

THE
CARTER CENTER



CARTER CENTER NEWS

FALL 2008

President Carter
Discusses
Middle East

Fighting
Trachoma
in Niger



WAGING PEACE.
FIGHTING DISEASE.
BUILDING HOPE.

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ON THE COVER

This woman is one of the Red Cross volunteers recruited to help fight Guinea worm disease in Ghana. In addition to ongoing efforts to fight disease in Ghana, The Carter Center will observe the country's presidential elections in December.



From the President and CEO

Center's Commitment Stays Firm in Sudan

At The Carter Center, we know sustainable, positive change is not often achieved in the short term. But our commitments to the people we help have no expiration date, nor do they lessen as situations evolve or worsen.

For example, 20 years ago, Sudan was in the middle of one of the longest civil wars in African history. Millions of people had been killed or displaced from their homes, food was often scarce, and disease was rampant.

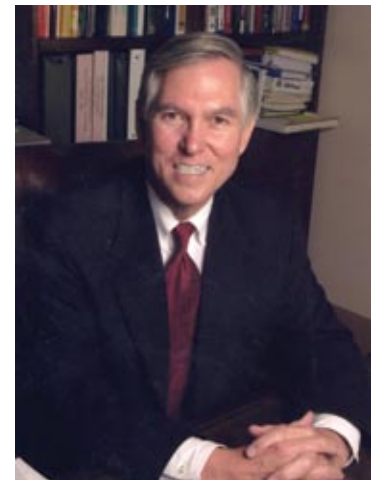
During this time, The Carter Center began agricultural programming in Sudan to help farmers increase their crop yields. From that first activity, the Center has continually expanded its scope of work in the country and remains a trusted partner of the Sudanese people today.

Our Conflict Resolution Program has worked to find ways to end Sudan's civil war, and President Carter directly negotiated between the parties and helped focus local, regional, and international opinion on peace, not war. Among the program's achievements were the 1995 Guinea worm humanitarian cease-fire that allowed health workers to provide vital treatments and immunizations, and a 1999 peace agreement between the governments of Sudan and Uganda.

Since Sudan's civil war ended in 2005, the Carter Center's two field offices in the country have focused on democracy-building and health initiatives. As Sudan prepares for an unprecedented general election in both the north and south, scheduled for 2009, The Carter Center has had an important role as an adviser for the nation's first census.

In addition, the eradication of Guinea worm disease in Sudan is now closer than ever. Southern Sudan, which was inaccessible during the war, harbors the majority of the world's remaining cases. Continued focus on prevention in the region will be the key to wiping out this debilitating disease forever.

While many challenges remain in Sudan, one thing is assured: the Carter Center's commitments to wage peace, fight disease, and build hope there remain firm into the future.



John Hardman, M.D., is president and chief executive officer of The Carter Center.

Long Fight Brings Parity for Mental Health Care

After more than 35 years fighting for equal treatment for mental illnesses in our health care system, former First Lady Rosalynn Carter welcomed the news in early October that Congress had approved mental health parity legislation.

"This was a major victory for millions of people who long have been discriminated against because they have a mental illness or substance-use disorder," Mrs. Carter said. "Congress has made an important statement that these diseases should be treated like any other physical illness. I hope this will be the beginning of the end of stigma against people with mental illnesses."

Most health plans currently provide less coverage for mental health care, setting higher deductibles and limiting treatment. Beginning Jan. 1, 2010, the new law, which affects Americans not covered by state-regulated insurance plans, will require health plans to lift such restrictions and make it easier for people to seek treatment.

New Initiative Aims to Eliminate Two Diseases from Caribbean

Hispaniola, the Caribbean's second largest island, is the last reservoir in the region for two serious mosquito-borne diseases: malaria and lymphatic



Ethiopian children sit under a bed net provided by The Carter Center. Under a new Center initiative, similar nets will be distributed in Haiti and the Dominican Republic.

filariasis. A new Carter Center initiative hopes to accelerate the elimination of both diseases. Hispaniola is shared by two nations—Haiti and the Dominican Republic—which will work together in the new project.

