The Carter Center has awarded Rosalynn Carter Mental Health Journalism Fellowships to nearly 200 journalists, connecting them with resources and experts to increase the quality and accuracy of mental health reporting. The program currently works with journalists in the United States, Qatar, the United Arab Emirates, and Colombia.

NEWS | FEATURES | HUMAN MIGRATIONS

THE PAIN OF EXILE

Long-persecuted Yezidis unite to cope with the mental stress of forced migration

By Emily Underwood, in Ioannina, Greece

A recipient of a Rosalynn Carter Mental Health Journalism Fellowship, Emily Underwood reported on the trauma experienced by the Yezidis of Iraq in the May issue of Science magazine.

PROFILE

Dean Sienko

VP Thrives in Ever-Changing Health Field

If you were in Lansing, Michigan, in early 1990, you might have caught Dean Sienko, M.D., M.S., on television. He could have been commenting on the death of a child or maybe an outbreak of influenza. As medical director of Ingham County, he was the voice of public health and high-profile deaths in a county that houses the state capitol, a university, and auto manufacturers.

But by the end of the year, he was half a world away, serving in Saudi Arabia as a flight surgeon in Operation Desert Storm. It was a turning point for Sienko and cemented a dual career path for the physician, currently the Carter Center's vice president for health programs.

He had been a member of Army National Guard, joining after his third year of medical school. "I had an appreciation for being an American, and thought that was one way I could serve," he said. And although he had done his one weekend a month and two annual weeks of active duty for years, having his unit called up to serve in Saudi Arabia changed him.

"After that, I could appreciate serving in a combat zone," Sienko said. "And I wanted to continue to work with people who would make such a serious commitment and sacrifice." So he doubled-down on his military service and decided to make a career of it, switching to the Army Reserve so he could eventually lead units as a commanding officer. That is, of course, in addition to his full-time job as the chief medical officer in Ingham County.

Sienko knew he wanted to be doctor from childhood, and became interested in public health and preventive medicine. "I honestly didn't know if that was a legitimate career path for a physician," he said. In his last year of medical school, he took a clerkship with the state epidemiologist in Wisconsin, against the counsel of his advisors, who wanted him to work in a hospital.

He eventually joined the Epidemiological Intelligence Service, a two-year training program with the U.S. Centers for Disease Control and Prevention. He mostly worked as a medical officer in Michigan during the program but welcomed a stint in Chad to address famine in 1985. The program also sent him to Guatemala to study a novel way to deliver measles vaccine.

In 2011, Sienko retired as medical director of Ingham County and moved his office a few miles away to Michigan State University as an associate dean. All the while, he continued to serve in the Army Reserve. In 2012, he got an offer from the army he couldn't refuse: go on active duty as the commanding general of Army Public Health Command.

"I had a wonderful time," Sienko said. The army had units all over the globe, and the public health duties were diverse. He was responsible, for example, for ensuring the safety of the food supply for troops around the world and analyzing air, water, and soil samples from anywhere on earth the U.S. had troops for more than 30 days.

The public health command fed Sienko's desire for unpredictability and excitement. "I enjoyed having global responsibilities," he said. "Something was always happening somewhere."

When active duty ended and he retired from the military, he found the pace of academic life back at Michigan State less exciting and too removed from hands-on public health. He jumped at the chance to lead the Carter Center's health programs, where he could move back into a global role and deal with the inevitable challenges of international work.

Since joining the Center in June 2016, Sienko's traveled regularly to see the health programs firsthand. "It's incredible to me, the responsibility we have and the work we do with a small but dedicated staff," he said.

The Carter Center's health work would seem a perfect match for this former military officer used to taking the challenges as they come. "The world of public health is always very dynamic," he said. "And that has been an attraction to me throughout my career."

Dr. Dean Sienko (right), vice president for health programs, visits with Danladi Atinye, a volunteer community drug distributor in Plateau state, Nigeria.

Center, EU, German Agency Seek Solutions in Syria

The European Union, through the German development agency GIZ (Gesellschaft für Internationale Zusammenarbeit), has awarded The Carter Center a 700,000 euro grant for work related to the conflict in Syria.

The grant supports the Center's efforts to engage Syrians and the international community in dialogue toward peaceful political transition, build confidence among key stakeholders, and help implement peace agreements.

The Center often participates in forums on conflict monitoring and closed consultations on political strategy and planning responses to the conflict in Syria.

