


# 20th anniversary



THE  
CARTER CENTER



Waging Peace. Fighting Disease. Building Hope.

A photograph of a landscaped garden featuring a stone waterfall, various colorful flowers, and trees. In the background, a large white building is visible. The scene is set in a bright, sunny environment.

*In 2002,  
The Carter Center  
celebrates 20 years of  
waging peace, fighting  
disease, and building hope  
for people in more than  
65 countries.*

# A Message From President Jimmy Carter

**T**wenty years ago, Rosalynn and I founded The Carter Center to wage peace, fight disease, and build hope among the world's poorest people. We first envisioned it as a place where people could come together to resolve their differences and solve problems. Since then, the Center has alleviated suffering and advanced human rights in more than 65 countries.

When we travel around the world, we see and hear the success of our work in the



PHOTO: RICK DIAMOND

faces and voices of people whose lives have permanently improved: Ethiopian farmers reaping abundant harvests, Malian children once idled by the pain of Guinea worm disease now smiling and full of laughter, Chinese villagers boldly choosing their local leaders at the ballot box, a Ugandan abducted into war as a child now returning as a man to his family.

In a world where one of the greatest challenges is narrowing the disparity between the poor and the more fortunate, The Carter Center helps others learn to help themselves, offering them the tools and knowledge they need to improve their own lives. When people believe in themselves and their future, hope is born.

*Jimmy Carter*



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Since 1982, The Carter Center has worked tirelessly to reduce conflict and alleviate suffering around the world. This issue of our Annual Report, which reflects our 2000-2001 fiscal year, also honors 20 years of building hope for millions of our fellow human beings.

The Carter Center has made tremendous contributions to improving life and alleviating human suffering around the world since our founding in 1982.

More than 20 countries where we have observed elections have stronger democracies. Negotiations with parties at war in Bosnia, Ethiopia, Eritrea, Haiti, Liberia, North Korea, Sudan, and Uganda created new avenues for peace.



PHOTO: JULIE BENZ

Guinea worm disease has been reduced by 98 percent worldwide. River blindness is being controlled thanks to the distribution of 35 million tablets of the drug Mectizan® since 1996. The Atlanta Project showed us how people in the inner cities can tackle their own problems with the help of others. More than a dozen countries have sustained annual harvests double or triple what they reaped before our Sasakawa partnership brought them new farming techniques. New comprehensive development plans are evolving in Albania, Guyana, and Mozambique. Respect for human rights is mending the fabric of societies in which people were oppressed. Indeed, The Carter Center has made a real difference in the lives of many people.

These results are due to the vision and leadership of President and Mrs. Carter, the support of thousands of individual donors and dozens of partner organizations, the expertise afforded us by our partnership with Emory University, and the dedication of our employees and volunteers. Over two decades, The Carter Center has grown into a seasoned non-governmental institution unique in addressing the interdependent needs of peace and health. Our activities address the root causes of human suffering and conflict in today's world and lay the foundation for a better future.

Each project is led by professional staff who implement action agendas to permanently improve lives. This past year, they helped hold free and fair elections in Peru, Guyana, and East Timor. They aided the safe return of at least 300 children abducted by the Lord's Resistance Army and the renewal of diplomatic relations between Sudan and Uganda. They launched a new Council for Ethical Business Practices to help countries minimize corruption and contributed to new freedom of information laws in Jamaica. They managed distribution of some 8.5 million pipe filters in Sudan to help nomadic people prevent Guinea worm disease. They internationalized the fight against mental illness by collaborating with leaders in some 20 countries.

Through the years, we have learned the Carter Center's importance as a nongovernmental organization. Others often turn to us as the only entity that can intervene in politically sensitive or potentially volatile situations where our access to leaders at the highest levels in a nation paves the way for lasting solutions. We have learned the value of active partners, such as foreign governments, private foundations, and major pharmaceutical corporations. But above all, we have learned never to underestimate the ability, resolve, and resilience of people who live in adverse conditions. The real credit for our accomplishments belongs to these neighbors of every race and religion around the world, who have shown us time and again that people can transform their lives by reaching out and learning from others. In the process, they transform our lives too, teaching us that "building hope" is a most rewarding goal.

A handwritten signature in black ink that reads "John B. Hardman". The signature is written in a cursive, flowing style.

The Carter Center works to advance and protect fundamental human rights for people worldwide. Peace begins with a respect for these rights—to an environment free of war, a voice in self-determination, and an opportunity for economic growth.

Working as a neutral peace broker, we have successfully resolved conflicts and improved relationships in Sudan, Uganda, the Korean Peninsula, Haiti, Liberia, and Bosnia-Herzegovina.

We've learned that free and fair multiparty elections can be an effective route to peace among divided peoples and have strengthened democracy as nonpartisan observers of elections in more than 20 countries.

Because the complex problems of nations require comprehensive solutions to maintain peace and freedom, we foster peace through participatory development planning that includes all sectors of society, promoting press freedoms, and strengthening the voices of civil society groups.

We've learned over the years that peace is an action agenda and that the only failure is not to try to obtain it.

Where there is peace, there is hope.

# *Waging Peace*



PHOTO: JAMIE HORSLEY

The Americas Program began its work 15 years ago as regions in the Western Hemisphere were undergoing dramatic political changes. Debt-ridden military dictatorships were being replaced by democracies seeking to modernize and privatize their economies.

The program contributed to this wave of freedom by pioneering a new model for international election observation, used by the Center around the world. Election observation missions are led by members of the Center's Council of Presidents and Prime Ministers of the Americas, now including 38 former and current heads of state, affording direct and bipartisan access to the highest level of governments. Early election observations were in countries in transition from authoritarian to civilian governments. Today requests come from countries with long experience in democratic elections, but where growing distrust between governments and opposition, or control of election authorities by one or two parties, erodes confidence in electoral processes.

The Americas Program, until recently called the Latin American and Caribbean Program, also looks beyond elections to address additional challenges to democracy. Working to make governments more accountable, the program helps citizens and governments fight corruption, develops methods to make political financing more transparent, and works to involve civic groups in public dialogue with their governments on crucial issues facing their country.

The Americas Program also seeks to improve inter-American relations. Building on the findings of high-level conferences, the program has helped create coalitions to support stronger regional protection of democracy, implementation of the hemispheric anticorruption treaty, and freer trade in the hemisphere.

## Americas Program

Once democratic elections are held, the foundations of peace and democracy must be maintained and strengthened. One place The Carter Center assists is Jamaica, where, in a recent survey, Jamaicans said corruption was the second greatest threat to democracy, more so than drugs and poverty.

Prime Minister P. J. Patterson, a member of the Center's Council of Presidents and Prime Ministers of the Americas, turned to The Carter Center to help him fight corruption in his country. When the Center began its transparency work in Jamaica, his administration had just drafted both an act aimed at preventing corruption and a freedom of information law.

"There were a number of concerns

relating to the first draft of the corruption prevention act," said Laura Neuman, senior program associate of the Center's Americas Program. "For example, under the law finally passed, civil servants are required to submit annual asset declarations, and a fine is imposed if corruption is indicated. The initial draft law called for an even larger fine against the media if they published a copy of the corrupt asset declaration or information from it. The law essentially muzzled the media." Similarly, concerns were raised about the access to information act: who could request information, what information was available to the public, and whether the appeals process would allow for an independent review.

The Americas Program compiled





PHOTO: GUILLERMO MALPICA

**HIGHLIGHTS**

The Carter Center Council for Ethical Business Practices, recently established by the Americas Program, held its inaugural conference on corporate codes of conduct, enforcement of the Foreign Corrupt Practices Act, and the realities of addressing corruption while doing business abroad.

The Center’s Council of Presidents and Prime Ministers of the Americas joined others to urge presidents at the Summit of the Americas to adopt a clause requiring countries to maintain competitive elections and democratic standards to participate in future summits and in the Organization of American States (OAS). The presidents approved a democracy clause, and the OAS adopted a new democratic charter on Sept. 11.

The program and its Council of Presidents and Prime Ministers of the Americas hosted the conference *Challenges to Democracy in the Americas* to address the resurgence of populist leaders, decline of political parties, need for greater public security, and new forms of military intervention in Latin American politics.

papers analyzing similar laws around the world into a booklet called *Combating Corruption in Jamaica: A Citizen’s Guide*. All 1,000 copies were taken in a matter of weeks, and the information was listed on the Web site of the largest Jamaican newspaper.

“The Parliament debated for eight months, and more than 40

amendments were made to the Corruption Prevention Act in order to strengthen it — many suggested by The Carter Center,” Neuman said. “The grassroots pressure for change, combined with new knowledge shared by the Center, was a win-win combination for Jamaica.”



“A pioneer of international election observation, The Carter Center was instrumental in democracy’s sweep through the Western Hemisphere, since the Americas Program began in 1986,” said Program Director Jennifer McCoy, Ph.D.

“The big challenge now is that the quality of democracy remains thin. Checks and balances between public institutions are weak in some countries. Corruption is a major challenge, and governments still must learn to be accountable to citizens.”

Recent history has recorded 110 armed conflicts around the world. Some of these wars have pitted one country against another; far more have been civil wars among neighbors within a single country. When official actors, such as governments and international organizations, fail to respond effectively, a “mediation gap” is created. President and Mrs. Carter and The Carter Center have sought to fill that gap by helping countries resolve their conflicts peacefully.

Assisted by its renamed International Council on Conflict Resolution, the program brings warring parties to the table to prevent conflict, hold direct negotiations to end conflict, and nurture grassroots efforts to sustain peace.

High-profile missions led by President Carter brought the Korean peninsula back from the brink of war; prevented an invasion of military troops into Haiti; brought long-standing enemies to the same table in Liberia, Ethiopia, and Eritrea; and created an opening to advance the peace process in Bosnia.

Since laying the groundwork for a peace agreement between the governments of Sudan and Uganda mediated by President Carter in 1999, Conflict Resolution Program staff have pushed the parties to take first steps toward restoring diplomatic relations and worked behind the scenes to foster dialogue in civil conflicts within each nation.

## Conflict Resolution Program

The Lord’s Resistance Army’s (LRA) fight against the government of Uganda has devastated everyday community life among the Acholi people in the country’s northern region. In the past decade, thousands of young children were abducted to southern Sudan to be trained as LRA soldiers or forced to become wives or prostitutes. Fields lay fallow. Schools have closed. Disheartened and unemployed men, women, and children search for food. The Carter Center is working with civil society groups, local authorities, religious leaders, military officials, and donors to achieve peace and rebuild community. Acholi elders are key to that effort. In his own words, Rwot Chief George William Lugai, Paramount Chief of Kitgum and Gulu Districts, describes the impact of the war on his people:

*My life has changed drastically. I used to live without disturbance. The conflict created worries I could be killed at any time. Since the fighting began, I don’t have a source of income. Before, I could grow cotton or rice for local consumption and cash.*

*Above all is a habit of fear. How many nights I’ve spent with my family in the bush. This is particularly difficult in the rainy season. Fearing raids by the rebels, the people would leave their houses. At night, I go with my family to sleep in the open.*

*The war has brought a lot of suffering: looting, abduction of children, the killing of innocent people, and the theft of livestock. Parents are always worrying about their children being taken against their will and the burning of their huts and houses.*

*The lack of unity amongst the people has created a lot of poverty. People are displaced.*



*They cannot cultivate. The food provided by nongovernmental organizations is not sufficient. People are living in camps and have no medical facilities.*

*People cannot afford to send their children to school. The education system has been completely disorganized. Schools have been closed for 15 years in some areas. Only the schools close to main roads remain.*

*People are traumatized, there is mistrust, and they are not united.*

*There have been changes since The Carter Center came in. The Carter Center eventually brought the governments of Uganda and Sudan together with the Nairobi Agreement. This will help peace, as Kony has lost the support of Sudan. The Carter Center should keep pressing for dialogue.*

*Our hopes are high.*

## HIGHLIGHTS

The governments of Sudan and Uganda made concrete progress on implementing the December 1999 Nairobi peace agreement with the exchange of junior diplomatic personnel—a move toward normalizing diplomatic relations.