Health officials from both countries will target malaria in border towns. Carter Center support will enable the purchase of insecticide-treated bed nets, microscopes, and motorbikes. The Center also will fund additional health staff in three targeted communities and provide technical assistance.

Colombia-Ecuador: Center Works to Improve Relations

The Carter Center is working to improve the bilateral relationship between Colombia and Ecuador through a dialogue process with key citizens of both countries, which the Center organized in collaboration with the United Nations Development Program.

Ecuador and Colombia's shared border is under strain from multiple issues, including an ongoing guerilla war in Colombia and large numbers of Colombian refugees fleeing into already-poor Ecuador border towns to escape fighting in their country.

Diplomatic relations between the countries were broken on March 3, 2008, and The Carter Center worked in May and June to facilitate discrete talks to resume relations. Each country's president committed to former U.S. President Jimmy Carter to resume diplomatic relations at a lower level of "chargé d'affaires," but in late June, they suspended the process.

Dialogue group members represent important sectors in both countries; the members have influence in their governments and the media. The group has met four times in the past year and maintains discussion of relevant issues by e-mail.



Many Colombian refugees now call home the Ecuador border town of General Farfan.

The Carter Center continues working for dialogue and improvement of the relationship between the people of Colombia and Ecuador and remains ready to collaborate with both governments as their presidents deem appropriate.

Presidents' Boyhoods Depicted in Exhibit

From Sept. 14 to Jan. 4, the Jimmy Carter Library and Museum is hosting a special exhibit, "School House to the White House: The Education of the Presidents," which spotlights the early life and education of 13 presidents, from Herbert Hoover to George W. Bush.

Through films, photos, documents, artifacts, and mementos collected from presidential libraries across the country, this family-friendly exhibit reveals details about children who grow up to be presidents.

Visitors will see the future presidents as young sports stars, choir members, and musicians who grew into mature and serious college and military academy students. Together, these artifacts show the experiences that trained and influenced our nation's leaders.



President Carter Hopeful After Middle East Trip

Former U.S. President Jimmy Carter led a mission to Israel, the West Bank, Egypt, Syria, Saudi Arabia, and Jordan April 13–21, 2008, as part of the Carter Center’s ongoing effort to support peace, democracy, and human rights in the region. Accompanying him were former First Lady Rosalynn Carter; son Jeffrey Carter; former U.S. Rep. Stephen Solarz; Dr. Robert Pastor, senior Carter Center adviser; and Hrair Balian, director of the Center’s Conflict Resolution Program.



You have been working to build peace in the Middle East for more than 30 years. Why is this issue so important to you personally?

Having studied Bible lessons since early childhood and taught them since I was a college student, I was infatuated with the Holy Land long before my interest took on an entirely new significance when I became president of the United States. Since then, one of my major goals has been to help assure a lasting peace for Israelis and their neighbors in the Middle East. It is certainly one of the most fascinating and truly important political and military subjects of modern times. Instability in the region has not only produced widespread terrorism, it is and has been a persistent threat to world peace. My

President and Mrs. Carter examine rocket shells in the Israeli city of Sderot, about a mile from the northeast corner of Gaza. Before a fragile cease-fire took place between Hamas and Israel in June, Sderot citizens had been the victims of constant rocket attacks from Gaza since 2001, resulting in 13 deaths.

hope is that violent conflict will end and democracy and human rights will be strengthened.

Why did you go to the Middle East last spring?

I wanted to consult with all the major actors in the conflicts between Israel and its Arab neighbors, probe for possible reconciliation, and then make a public report that would delineate the options available for others to make tangible moves toward peace agreements.

Given that most Israelis (64 percent according to a recent Haaretz-Dialog poll) support direct talks between Israel and Hamas, why do you think Israel and the United States have resisted this course? And, why is it essential to include Hamas?

