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Annual Report

The Carter Center



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WAGING PEACE



FIGHTING DISEASE



BUILDING HOPE

Message from Jimmy Carter

CHAIR OF THE BOARD OF TRUSTEES



After the Cold War, many expected the world would enter an era of unprecedented peace and prosperity. Sadly, this is not the case.

As we approach the new millennium, our greatest global challenge is to reduce the growing disparity between rich and poor.

Rosalynn and I have seen the suffering of people who have inadequate shelter, food, education, and medical care -- and little opportunity for gainful employment or human dignity.

We at The Carter Center believe that until we learn to provide for the basic human needs of people, there can be no lasting peace.

Jimmy Carter

The Carter Center does not duplicate efforts of others as we work to fulfill our mission of “waging peace, fighting disease, and building hope” among those whose quality of life is challenged and jeopardized every day. We often are most effective, however, by bringing together partners with common goals that could not be achieved without a coordinated effort.

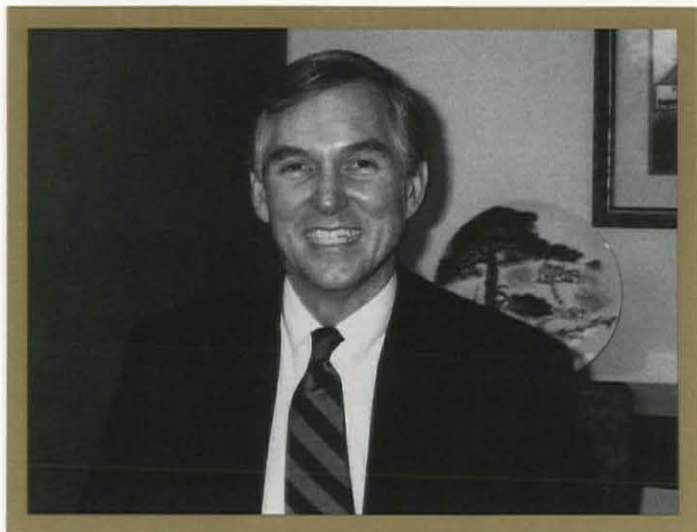
This report highlights some of the positive and sustainable outcomes accomplished through establishing models of collaboration, as we seek to improve knowledge and enhance techniques that can lead to healthy and peaceful lives.

A good example of teamwork is the fight against Guinea worm disease. A coalition of diverse organizations, individuals, and corporate support has helped eradicate this ancient syndrome by 97 percent. Working within the established infrastructure of countries impacted by this disease, rather than through creating new bureaucracies, also contributes to our effectiveness.

Key people in government ministries of health learn from us about how to eradicate Guinea worm. We then are able to give them access to the necessary tools because of resources that our partners provide, such as cloth filters to strain worm larvae from contaminated water. The ministry staffs teach health workers positioned across the country how to use the filters. They, in turn, teach the technique to villagers who have suffered from this blight for thousands of years. Often the villagers themselves devise innovative ways of using the knowledge and tools, such as lining hats with cloth filters through which water can be poured or covering the ends of drinking reeds with the filters.

This model can fight other diseases in developing countries where The Carter Center recently launched programs to control or eradicate river blindness, lymphatic filariasis, schistosomiasis, and trachoma. Village health workers again are teaching their neighbors to solve their own health problems with confidence after successfully battling Guinea worm.

Another model that illustrates this principle of partnership is our comprehensive development assistance for emerging democracies. The Carter Center has worked behind the scenes



in Guyana for several years to help evolve a national development strategy. Representatives from all sectors of society — from minority groups and disenfranchised populations to business and industry interests — have been included in this effort. Foreign aid organizations also are involved to encourage agendas based upon a common understanding of the greatest needs. The government now has a blueprint for development that can benefit the entire country. The Carter Center is in the early stages of examining methods to help the governments of Mozambique and Mali develop strategies for national development.

Election monitoring offers additional examples of effective results from working together with other organizations to ensure that voting occurs without violence, intimidation, and fraud. Ongoing success depends upon continued cooperation, as in China where The Carter Center and China's Ministry of Civil Affairs have jointly committed to develop a national elections data gathering system, standardize election procedures, and publicize elections.

Creating models of collaboration ensures that The Carter Center's work will have maximum and lasting impact. The players may change, but the principles that undergird our programs will remain. Stakeholders who work together create opportunities and build hope for every man, woman, and child to live in health and peace.

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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.

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.

About The Carter Center

What is The Carter Center's role?

"Waging Peace. Fighting Disease. Building Hope." These six words embody The Carter Center's mission in a world where people live every day under difficult, life-threatening conditions caused by war, disease, famine, and poverty. Guided by a fundamental commitment to human rights, The Carter Center strives to alleviate this suffering through projects that prevent and resolve conflicts, enhance freedom and democracy, and improve health. The ultimate goal is to help create a world where every man, woman, and child has the opportunity to enjoy good health and live in peace.

What principles guide the Center's work?

The Center is a nonprofit, nongovernmental organization (NGO) founded in 1982 by Jimmy and Rosalynn Carter in partnership with Emory University. The Center:

- Emphasizes action and results. It translates academic research and analysis into programs that have improved people's lives in more than 65 countries.
- Avoids duplicating the efforts of other agencies or institutions.
- Addresses difficult problems and accepts the possibility of failure.
- Is nonpartisan and acts as a neutral party in dispute resolution activities.
- Believes that people can improve their lives when provided with the necessary skills, knowledge, and access to resources.

Who directs the Center's programs?

Resident experts and fellows, some of whom teach at Emory University, direct the Center's programs. They design and implement activities in cooperation with President and Mrs. Carter, networks of world leaders, other NGOs, and partners



GABRIEL BENZUR

Located in Atlanta, The Carter Center houses offices for Jimmy and Rosalynn Carter and most of the Center's program staff, who promote peace and advance health worldwide. Field representatives also work in 20 nations in Africa and Latin America.

in the United States and abroad.

A board of trustees, chaired by President Carter with Mrs. Carter as vice chair, governs the Center. (Trustees are listed on Page 40.) The Center's board of councilors provides its programs with the advice and support of prominent regional and local leaders. (Members are listed on Page 42.)

What are the Center's major initiatives?

Health

- The Center's health programs fight disease and hunger by:
 - Leading a worldwide campaign that has achieved 95 percent eradication of Guinea worm disease in Africa and parts of Asia. Guinea worm will be only the second disease after smallpox to be eradicated.
 - Fighting river blindness in Africa and Latin America through a global coalition to educate people about the disease and distribute medicine to control it. Since 1996, Carter Center-assisted programs have provided more than 14.5 million drug treatments to people on both continents.
 - Working to erase the stigma of mental illnesses and improve access to and the quality of care for the 50 million Americans who experience mental disorders every year.
 - Promoting preventive health care in

communities through a network of faith groups in U.S. cities.