Both governments also helped some 300 children abducted by the Lord's Resistance Army, the Ugandan rebel group based in southern Sudan, to return to their families in northern Uganda.

Program staff worked with civil society groups, religious leaders, military officials, and others in northern Uganda to advance dialogue and grassroots peacebuilding efforts between northern-based opposition groups and the government of Uganda. Staff also contacted separatist rebel groups in Sudan to seek avenues for dialogue with the Sudanese government.

Youth from the Republic of Georgia and the region of Abkhazia learned techniques to peacefully resolve conflicts at a three-week workshop held by the Conflict Resolution Program in Atlanta.

Program staff prepared to launch the International Council on Conflict Resolution, previously named the International Negotiation Network, inviting two dozen leading scholars, practitioners, and diplomatic leaders to join the Center's efforts to prevent or resolve civil conflicts.



*“We’ve learned in the field of conflict resolution that peace means more than just signing an agreement. We must mediate peace agreements to realize the full possibilities of peace and then remain involved to ensure that implementation follows. Waging peace is an action agenda.”*

*Ben Hoffman, Ph.D.*

*Director, Conflict Resolution Program*

International headlines focus on what happens at the ballot box, but democracy is not just about elections. Good democratic governance requires much more: a free press, respect for basic human rights, active civil society organizations, and the rule of law.

The Carter Center's Democracy Program encompasses a range of activities to assist countries in transition to democracy or attempting to strengthen their young democracies.

The cornerstone of this work has been the observation of nearly three dozen elections in 20 countries. To monitor an election, the Center first must be invited by the country's electoral authorities and welcomed by the major political parties. Election missions start far in advance of election day, with public pre-election reports issued on the status of voter registration and other technical preparations, the fairness of rules for campaigning and access to the media, and the overall development of the electoral process. After watching the voting and vote count on election day, the observation continues during the adjudication of election disputes.

In addition to monitoring elections, the Democracy Program seeks to strengthen the voices of civil society, especially groups who may be underrepresented in the political system. This is done by facilitating dialogue among competing national groups, helping local nongovernmental organizations effectively identify issues and influence public policy, and assisting institutions that protect human rights and advance the rule of law.



## Democracy Program

### ***Changing nations, Changing Lives***

*by James Clad*

*East Timor election observer*

I returned to East Timor in August 2001 to help The Carter Center monitor elections, as I had in 1999. Then, anti-separatists, backed by the Indonesian army, vented their rage against citizens favoring independence from Indonesia — an overwhelming majority of the population. Thousands of East Timorese fled to West Timor as their homes were burned. Thousands less lucky were killed.

As I walked down a quiet street two years later, a Timorese man called out: “I remember you! People from The Carter Center helped our friends to

leave Dilor and reach safety. Everyone survived. The militia confined their killings to Viqueque and didn't bother with the outlying areas.”

I remembered that another observer and I helped 25 young locals working for the United Nations to escape from the Dilor valley by persuading the police to escort them out. We always wondered if they had survived.

Another Timorese named Orlando embraced me.

“I have wanted to tell you something for the last two years,” he said. “I have been wanting to thank you for saving our lives.”

“I think you credit me with too much,” I replied.



PHOTO: ANTHONY ALLISON

“You did something that completely surprised us,” Ormando said. “You walked up to the Indonesian army post, where they had machine guns. The Indonesians had told us they would kill us, but you must have changed their minds.”

Ormando believes The Carter Center saved him. I was profoundly humbled, but there is satisfaction in knowing that by legitimizing and calling international attention to the yearning for democracy on this Asian-Pacific island, we helped change the course of a nation and gave new hope to real people with names and faces and dreams just like ours.

## HIGHLIGHTS

The Democracy Program monitored free and fair presidential elections in Guyana, with the president-elect and opposition leader pledging mutual cooperation. Beyond elections, work continued in Guyana to improve the efficiency of the justice system and strengthen non-governmental organizations for women, youth, and Amerindians.

The Americas Program and the Democracy Program teamed with the National Democratic Institute to observe Peru’s presidential election and run-off as they made a transition to a post-Fujimori democracy. The observers praised the electoral process as one of the best in the hemisphere, in contrast to the corrupt election the previous year.

The Democracy Program’s China Village Election Project co-hosted the international symposium *Villager Self-government and the Development of Rural Society in China* in Beijing. For improved election administration, 50,000 copies of the updated *Handbook on Village Election Procedures* were printed and distributed to local authorities.

The Carter Center returned to East Timor to observe the Timorese people cast ballots to create their territory’s first governing body independent from Indonesia.

The peaceful process contrasted starkly with the 1999 vote for independence, when Carter Center monitors brought international attention to violence and intimidation by the Indonesian military against pro-independence voters.



“We marvel at the movement toward democracy throughout the world in the last two decades,” said Charles Costello, director of the Center’s Democracy Program. “There is now a widespread acceptance that democracy is the best political process by which people can determine their own future and build the social consensus necessary for permanent peace and prosperity. The Carter Center has been a central player in this global movement to safeguard political freedoms and human rights.”

The Carter Center's Global Development Initiative has pioneered the use of participatory processes in its work. While development plans traditionally have been crafted by select officials, the Initiative has brought civil society leaders to the table so their causes and interests can be heard. This innovation has put the Initiative at the forefront of the development community.

The cornerstone of the Initiative's approach is the development of a country-specific national development strategy. The strategy is a comprehensive vision for economic, social, and democratic development that represents a shared agenda of the future. Civil society is more likely to support a strategy to which they have contributed and that recognizes the concerns of all sectors on controversial issues such as governance, privatization, public spending, trade, and inequality. The Carter Center acts as a catalyst and facilitator in this process, drawing upon its neutrality and experience working not only with government but with the broad range of diverse interest groups.

The Initiative's pilot project has been in Guyana, a relatively undeveloped country on the northeastern coast of South America that is rich in natural resources. Its population and politics are fiercely divided along ethnic lines. Here, the Initiative is creating dialogue among communities on how to solve their country's problems. Mozambique, Mali, and Albania also have solicited the Center to help them devise inclusive approaches to development planning that will build a solid foundation for the future.

## Global Development Initiative

On a sweltering day in Georgetown, a few people huddled around a table debating no less than the future of their country.

“Should we privatize the sugar industry?” one asked. “The government is not in favor of this move.” “How do we improve the education system?” another inquired.

“Economic development must not happen without protecting the rain forests,” yet another said.

These people were not politicians, but members of civil society. They represented a wide range of interests and causes, some of them the most experienced experts in their fields. The group was an advisory board invited by the government

to help shape Guyana's National Development Strategy with support from The Carter Center.

Ken King was at the table. A former two-time Guyanese minister of economics and a development and career diplomat with the United Nations, King wanted to play another public service role that would leave a lasting impact.

For 18 months, King and 180 other people talked, argued, negotiated, and finally put on paper a national development strategy — a 10-year plan to advance the country that not only addresses economic needs, but also health, education, the environment, governance, and human rights. In a country deeply divided along ethnic lines, poor, and relatively



*The Carter Center's Global Development Initiative promotes a new model of development cooperation based on country ownership of policies and programs, broad-based participation in governance, and more effective global development cooperation.*



undeveloped, the fact that people of many races could get together was a feat in itself, King said.

“There were blacks. There were Indians. There were Chinese, Portuguese, and indigenous populations. All the races and all the political parties were represented on the committees,” he said. “We worked together amicably and harmoniously. The impact of that has been fantastic. People are convinced that we can get together and work for a common good.”

The work of civil society groups on national development strategy will benefit every Guyanese, King said, speculating that the participatory development planning process could provide a model for greater consensual governing as well.

**HIGHLIGHTS**

**The Global Development Initiative prepared for a high-level Development Cooperation Forum convened in February 2002 to bring together representatives from Initiative partner countries, the United Nations, the World Bank, and other development organizations to assess efforts to cut poverty in half by 2015.**

**At the request of the government of Albania, the Initiative facilitated the involvement of nongovernmental and community-based organizations in the country's national development strategy.**

**The Initiative had representatives in Mozambique work with a national committee of civic and political leaders on strategy for the country's future development and good governance.**



“The urgent need for more effective development cooperation to greatly reduce human suffering and all the ills that such suffering spawns cannot be overstated,” said Ed Cain, director of the Global Development Initiative. “Over a decade, the Initiative has demonstrated that this cooperation can be improved through nationally driven and broadly participatory sustainable development strategies.”



## Human Rights

“Today no nation can avoid discussing human rights. Media attention, the activities of international and regional organizations, the huge increase in the numbers of nongovernmental organizations devoted to human rights concerns, and the foreign policies of many governments force every nation at least to defend its policies and often to correct them.”

Former U.S. President Jimmy Carter in *The American Road to a Human Rights Policy: Realizing Human Rights* (2000)

A commitment to advancing human rights worldwide is integral to all of the Carter Center’s work. The Human Rights staff facilitates President and Mrs. Carter’s interventions in individual human rights cases, tracks current developments in international human rights law, coordinates with other organizations to initiate dialogue with U.S. administration officials on human rights issues, and provides technical assistance in individual countries and to the United Nations Human Rights Program. Human Rights is supervised by an attorney and accomplishes its mandate

with support from staff members in each of the Carter Center programs. Law student interns from Atlanta and around the world provide research support. During 2000-2001:

- President Carter wrote to 60 heads of state to urge them to ratify the International Criminal Court statute, to sign core human rights covenants at the U.N. Millennium Summit, and to participate fully in the World Conference Against Racism.

- The Center organized a third consultation for the U. N. High Commissioner for Human Rights, Mary Robinson, and her senior staff to discuss ways to improve the effectiveness of the U.N. Human Rights Program.

- The Center, together with consulates here in Atlanta, co-hosted a conference on *Global Challenges of Strengthening Democracy and Human Rights* in the Francophone world.

- President Carter intervened on behalf of human rights victims in Peru, Guinea, Turkey, Egypt, Mexico, Vietnam, Jamaica, and other countries.

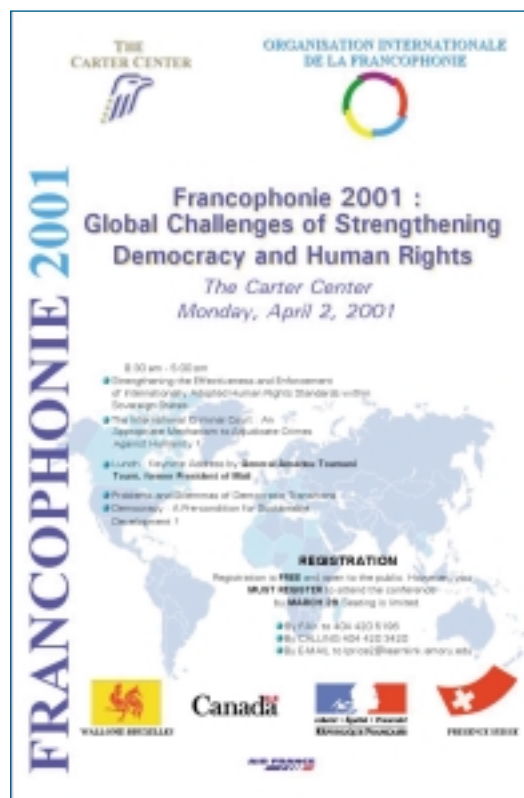






PHOTO: EMILY HOWARD

■ A Carter Center human rights attorney joined a team in western Nepal to conduct a human rights investigation and to speak to the prime minister and others about the status of landless former bonded laborers.

■ President and Mrs. Carter stated their support for a federal moratorium on the death penalty, given geographic and racial disparities in the imposition of capital punishment by the federal government.