Hamas has not accepted the PLO’s (Palestine Liberation Organization) commitments in the Oslo Agreements that recognized the “right of the State of Israel to exist in peace and security” and that renounced the use of violence. Nevertheless, the United States encouraged the January 2006 Palestinian elections in which Hamas emerged with a majority of parliamentary seats. Subsequently, the elected govern-

ment including Hamas was not allowed to continue in power, and dozens of Hamas members of parliament are now in prison. On the West Bank, the Palestinian Authority operates under an interim government led by President Mahmoud Abbas. Hamas took over authority in Gaza. Realistically, peace negotiations between Israelis and Palestinians cannot be sustained without the participation of both parties.

After having talks with Hamas leader Khaled Meshal, do you feel any more or less optimistic about the prospect for peace in the Middle East?

I am more optimistic about the possibilities for peace. In our discussions, I found him to be careful, serious, and frank. He agreed for Hamas to accept any peace agreement negotiated between the leaders of the Palestinian Authority and Israel, provided it was subsequently approved by Palestinians in a referendum or by a democratically elected government, and also to have a long-term cease-fire in the West Bank and Gaza.

What do you think the trip accomplished?

We believe we accomplished five objectives: (1) to help leaders in the region understand that genuine peace requires including the “spoilers” in the process rather than isolating or marginalizing them; (2) to narrow the distance between Hamas and Israel on a truce in and around Gaza, resulting in a cease-fire since June; (3)

to publicize the acceptance by Hamas of a potential Abbas-Olmert two-state agreement if Palestinians approved it in a referendum; (4) to help advance Syrian-Israeli negotiations by urging Israel to acknowledge the back-channel talks mediated by Turkey and urging the

United States to support this effort; and (5) to persuade Hamas to allow a letter from the captive Israeli Cpl. Schalit to his parents.

Many people feel that the situation in this region is beyond hope. What would you say to them?

There are truly serious obstacles to peace, but I nevertheless believe this is a time for hope and not despair. The outlines of an Israeli-Palestinian peace agreement are clear. Polls consistently indicate that the majority of both groups are willing to compromise to reach peace. Agreements with Syria and Lebanon also are within reach.

What can The Carter Center do in the future to make a difference in the region?

After our visit, we stayed in contact with political leaders and others in the region. Center staff members have returned for consultations,



Palestinian women take their children through a market in the West Bank.

and resident representatives in Ramallah give us regular reports. We also are adding offices in Jerusalem and Gaza.

We have an almost unique ability among outsiders to work quietly with the Israelis, Lebanese, Fatah, Hamas, Egypt, and the Syrians, and this could be helpful. There also is potential to play a role in reconciling the major Palestinian factions as an unavoidable prerequisite to a comprehensive peace.

For more than a quarter century, we have worked closely with B'Tselem, Al Haq, and other courageous human rights organizations in Israel and Palestine. We are assisting Palestinian university students who have become trapped in Gaza to gain permission to leave and join universities to which they have been admitted. We also hope to observe the next elections for the Palestinian Authority and the Lebanese parliamentary elections scheduled for spring 2009.

There have been a lot of rumors about funding for The Carter Center and whether gifts from Arabs have shaped your opinions on the Middle East. Could you respond to that?

Of the total amount of contributions The Carter Center has received since its founding in 1982, only 2.6 percent has been from donors in Mideast Arab nations. Seventy-two percent of those funds have helped to support health programs in Africa; 20 percent have gone to our endowment; 4 percent were for original construction of buildings at our headquarters in Atlanta, Ga.; and 4 percent for projects to directly promote peace, such as specific election observations.

Rosalynn and I have never received salaries from The Carter Center, and the honorariums we receive for awards or speeches, including funds from the Nobel Peace Prize, have been contributed to The Carter Center or other charitable organizations.



To read President Carter's personal report on his Middle East trip, see www.cartercenter.org/news/trip_reports/index.html.

Nigerien Soap Provides Income, Helps Prevent Blindness

It is nearly evening in the desert village of Adorihi in southern Niger, and 36-year-old Aisha Oumarou crouches over her cooking fire carefully mixing oil into a pot on coals. Although the mixture smells faintly of peanuts, the hot dough that Oumarou extracts from the pot and rolls between her hands is not destined to be the evening's meal, but balls of soap.