- Helping more than 1 million farm families in Africa to double, triple, or quadruple their yields of maize, wheat, and other grains. For example, the number of farmers in Guinea using new growing methods more than tripled from 1997 to 1998. During the same period, farmers in Mali quadrupled the amount of land used to grow crops with improved seed varieties.

Peace

- The Center's peace programs address the root causes of conflicts at home and in the developing world by:
 - Observing multiparty elections in some 15 countries to promote democracy.
 - Seeking peaceful solutions to civil conflicts in places such as Sudan, Haiti, Nicaragua, the Korean Peninsula, and the Great Lakes region of Central Africa.
 - Promoting democracy and economic cooperation in the Western Hemisphere.
 - Preventing human rights violations worldwide.
 - Strengthening human rights and economic development in emerging democracies.
 - Helping inner-city families and children address such quality-of-life issues as jobs, early education and after-school programs, and health care.



GABRIEL BENZUR

The Carter Center is open to the public by business appointment or for special events. Guests also may visit the Center's spectacular grounds and The Jimmy Carter Library and Museum, shown here in the background.

Where is the Center located?

The Carter Center is located in a 35-acre park two miles from 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.

How is the Center funded?

Private donations from individuals, foundations, and corporations financed construction of The Carter Center's facilities. These and others supported the 1997-98 budget with donations totaling approximately \$58.1 million. The Jimmy Carter Library and Museum, also built with private funds, were deeded to the federal government after construction.

The Carter Center Inc. is a 501(c)(3) charitable organization, and contribu-

tions by U.S. citizens and companies are tax-deductible as allowed by law. To make a donation by cash or credit card, contact the Office of Development at (404) 420-5119.

How large is the Center's staff?

The Center has 180 full- and part-time employees, based primarily in Atlanta. More than 350 field representatives are stationed in 20 countries in Africa and Latin America.

How do people become involved in the Center's work?

More than 100 undergraduate and graduate students work with Center programs for academic credit or practical experience each year. More than 100 volunteers donate an average of one day of their time each week to the Center. They work with Center programs, assist with special events, and conduct a limited number of private tours. For volunteer information, call (404) 420-5105. To learn more about internships, call (404) 420-5151 or visit our Web site at www.cartercenter.org.

Is the Center open to the public?

The Carter Center is open to the public by business appointment or for special events. Individuals or groups may rent space for meetings, conferences, dinners, receptions, concerts, and other events. For availability and pricing, call the Events Office at (404) 420-5112.

The Jimmy Carter Library is the repository for Carter administration records. The Museum of The Jimmy Carter Library is open Monday through Saturday, 9 a.m. to 4:45 p.m., and Sunday, noon to 4:45 p.m. It features exhibits on the American presidency, the Carter administration, and more. Admission is \$5 for adults, \$4 for senior citizens 55 and older, and free for children 16 and younger. For more information, call (404) 331-0296.

How can people learn more about the Center's work?

The Office of Public Information provides information and publications on the Center's activities. For inquiries and a list of publications, call (404) 420-5117. Information about the Center also is available on the Internet at www.cartercenter.org.

*Fighting
Disease
and
Advancing
Health*



Guinea Worm Eradication Leads to Better Lives

"If we concentrate our efforts and consider each and every case a medical emergency, we can stop this disease everywhere outside of Sudan by 2000. Until every Guinea worm is gone, the threat remains."

— Donald Hopkins, M.D.,
Associate Executive Director, The Carter Center

It was 1988 when former U.S. President Jimmy Carter and Rosalynn Carter first stood face-to-face with people infected with Guinea worm disease, a parasitic, waterborne affliction found among some of the world's poorest people. The Carters were attending the Second African Regional Conference on Guinea Worm Eradication in Accra, the capital of Ghana. After the meeting, they traveled some 45 minutes into the countryside to the subsistence farming villages of Denchira and Elevanyo, situated one mile apart.

Waiting in each village for the dignitaries from far away were all the residents, about one-third of whom were infected with Guinea worms. "Those who were sick waited under the trees," recalled Dr. Donald Hopkins, associate executive director of The Carter Center, who was part of the delegation. "There were scores of them. Many were squatting on the ground and some were sitting in chairs. They were in a line, and those of us visiting moved slowly along, greeting them.

"I was behind Mrs. Carter in Denchira as we filed past these people. Ahead, I saw a woman who seemed to be cradling a child. But when we got closer, I saw that she was not cradling a child. She was cradling her right breast. It was abscessed and a worm was emerging. Mrs. Carter was taken aback at the sight."

At the time, the means to eradicate Guinea worm were known and relatively simple. However, the eradication program had not yet made significant inroads against the disease, then present in millions of people in Africa and parts of Asia.

Immediately following their visit, the Carters promoted several steps to accelerate the eradication process in Denchira and Elevanyo: 1) Cloth filters were given to the villagers to strain their drinking water; 2) The nontoxic chemical ABATE®, which kills Guinea worm larvae in water but does not affect humans, was put into the water sources; 3) Plans were made to drill a deep borehole well for fresh underground water that people could not contaminate by wading into it; and

4) Health workers began to educate the people about the prevention of Guinea worm infection.

President and Mrs. Carter returned to Denchira and Elevanyo in August 1989. "Where there had been perhaps 100 cases in each village the year before, there were now only a handful," Dr. Hopkins said, "and those few cases were persons from other villages." In only one year, the transmission of Guinea worm disease was halted in Denchira and Elevanyo.

One of The Carter Center's field staff returned to both villages in January 1999 to find that no indigenous cases had emerged in the nine intervening years. Freedom from Guinea worm disease, the Center's Resident Technical Advisor Keith Hackett found, has meant better health and economic security for the villagers. It has allowed them to farm productively without interruption caused by the painful disease. Children have attended school consistently, since they have not been afflicted with the disease themselves or had to work in the fields in place of their infected elders.

A Generation of Success

The success achieved in these two remote villages in Ghana has been repeated again and again since the world resolved to eradicate Guinea worm disease.

Encouraged by the final eradication of smallpox in 1977, the Centers for Disease Control and Prevention (CDC) in 1980 proposed that Guinea worm disease be eradicated. From the beginning, Dr. Hopkins, then with the CDC, was a driving force in the effort. Support was minimal, however, until 1986, when The Carter Center joined the endeavor.

Because Guinea worm disease cannot be cured or vaccinated against, interrupting the worm's life cycle is essential for eradication. Humans are infected when they drink water containing tiny water fleas that have fed on the larvae of the worm. In the bodies of their human hosts, the larvae move to the abdominal tissues and grow. Mature, fertilized females migrate to various parts of the human body and after 12 months begin to emerge slowly through the skin.

As the thin, 2- to 3-foot-long worms emerge, they secrete a toxin that creates a burning blister on the skin. If the human host wades into a village waterhole to ease the burning, hundreds of thousands of new larvae are released, and the



THE CARTER CENTER

Jerry Rawlings, president of Ghana, holds a jar containing Guinea worm as he explains to tribal leaders how the parasite is transmitted through contaminated water.

infection cycle begins anew. People with Guinea worm disease endure intense pain that renders them unable to work, attend school, or function normally for up to three months. In the most extreme cases, crippling and even death from tetanus or other secondary infection may occur.