■ A Carter Center representative continued to serve on the Reebok Human Rights Award Program Board of Advisors.



The Sept. 11 terrorist attacks on the United States highlighted the need to secure human rights for people worldwide. "Promoting the broad range of fundamental human rights should be a key element of our global effort to eliminate terrorism and its root causes," said Ashley Barr, senior program associate for human rights and democracy at the Center.

"These include opportunities to participate in making decisions that affect one's life, the need for adequate basic services such as educational and health care facilities, and helping people escape poverty."

The following statement posted on the Center's World Wide Web site emphasized the renewed importance of protecting human rights as the world responds to the terrorist attacks. "Our actions, at home and abroad, must reflect the founding principles of America, and we believe that enhanced security needs can be met without curtailing the blessings of liberty. We must protect freedoms at home as we advance human rights globally and give assistance to those in need."

In 20 years of fighting disease, we've learned important lessons about how to secure the fundamental human right of health care for suffering people worldwide.

Our Guinea worm eradication effort has shown how partners working together can achieve goals that would be impossible alone. Today, with 98 percent of this disease eliminated, eradication is on the horizon.

With hope established by this success, local health care workers now are tackling other diseases in some 35 countries by delivering drugs and information to prevent and control trachoma, river blindness, schistosomiasis, and lymphatic filariasis. The original investment in a health care delivery infrastructure to prevent Guinea worm disease has increased nations' capacities to deal with many diseases.

Our Sasakawa 2000 agriculture partnership, which trains African farmers to increase crop yields in exchange for teaching their neighbors, has shown incredible results can be achieved when a nation's people take ownership for solutions to problems.

We also learned that having the courage to speak out on behalf of those who are stigmatized by mental illness reaps rewards. Today, we know that mental illnesses have biological bases, and people who have them can be treated and live normal lives.

Forging partnerships, building capacity, helping people to help themselves—these are keys to building hope through health.

# *Fighting Disease*



PHOTO: EMILY HOWARD

The Carter Center's Guinea Worm Eradication Program spearheads a global coalition of organizations fighting to make this disease the second to be eradicated from Earth. When the effort was launched in 1986, there were an estimated 3.5 million cases of Guinea worm disease, or dracunculiasis, in 17 countries in Africa and three in Asia. Today, transmission of the disease has been stopped in seven countries, and Asia is free of the disease. Fewer than 75,000 cases remain in 13 countries, a 98 percent reduction in incidence. The first disease eradicated was smallpox in 1977, and Guinea worm will be the first parasitic disease eradicated.



PHOTO: DONALD HOPKINS



“The goal of interrupting transmission of Guinea worm disease outside of Sudan during 2002-2003 will require that each Guinea worm be prevented from perpetuating its life cycle. The challenge is to ensure that every infected person is prevented from contaminating sources of drinking water.”

*Ernesto Ruiz-Tiben,  
Ph.D., Technical  
Director, Guinea Worm  
Eradication Program*

By the time a thread-like, whitish Guinea worm burns a hole from inside, breaks through the skin, and forms a sore on the person carrying it, it has lived in the body for about a year. Traditionally, the infected person wraps the Guinea worm around a small stick and extracts it by rolling the two- to three-foot-long worm on it, a slow and painful process that takes many weeks. Often, secondary bacterial infections ensue. If the worm breaks and retracts inside the body, additional inflammation and pain exacerbate the condition and prolong the process.

Because there is no cure or vaccination for this parasitic, water-borne disease, transmission must be interrupted using other interventions, from dispelling folk myths about the disease and teaching people its real biological cause to prevention efforts. People who have worms emerging must be kept from entering sources of drinking water, and villagers must be convinced to use cloth filters to strain Guinea worm from drinking water.

Providing safe sources of drinking water and using the insecticide Abate® also intervene against the disease.

The greatest remaining obstacle to eradicating Guinea worm is the war in Sudan. Provisional reports for 2001 indicate that Sudan will account for about 80 percent of the total number of cases reported globally.

“In Sudan, The Carter Center strives to use the nonpolitical goal of reducing the burdens of disease, sickness, and hunger as reasons to stop fighting,” said Craig Withers, director of program support for Global 2000. “Establishing our credibility as a neutral third party to the conflict, we encourage all parties to participate in disease prevention projects. With action, good management, and reduction of diseases, the benefits of peace become clear to all parties.”

The Carter Center's neutrality was vividly demonstrated in May and June 2001 as the Center helped distribute more than 8.5 million pipe filters, one



PHOTO: EMILY HOWARD



PHOTO: EMILY HOWARD



PHOTO: ANNE MOORE

for every man, woman, and child at risk of Guinea worm disease in all endemic areas of Sudan. These hard plastic straws, with a nylon filter over one end, can be carried around the neck, allowing nomadic peoples to filter drinking water wherever they go. The pipe filters were distributed before the onset of the rainy season when disease transmission peaks. The filters were manufactured in Nairobi by 1,300 Kenyans, Sudanese, and Ethiopians—many of them refugee women—and distributed by the government of Sudan, opposition groups, 39 nongovernmental organizations, and United Nations organizations.

Although the 18-year civil war in Sudan still rages, the Guinea Worm Eradication Program remains dedicated to improving health in the most highly endemic Guinea worm country in the world. Every day, committed, courageous people, such as those involved in the Pipe Filter Project, face enormous risks as they work to eradicate the disease. With lasting peace, even more could be accomplished.

### HIGHLIGHTS

The Carter Center coordinated the distribution of 8.5 million pipe filters in Sudan, one for every adult and child at risk of the disease. Supporting partners included Hydro Polymers of Norsk Hydro, Health and Development International, Norwegian Church Aid, the government of Norway, and the Norwegian Chemical Workers Union.

BASF Corporation donated 12,000 liters of the larvicide Abate, used to treat stagnant pools of unsafe water that are often the sole water source in remote villages.

The Carter Center shipped 3,000 health kits to Nigeria and Ghana, providing needed medical supplies such as gauze, scissors, forceps, and sponges. Contents were donated by Johnson & Johnson; other partners included the United Kingdom's Department for International Development, The Home Depot, and Bell Logistics Services.

In 2001, Ethiopia reported the greatest percentage reduction, 82 percent. Outside of Sudan, Nigeria and Ghana have 73 percent of the remaining cases.



The Carter Center joined the fight against Guinea worm disease in 1986 by helping Pakistan and Ghana start their national eradication efforts. Over the past 14 years, the Center has assisted all 20 Guinea worm-endemic countries and has celebrated the eradication of the disease in seven of them. These results were due to an unprecedented public health campaign led by The Carter Center, which coordinates the resources of international donors, national and inter-

national health care agencies, and corporations. Dozens of partners have contributed manpower and ingenuity, starting with an innovative fabric created by E.I. DuPont de Nemours, Inc. and designed into a filter product by Precision Fabrics Group. The international coalition soon will close this chapter in human health history.

Worldwide, millions of people live in areas that put them at risk for river blindness. The River Blindness Program of The Carter Center assisted in providing health education and free treatment to more than seven million of these people in 11 countries in 2001.

River blindness, or onchocerciasis, is a parasite transmitted by the bite of small black flies that breed in rapidly flowing streams. In humans, the parasites, which are small thread-like worms, cause intense itching, skin discoloration, rashes, and eye disease. The infection can ultimately result in blindness.

The Carter Center fights river blindness in both Africa (in Ethiopia, Cameroon, Nigeria, Sudan, and Uganda) and Latin America (in Brazil, Colombia, Ecuador, Guatemala, Mexico, and Venezuela) in a campaign of health education and by free distribution of the drug Mectizan®, provided by Merck & Co.



Lessons learned from the eradication of smallpox, and lessons being learned from Guinea worm and polio campaigns, give experts at The Carter Center hope that river blindness can be eradicated from the Americas. The Carter Center is a leader in working to stop all disease transmission from river blindness in this hemisphere by 2007.

## River Blindness Program

Ethiopia, rich in culture and resources, is home to more than 60 million people. But its population is severely debilitated by river blindness, having the fifth largest number of cases in the world.

Carter Center epidemiologist Dr. Rachel Barwick Eidex helped launch an onchocerciasis control program in March 2001 in Ethiopia, where more than 7.3 million people are at risk for river blindness and approximately 1.4 million already are infected.

“Estimates indicate a small child can be bitten more than 20,000 times each year by the flies that carry the disease,” Dr. Barwick said. “So when I see children on the street leading by a long stick their elders who are blind, it is very poignant, because for many decades children were fated to the same future as their parents and grandparents. Now there is hope that can change.”

Over centuries, people were forced to abandon rich bottomland near rivers and

move to less fertile hillside areas to avoid being bitten by the infected insects, disrupting stable agricultural economies. “The disease impacts all aspects of community life, keeping children from school, farmers from their fields, and single people from becoming married,” Dr. Barwick said.

As an epidemiologist, Dr. Barwick studies how disease affects populations and determines what interventions can best decrease incidences. In Ethiopia, she worked with field staff to help local residents and health workers distribute treatments of Mectizan, a drug donated by Merck & Co. for as long as there is a need. Mectizan is given according to the height of the person, and an annual dose can prevent disease from developing in those who are infected. Lions Clubs International and the Africa Program for Onchocerciasis Control are partners in the massive effort to provide the drug.

“Villagers receive Mectizan from their



PHOTO: RACHEL BARWICK

community drug distributor, who keeps a registration book. Even though villagers may have to walk for several hours, wait for treatment, and then walk back home, people in village after village told me how happy they were to have the opportunity to receive treatment,” Dr. Barwick said.

“Very often a villager will come up to me—I don’t mean a health care worker, I don’t mean a government official—I mean someone we are actually treating, and they’ll say, ‘Thank you,’ in their language. It’s a very simple way to see the huge impact that The Carter Center is having.”

#### HIGHLIGHTS

Leading the fight against river blindness in Latin America, The Carter Center and its partners have helped reduce the number of people at risk from 4.7 million in 1995 to an estimated 500,000. This year, Colombia, Mexico, and Ecuador are close to ending disease transmission.

The Carter Center’s International Task Force for Disease Eradication concluded last summer that it is feasible to completely eliminate river blindness in the Americas if at least 85 percent of the people living in endemic areas can be treated with Mectizan twice a year.



In the late 1980s, the pharmaceutical Merck & Co. discovered that ivermectin was an effective and safe means of fighting river blindness. Merck offered its brand of ivermectin, Mectizan, free of charge to governments and nongovernmental organizations such as The Carter Center in an initiative that today is widely considered a model of how industry, international organizations, donors, and national ministries of health can work together to achieve a common goal. Since 1996, the Center’s River Blindness Program has delivered more than 35 million treatments of Mectizan—more treatments than any other nongovernmental organization combating the disease.

The Carter Center Trachoma Control Program is making strides in the fight against this blinding disease that has plagued humankind since the 27th century B.C.E. The world's leading cause of preventable blindness, trachoma is a chronic bacterial infection that spreads easily from person to person. Repeated trachoma infections may result in turned-in eyelashes, which can abrade and scar the cornea, leading to irreversible blindness.

Worldwide, most inflammatory trachoma patients are children, and 75 percent of people blinded by trachoma are women. It is still found in pockets in Latin America and the Middle East and is widespread in parts of Africa. However, the disease can be controlled through improved personal and environmental hygiene.

Since 1998, experts at The Carter Center have applied knowledge gained in both the Guinea Worm Eradication and River Blindness Programs to fight trachoma in Ghana, Mali, Niger, Sudan, Ethiopia, Nigeria, and Yemen. The focus is on prevention through educating and mobilizing communities.

To control trachoma, The Carter Center partners with ministries of health, the World Health Organization, Helen Keller Worldwide, the International Trachoma Initiative, World Vision International, Lions International, the Conrad N. Hilton Foundation, and Pfizer Inc.



In the 19th and early 20th centuries, trachoma was a criterion for excluding a potential immigrant from entering the United States. It was a very serious disease. We now know that the personal hygiene and environmental changes that come with development help control blinding trachoma, and The Carter Center works in Africa to create those changes.