Humble in its origins of water, ash, and peanut oil, Oumarou's homemade soap is a traditional Nigerien recipe that is helping prevent future blindness in an area ravaged by the bacterial eye disease, trachoma. Trachoma can be spread easily from person to person by eye-seeking flies that are attracted to dirty, watery eyes or by touching eyes with dirty fingers.

Soap helps people keep their hands and faces clean, which can prevent the spread of the disease, especially in dry, dusty environments that cause eyes to water. In many trachoma-endemic areas around the world, soap is unavailable, but washing with water alone



Aisha Oumarou washes her daughter's face using soap she has made. Face washing — with or without soap — helps stop the spread of trachoma.

Recent Trachoma News

Ghana Eliminates Trachoma as Problem

Due to the work of Ghana's Trachoma Control Program, which is assisted by The Carter Center, Ghana has become the first sub-Saharan African country to eliminate trachoma as a public health problem. This accomplishment marks a positive step toward eliminating blinding trachoma worldwide.

Latrine Construction Hits Milestone

One of the ways to control the population of the flies that spread trachoma is to build latrines, thus limiting fly breeding opportunities. The Carter Center has supported latrine-construction efforts in Africa, and now more than 610,000 latrines have been erected in Ethiopia and 108,000 more in West African countries. The latrines impact 3.5 million people, benefiting overall community sanitation in addition to helping control trachoma.

Study Reveals Severe Trachoma in Sudan

A recent study conducted in Ayod County, Southern Sudan, confirmed what Carter Center experts suspected: Trachoma is a major threat to public health in Southern Sudan, and the disease in Ayod County is one of the most severe ever documented. Many children there are nearly blind due to the advanced form of trachoma—trichiasis—which in other places is seen only in older adults who have had repeated trachoma infections over many years.

also reduces the spread of the disease.

Niger's Zinder region, where Oumarou's village sits, is one of the most trachoma-endemic areas of the country. Repeated infections of the disease are common here and can lead to diminished vision and blindness, possibly even be a contributing factor to an early death.

In many areas of Niger—a nation where most people live on less than US \$1 a day—soap is often unaffordable (about 25 cents per bar). Expanding on efforts to reduce trachoma transmission in Niger, the Carter Center's Trachoma Control Program assists Nigerien health districts in teaching local women how to prepare soap. The hope is that these women will share their new skills with other women in the community, widening the impact of the pro-



gram's efforts so additional households will have access to a more affordable soap.

"When the health district was looking for women to be trained in traditional soap making using local ingredients, I volunteered immediately," said Oumarou. "I realized that the process is simple to learn. It's also easy because I have all of the ingredients at hand here in the village."

Oumarou sells her homemade balls of soap for 50 CFA francs each (about 10 cents), a more affordable price than manufactured soap, in even the poorest of Zinder's villages. She can sell between US \$4 and \$8 worth of soap per week in her village, a considerable boost to her family's income.

Since learning soap making, Oumarou has proudly shared the technique with 20 other women from her own village and neighboring villages.

To date, The Carter Center, in partnership with the Niger Ministry of Health, has taught nearly 1,000 rural Nigerien women how to prepare traditional soap as part of an effort to prevent the spread of trachoma.



Top: Oumarou and her sister-in-law make soap in their village of Adorihi in southern Niger. Above: The homemade soap resembles charcoal in appearance.

Congo Women Confide Painful Reality to Fellow

In a refugee camp in the Democratic Republic of the Congo, journalist Jimmie Briggs listens via translator to a young woman describe being raped by soldiers. Briggs, an unlikely confidant as both a man and an American, is so devastated by her account he cannot continue taking notes. He begins to weep and offers to end the interview. The woman, “Madeline,” refuses.

“I’m never going to have justice legally,” she says, while cradling a child in her arms, a child conceived while she was assaulted. “I have to tell this story so other women can be protected—so the world knows what is happening to us here,” Madeline adds.

Sexual assault in the Congo is acknowledged as the worst in the world—the brutality, the amount, and the cultural allowance of it.

Freelance writer Jimmie Briggs has dedicated his career to reporting on the psychosocial impact of violence against women and children—a mission Briggs funds through grants and other financial assistance. In 2005, he wrote a book about child soldiers.