A remarkable coalition has waged war against Guinea

worm disease, encompassing volunteers in villages, international corporations, governments, bilateral agencies, The World Health Organization (WHO), UNICEF, and individuals worldwide. Major support has come from African leaders such as Gen. Amadou Toumani Touré (Mali's former head of state)

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Battling Guinea Worm From the Trenches


The campaign to eradicate Guinea worm disease would not be successful without the help of The Carter Center's Resident Technical Advisors (RTAs), who spend their days wrestling the "fiery serpent" in parts of Africa.

Each RTA is assigned to a country where Guinea worm is found. All advisors work in the Ministry of Health to support its staff in the field. This method helps to ensure that new cases of the disease are contained and that people continue to use water filters and other simple, preventive methods.

Brad Barker, the RTA in Mali, has devised innovative ways to educate villagers in his country. "We hold a competition akin to the American game show 'Jeopardy,'" said Mr. Barker, a native of Oregon. "Winners receive small prizes such as cola nuts or sugar for knowing the correct answers to Guinea worm prevention questions."

Ethiopia RTA Teshome Gebre provides incentives to village-based volunteers and health workers to help them stay focused on eradication. He gives away "Guinea worm eradication hats, cloth, and T-shirts. We also plan to offer training opportunities and certificates of achievement," he said.

Working in Sudan, where civil war has divided the country for the past 15 years, presents special challenges. Fighting hinders efforts to enter remote areas where Guinea worm cases still are found. Despite the fighting, Elvin Hilyer, the RTA in Khartoum, believes the disease can be eradicated in Sudan, but only after the entire country is accessible.

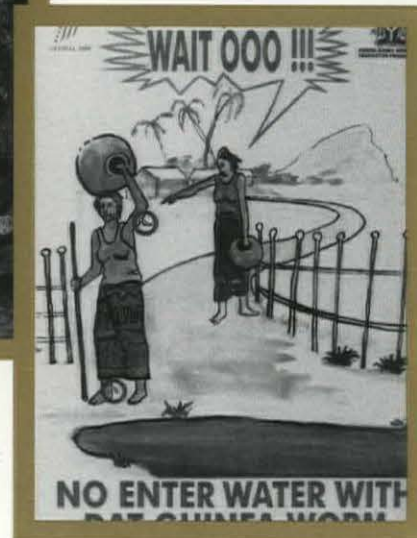
Bruce Ross, the RTA for most of southern Sudan, who is based in Nairobi, Kenya, agreed. "Eradication efforts are taking hold in areas not so hard hit by famine and war," he said. "Some parts of Sudan have the capacity to move ahead and become more self-sufficient." 



ROBERT GROSSMAN

Left: Ghanian villagers of Elevanyo are free of Guinea worm disease, thanks to simple prevention methods such as straining their drinking water with cloth filters.

Right: Health workers use educational tools such as this poster to teach villagers how to prevent Guinea worm disease. It warns people with Guinea worm not to wade or bathe in ponds to avoid spreading the disease.



and President Jerry Rawlings of Ghana; DuPont and Precision Fabrics Group, which have donated more than 2 million square yards of nylon filter cloth; and American Cyanamid/American Home Products, which has given thousands of liters of the larvicide ABATE®.


In 1986, the world counted more than 3.2 million cases of Guinea worm disease among people in 19 countries: Pakistan, India, Yemen, and 16 nations in Africa. In addition, more than 120 million were at risk of the infection because of unsafe water supplies. Twelve years later, when the Seventh African Regional Conference on Guinea Worm Eradication was held in the capital of Mali in 1998, eradication was more than 95 percent complete. Of the approximately 100,000 cases remaining, some 60 percent are in the southern region of Sudan, where ongoing civil war has made efforts to eradicate Guinea worm disease extremely difficult.

In 1998, donors made multiyear commitments totaling more than \$11 million to the final assault on Guinea worm disease. The list includes: the World Bank; the governments of Japan, Norway, the United Kingdom, and Denmark; and American Home Products Corporation. Also contributing were the State of Qatar, the Netherlands, Finland, Canada, the Conrad N. Hilton Foundation, the Kuwait Fund, the OPEC Fund, and a generous American donor.

A Worthwhile Return on Investment

The significance of the Guinea worm campaign is far-reaching, noted Dr. Hopkins. In addition to improving the health, agricultural productivity, and school attendance of affected populations, it has demonstrated the efficacy of health education in disease control, underscored the potential impact of local volunteers for conducting monthly village-based surveillance, and shown the potential value of disease eradication to national economies. The World Bank estimates that the return rate on the investment in Guinea worm eradication will be about 29 percent per year. Even this figure, Dr. Hopkins said, is "based on a conservative estimate of the average amount of time infected workers are unable to perform agricultural tasks." Guinea worm eradication also will show the potential for eradicating a parasite for the first time and without using a vaccine.

When Mr. Hackett visited Denchira in early 1999, he asked to speak with the woman with the infected breast whom the Carters had seen on their first visit. The villagers didn't know where she was. "That was a long time ago," they told him.

"This is a telling commentary," Dr. Hopkins said. "When the Guinea worm is finally eradicated completely, future generations won't even know about it." The memory of the disease and its pain will have been eradicated, too. 

BRINGING MENTAL HEALTH ISSUES TO LIGHT

Journalism Fellows Help Break the Stigma of Mental Illnesses

"Through this fellowship program, talented journalists are helping dispel the stigma and discrimination that has surrounded mental illnesses for decades. Using results of their studies to craft compelling media stories not only enhances other journalists' understanding of key mental health issues, but also increases public awareness."

— Rosalynn Carter, Chair, Mental Health Task Force

He's just going through a phase. Boys will be boys. He's merely testing the limits. Chris' family at one time or another probably cited these reasons to explain their son's often-reckless behavior.

But as the Houston, Texas, youth grew older, his actions worsened. Problems arose at school and home. Chris ran away 15 times, wrecked two cars, threatened suicide, and was hospitalized several times for drug overdoses. When his family sought professional help during his early teens, he was diag-

nosed as bipolar, a serious mental illness also known as manic depressive disorder.

With effective medication, the mood swings, irritability, and depression can subside. But teen-agers, like Chris, often refuse to take their medicine because of its side effects. And their illness jeopardizes their chances for an emotionally healthy adulthood.

Chris' story came to light in a newspaper series written by *Houston Chronicle* reporter Leslie Sowers, one of the first journalists to receive a Rosalynn Carter Fellowship for Mental Health Journalism. Established in 1997, the fellowship program strives to reduce stigma and discrimination against those with mental illnesses — a central goal of The Carter Center's Mental Health Program. Through the fellowships, five journalists are selected each year from a wide pool of applicants. Each is awarded \$10,000 to research a specific mental health topic for one year and report their findings through the media.