## Trachoma Control Program

Almost half of the children younger than 10 years old in Sudan's Malakal area have trachoma, and the children of Malakal are not alone. An Emory University ophthalmologist and trachoma control program officers in Nairobi have begun to evaluate the prevalence of trachoma in two other areas in southern Sudan. Despite ongoing civil war, The Carter Center has been allowed to assist areas controlled by both the government of Sudan and opposition forces.

"The Carter Center fills a unique position in the world of being able to attack problems in the political sphere and in the technical or health sphere at the same time," said James Zingeser, D.V.M., director of the Center's Trachoma Control Program.

In Sudan and other nations, the Center is using village-based education initiatives and low-tech, cost-effective

methods to teach techniques such as proper face washing and environmental improvements that help control flies and prevent trachoma. This year, 45 health workers were trained in trachoma control and given materials to conduct health education activities in the field, and an additional 81 new village volunteers were trained in Malakal and in the Wadi Halfa area in the north.

All of these activities support the Center's goal to balance the SAFE strategy designed by the World Health Organization: **S** for surgery; **A** for anti-biotics; **F** for face and hand washing to prevent transmission of trachoma; and **E** for environmental changes to improve hygiene and sanitation.

While primary prevention activities are the backbone of the Trachoma Control Program, the Center also partners with Pfizer Inc. to treat trachoma with the





PHOTO: JAMES ZINGESER

antibiotic azithromycin. To date, Pfizer has donated more than 118,000 treatment doses of Zithromax®, its brand of azithromycin, to national trachoma control programs with which The Carter Center collaborates. Research suggests that one treatment with Zithromax is as effective in treating inflammatory trachoma as six weeks of twice-daily treatments with tetracycline eye ointment, the previously recommended therapy.

Village by village, the word about controlling and preventing trachoma is spreading.

“This was a forgotten disease, but we are making the world stand up and pay attention to it. We’re motivating ministries of health to help people. Everyone is beginning to realize that we can rid the world of this unnecessary disease,” Dr. Zingesser said.

## HIGHLIGHTS

With support from the Conrad N. Hilton Foundation, The Carter Center provided technical and financial assistance to the Ministry of Health in Ghana to conduct a knowledge, attitudes, and practices study in the Northern and Upper West Regions. Results were used to develop health education messages for trachoma-endemic communities.

Carter Center workers helped translate SAFE into Amharic, the national language of Ethiopia, a country with one of the highest rates of blindness in the world. The Amharic word to describe the strategy for controlling trachoma is “MaMeN,” which means “believe.” MaMeN is spelled with three letters: Ma-maskorete, meaning surgery; Me-medehanit, meaning medication, including antibiotics; N-netsehena, meaning cleanliness, both facial and environmental.

Carter Center staff in Niger and Nigeria have developed manuals in French and English, respectively, on how to improve public health management for Trachoma Control programs.



“Disease, poverty, despair, and conflict are wrapped together in a vicious cycle. At The Carter Center, we are trying to break that cycle in as many places as possible. It’s a long and hard struggle, but we are making steady progress on a tough problem.”

*Dr. James Zingesser*

*Director, Trachoma Control Program*



# Lymphatic Filariasis Elimination Program

“Our program works with its partners to help people to be more productive and to alleviate their suffering, as well as spare their children from future suffering. At the same time, we always are looking for ways to strengthen existing public health care infrastructures in local communities, so as to help villagers help themselves.”

*Frank Richards, M.D.  
Technical Director  
Lymphatic Filariasis  
Elimination Program*

Lymphatic filariasis is the world’s second leading cause of permanent disability and one of only a few infectious diseases considered eradicable. The disease, caused by a parasitic worm transmitted by mosquitoes, causes dramatic swelling (commonly known as elephantiasis) of the genitals, arms, or legs. Victims are maimed and crippled, and often stigmatized. More than 120 million people in 73 countries have contracted lymphatic filariasis, and as many as 750 million more may be at risk worldwide.

The Center works in Nigeria, the most populous African nation and the African country with the greatest number of lymphatic filariasis cases. It is estimated that 22 percent of Nigerians are infected,

making Nigeria the third most affected country globally. Men and women afflicted with the disease cannot work, children cannot play, and families bear the burden of caring for afflicted relatives.

Victims of lymphatic filariasis can clean and bind the affected parts of their bodies to reduce pain and swelling and help alleviate further infection, but disease elimination depends on preventing infected individuals from transmitting their disease to others. To do this, every person in an affected area is offered a safe and effective combination of two oral tablets to take once a year for five years.

Two pharmaceutical companies, Merck & Co., Inc. and GlaxoSmithKline, have generously donated Mectizan® and albendazole, respectively, to combat lymphatic filariasis. In 2001 in Plateau and Nasarawa States of central Nigeria, Carter Center staff worked with Ministry





PHOTO: CHARLES MACKENZIE

*Dr. Rachel Barwick, epidemiologist for the River Blindness Program, demonstrates to villagers in Nigeria how to wash limbs affected by lymphatic filariasis so as to prevent secondary infection.*

of Health personnel to provide Mectizan and albendazole treatment to more than 600,000 persons. In addition, the Center helped train village health workers and provide health education for villagers. In 2002, the Center will continue to expand training and delivery systems to reach more than a million people. Working with the World Health Organization and the Centers for Disease Control and Prevention, Carter Center staff are focused on achieving measurable results that can help clearly demonstrate the eradicability of lymphatic filariasis from Africa.



Capitalizing on expertise acquired in its efforts to eradicate and control other diseases, The Carter Center added prevention of lymphatic filariasis to its disease-fighting portfolio in 1998. The Center's Lymphatic Filariasis Elimination Program works in Nigeria with the Ministry of Health to provide community-level health education and drug treatment.

The program benefits from the health care delivery network established to prevent Guinea worm, river blindness, and schistosomiasis in Nigeria. In collaboration with these activities, The Carter Center actively participates in every aspect of lymphatic filariasis prevention—establishing a program framework, assisting the Ministry of Health, and administering annual single-dose oral drug therapy to thousands of people at risk for the disease.



“Initiating a Nigerian program for schistosomiasis was a perfect fit for The Carter Center, since the same strategy of health education and annual delivery of safe and effective oral medicines is also being used for its river blindness and lymphatic filariasis programs.”

*Frank Richards, M.D.  
Technical Director  
Schistosomiasis  
Control Program*

## Schistosomiasis Control Program

Also called “snail fever,” schistosomiasis is the second most prevalent parasitic disease in tropical countries, after malaria. The Carter Center concentrates on fighting urinary schistosomiasis, in which the parasite invades the bladder, causing bloody urine, bladder dysfunction, kidney disease, anemia, and cancer. The infection is contracted when microscopic flatworms penetrate the skin of those who bathe, swim, or work in contaminated water. The parasite lives for years in veins near the bladder or intestines, laying thousands of spiny eggs that scar and tear tissues.

Eggs leave the body in urine, and if raw sewage enters freshwater sources, the cycle continues when the eggs infect snails that can keep the schistosomiasis parasites alive in the water until they can infect another human being.

Children are particularly susceptible, since they tend to swim more than adults, and their bodies have less immunity to the disease. Schistosomiasis significantly impairs children’s ability to learn and grow, while diseased adults cannot lead a full work life. In some cases, the disease can lead to a shortened life span.

Although schistosomiasis cannot be eradicated, it ultimately can be controlled through health education, drug distribution systems, and single annual doses of the drug praziquantel. Treatment results in





PHOTO: J. D. SCOTT

## HIGHLIGHTS

The Center's Schistosomiasis Control Program expanded into two new Nigerian local government areas, Kanam and Nasarawa Eggon. In Kanam, children in 80 villages were assessed for blood in urine. In Nasarawa Eggon, 40 villages were assessed, and in many, more than 90 percent of school-aged children tested positive.

From January-September 2001, more than 77,800 treatments for schistosomiasis were provided in conjunction with health training in 173 villages in four local government areas.

After two rounds of praziquantel treatment in Mungkohot village, testing showed less than five percent prevalence of blood in urine in school-aged children. In 1999, tests before praziquantel was administered indicated more than 80 percent of the children had blood in their urine.

clear urine, improved nutrition, and better cognitive ability, especially in young children. Significant donations of praziquantel have been made to The Carter Center by Bayer AG, Medochemie Ltd., and the Shin Poong Pharmaceutical Company. In 2001, the federal Ministry of Health of Nigeria also provided 22,000 tablets to the effort in Plateau and Nasarawa States.

The Carter Center's Schistosomiasis Control Program, like the lymphatic filariasis program, currently operates in Nigeria in conjunction with the country's federal Ministry of Health and the Center's River Blindness

Program. The Center chose to work on schistosomiasis in Nigeria not only because the country likely has the most persons at risk for this disease in the world, but also because the program can increase its cost-effectiveness by integrating with ongoing health education and sharing treatment schemes for lymphatic filariasis and river blindness.



In late 1999, the Carter Center's Schistosomiasis Control Program began in Plateau and Nasarawa States in two local government areas (Akwanga and Pankshin). Program workers tested children for blood in their urine and found that half of all villages tested had children infected with the disease and in need of annual treatment with the medicine praziquantel. In 2001, the program has expanded to two more local government areas and has brought about improved nutrition and cognitive ability, especially in young children.

# Ethiopia Public Health Training Initiative



*"The workshop helped me to use active learning strategies more often than the usual passive methods, because learning by doing is the best way of teaching."*

*Health training workshop participant, Addis Ababa*

Health challenges in Ethiopia are staggering. More than 50 percent of children younger than five years are malnourished; malaria, HIV/AIDS, pneumonia, tuberculosis, meningitis, and other diseases plague the nation; and less than half of Ethiopia's population has access to modern health services.

Conditions such as these led former President Jimmy Carter and Prime Minister Meles Zenawi in 1993 to discuss the serious need for government and international agencies to help improve public health in Ethiopia. Their talks identified a gap that could be filled by a nongovernmental organization like The Carter Center, and the Center's Ethiopia Public Health Training Initiative was born.

The Initiative was formed to help train teaching staff at five health science facilities in Ethiopia, who in turn would train staff for 600 new government-sponsored health centers reaching underserved rural populations. Special curricula also were to be designed to enhance both the learning process and the diagnostic and treatment skills of people working in the field.

The Initiative is well on its way to achieving its goals. In 2001, eight workshops were conducted in which as many as 120 participants from colleges around the country strengthened their own skills and materials to better train health center workers. Participants worked with international consultants, gained feedback from experts, practice-taught with peers, critiqued videotapes of their own teaching, observed training in health centers, discussed problems with senior experts, and participated in practical field work. Six learning modules, covering HIV/AIDS, malaria, diarrhea, pneumonia, trachoma, and protein/energy malnutrition, have been completed and published. Twelve sets of lecture notes are ready for classroom use. Master teachers, international experts in their fields, were brought to Ethiopia to augment training and strengthen the educational experience at higher education institutions.

"Establishing an experienced resident technical advisor in Addis Ababa and a program coordinator in Atlanta were significant achievements in 2001," said Dennis Carlson, M.D., senior consultant, The Carter Center. "The addition bolsters

PHOTO: DENNIS CARLSON



Students and staff meet outdoors at Kolla Duba Training Health Center near the Gondar College of Medical Sciences in northern Ethiopia in May 2001.

our presence there. While the challenges are great, we look forward to continuing progress, enhancing our practical training program and offering a distance learning program so that faculty and staff in rural colleges can obtain master’s degrees in public health.”