The recipient of a Rosalynn Carter Fellowship for Mental Health Journalism in 2006, Briggs is working on his next book, tentatively titled “The Wars Women Fight: Dispatches from a Father to a Daughter,” a project he said would not have been feasible without the fellowship. “The Carter Center made it possible for me to go to the Congo, and the Center’s reputation and broad network of support gave me access to people I would never have been able to talk to otherwise,” he said.

Since its inception in 1997, the fellowship program has provided funding and training to more than 90 journalists around the world, enabling them to investigate and write stories combating stigma and discrimination against mental illnesses.

Briggs observed that the rape survivors he spoke to in the Congo did not recognize the sadness and fatigue they felt as signs of depression or an aftereffect of trauma.

“Many of the women had all but given

up hope that their lives could improve, but they knew that I was there to share their stories and try to help make a difference,” he said.

Today, Briggs maintains a close relationship with the Center’s Mental Health Program staff, whom he credits as a valuable source of informal guidance and support: “I am extremely grateful and blessed to have been a Carter Center fellow, and I feel that, in many ways, I always will be a fellow.”



A list of 2008–2009 fellows and the topics they will be covering can be found in the Mental Health Program section of www.cartercenter.org.



Freelance journalist Jimmie Briggs, past recipient of a Rosalynn Carter Fellowship for Mental Health Journalism, chronicles women and children facing violence.



Left: Many women in the Democratic Republic of the Congo are reluctant to tell their stories of sexual assault because of trauma in recounting their experience and fear of repercussions for them and their families. Above: Despite the calm facade of this street, Congolese women face brutal violence, particularly in the eastern region of the country.

Center to Observe Ghana Elections in December

Seven Carter Center observers are deployed throughout Ghana to monitor campaigning and other political activities in preparation for the country's Dec. 7 elections, when the observers will be joined by a 50-person delegation.



“Our long-term observers play a vital role,” said Keith Jennings, director of the Carter Center’s Ghana field office. “Their observations help the Center analyze the pre-electoral environment and further establish our reputation for impartiality.”

Ghana’s 2008 elections are seen widely as a watershed moment that could strengthen its democratic systems as the country approaches the constitutionally mandated end of John Agyekum Kufuor’s presidency. With no presidential incumbent or clear front-runner among approximately 10 candidates, the political environment is intensifying.

Carter Center long-term observers watch as Ghanaians register to vote in the December elections.

The challenges to a smooth transition include sporadic violence in the north and waning public confidence in elected officials.

The Center hopes the presence of its international observers will encourage fairness in the electoral process and acceptance of the election results by all political stakeholders.

Since arriving in Ghana in July, Carter Center teams have observed August voter registration and have provided assistance to civil society and domestic observer groups so that they and the public at large are prepared to observe the elections in December.

The Carter Center previously sent a delegation to observe Ghana’s historic 1992 elections, the country’s first democratic presidential election in more than 30 years. In addition, the Center’s health programs have been active in Ghana since 1986 to eradicate Guinea worm disease and prevent trachoma.

Journalist Training Aimed at Better Election Coverage

Amid worries in Nicaragua that political openness and space for debate are shrinking, The Carter Center, in partnership with the National Democratic Institute, has sponsored a series of workshops to help journalists who will be reporting on Nov. 9 municipal elections.

“We hope to encourage these journalists to approach the election objectively,” said Marcelo Varela, associate director of the Carter Center’s Americas Program.

Each workshop provides resources that will help journalists accurately report about what is going on in Nicaragua.

The first workshop, held Aug. 4, covered how reporters can use the Inter-American Democratic Charter and democratic elections standards as tools in writing about the election administration process.

“The charter outlines requirements for



A Nicaraguan woman votes in 2006 elections, which were observed by The Carter Center.

democracy and civil liberties and how to defend them, while international election standards give a baseline for how an election should be run,” said Varela. “It is vital that journalists know how to use these tools to hold their government responsible.”

The Carter Center led a second workshop on Sept. 22 that focused on obtain-

ing governmental information through Nicaragua’s new access to information law.