The award to the Center is part of the Peace Process Support Initiative for Syria, set up by the European Union and Germany. The 8 million euro initiative is managed by GIZ in close consultation with the European Commission, the European External Action Service, and the German Federal Foreign Office.

Auction Raises $3.7 Million

The annual Carter Center Weekend auction, held in June near Lake Tahoe, California, brought in more than $2.7 million—and netted an additional $1 million in restricted donations for its trachoma program.

At the annual Carter Center Weekend auction, original painting "Monarchs and Milkweed" by President Carter sold for $525,000.

All proceeds will benefit the Center's work.

The 150-plus items in this year's silent and live auction included fine art, vacations, and memorabilia. The highest bid was for President Carter's original oil painting, "Monarchs and Milkweed," which sold for $525,000.

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

- A silkscreen titled "Imagine Peace," signed by the artist, Yoko Ono: $145,000
- A bronze casting of President Carter's hands: $140,000
- A framed and autographed photo of five first ladies, including Mrs. Carter: $130,000
- A handmade model of the *USS Pomfret*, the submarine on which President Carter served: $120,000
- A Jerome Lawrence original painting titled "Beethoven's Fourth (of July)": $100,000

The Sudan Public Health Training Initiative builds the capacity of health workers to serve mothers and children in rural areas.

Qatar Boosts Maternal, Child Health in Sudan

The Qatar Fund for Development has entered into a five-year partnership with The Carter Center to improve maternal and child health in Sudan.

The partnership provides support for the Sudan Public Health Training Initiative, through which the Center is assisting Sudan's Federal Ministry of Health to build the skills and training capacity of health workers to meet the needs of mothers and children in rural areas.

According to World Bank indicator estimates, the maternal mortality ratio for Sudan in 2015 was 311 per 100,000 childbirths, with a decreasing trend over the years. Similarly, child mortality was reduced to 70 per 1,000 live births. The availability and accessibility of skilled front-line health workers are priorities for the government of Sudan.

The Center has worked with the Sudanese government to assess health science training institutions, recommend key updates to midwifery and community health curricula, and train more health science educators.

The ultimate goal is for nine states covering half of Sudan to revise their curricula. In addition, plans are to train 265 faculty and 10,000 midwives and community health workers. In total, the learning environment of 50 health science institutions will have been vastly improved through customized training, revised curricula, and equipment upgrades.

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Kelly Callahan, M.P.H., is director of the Carter Center's Trachoma Control Program.

NOTES FROM THE FIELD

Fewer Tweezers, More Progress in Ethiopia

By Kelly Callahan

The average person blinks 15,000 times a day. For someone living with the advanced stages of the infectious eye disease trachoma, each blink is painful. Over time, inflammation from the disease can make the eyelid turn inward so that the eyelashes scrape the surface of the eye with each blink. The scraping can cause scarring and, eventually, blindness.

Seeking respite from the pain, sufferers sometimes make crude tweezers out of scrap metal or tin cans and use them to pluck out their own eyelashes. The tweezers are often worn on a string around the neck so the lashes can be plucked at will. The use of such a crude device is not a recommended practice, but desperate people are driven to desperate measures. In the end, the relief is temporary and the eyelashes grow back, and the cycle repeats.

To halt the disease and the pain it brings, The Carter Center follows the four-pronged SAFE strategy recommended by the World Health Organization: surgery to correct the turned eyelid and stop the eyelashes from scraping the eye; antibiotics to treat the infection; facial cleanliness to keep the eyes and nose free from discharge, which attracts the flies that spread the disease; and environmental improvement through the construction of latrines to reduce fly populations.

Since 2001, the Center has assisted more than 600,000 sight-saving eyelid surgeries in Ethiopia's Amhara region alone. The Carter Center and its partners are also working in Mali, Niger, Sudan, South Sudan, and Uganda.

While no one keeps statistics on the prevalence of homemade tweezers, the devices have become a sort of unofficial indicator of our program's success. Years ago, our staff in the field commonly saw hundreds — even thousands — of people wearing the tweezer pendants. As we make headway against trachoma, tweezer sightings are becoming increasingly rare.

An Ethiopian woman holds a pair of tweezers, made from scrap metal, which she wears around her neck like a pendant. This allows her to quickly pull out an eyelash for temporary relief from the pain of in-turned eyelashes, a result of repeated trachoma infections.