“The Ethiopia Public Health Training Initiative has been assisting in laying a solid foundation for permanently improving public health care and disease control in Ethiopia,” said Carla Gale, the Carter Center’s resident technical advisor in Ethiopia. “The most exciting part is that the teachers being trained clearly express an ownership of the process and products. When the Carter Center’s job is finished here someday, Ethiopians will have created a public health education system specifically prepared for the Ethiopian situation.” — Carla Gale, Resident Technical Advisor

# International Task Force for Disease Eradication

Inspired by the successful eradication of smallpox in 1977, scientists and notable organizations came together at The Carter Center to form the International Task Force for Disease Eradication in 1988 to evaluate the potential for eradicating other infectious diseases.

The group assessed more than 80 diseases that have plagued humankind for centuries, concluding in 1992 that only a few diseases are eradicable. Today, Carter Center programs address three of them.

Guinea worm disease, identified as eradicable when the Task Force first convened, is a major thrust of Carter Center efforts. “Eradicating a disease that’s been around since Biblical times is an abstract concept,” said Donald Hopkins, M.D., Carter Center associate executive director for Health programs and project director for the Task Force. “It’s much more concrete to see the difference in each village, each family, and each person as they see the disease being eliminated—their improved health, their ability to grow crops, the ability of their children to go

to school, the wealth of the community, and the villager’s outlook on life all improve.”

A second disease identified as eradicable by the Task Force is lymphatic filariasis. Through Carter Center health programs in Nigeria, the country with the highest rate of lymphatic filariasis in Africa, men, women, and children are being taught how to relieve the pain of the disease and how to clean and care for infected areas of their bodies. They also are given donated doses of Mectizan® and albendazole, two medications that must be administered once a year for five consecutive years to stop disease transmission.

With funding from the Bill and Melinda Gates Foundation, the Task Force reconvened in June 2001. At this meeting, the group concluded it was scientifically feasible to eradicate the blindness caused by onchocerciasis, or river blindness, from the Americas, where it often affects the disenfranchised and poorest of the poor. The Carter Center leads this effort in the Americas, working



PHOTO: ANNEMARIE POYO



*Left to right. 1st row: Donald Hopkins, President Carter, Vanessa Tobin, Adetokunbo Lucas. 2nd row: David Brandling-Bennett, Dyann Wirth, David Molyneux, James Lovelace. 3rd row: Yoichi Yamagata, Harrison Spencer, David Heymann. 4th row: Mark Rosenberg, John Hardman, Daniel Colley.*

in all endemic areas including Colombia, Ecuador, Guatemala, Mexico, Venezuela, and Brazil. In addition, The Carter Center conducts an extensive river blindness program in Africa, where a different strain of the disease is found and where 99 percent of the disease occurs. The Task Force expects to use lessons learned in eliminating river blindness in the Americas to intensify the attack on the disease in Africa. In January 2002, The Carter Center hosted, in co-sponsorship with the World Health Organization, a



“Eradication is the ultimate ‘sustainable’ improvement in public health,” said Dr. Hopkins. “Its benefits are permanent. Poverty-stricken people see how they can make improvements in their own lives. Families and communities can fulfill their potential, and people regain their faith that government can change things for the better.”

special conference to consider the global eradicability of onchocerciasis.

The Carter Center’s International Task Force for Disease Eradication carefully targets diseases, combining the best thinking about medicine, technology, and socio-political issues to bring health and hope to the people who need it most.

# Agriculture Program

More than 820 million people in the world are hungry and malnourished. Every day, an estimated 40,000 of them die of illnesses related to malnutrition. Moreover, malnutrition is a contributing factor in 50 percent of deaths due to infectious diseases in developing countries. This enormous burden is a drain on productivity and economic growth.

The Carter Center's Sasakawa/Global 2000 Agriculture Program (SG2000), working with Ministries of Agriculture, has active programs underway in nine sub-Saharan African countries, teaching farmers how to increase productivity in countries where malnutrition is most severe. Founded in 1986, the program is a partnership between two nongovernmental organizations, the Sasakawa Africa Association and the Carter Center's Global 2000 health programs.

"It's often claimed that there is enough food in the world to provide each individual with an adequate diet and that the problem is one of distribution," said Ernest Sprague, M.D., senior consultant for agriculture. "But it's not that simple. Developing countries don't

have the resources to buy food to make up their food deficit, and, except in the case of famine caused by natural disasters, food donations depress the price of food grown in the region. It's much better to help nations produce the food required locally and to work toward greater cooperation regionally."

SG2000 demonstrates cost-efficient, environmentally sound production techniques to increase crop yield. The program's six country directors work in nine countries, training extension workers on farm demonstration plots large enough to represent soil and climate conditions in the area. Since 1996, more than four million farmers in 16 countries have been trained in the SG2000 model.

"These plots demonstrate the use of improved seed varieties, fertilizers, and weed control," Dr. Sprague said. "For example, no-till, a method of farming in which the field is sprayed with a biologically safe herbicide and then planted without tillage, is popular with farmers. It saves time and is cost-effective."

SG2000 demonstration programs have shown that farmers can double, triple, and sometimes quadruple the yields they were getting with traditional practices, and farmers have eagerly adopted new practices. "We have clearly



demonstrated that the technology is available to double corn production in sub-Saharan Africa, so the easy job has been accomplished. The harder job is getting government leaders to take agriculture seriously and invest in agricultural development,” Dr. Sprague said.

Since corn, or maize, is the world’s most widely adapted crop plant, much effort goes to increasing its production and nutritional value. An example is Quality Protein Maize (QPM). QPM is both palatable and superior nutritionally

to regular maize because it contains higher levels of lysine and tryptophan, giving it approximately twice the usable protein of regular maize. In many countries, it serves as a major weaning food and is important for children whose mothers have HIV/AIDS.

The Carter Center, in partnership with the International Maize and Wheat Improvement Center in Mexico, is promoting QPM around the world, especially in areas in which access to other protein sources is unreliable.



“You cannot have peace and tranquility when children’s bellies are empty. It’s an explosive combination, hunger and misery,” said Norman Borlaug, Ph.D., 1970 Nobel Peace Prize laureate for the “green revolution” and president of the Sasakawa Africa Association. “Agriculture is the engine that stimulates change in rural development. A farmer’s neighbors come to see the results of using new methods, and a village is transformed very quickly.”

Thirty years ago on the campaign trail during her husband's bid to be Georgia's governor, Rosalynn Carter listened attentively as parents of children with mental illness whispered to her about the challenges they faced and the need for better mental health care. Their plight motivated her to speak on their behalf.

Since then, public attitudes toward mental illnesses have shifted as knowledge of the brain and mental disorders has grown. But despite advances, stigma and ignorance surrounding mental disorders remain. The Carter Center's Mental Health Program works to coordinate the efforts of mental health leaders and national organizations, promote awareness, and address public policy issues.

Media coverage plays an important part in educating people that mental disorders have a biological basis and can be treated effectively. Recipients of the Rosalynn Carter Mental Health Journalism Fellowships have produced several books, hundreds of newspaper articles, and numerous radio and video documentaries.

Through such work, The Carter Center has contributed to a positive shift in public sentiment toward people with mental illnesses. Patients can be treated and return to living a normal life.



## Mental Health Program

**"I hope that my documentary teaches people as much as I have learned about mental illness and homelessness and influences them to have more patience and understanding in all aspects of their lives."**

*Michael Isip  
A 2000-2001 Rosalynn  
Carter Mental Health  
Journalism Fellow*

In the course of filming his documentary *Hope on the Street*, San Francisco public television producer Michael Isip encountered Richard Mancini, who had lived on the streets for 20 years. Isip did not realize at first what a profound impact Mancini would have on him. Here was a man who was financially able to live in long-term care, was once married and had a daughter, earned a college degree, and worked as a chemist, yet wandered homeless and lost in a world of mental illness.

"How many more people like him are out there that we just walk by and write off as homeless," Isip said. "The most surprising thing is how many people I have met who, based on their background, should be a part of mainstream society but are not because of their mental illness."

Isip's documentary was made possible through the Rosalynn Carter Fellowships for Mental Health Journalism. His interest in doing a long-term project was piqued after writing a story on a person with mental illness who now works as an outreach counselor.

"His story touched me, and I wanted to produce something that could make a difference," he said. "My goal from the very beginning was to tell these stories from the perspectives of people surviving and fighting their way back into mainstream society. I did not anticipate how compelling these stories would be."

*Hope on the Street* is expected to air during National Mental Health Awareness Month in May 2002 on KQED-TV San Francisco.



**HIGHLIGHTS**

The Carter Center and Emory University's Rollins School of Public Health established the Rosalynn Carter Endowed Chair in Mental Health to honor Mrs. Carter's lifelong commitment to mental health advocacy.

At the 16th annual Rosalynn Carter Symposium on Mental Health Policy, U.S. Surgeon General Dr. David Satcher and noted child psychiatrist Dr. Alvin Poussaint of Harvard University urged leaders of the nation's mental health organizations to close the gap in disparities for mental health treatment of ethnic minorities.

The annual Rosalynn Carter Georgia Mental Health Forum reviewed positive steps being taken to improve mental health services in the state's juvenile justice system.

The Carter Center hosted the inaugural World Conference for the Promotion of Mental Health and Prevention of Mental and Behavioral Disorders.

For the first time, two journalists from outside the United States received the Rosalynn Carter Fellowship for Mental Health Journalism.

The Mental Health Program and the American Psychiatric Association co-sponsored a meeting at The Carter Center on *The Business Case For Quality Mental Health Care*, highlighting ways to measure the quality of mental health care in the workplace.



PHOTOS: ANNEMARIE POYO



“The Carter Center’s Mental Health Program is educating a new generation about the importance of mental health issues,” said Gregory Fricchione, M.D., director of the Mental Health Program. “We look forward to the day when there is no more stigma against mental illness, when everyone who needs treatment has access to it, and when mental illnesses are taken as seriously as other illnesses. Then our work will no longer be needed. That would be a great day.”



# A message to our donors

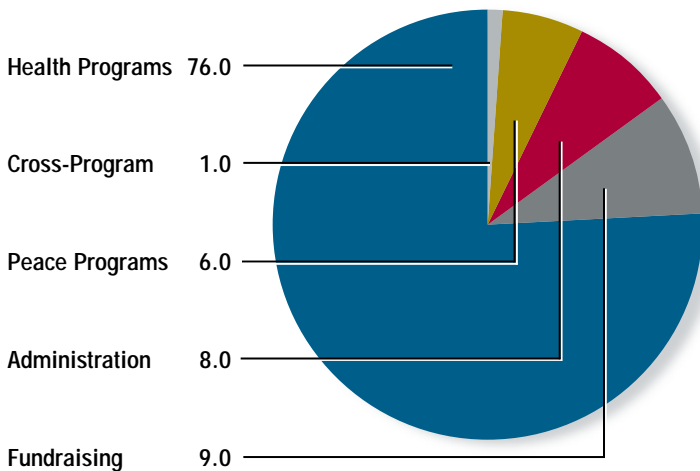
*More than half a million different donors have contributed support to The Carter Center over the past two decades*

In fiscal year 2000-01, more than 150,000 donors contributed a total of \$90 million to The Carter Center in cash, pledges, and in-kind gifts. These partners included individuals, corporations, foundations, foreign governments, U.S. agencies, and international organizations.

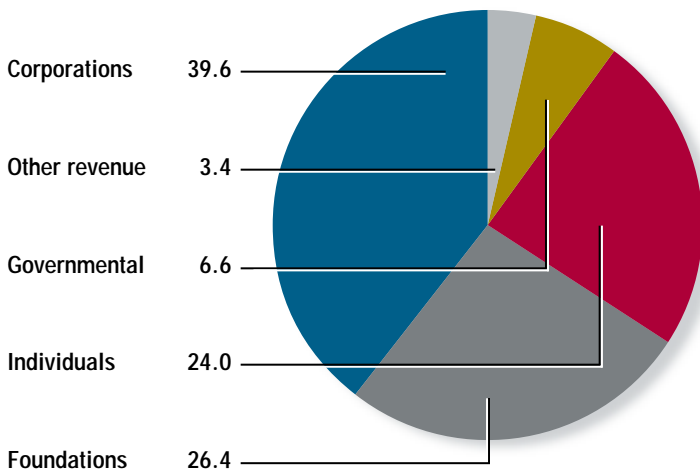
Several generous gifts contributed to the Center's health and peace programs this year. The Ford Foundation supported the peace programs in the fourth year of a five-year grant totaling \$1.5 million. In addition, the foundation's Beijing office funded a symposium on the China Village Elections.