Now in its second year, the fellowship program already has had a significant impact on mental health reporting. For her series, Ms. Sowers researched the biological aspects of mental illnesses in children and adolescents and how they are incorporated in services at the local, state, and national levels. In recognition of the importance and quality of her work, several mental health organizations have honored her with awards of distinction, including the American Psychiatric Association. In fall 1998, Fellow Andrew Skolnick wrote about the treatment of people in jails and prisons for the *Journal of the American Medical Association* and the *St. Louis Post-Dispatch*. As a result, both were nominated for a Pulitzer Prize.

"What I learned most from this project is that many communities at large don't recognize the connection between children

(continued on page 13)



ANNEMARIE POYO

Five journalists are selected each year as Rosalynn Carter Fellows for Mental Health Journalism. Through their reporting, the fellows help educate the public and reduce stigma and discrimination against those with mental illnesses. The 1997-98 fellows featured with Mrs. Carter include (clockwise from top left) Andrew Skolnick, Leslie Winokur, Joel Kaplan, Leslie Sowers, and Joyce Newman.

Excerpt from Leslie Sowers' series in *The Houston Chronicle*

Getting Help Early Will Make a World of Difference for Kids

Many early-childhood educators despair at the rage they see in an increasing number of very young children.

Hitting, kicking, shoving, pushing, cursing, and stabbing, they have inflicted injury on their classmates and even their teachers. Their intensity and fury can be shocking. Some need constant monitoring. Parents have lost jobs because they've been called to preschool too often.

Sometimes neither parents nor teachers are sure whether behavior is a developmental stage or a problem. Some aggression is normal. But overly aggressive, impulsive, and out-of-control behavior can signal underlying problems ranging from Attention Deficit Hyperactivity Disorder (ADHD) to autism to depression. The trick is to spot a problem and intervene early without burdening children with potentially damaging labels.

ADHD, for instance, affects an estimated 5 percent to 10 percent of the school-age population. But hyperactivity can be a symptom of depression or anxiety as well as the less common ADHD. Each disorder responds to different medications

and treatment approaches, and only careful evaluation can distinguish them.

In rare instances, the same troubling behaviors may be

early indicators of major mental illness, such as bipolar disorder or schizophrenia. One mother of a 17-year-old with schizo-affective disorder and other diagnoses said that as a toddler her son was asked to leave at least four child care centers. At the time, pediatric neurologists and psychiatrists assured her he just needed discipline.

Even when psychiatrists suspect a major mental illness, they make such a diagnosis reluctantly for fear of stigmatizing the child.


To avoid labeling children, the early-childhood advocate organization Zero to Three has developed a diagnostic approach that assesses a child's strengths and resources. It also tries to understand what might be interfering with his or her normal development.

The list of possible disruptions is long: neurological differences, chemical imbalances, exposure to violence or abuse, even mismatches in temperament between child and parents.

"Because the disturbing behavior could be the result of any number of difficulties, it's really important to find out what the behavior means," said Emily Fenichel of Zero to Three.

"Regardless of the underlying cause, early intervention can give parents the information and tools they need to keep problems from escalating," said Dr. Regina Hicks, director of child and adolescent services for the Mental Health and Mental Retardation Authority of Harris County.

"Early intervention can't solve everything," Dr. Hicks said. "We can't prevent schizophrenia if everybody goes to parenting class."

But even with rare disorders, such as early-onset schizophrenia or neurologically based problems such as autism, children can benefit from early recognition and treatment. 



CARLOS ANTONIO RIOS

Therapy for children with mental illnesses often occurs via one-on-one counseling in informal settings, as shown here at a Texas residential treatment center.

"Despite fighting tight deadlines and pouring through piles of research materials, I found this project to be one of the most challenging and satisfying assignments I have ever tackled in my 17-year career as a reporter. It was a very rewarding experience, both professionally and personally. Knowing that in some way my work may help diminish misconceptions about mental illness makes it even more worthwhile."

— Leslie Sowers, Rosalynn Carter Fellow for Mental Health Journalism

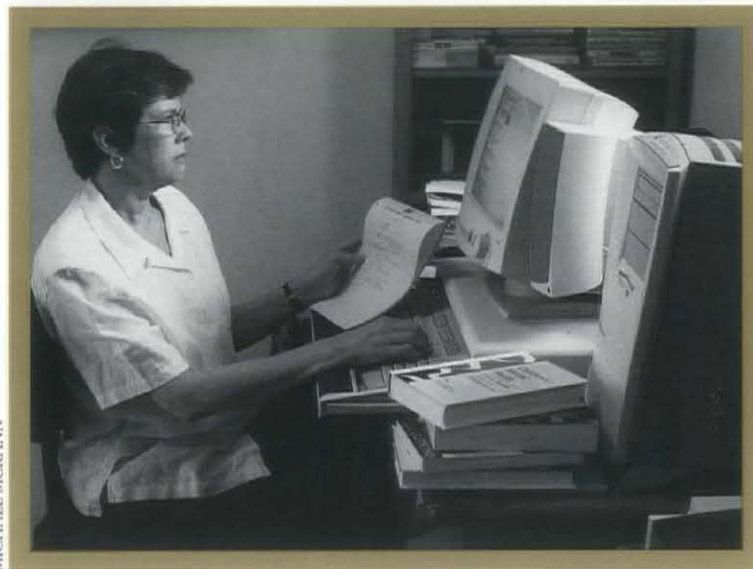
with mental and emotional needs and what happens if those problems aren't addressed," Ms. Sowers said.

Ms. Sowers' project resulted in *The Houston Chronicle* running an extensive three-part series on the topic in May 1998. The first segment dealt with issues ranging from 3-year-olds expelled from day care for being "hard to control" to middle-schoolers shooting classmates. The second installment examined the role schools play. "Experts estimate that between 7 and 12 million children and adolescents in this country have some form of mental illness," Ms. Sowers stated in her article. "But only a fraction receive mental health services in any setting, public or private — yet they all attend school."

The last segment addressed mental illness and adolescents. "Some 150,000 youths in the juvenile-justice system are estimated to have at least one diagnosable disorder. ... Children criss-cross the line — either victim or criminal, therapy or jail, mentally ill or criminal — until it's a blur," Ms. Sowers wrote.

Dr. John Gates, director of The Carter Center's Mental Health Program, believes that projects such as Ms. Sowers' can significantly diminish stigma and discrimination against those with mental illnesses. "Any layperson reading this news series, or even just a part of it, will undoubtedly come away with a new appreciation of the importance of providing adequate mental health services for children. That understanding alone helps tremendously," Dr. Gates said. "It's a step in the right direction to get people to accept that mental illness are just that — illnesses — like diabetes or heart disease that can be treated effectively."