Journalists from Nicaragua’s major news outlets attended each workshop.

The Carter Center has supported democracy in Nicaragua by observing four elections since 1990 and supporting an access to information initiative.

Ernesto Ruiz-Tiben

To Guinea Worms, Ruiz-Tiben Is Top Foe

Fifteen years ago, Dr. Ernesto Ruiz-Tiben, then in his early 50s, was contemplating retirement. He had served 27 years as a commissioned officer of the U.S. Public Health Service at the Centers for Disease Control and Prevention and was thinking about starting a new career and traveling. He got his wish in spades: a new job and long journeys, although he's not traveling for pleasure. Rather, his trips are often to the world's poorest, most remote regions where the scourge of the Guinea worm still lingers.

"I never did retire," says Dr. Ruiz-Tiben. "I came to work with The Carter Center."

He was drawn by the chance to help eradicate this debilitating disease and to work with his former CDC colleague, Dr. Donald Hopkins, vice president for health programs at The Carter Center: "Don put together a team unrivaled in its abilities and effectiveness. It's the reason I continue to work."

Since 1998, Dr. Ruiz-Tiben has directed the Center's Guinea Worm Eradication Program, tackling the ailment with the same determination he brought to his successful CDC efforts to control the disease schistosomiasis in his native Puerto Rico and elsewhere.

"Our credo is, 'We'll be standing until the last worm goes,'" he says, explaining that because the Guinea worm never sleeps, this program must "outdo it at all places and at all times."

Already The Carter Center, and its many partners including the national Guinea worm programs, the World Health Organization, and CDC, has helped eliminate the disease in 15 countries and is targeting it in another five. The parasite infects people via their drinking water. After a year inside the body, the long worms emerge through painful lesions, often from the backs, breasts, and legs of their victims.

Defeating the parasite is primarily "a matter of education," says Dr. Ruiz-Tiben. When villagers learn to filter their water through simple nylon water filters before consumption and not to enter the water when they are infected, the parasites

disappear—they cannot survive without their human hosts. "That's why it can be eradicated worldwide," he says.

Even when faced with setbacks, such as in Ghana recently, where corrupt officials allowed a city's water supply to degrade and become reinfected, Dr. Ruiz-Tiben does not lose hope: "It was one of the largest outbreaks I've experienced, with more than 1,000 reported cases, most in children. At one clinic, there was a chorus of children crying, having their worms pulled out. That's when I knew we had to keep going. There's no reason for suffering like that."

But already the Ghana program has rebounded from the challenge. This year, cases are down about 85 percent from 2007. "As communities learn about the worm and its life cycle, they discover that they can get rid of it by themselves," he says. "We give them the lessons, but they do the work."



"Our credo is, 'We'll be standing until the last worm goes.'"

Dr. Ernesto Ruiz-Tiben examines the leg of a Ghanaian boy who has Guinea worm disease.

United Kingdom Backs Conflict, Election Projects

Supporting a wide array of peace initiatives, the government of the United Kingdom is an ongoing collaborative partner of The Carter Center and has contributed \$7.5 million over time.

Through its Department for International Development (DFID) and the British Foreign and Commonwealth Office, the United Kingdom has supported past election missions in Nepal and the



A poll worker helps a voter in the Democratic Republic of the Congo. The Center's observation of the Congo election was supported by the United Kingdom.

Democratic Republic of the Congo and is funding upcoming missions in Ghana and Cote d'Ivoire. Funds cover political assessments, field offices, and long- and short-term observers.

The U.K. government is often one of the first from the donor community to respond to funding needs, providing necessary start-up funds for a wide range of projects.

A new fund within DFID, created in 2005, tackles humanitarian, conflict, security, and justice issues that underpin poverty in some of the most vulnerable communities around the world. The Conflict and Humanitarian Fund supports the Carter Center's conflict resolution activities in South America, the Middle East, and Africa.

One of the unique characteristics of the Conflict and Humanitarian Fund is its "lessons learned" aspect, in which grant recipients provide feedback about what is working well and what could work better. In this way, DFID is encouraging the growth of a larger community of practice to reduce the impact of conflict around the world.