The Government of Japan has been an important donor to the Center's health programs, with more than \$20.3 million in grants since 1989. Recent contributions totaling \$2.5 million have advanced the Center's global Guinea Worm eradication efforts.

**Total Expenses as a Percentage: Fiscal Year 2000/2001**



**Sources of Support as a Percentage: 2000/2001**



Note: Governmental revenue includes United States and foreign governments as well as multilateral organizations. Investment revenue is excluded from the above graph.

The United States Agency for International Development (USAID) has provided more than \$20.9 million to the Center over the past 11 years. USAID grants this past year included support for Guinea Worm and election monitoring in East Timor, Nicaragua, Peru, and Venezuela.

Individual donors also provided vital contributions to the Center. "Ken and I decided to give because we wanted to make a difference as citizens in a worldwide community," says Julia Gouw. Ken and Julia Gouw are annual donors to the Center, giving unrestricted support as members of the Ambassadors Circle.

Ambassadors Circle members Jean and Ben McDow are also Legacy Circle members through their planned gift of a charitable remainder unitrust, an income-producing donation with the Center named as the beneficiary. "The Carter Center difference is that it helps people in such a way that they are able to help themselves," says Ben McDow.

Through the generosity and commitment of our donor partners, The Carter Center continues to wage peace, fight disease, and build hope around the world.

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Summit National Bank

**William A. Clement Jr.**  
Chairman and CEO  
DOBBS, RAM & Company

**Timothy F. S. Cobb**  
Chairman and CEO  
edafflow Corporation

**Bruce C. Coles**  
Chairman and CEO  
LAWGIBB Group

**Michael Coles**

**Thomas H. Coley**  
Executive Vice President  
SouthTrust Bank

**Gordon Cook**  
Executive Director, Georgia Region  
Verizon Wireless

**John M. Cook**  
Chairman and CEO  
The Profit Recovery Group International

**Alston D. Correll**  
Chairman and CEO  
Georgia-Pacific Corporation

**Ann Cousins**

**The Board of Councilors continued**

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Director, Community Relations  
IBM Corporation

**Bradley N. Currey Jr.**

**Elkin A. Cushman**

**Edward M. Davis**  
President and CEO  
NAC International

**F. T. Davis Jr.**  
Partner  
Long, Aldridge & Norman

**Harold A. Dawson Jr.**  
Chief Operating Officer  
Harold A. Dawson Company

**C. Burke Day Jr.**  
President  
Burke Day & Associates

**Rene Diaz**  
President and CEO  
Diaz Foods

**Salvador Diaz-Verson**  
Diaz-Verson Capital Investments

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President  
The Robinson-Humphrey Co.

**Robert G. Edge**  
Partner  
Alston & Bird

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**W. Doug Ellis Jr.**  
Chairman and CEO  
Southern Mills

**Barbara Faga**  
Chair of the Board  
EDAW

**David Farr**  
MarketOne

**H. Allen Franklin**  
Chairman, President and CEO  
Southern Company

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S. C. Franklin & Associates

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Fuqua Enterprises

**Luck F. Gambrell**  
**Lawrence L. Gellerstedt III**  
President and COO  
The Integral Group

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Partner  
Holland & Knight

**John T. Glover**  
Vice Chairman  
Post Properties

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Director  
Livingston Foundation

**Nathaniel R. Goldston III**  
Chief Executive Officer  
Gourmet Services

**Margo Grbinich Hunt**

**Jack Guynn**  
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Federal Reserve Bank of Atlanta

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**Hubert L. "Herky" Harris**  
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Principal  
Urban Collage

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Chairman and CEO  
RARE Hospitality International

**B. Harvey Hill Jr.**  
Partner  
Alston & Bird

**R. Glenn Hilliard**  
Chairman and CEO  
ING Americas

**Thomas D. Hills**  
Atlanta City President  
Wachovia Bank of Georgia

**John R. Holder**  
Chairman and CEO  
Holder Properties

**Janice I. Holyfield M.D.**

**G. Thomas Hough**  
Managing Partner  
Ernst & Young

**L. Phillip Humann**  
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SunTrust Bank

**Jerry R. Hunt**

**John P. Imlay Jr.**  
Chairman  
Imlay Investments

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Chairman, President, and CEO  
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**T. Stephen Johnson**  
President  
T. Stephen Johnson Associates

**W. Thomas Johnson**  
**Ingrid Saunders Jones**  
Senior Vice President  
The Coca-Cola Company

**Milton H. Jones Jr.**  
President, MidSouth Banking  
Bank of America

**W. Hamilton Jordan**

**Blaine Kelley Jr.**  
Chairman  
The Urban Group

**James P. Kelly**  
Chairman and CEO  
United Parcel Service

**Jeffrey B. Kempler**  
Partner  
Greenberg Traurig

**Richard C. Kerns**  
Kern's Truck Parts

**Roger S. Kintzel**  
Publisher  
The Atlanta Journal-Constitution

**Thomas W. Kitchin**  
Chairman and CEO  
Kitchin Hospitality

**Joel M. Koblentz**  
Managing Partner  
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**Liane Levetan**  
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**William H. Linginfelter**  
CEO  
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Chairman, President, and CEO  
Krispy Kreme Doughnut Corporation

**Hugh C. Long II**  
President  
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Chairman of the Board  
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**John S. Markwalter Jr.**  
Managing Director  
Morgan Stanley Dean Witter & Co.

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Chief Financial Officer  
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**James F. McDonald**  
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**Robert Minkhorst**  
President and CEO  
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Group President  
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ISS Group

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Novak Development Corporation

**Colleen Nunn**

**Dorothy B. "Dot" Padgett**

**Mike Patel**  
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Diplomat Hotel Corporation

**Elizabeth Plunkett-Buttimer**  
Chairman and CEO  
Bowdon Manufacturing Company

**Mark C. Pope IV**  
President  
Geographics

**Raj Rajan**  
President and CEO  
eLaunchpad

**Richard C. Ramsden**  
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PricewaterhouseCoopers

**David M. Ratcliffe**  
President and CEO  
Georgia Power Company

**Robert J. Ratliff**  
Chairman  
AGCO Corporation

**Robert L. Rearden Jr.**  
Kestrel Communications

**Roy Richards Jr.**  
Chairman and CEO  
Southwire Company

**Spurgeon Richardson**  
President and CEO  
Atlanta Convention and Visitors Bureau

**Joseph A. Riedel Jr.**  
Chairman and CEO  
Beers Construction Company

**Stephen H. Rogers**  
Managing Partner, Southeast Region  
Arthur Andersen

**Paula G. Rosput**  
CEO  
AGL Resources

**Herman J. Russell**  
Chairman  
H. J. Russell & Company

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Offitbank, A Wachovia Company

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Executive Vice President  
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Partner/Managing Director  
Ketchum

**Horace H. Sibley**  
Senior Partner  
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President  
Silverman Construction Services

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**Scott S. Smith**  
Vice President  
Coalition America

**Sean S. Smith**  
Chairman and CEO  
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**Gail A. Solomon**  
President  
Guidelines-Atlanta

**Shelton g. Stanfill**  
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Robert W. Woodruff Arts Center

**Cathey W. Steinberg**  
Consumer's Insurance Advocate  
Governor's Office of the Consumer's  
Insurance Advocate

**Scott G. Stephenson**  
President  
Intego Solutions

**Rebekah Stewart**  
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Founder and CEO  
C & S Paving

**Junichi Takahashi**  
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YKK Corporation of America

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**D. Gary Thompson**  
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Wachovia Bank of Georgia

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Vice Chairman  
AOL Time Warner

**Mark A. van Weegen**  
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**Erik Vonk**

**Jackie M. Ward**  
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**Helen Ballard Weeks**  
Chief Executive Officer  
Ballard Designs

**Livia Whisenhunt-Johnson**  
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**Sam Williams**  
President  
Metropolitan Atlanta  
Chamber of Commerce

**Virgil R. Williams**  
Chairman and CEO  
Williams Group International

**Robert A. Yellowlees**  
Chairman  
NDCHealth

**Yasuo Yoshioka**  
General Manager  
ITOCHU International

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Governor  
State of Georgia

**Bill Campbell**  
Mayor  
City of Atlanta

**William M. Chace Ph.D.**  
President  
Emory University



# The Carter Center, Inc. Financial Statements

as of August 31, 2001 and 2000 together with Auditors' Report

## REPORT OF INDEPENDENT PUBLIC ACCOUNTANTS

To The Carter Center, Inc.:

We have audited the accompanying statements of financial position of THE CARTER CENTER, INC. (a Georgia nonprofit corporation) as of August 31, 2001 and 2000 and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of the management of The Carter Center, Inc. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Carter Center, Inc. as of August 31, 2001 and 2000 and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States.

*Arthur Andersen LLP*

Atlanta, Georgia  
October 19, 2001

## The Carter Center, Inc. Statements of Financial Position August 31, 2001 and 2000

**ASSETS**

	<u>2001</u>	<u>2000</u>
<b>CASH AND CASH EQUIVALENTS</b> , including restricted cash of \$12,883,446 and \$10,061,924 in 2001 and 2000, respectively	<u>\$ 29,572,971</u>	<u>\$ 21,355,175</u>
<b>ACCOUNTS RECEIVABLE:</b>		
Due from federal government	525,181	602,125
Other	132,585	173,037
	<u>657,766</u>	<u>775,162</u>
<b>PLEDGES RECEIVABLE</b> (note 3)	<u>18,278,023</u>	<u>10,303,071</u>
<b>INVENTORY</b>	<u>14,734,823</u>	<u>18,230,410</u>
<b>INVESTMENTS</b> (Note 5)	<u>134,188,705</u>	<u>138,971,502</u>
<b>PROPERTY, PLANT, AND EQUIPMENT</b> , at cost or fair market value at date of gift, net of accumulated depreciation (Note 4)	<u>12,315,212</u>	<u>12,042,812</u>
<b>ARTWORK</b>	<u>1,688,200</u>	<u>1,448,950</u>
<b>OTHER ASSETS</b>	<u>417,553</u>	<u>546,682</u>
	<u><u>\$ 211,853,253</u></u>	<u><u>\$ 203,673,764</u></u>

**LIABILITIES  
AND NET ASSETS**

<b>ACCOUNTS PAYABLE AND ACCRUED EXPENSES</b>	<u>\$ 2,164,872</u>	<u>\$1,076,842</u>
<b>NET ASSETS:</b>		
Unrestricted	91,876,641	102,215,533
Temporarily restricted	35,668,488	30,648,822
Permanently restricted	82,143,252	69,732,567
Total net assets	<u>209,688,381</u>	<u>202,596,922</u>
	<u><u>\$ 211,853,253</u></u>	<u><u>\$ 203,673,764</u></u>

The accompanying notes are an integral part of these statements.