During the course of their fellowships, journalists receive advice and support from the fellowship advisory board members. Dr. Jane Delgado, president and chief executive officer of the National Coalition of Hispanic Health and Human Services Organizations, worked with Ms. Sowers. "As Leslie's mentor, I was impressed to see that she didn't approach her topic with a predetermined assumption or particular news angle," Dr. Delgado said. "She was open-minded and really worked to strike a balance in this series. I think that's why it's so compelling. Leslie was writing about what she had learned through her



MICHAEL MCKANN

Reporter and Pulitzer Prize nominee Leslie Sowers researches information about children with mental illnesses. Her three-part series on the subject first appeared in The Houston Chronicle in May 1998.

research. That's the whole idea — to expose journalists to new experiences regarding mental health so that they can write about issues they have studied and now understand so much better."

In the summer of 1998, The Carter Center selected its second group of Rosalynn Carter Fellows in Mental Health Journalism. Among them is Joshua Wolf Shenk, who is studying how U.S. President Abraham Lincoln coped with depression and how views of mental illnesses have since evolved.

"Mrs. Carter has devoted great energy to promoting awareness and reducing stigma around mental illness," Mr. Shenk said. "My project supports those important goals. Although Lincoln battled an illness, he also persevered, dedicating himself to his family, his country, and his love of ideas. His legacy proves that people with mental illnesses have capabilities and talents from which we all can benefit."

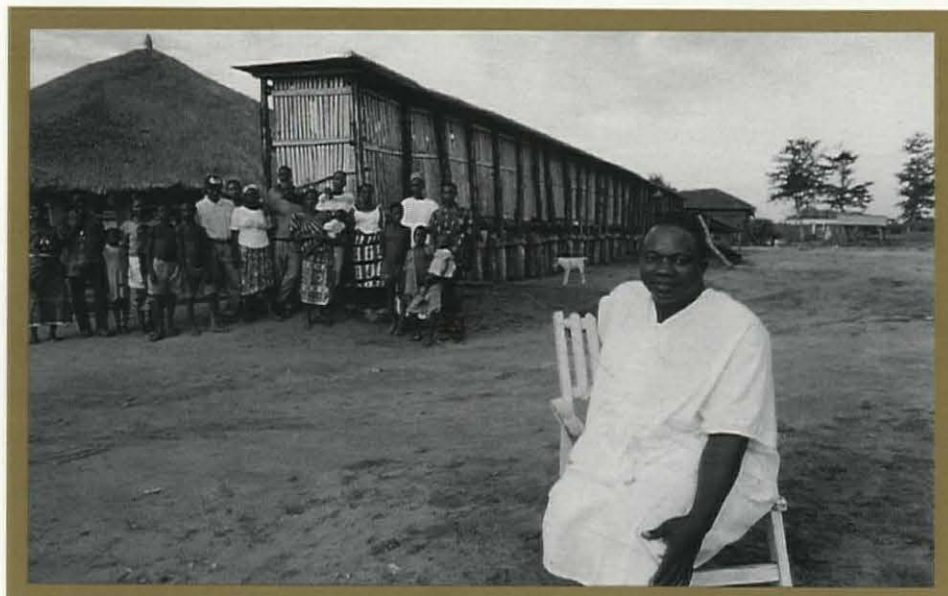
CREP Represents Another Step Toward Self-Reliance

"A CREP is a financing cooperative made up of members living in the same village, regularly bringing their savings to be used as a source of credit. It is a nonprofit organization owned and managed by members themselves who are all shareholders. The major objective is to improve members' standard of living by developing a spirit of solidarity, encouraging savings, promoting beneficial loans with reasonable interest rates, and fighting money lenders and middle men."

— Marcel Galiba, SG 2000 Director for Benin, Burkina Faso, and Mali

A new crop has taken root in the West African nation of Benin. The seeds were planted in 1992 as farmers banded together to form local savings and loan associations, known as CREPs, to bank their rising incomes from crop production. By 1998, more than 20,000 farmers had set up 40 CREPs with \$3.73 million in combined savings and withdrawals of \$2.8 million.

The CREPs represent another step forward on the road to self-reliance for



Gbanakin Zongbédji is a farmer and president of the Gbowimè village in Benin. He was the first in his village to plant an SG 2000 test plot, where yields of maize tripled.

African farmers. Their journey began in 1986, when a devastating famine in Ethiopia led to the creation of SG 2000, a partnership between The Carter Center's Global 2000 program and Japan's Sasakawa

Africa Association and led by agricultural expert Norman Borlaug. Dr. Borlaug received the 1970 Nobel Peace Prize for starting a "Green Revolution" in Asia and Latin America that reduced malnutrition through improved farming methods.

The revolution has now spread to Africa, where SG 2000 works with ministries of agriculture in 12 nations to help small-scale farmers use improved growing methods to double and triple their yields of corn, wheat, and other grains. After five to seven years, the country continues the program independently.

These methods definitely work. Farmers in Sudan grew enough wheat to increase production by 500 percent in five years, in spite of an ongoing civil war. In 1997, farmers in Ethiopia exported maize for the first time to help their neighbors in drought-stricken Kenya. And in Ghana, farmers now grow Quality Protein Maize

A Better Way of Life in Benin

"The CREP allows farmers to withdraw money when they need it. Rural banks charge 25 percent interest; the CREP charges 15 percent. Savings farmers deposit with the CREP earn 6 percent, while the banks pay only 3 percent.

"Most loans from the CREP are used to buy improved seeds, fertilizer, and insecticides, to pay for the transport of farm goods and to buy food or other necessities in the period before harvest. ...

"Before, we had traditional medicine only. The village now has a doctor whose salary is partially paid by the CREP. He holds regular classes to teach mothers how to feed and care for their children." — Gbanakin Zongbédji, a farmer from the Gbowimè village in Benin

(QPM), a genetically improved variety of corn that provides better nutrition for babies weaned on cereal grain.


Before the advent of CREPs, depositing and borrowing money was time-consuming and expensive for farmers. The process required a trip to a distant bank where the paperwork was cumbersome and interest rates high. It also meant precious time away from working their farms.

With locally owned CREPs, mem-

bers can make regular deposits and arrange loans at reduced rates on days that are convenient. Villages also benefit when CREPs use their profits to build health clinics and classrooms. More important, CREPs provide members with a say in making decisions that improve the lives of their families and communities.

Gbanakin Zongbédji is one who knows. The Benin farmer was the first to plant an SG 2000 test plot in Gbowimè

village, where yields of maize tripled. He and other farmers eventually formed a thriving CREP.

"In the last five years, the main changes in the village are the improvement in agricultural practices that have led to higher yields," said Mr. Zongbédji. "Now that groups of farmers have been formed, they can interact to make a common decision. They didn't know how to save before." 