This river in Nasarawa, Nigeria, hosts the parasite that causes schistosomiasis. The disease is contracted when people come into contact with infected water through swimming, bathing, or other everyday activities. The Izumi Foundation supports the Center's Schistosomiasis Program in Nigeria.

Center, Izumi Foundation Fight Schistosomiasis in Nigeria

For 10 years, the Izumi Foundation has been working to improve the health of people in developing nations. With a special interest in combating neglected tropical diseases, the Izumi Foundation began supporting the Carter Center's Schistosomiasis Program in 2006. Last year, the program provided annual doses of the drug praziquantel to 202,941 adults and children in three states in Nigeria—Plateau, Nasarawa, and Delta.

Schistosomiasis is a parasitic disease that affects 200 million people in 74 countries, the majority of whom are children. People become infected by swimming, bathing, or even doing laundry in water contaminated with larvae that emerge from snails. Praziquantel provides relief from symptoms like severe itching, blood in the urine and stool, cramping, anemia, and bladder dysfunction.

Because schistosomiasis is not fatal, it is not a high priority for many international agencies and governments despite the low cost of treatment—about 20 cents per dose of praziquantel.

The Izumi Foundation's priorities include fighting neglected tropical diseases—like schistosomiasis—plus combating infectious diseases and malnutrition, and building health infrastructure. Based in Boston, Mass., and created in 1998 by the lay Buddhist order Shinnyo-en, the foundation is rooted in Shinnyo-en's values of compassion, concern for others, and altruism. In Japanese, the word izumi means water source or fountain.

Law Permitting Gifts from IRAs Extended

A special provision of the law that allows individuals 70½ or older to make a tax-free gift to charity directly from their IRAs has been extended to Dec. 31, 2009. Gifts up to \$100,000 qualify for the tax exemption. For more information, contact Karen Price in the Office of Gift Planning at (800) 550-3560 ext. 860 or karen.price@emory.edu.

Year-end gifts of stock must be received by Dec. 30, 2008. Account information has changed; please contact Karen Roop at (800) 550-3560 ext. 192 or kroop@emory.edu for more information.



David Pottie is associate director of the Center's Democracy Program.

NOTES FROM THE FIELD

Commitment to Democracy Key for Nepal

By David Pottie

In April of this year, I witnessed historic elections in Nepal. The Nepalese cast their votes for a constituent assembly, a 601-person body that would write a constitution for the country. Nepal was starting from scratch with democracy after more than 200 years of being ruled by a monarchy followed by a bloody civil war.

When the ballots were counted, the results were amazing. The citizens had elected one of the most—if not the most—diverse governmental bodies in the world. A large number of women were elected as were people from the lower castes who had never before participated in government.

But then the waiting began.

From April to August, the country was in limbo. The king stepped down in May, and Nepal was declared a republic. But internal political wrangling continued through the summer over who would be named president, prime minister, cabinet ministers, and so on.

To a lot of people, the behind-closed-doors negotiation among big-party leaders looks like politics as usual. So far, the Nepalese are not getting what they asked for.

There is a long road ahead. Without a functioning assembly, government has come to a standstill. Ministers



A Nepalese voter talks with poll workers in April 2008.

hold positions but have no real direction. Lack of law and order, especially in rural areas, is a problem, and there are daily reports of intimidation, bribery, illegal commerce, and shakedowns, much of it by the youth organizations of the Maoists and other big parties.

I visited Nepal in June to get a firsthand update on how the country was progressing, and The Carter Center will stay involved as the new government takes shape. We want to place several teams in the regions of Nepal to gather political information, help monitor the continuing peace process, and serve as a resource on how to make government more accessible for citizens. Responding to local needs, they might help community organizations call town hall meetings or assist citizens in accessing their elected representatives. The Center has developed a strong network of relationships and contacts across Nepal, including the new prime minister.

The Nepalese have created a great opportunity to transform their government, and with a renewed and strengthened commitment, Nepal can reach its full potential for peace and democracy.

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