## The Carter Center, Inc. Statement of Activities for the year ended August 31, 2001

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
<b>REVENUES AND SUPPORT:</b>				
Contributions and grants:				
Operating	\$ 13,187,458	\$ 188,742	\$ 0	\$ 13,376,200
Programs:				
Health	2,202,438	22,509,103	0	24,711,541
Peace-International	1,238,563	2,260,415	0	3,498,978
Cross-program	0	1,825,545	0	1,825,545
In-kind goods:				
Health	0	34,148,599	0	34,148,599
Endowment	0	0	12,410,685	12,410,685
	<u>16,628,459</u>	<u>60,932,404</u>	<u>12,410,685</u>	<u>89,971,548</u>
Endowment fund earnings	7,282,212	0	0	7,282,212
Depreciation of restricted endowment investments	(23,146,471)	0	0	(23,146,471)
Facilities use income	480,618	0	0	480,618
Interest and investment income	1,033,292	177,610	0	1,210,902
Net assets released from restrictions:				
Health	52,053,101	(52,053,101)	0	0
Peace-International	2,881,598	(2,881,598)	0	0
Cross-program	193,584	(193,584)	0	0
Operating	962,065	(962,065)	0	0
Total revenues and support	<u>58,368,458</u>	<u>5,019,666</u>	<u>12,410,685</u>	<u>75,798,809</u>
<b>EXPENSES:</b>				
Program:				
Health	52,049,720	0	0	52,049,720
Peace-International	4,396,378	0	0	4,396,378
Cross-program	318,279	0	0	318,279
Fundraising office	6,383,338	0	0	6,383,338
General and administrative	3,431,532	0	0	3,431,532
Common area and depreciation	2,128,103	0	0	2,128,103
Total expenses	<u>68,707,350</u>	<u>0</u>	<u>0</u>	<u>68,707,350</u>
<b>CHANGE IN NET ASSETS</b>	(10,338,892)	5,019,666	12,410,685	7,091,459
<b>NET ASSETS AT BEGINNING OF YEAR</b>	<u>102,215,533</u>	<u>30,648,822</u>	<u>69,732,567</u>	<u>202,596,922</u>
<b>NET ASSETS AT END OF YEAR</b>	<u>\$ 91,876,641</u>	<u>\$ 35,668,488</u>	<u>\$ 82,143,252</u>	<u>\$ 209,688,381</u>

The accompanying notes are an integral part of these statements.

## The Carter Center, Inc. Statement of Activities for the year ended August 31, 2000

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
<b>REVENUES AND SUPPORT:</b>				
Contributions and grants:				
Operating	\$ 12,327,125	\$ 498,428	\$ 0	\$ 12,825,553
Programs:				
Health	1,847,894	8,332,830	0	10,180,724
Peace-International	2,573,058	1,883,301	0	4,456,359
Cross-program	0	785,674	0	785,674
In-kind goods:				
Health	0	31,659,334	0	31,659,334
Endowment	0	0	16,408,878	16,408,878
	<u>16,748,077</u>	<u>43,159,567</u>	<u>16,408,878</u>	<u>76,316,522</u>
Endowment fund earnings	6,241,832	0	0	6,241,832
Depreciation of restricted endowment investments	7,756,167	0	0	7,756,167
Depreciation of office building	0	0	(35,890)	(35,890)
Facilities use income	498,734	0	0	498,734
Interest and investment income	668,396	43,073	0	711,469
Net assets released from restrictions:				
Health	30,427,069	(30,427,069)	0	0
Peace-International	2,258,020	(2,258,020)	0	0
Peace-Domestic	268,556	(268,556)	0	0
Cross-program	281,627	(281,627)	0	0
Operating	592,016	(592,016)	0	0
Total revenues and support	<u>65,740,494</u>	<u>9,375,352</u>	<u>16,372,988</u>	<u>91,488,834</u>
<b>EXPENSES:</b>				
Program:				
Health	34,482,005	0	0	34,482,005
Peace-International	4,302,553	0	0	4,302,553
Peace-Domestic	273,956	0	0	273,956
Cross-program	226,024	0	0	226,024
Fundraising office	5,846,130	0	0	5,846,130
General and administrative	3,364,747	0	0	3,364,747
Common area and depreciation	2,085,204	0	0	2,085,204
Total expenses	<u>50,580,619</u>	<u>0</u>	<u>0</u>	<u>50,580,619</u>
<b>CHANGE IN NET ASSETS</b>	15,159,875	9,375,352	16,372,988	40,908,215
<b>NET ASSETS AT BEGINNING OF YEAR</b>	<u>87,055,658</u>	<u>21,273,470</u>	<u>53,359,579</u>	<u>161,688,707</u>
<b>NET ASSETS AT END OF YEAR</b>	<u><u>\$102,215,533</u></u>	<u><u>\$30,648,822</u></u>	<u><u>\$69,732,567</u></u>	<u><u>\$202,596,922</u></u>

The accompanying notes are an integral part of these statements.

## The Carter Center, Inc. Statements of Cash Flows August 31, 2001 and 2000

	2001	2000
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Change in net assets	\$ 7,091,459	\$ 40,908,215
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	1,079,079	1,182,539
Decrease (increase) in fair market value of endowment investments	23,146,471	(7,756,167)
Donated artwork	(239,250)	(154,650)
Contributions restricted for investment	(9,927,166)	(16,150,568)
Changes in operating assets and liabilities:		
Accounts receivable	117,396	368,318
Pledges receivable	(7,974,952)	3,050
Inventory	3,495,587	(7,809,787)
Other assets	129,129	(136,627)
Accounts payable and accrued expenses	979,027	(801,786)
Total adjustments	10,805,321	(31,255,678)
Net cash provided by operating activities	17,896,780	9,652,537
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Purchase of property and equipment, net of related payables	(322,044)	(371,422)
Investments	(19,284,106)	(20,849,921)
Net cash used in investing activities	(19,606,150)	(21,221,343)
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
Proceeds from contributions restricted for:		
Investment in endowment	9,827,166	16,140,568
Investment in plant	100,000	10,000
Net cash provided by financing activities	9,927,166	16,150,568
<b>NET INCREASE IN CASH AND CASH EQUIVALENTS</b>	<b>8,217,796</b>	<b>4,581,762</b>
<b>CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR</b>	<b>21,355,175</b>	<b>16,773,413</b>
<b>CASH AND CASH EQUIVALENTS AT END OF YEAR</b>	<b>\$ 29,572,971</b>	<b>\$ 21,355,175</b>

The accompanying notes are an integral part of these statements.

## The Carter Center, Inc. Notes to Financial Statements, August 31, 2001 and 2000

**1. ORGANIZATION AND OPERATION**

Carter Presidential Library, Inc. ("CPL") was organized on October 26, 1981 under the laws of Georgia as a notforprofit corporation to be operated exclusively for charitable and educational purposes. During 1986, CPL changed its name to Carter Presidential Center, Inc. ("CPC"). Effective January 1988, CPC changed its name to The Carter Center, Inc. ("CCI"). CCI is exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code.

The board of trustees of CCI consisted of 22 members as of August 31, 1999, which included President and Mrs. Carter, the president of Emory University, 9 members appointed by Emory University's board of trustees, and 10 members appointed by President Carter and those trustees not affiliated with Emory University's board of trustees ("Carter Center class of CCI trustees"). The structure of the board of trustees was changed during fiscal year 2000, with the addition of 6 members, 3 to be appointed by Emory University's board of trustees and 3 to be appointed by President Carter and the Carter Center class of CCI trustees, bringing the board to a total of 28 members. Additionally, Emory University's board of trustees has the authority to approve amendments to CCI's articles of incorporation and bylaws and to approve the annual and capital budgets of CCI. CCI is related by common control to Carter Center of Emory University ("CCEU"). The financial data for CCEU is not included in these financial statements.

CCI operates programmatically under two main action areas, Initiatives in Peace-International and Health. In addition, CCI has received broadbased support which is beneficial to all programs and is categorized as "cross-program."

Initiatives in Peace-International include preventing and resolving conflict, protecting basic human rights, promoting sustainable development, and monitoring elections in emerging democracies. The Health area strives to improve health in the United States and around the world. Initiatives include eradication of dracunculiasis, control of onchocerciasis ("river blindness") and trachoma, and mental health reform. CCI discontinued its program efforts in Peace-Domestic at the end of fiscal year 1999. Peace-Domestic

focused its efforts on helping the city of Atlanta's neediest communities gain access to the resources they needed to address the problems that most concerned them.

Experiences were then communicated to other interested communities throughout the country.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND OTHER MATTERS****Contributions**

CCI records gifts, including promises to give, of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction is met, such temporarily restricted net assets are reclassified to unrestricted net assets and are reported in the statements of activities as net assets released from restrictions.

CCI records gifts of land, buildings, and equipment as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of longlived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire longlived assets are reported as restricted support. Absent explicit donor stipulations about how long those longlived assets must be maintained, CCI reports expirations of donor restrictions when the donated or acquired longlived assets are placed in service.

**Federal and Other Government Grants**

Federal and other government grant revenues are recognized to the extent that the CCI incurs actual expenditures under program agreements with federal or other government agencies. These revenues are recorded as unrestricted support. Amounts recorded as accounts receivable due from federal government are for program grant expenses incurred in advance of the receipt of funds. Funds received in advance of program grant expenses are recorded as grant commitments, which are included in accounts payable and accrued expenses in the statement of financial position.

For those years ended August 31, 2001 and 2000, CCI recorded the following federal and other program grant revenue:

	<u>2001</u>	<u>2000</u>
Health	\$2,331,510	\$1,847,894
Peace-International	<u>1,254,951</u>	<u>2,573,058</u>
Total federal and other government grants	<u>\$3,586,461</u>	<u>\$3,586,461</u>

### Donated Goods

Donated materials and equipment, including artwork, are reflected as contributions at their estimated fair market values when an unconditional promise to give is received.

The components of donated goods for the years ended August 31, 2001 and 2000 are as follows:

	<u>2001</u>	<u>2000</u>
Health:		
Medication	\$33,878,899	\$31,397,7042
Water filtration material and chemicals	240,000	61,630
Transportation	29,700	0
Total	<u>\$34,148,599</u>	<u>\$31,659,334</u>

### Artwork

CCI has capitalized artwork received since its inception at the estimated fair market value at the date of acquisition.

### Inventory

Inventory consists of Mectizan tablets, which are used to treat river blindness, and Zithromax tablets and syrup, which are used for trachoma control. Inventory is received as an in-kind donation and is valued using the first-in, first-out method at market value at the time of the gift.

### NET ASSETS

#### *Unrestricted*

As of August 31, 2001 and 2000, unrestricted net assets are as follows:

	<u>2001</u>	<u>2000</u>
Unrealized gain on restricted endowment investments	\$33,531,457	\$56,677,928
Designated by the board of trustees for maintenance of property and equipment	500,000	500,000
Designated by management as an addition to:		
Endowment investments	28,126,166	19,728,689
Program funds	831,411	208,885
Undesignated	28,887,607	25,100,031
Total	<u>\$91,876,641</u>	<u>\$102,215,533</u>

The board of trustees has authorized the designation of a portion of the unrestricted net assets for maintenance of property and equipment. The annual designation amount is \$116,000. During 2001, the board's executive committee decided to limit such designation to a maximum of \$500,000.

Unrealized gains on endowment investments (Note 5) are classified as increases in unrestricted net assets. Unrestricted net assets also include funds designated by management as additions to endowment investments and program funding. These amounts are classified as unrestricted net assets due to the lack of explicit donor stipulations that temporarily or permanently restrict their use.

**Temporarily Restricted**

As of August 31, 2001 and 2000, temporarily restricted net assets are available for the following purposes:

	<u>2001</u>	<u>2000</u>
Health		
Peace-International	<b>\$28,123,188</b>	\$23,350,247
Cross-program	<b>2,527,609</b>	2,522,592
Time-restricted	<b>3,829,817</b>	2,814,786
Total	<b>1,187,874</b>	1,961,197
	<b><u>\$35,668,488</u></b>	<b><u>\$30,648,822</u></b>

**Permanently Restricted**

In 1989, CCI began its campaign to raise an endowment fund. An endowment fund represents a fund subject to restrictions of gift instruments requiring that the principal of the fund be invested in perpetuity and only the income be used for operations. Permanently restricted net assets are invested in perpetuity, and the income from these assets is expendable to support any activities of CCI.

**Cash and Cash Equivalents**

CCI's cash equivalents represent liquid investments with an original maturity of three months or less. Restricted cash is restricted by the donor for a specific purpose.