GUINEA WORM ERADICATION

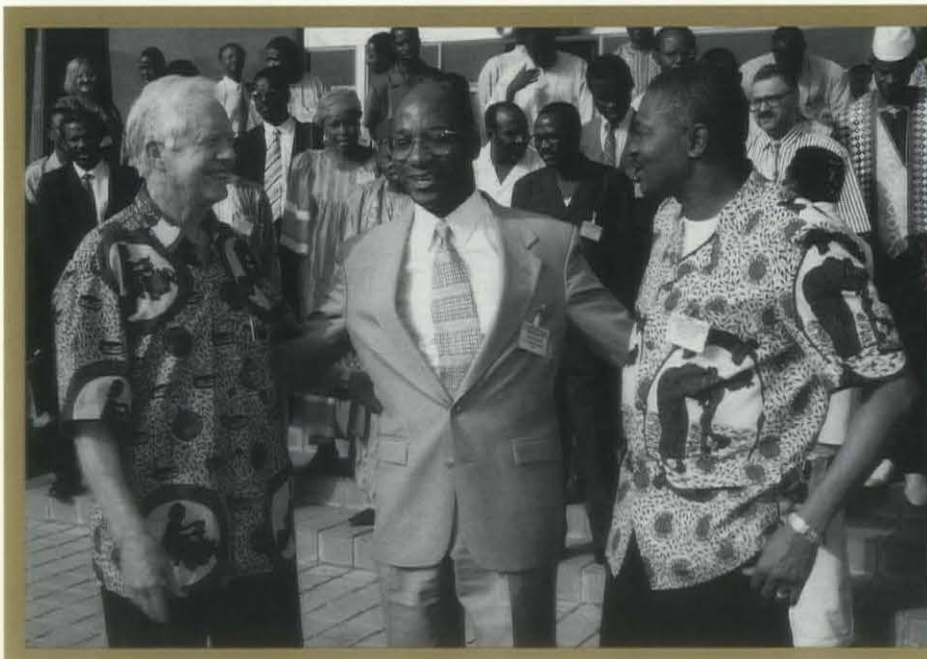
Guinea Worm Disease – The Battle Not Yet Complete

"When she moved to one of Kampala's shantytowns [in Uganda], Lamunu had no idea that traveling along inside her was one of the serpents she hoped she never would see again after leaving her rural village. ... She said she got the worm this time when she visited the village last year and drank unfiltered water, even though she knew better."

— The Chicago Tribune, April 2, 1998

Since biblical times, Guinea worm disease (*dracunculiasis*) has inflicted tremendous suffering, most recently among people in Africa, India, Pakistan, and Yemen. In 1986, The Carter Center and other global partners launched a campaign that already has eliminated more than 95 percent of all cases. Though eradication is nearly complete, the battle is not yet over. In 1998, the Center issued a call for a final assault against the world's 100,000 remaining cases (see related on Page 8).

More than 200 health workers heard the message at the Seventh African



ROBERT GROSSMAN

Carter Center officials and other global partners meet annually to assess their progress in eradicating Guinea worm disease. Jimmy Carter (left), Carter Center Associate Executive Director Donald Hopkins, and Gen. Amadou Toumani Touré of Mali attended the 1998 regional conference in Gen. Touré's homeland.

Regional Conference on Guinea Worm Eradication in Bamako, Mali. They brainstormed on ways to overcome two lingering obstacles: tiny, dispersed hamlets, where many of the remaining cases are found, and nomadic groups that move about some of the affected African countries.

Nomads and other migrants with

Guinea worm disease often bring new infection into areas long free of the parasite. People become infected by drinking water contaminated with larvae that grow into a thin worm up to 3 feet long and emerge a year later through painful blisters on the skin. The disease spreads when infected villagers wade into

(continued on next page)

ponds to relieve the burning the emerging worms cause. Upon contact with water, the worm releases thousands of larvae, starting the life cycle again. Although no cure exists, simple methods to purify water can prevent the infection.

After the Mali conference, Carter Center field staff known as Resident Technical Advisors (RTAs) accompa-

nied CNN reporters, Peace Corps volunteers, and other partners to Nerenikoro in southeastern Mali. The village had been free of Guinea worm for more than 20 years. In fact, residents had stopped filtering their drinking water because they thought the disease was eliminated — until four villagers became infected in 1997. A stranger passing through the villagers' farmland probably contaminated the water supply.

“When you get down to 100 cases in a nation, people often assume they've achieved victory and back away from strict adherence to prevention,” explained Mark Pelletier, then the RTA in Uganda. “The next thing you know, you've got an outbreak in a village like Nerenikoro, which thought it was free of the disease. It's proof that until every Guinea worm is gone, the threat remains.”

RIVER BLINDNESS

Medicine and Education Help Millions to Prevent Blindness

“Ever since the campaign against onchocerciasis began, people are gradually coming back to cultivate and even settle in and around the fertile hills of Patera village.”

— Luizi Onen, a Ugandan training session participant for community-based medicine distributors

For several hundred years in Africa, a blinding disease transmitted by swarms of blackflies has forced farmers to abandon fertile land beside rushing rivers and streams. To escape the disease, villagers leave behind the hope of cultivating the crops that their families and villages need to survive. Around 1938, French doctors in what is now Burkina Faso linked the disease known as river blindness (*onchocerciasis*) with the abandonment of river valleys. Today, the disease is steadily retreating from Africa and Latin America, thanks to the donation of a tablet called Mectizan® and the global partners who help distribute it.

River blindness is a parasitic infection spread by biting blackflies that breed near fast-flowing rivers and

streams. People infected with the disease experience constant itching and rash (similar to poison ivy), eyesight damage, and often blindness. The pharmaceutical company Merck and Co. Inc. discovered Mectizan®, which prevents the disease through a single yearly dose. Merck

decided to donate the drug in 1987 for as long as needed to control river blindness. It provides tablets to programs approved through the Mectizan® Expert Committee, which is based at The Task Force for Child Survival and Development, a



A health worker gives a Mectizan® treatment to a young girl on a coffee plantation in Guatemala. Whether they are infected or not, everyone must take the medicine to prevent river blindness. The disease affects people in Africa and parts of Latin America.

INTER-AMERICAN DEVELOPMENT BANK/DAVID MANGURIAN

Carter Center partner. More than 100 million treatments have been provided to control river blindness in 34 endemic countries.


The Carter Center's River Blindness Program (RBP) works to eliminate river blindness as a public health threat through partnerships with government ministries of health and by empowering communities to help themselves through health education and Mectizan® distribution. The program works closely with Lions Clubs International in Nigeria, Cameroon, and Sudan.

Thus far, RBP-assisted programs have facilitated more than 14.5 million treatments in Africa and Latin America. In 1998, programs provided more than 5.6 million Mectizan® treatments and plan to provide more than 6 million treatments in 1999. Of those, 72 percent – 3.9 million treatments – were in

Nigeria alone. A particular success in 1998 was the expansion of activities in Sudan, where despite civil war, Mectizan® treatments increased 200 percent from the previous year.

International coalitions are critical to the battle to eliminate onchocerciasis as a public health problem. In Africa, The Carter Center has a strong relationship with the African Program for Onchocerciasis Control (APOC). Launched in 1995, APOC is a 12-year program supported by a World Bank trust fund and executed under the direction of the World Health Organization with a goal of eliminating river blindness from 19 countries in Africa by 2007. This is the same year the disease is targeted for elimination in Latin America through the Onchocerciasis Elimination Program for the Americas (OEPA). OEPA operates under the auspices of the Pan American

Health Organization with RBP's leadership. Colombia, Mexico, and Ecuador also are close to certifying that the disease has been eliminated completely. The Carter Center holds institutional seats on the direct technical committees of both APOC and OEPA.

Once river blindness is eliminated, the work of community-based drug distribution programs will not end. In Nigeria, health workers are using what they have learned in the river blindness and Guinea worm programs to fight other parasitic diseases: lymphatic filariasis, schistosomiasis, and trachoma. These infections also can be safely treated with annual doses of anti-parasitic drugs, the same strategy that is being executed today so successfully against river blindness. "The success of our existing health programs gives The Carter Center a firm foundation upon which to build additional public health efforts," said Jimmy Carter. 

INTERFAITH HEALTH

Interfaith Health Program Links Faith and Public Health Groups

"The movement to bring congregational resources to bear on society's deepest problems – especially public health and poverty – connects religious communities to their larger communities at the roots."

— The Rev. Gary Gunderson,
Interfaith Health Program Director,
The Carter Center

Since 1992, a quiet but determined movement has begun to unite people of faith in the name of health. The Carter Center's Interfaith Health Program (IHP) leads the effort, linking faith and public health groups together to promote wellness and prevent disease.

Two powerful statistics form the basis

for IHP's work. First, two-thirds of all deaths before age 65 are preventable by breaking bad health habits such as smoking, improper diet, and excessive drinking. Second, approximately 75 million people attend a place of worship at least once a week. IHP taps this vast resource by helping faith groups establish effective community health programs. Its also provides information through its Web site at www.ihpnet.org and national forums about at-risk children and other topics. Additionally, IHP staff leads training sessions for religious leaders, medical professionals, public health workers, congregation members, and community groups. They also advise congregations on how they can serve as liaisons to health care services.

IHP recently formed yet another

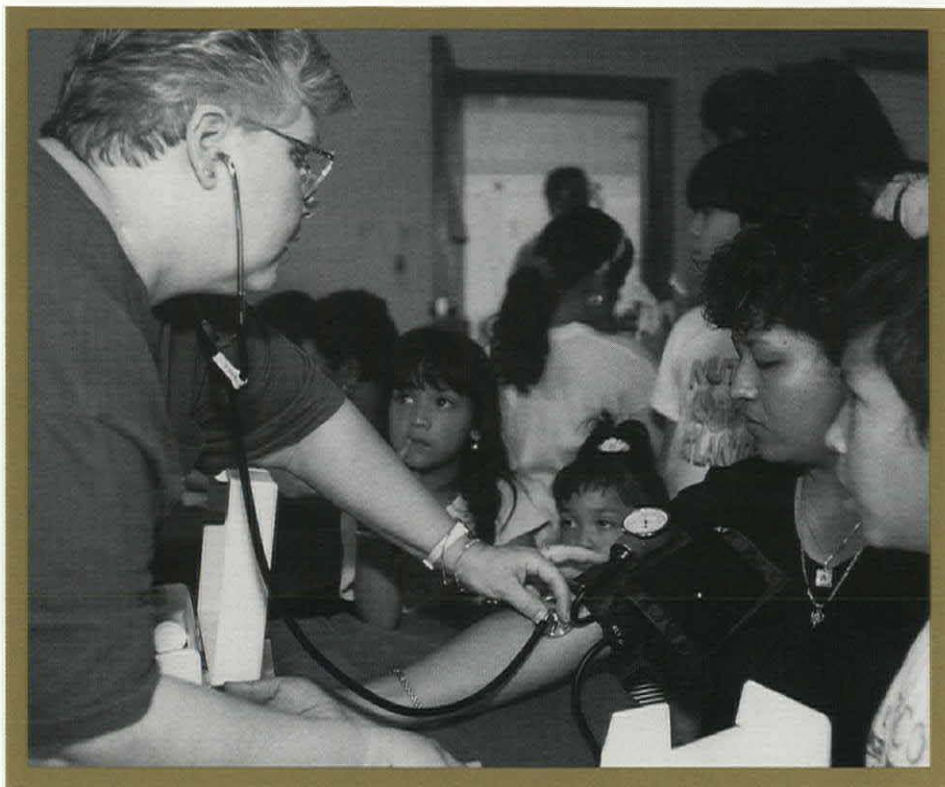
connection, this time with five U.S. universities. The schools — Emory University, the University of Pittsburgh, the University of St. Louis, the University of South Carolina, and the University of California-Berkeley — are participants in the Faith and Health Consortium. Each site involves at least a public health school, theology school, or seminary. That unit works with nursing and medical schools and community partners to develop courses and research and service projects that emphasize faith/health connections in theory and practice. Ideally, students and local leaders will use what they learn to approach their professions — and their communities — with a fresh perspective.

(continued on next page)

The consortium is alive and well in Pittsburgh, where Christian Life Skills, a grassroots community group, and Pittsburgh Theological Seminary are coordinating a project for African Americans with other local agencies and churches. "Families and Youth 2000" offers drug counseling, parenting classes, job training, and primary medical care, including outpatient and mental health services.

IHP has found a new consortium partner in South Africa, where the University of Capetown has agreed to become the first international site. The program also has exchanged information with United Theological College, one of India's main theology schools, and health care agencies, as well as health science schools in Bangalore, India.

"We're very excited about working with international partners," says Fran Wenger, IHP's consortium coordinator. "Faith and health are universal issues, and people of all backgrounds and cultures can benefit tremendously through projects such as this." 



MARK SANDLIN

A parish nurse checks a woman's blood pressure at an Atlanta Health Care Fair, sponsored by a multiethnic coalition that includes 25 congregations. The fair exemplifies how public health and faith groups can collaborate to improve health in their communities.

MENTAL HEALTH

Computers and Convenience – They All Come at a Price

"When seeking care, it is extremely important that patients and their families understand what forms they are signing and what permissions they are granting. ... They should also make clear that the release of information about their personal lives is important to them and they want some say in who reviews their records."

— Rosalynn Carter, Chair,
Mental Health Task Force

Computers continue to make our lives easier every day. With the click of a few keystrokes, we can

write a report for work, pay the electric bill, reserve an airline ticket, or help our children with their homework. However, convenience comes at a price. Computers also transmit personal health information to managed care companies, researchers, and employers. This technology can threaten our privacy, especially when it involves mental health care.

"It's surprising how many sources seek access to people's health records — and how easy it is to get them," said Rosalynn Carter during her 13th Annual Symposium on Mental Health Policy. The

November 1997 symposium gathered nearly 200 professionals from 60 mental health organizations who explored how to safeguard the collection, transfer, storage, and use of consumer mental health records and related data.