**Reclassifications**

Certain prior year amounts have been reclassified to conform with the current year presentation.

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**3. PLEDGES RECEIVABLE**

Pledges are recorded as of their pledge dates at the net present value of their estimated future cash flows. The amount of periodic amortization of the discount is recorded in subsequent periods as contribution income according to each respective donor-imposed restriction, if any. Pledges receivable as of August 31, 2001 and 2000 are classified as follows:

	<u>2001</u>	<u>2000</u>
Unrestricted:		
Operating	\$ 0	\$ 48,413
Temporarily restricted:		
Peace-international	0	19,230
Peace-domestic	0	35,000
Health	<b>6,575,292</b>	207,890
Construction	<b>199,524</b>	299,524
Time-restricted	<b>1,187,875</b>	1,961,197
Permanently restricted:		
Endowment	<b>10,315,332</b>	7,731,817
Total	<b><u>\$18,278,023</u></b>	<b><u>\$10,303,071</u></b>

The anticipated receipts of these receivables are as follows at August 31, 2001 and 2000:

	<u>2001</u>	<u>2000</u>
Less than one year	<b>\$10,494,742</b>	\$ 4,192,815
One to five years	<b>4,232,180</b>	6,198,215
More than five years	<b>8,365,172</b>	682,207
Less unamortized discount	<b><u>(4,814,071)</u></b>	<u>(770,166)</u>
	<b><u>\$18,278,023</u></b>	<u>\$10,303,071</u>

Pledges were discounted based on rates ranging from 4.17% to 8.28%.

#### 4. PROPERTY, PLANT, AND EQUIPMENT

The components of property, plant, and equipment, which, except for land, are depreciated on a straight-line basis, are as follows at August 31, 2001 and 2000:

	<u>2001</u>	<u>2000</u>	<u>Useful Lives</u>
Land	\$ 636,732	\$ 296,732	N/A
Buildings	<b>16,293,041</b>	15,581,071	30 years
Grounds and land improvements	<b>788,403</b>	689,342	10 years
Furniture and fixtures	<b>1,232,127</b>	1,299,246	10 years
Office equipment	<b>818,572</b>	1,094,300	5 years
Computer equipment	<b>675,877</b>	862,474	3 years
Vehicles	<b>0</b>	1,409,836	3 years
Building improvements	<b>940,103</b>	589,523	15 years
	<b><u>21,384,855</u></b>	<u>21,822,524</u>	
Less accumulated depreciation	<b><u>(9,069,643)</u></b>	<u>(9,779,712)</u>	
	<b><u>\$12,315,212</u></b>	<u>\$12,042,812</u>	

CCI purchased an office building with endowment funds during 1990. During the year ended August 31, 2001, CCI determined that its undepreciated investment in the building would achieve greater returns if it were invested similar to other endowment contributions (Note 5). To accomplish this, CCI invested unrestricted operating funds equal to the building's net book value in its endowment investment fund and reclassified the net book value of the building from investments to property, plant, and equipment on its statements of financial position. As of August 31, 2001, the building was substantially occupied by CCI program and department staff.

#### 5. INVESTMENTS

As of August 31, 2001 and 2000, CCI has invested a portion of its endowment in a pooled investment fund, which invests in a composite of cash equivalents, bonds, common stock, mutual funds, and other assets. The cost basis for these investments was \$99,505,220 and \$80,361,453 as of August 31, 2001 and 2000, respectively.

	<u>2001</u>	<u>2000</u>
Endowment-FMV of investment fund	<b>\$133,036,346</b>	\$137,039,000
Endowment-building (Note 4)	<b>0</b>	920,431
Other investments	<b>1,152,359</b>	1,012,071
Total	<b><u>\$134,188,705</u></b>	<u>\$138,971,502</u>

CCI's other investments include charitable gift annuities and charitable remainder unitrusts which are invested in a composite of money market, mutual funds, and other assets. These investments are presented in the accompanying statements of financial position at their fair values.

**6. LEASES**

CCI leases space to various entities under noncancelable leases with various terms. CCI leases to CCEU approximately 20% of CCI's space under a lease for a term of 99 years with a rental payment of \$1 per year. A business agreement with CCI's caterer has no annual rent; rather, CCI receives 5% to 10% of the tenant's gross revenue, as defined. Rental income from these leases is included in facilities use income in the accompanying statements of activities.

**7. SCHEDULE OF EXPENSES BY NATURAL CLASSIFICATION**

The following reflects the components of CCI's program and supporting expenses by their natural classification:

	2001			
	<u>PROGRAM EXPENSES</u>			
	<u>Health</u>	<u>Peace- International</u>	<u>Cross- Program</u>	<u>Fund- Raising</u>
Salaries	\$ 4,199,831	\$2,031,780	\$179,917	\$1,049,716
Consulting	623,839	397,438	38,683	408,322
Communications	368,911	222,088	29,607	2,091,921
Other services	576,751	206,026	6,490	1,830,548
Supplies	36,063,384	77,690	4,459	37,582
Travel/meetings	1,411,962	1,058,804	9,123	490,008
Other	5,096,486	44,692	0	475,241
Grants	3,708,556	357,860	50,000	0
	<u>\$52,049,720</u>	<u>\$4,396,378</u>	<u>\$318,279</u>	<u>\$6,383,338</u>

	2000				
	<u>PROGRAM EXPENSES</u>				
	<u>Health</u>	<u>Peace- International</u>	<u>Peace- Domestic</u>	<u>Cross- Program</u>	<u>Fund- Raising</u>
Salaries	\$ 3,559,542	\$1,633,950	\$ 0	\$176,540	\$1,087,017
Consulting	492,791	464,597	13,305	3,183	454,191
Communications	370,231	270,296	1,687	13,468	1,906,015
Other services	486,466	233,111	885	2,647	1,532,410
Supplies	22,781,516	87,170	2,529	4,109	32,333
Travel/meetings	1,362,975	1,240,828	0	26,077	394,978
Other	2,939,845	115,246	0	0	439,186
Grants	2,488,639	257,355	255,550	0	0
	<u>\$34,482,005</u>	<u>\$4,302,553</u>	<u>\$273,956</u>	<u>\$226,024</u>	<u>\$5,846,130</u>



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**SUPPORTING EXPENSES**


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<u>Administrative Costs</u>	<u>Common Area and Depreciation</u>	<u>Total Expenses</u>
\$2,397,621	\$ 591,730	\$10,450,595
199,644	29,786	1,697,712
182,486	18,800	2,913,813
111,887	204,711	2,936,413
76,521	67,270	36,326,906
46,115	3,387	3,019,399
417,258	1,212,419	7,246,096
0	0	4,116,416
<u>\$3,431,532</u>	<u>\$2,128,103</u>	<u>\$68,707,350</u>

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**SUPPORTING EXPENSES**


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<u>Administrative Costs</u>	<u>Common Area and Depreciation</u>	<u>Total Expenses</u>
\$2,220,808	\$ 513,821	\$ 9,191,678
238,961	6,800	1,673,828
245,788	17,672	2,825,157
112,945	197,724	2,566,188
52,083	65,423	23,025,163
50,686	3,312	3,078,856
443,476	1,280,452	5,218,205
0	0	3,001,544
<u>\$3,364,747</u>	<u>\$2,085,204</u>	<u>\$50,580,619</u>

# Senior Staff

**John B. Hardman, M.D.**

Executive Director  
The Carter Center

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**Charles E. Costello**

Director  
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Faculty Assistant to President Carter

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Conflict Resolution Program

**Cynthia R. Hooks**

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Senior Epidemiologist  
Technical Director  
Trachoma Control Program

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Executive Assistant to the Chair

**Nancy R. Konigsmark**

Director, Scheduling

**Melissa M. Montgomery**

Executive Assistant to Rosalynn Carter

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Associate Executive Director, Operations  
Board Secretary

**Christopher D. Brown**

Director, Finance  
Board Treasurer

**Kay T. Hamner**

Director, Administrative Services

**Deanna Congileo**

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**Michael J. Turner**

Director, Human Resources

The Carter Center, in partnership with Emory University, is guided by a fundamental commitment to human rights and the alleviation of human suffering; it seeks to prevent and resolve conflicts, enhance freedom and democracy, and improve health.

## Mission Statement

While the program agenda may change, The Carter Center is guided by five principles:

1. The Center emphasizes action and results. Based on careful research and analysis, it is prepared to take timely action on important and pressing issues.
2. The Center does not duplicate the effective efforts of others.
3. The Center addresses difficult problems and recognizes the possibility of failure as an acceptable risk.
4. The Center is nonpartisan and acts as a neutral in dispute resolution activities.
5. The Center believes that people can improve their lives when provided with the necessary skills, knowledge, and access to resources.

The Carter Center collaborates with other organizations, public or private, in carrying out its mission.

### Contact Us For More Information

#### General Information

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#### Donations

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#### Volunteering

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# The Carter Center At A Glance

## What is The Carter Center?

The Center is a nonprofit, nongovernmental organization founded in 1982 in Atlanta, Ga., by former U.S. President Jimmy Carter and his wife, Rosalynn, in partnership with Emory University. The Center has helped to improve millions of lives in more than 65 countries by waging peace, fighting disease, and building hope. We work directly with people threatened by war, disease, famine, and poverty to solve problems, renew opportunity, and create hope. A key to our success is the ability to make detailed arrangements with a nation's top leaders and then deliver services to thousands of villages and family groups in the most remote and neglected areas.

## What has the Center achieved in 20 years?

The Carter Center has alleviated suffering and advanced human rights by:

- Observing about three dozen multiparty elections in more than 20 countries
- Leading a worldwide eradication campaign that has reduced cases of Guinea worm disease by 98 percent
- Preventing or correcting human rights violations worldwide
- Helping to provide some 35 million drug treatments to sufferers of river blindness in Africa and Latin America
- Creating new avenues for peace in Sudan, Uganda, the Korean Peninsula, Haiti, the Great Lakes Region of Africa, Liberia, and Ethiopia
- Working to erase the stigma against mental illness in the United States and abroad

- Strengthening human rights institutions, civil society, and economic development in emerging democracies
- Fostering improved agricultural practices, enabling 4,000,000 farmers in Africa to double, triple, or quadruple their yields of maize, wheat, corn, and other grains
- Building cooperation among leaders in the Western Hemisphere
- Helping inner-city families address the social issues most important to them

## How is the Center staffed and funded?

The Center has about 150 employees, based primarily in Atlanta, Ga. The Center is financed by private donations from individuals, foundations, corporations, and international development assistance agencies. The 2000-2001 operating budget, excluding in-kind contributions, was approximately \$34 million. The Carter Center Inc. is a 501(c)(3) charitable organization, and contributions by U.S. citizens and companies are tax-deductible as allowed by law.

## Where is the Center located?

The Carter Center is located in a 35-acre setting 1½ miles east of downtown Atlanta. Four circular interconnected pavilions house offices for President and Mrs. Carter and most of the Center's program staff. The complex includes the nondenominational Cecil B. Day Chapel and other conference facilities. The Jimmy Carter Library and Museum, which adjoins the Center, is owned and operated by the National Archives and Records Administration of the federal government. The Center and Library are known collectively as The Carter Presidential Center.







EXTERIOR PHOTOS: GABRIEL BENZUR

## In Memoriam

The Carter Center mourns the passing of these employees and expresses its deepest sympathies to their families and friends.

### **Musiliu Animashawun**

Finance Officer, Global 2000 River Blindness Program, Nigeria

### **Wendy Ware Carlson**

Associate Director of Development

### **Graham M. Christie**

Consultant, Global 2000 Guinea Worm Eradication Program

### **Chuwang Gwomkudu**

Coordinator of Laboratory and Data Activities, Global 2000 Lymphatic Filariasis Elimination Program and Schistosomiasis Control Program, Nigeria



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*Waging Peace. Fighting Disease. Building Hope.*