"The fear is real," said Tipper Gore, who spoke at the symposium as mental health policy advisor to U.S. President Bill Clinton. For example, she noted that more people pay cash for sensitive services, such as psychotherapy. This way, they avoid filing the paperwork their

insurance company requires.

Attendees suggested creating a national board to regulate who reviews sensitive medical information and how such data is used. They also recommended strengthening or generating laws to penalize those who obtain access to medical data without the consumer's permission. These and other recommendations will be published in *Privacy & Confidentiality in Mental Health Care* (Brookes Publishing, October 1999).

The Carter Center Mental Health Task Force helps plan each symposium which focuses on a key public policy issue. Established by Mrs. Carter in 1991, the program identifies issues of major concern, convenes diverse constituencies, and develops specific initiatives to reduce stigma and discrimination against people with mental illnesses and promote Americans' mental health. The newest initiative is the Rosalynn Carter Fellowships for Mental Health Journalism (see related story on Page 11), enabling print and broadcast reporters to research and write about topics related to mental health and mental illnesses to help educate the public.

Three years ago, the Mental Health Program initiated the Rosalynn Carter Georgia Mental Health Forum to address issues concerning the state's mental health community. The May 1998 forum drew 350 mental health providers, advocates, and consumers, who examined ways to improve counseling and community services for children and teen-agers.

Mrs. Carter also spotlights mental health issues worldwide as chair of the International Committee of Women Leaders for Mental Health. The Committee includes first ladies, heads of state, and royal household members who initiate activities in their own countries to improve mental health and address mental illnesses, which affect nearly 500 million people globally. 

Tipper Gore (right) joined Rosalynn Carter for the 1997 Symposium on Mental Health Policy to find ways to protect the confidentiality of computerized health records, including treatment for mental illnesses.



ANNEMARIE FOYO

The Mental Health Task Force

The Mental Health Task Force identifies major mental health issues, convenes meetings, and develops initiatives to reduce stigma and discrimination against people with mental illnesses. Members include:

Rosalynn Carter, Chair

Renato D. Alarcon, M.D., M.P.H., Emory University School of Medicine

Jane Delgado, Ph.D., National Coalition of Hispanic Health and Human Services Organizations

Leon Eisenberg, M.D., Harvard Medical School, Department of Social Medicine

Mary Jane England, M.D., Washington Business Group on Health

Jack D. Gordon, Hospice Foundation of America

Leslie Scallet, J.D., The Lewin Group

B. Franklin Skinner, BellSouth Telecommunications Inc.

Richard Surles, Ph.D., Rutgers University

Ex Officio Members

Thomas Bryant, M.D., J.D., Non-Profit Management Associates Inc.

Kathryn Cade, Bank of Boston

Jeffrey Houpt, M.D., University of North Carolina at Chapel Hill School of Medicine

Fellows

William Foege, M.D., The Carter Center

Julius Richmond, M.D., Former U.S. Surgeon General

National Advisory Council

Johnnetta B. Cole, Ph.D., Emory University

Antonia Novello, M.D., UNICEF

Robert D. Ray, M.D., Drake University

Donald J. Richardson, Ph.D., National Alliance for Research on Schizophrenia and Depression

Jennifer Jones Simon, The Norton Simon Museum

William Woodside, Sky Chefs Inc.

Joanne Woodward, Actress and Director

Jamaicans Heartened by Most Peaceful Election in Years

"This election campaign has not been marred by undue violence, and I regard this as a clear sign to all who are not blind to see that the country wants an end to political violence."

— Jamaica Prime Minister P.J. Patterson

On Dec. 18, 1997, a Carter Center delegation monitored the most peaceful election in 30 years in a country where electoral violence and voting fraud have plagued parliamentary campaigns since democracy was instituted in 1944.

Party loyalty runs deep in Jamaica but often for the wrong reasons. Citizens there have little political choice if they happen to live in one of the nation's "garrison constituencies" — areas primarily in the capital city of Kingston where one party excludes others from competing. Garrison leaders ensure their dominance through a combination of force, political intimidation, and patronage that rewards voter loyalty with

jobs and government housing. Gangs working for political parties also have intimidated opponents. More than 800 people were killed in the 1980 campaign, while in 1993, armed gangs burst into polling stations and grabbed ballot boxes.

By 1997, survey results showed that Jamaicans feared electoral violence, were uncertain about whether the upcoming general elections would be fair, and were less inclined to vote than in the past. To help keep the peace, officials sanctioned outside electoral observers for the first time in Jamaica's history. In November, Jamaica's Electoral Advisory Committee invited The Carter Center's Council of Freely Elected Heads of Government as the only international monitors. One month later, the Center deployed a 60-person team led by former U.S. President Jimmy Carter and former Chair of the Joint Chiefs of Staff Gen. Colin Powell. Three former Latin American and Caribbean heads of government joined the mission along with former First Lady Rosalynn Carter, boxing champion Evander



Evander Holyfield (left), Colin Powell, and Jimmy Carter answer questions from the press on election day in Jamaica. President Carter and Gen. Powell co-led the first international delegation to observe elections there.

VIN MCKAY

What Do Election Monitors Do?


Since 1989, The Carter Center has monitored more than 20 elections in 15 countries in Latin America, the Caribbean, Africa, the Middle East, and China. But what role do monitors actually play on election day?

Their work is tedious but important. After rigorous training in election rules, monitoring practices, and political history, monitors deploy by plane, four-wheel drive, and even canoe to locations across the country. They meet with local electoral officials, political party representatives, and security personnel to learn about the region they will observe. On election day, often before dawn, pairs of monitors visit about 12 polling sites where they ask a series of questions (e.g., Do agents of at least two political parties say that the ballot box was initially empty? Was security stationed outside and cooperating with the presiding poll officer?) to determine if any irregularities have occurred that could affect election results. The monitors later compare this systematic survey to information that other Carter Center teams have collected, resulting in a nationwide "snapshot" of election day procedures.

Once the polls close, the monitors observe the vote count and submit their reports so that delegation leaders can study them and issue a statement about the election. Sometimes The Carter Center conducts a "quick count," using a scientifically selected sample of the results at individual polling places to project the overall national outcome. The quick counts often are accurate to within a

few percentage points. Where political polarization is strong and victory stakes are high, the quick count can reassure the announced losers that the voting was conducted fairly, lending to timely and graceful concession speeches. Alternatively, where there is a sizable difference between the quick count and the officially reported outcome, observers know to investigate distortions in voting patterns that may reflect faults in the quick count or national tallies.

Even without a quick count process, the qualitative observations that monitors make can help calm electoral tensions and give citizens a national view so that individual incidents are not generalized to condemn a basically good election. In Jamaica, the delegation noted that despite irregularities and some violence, the 1997 elections represented the collective will of the people. A few months later, The Carter Center issued a report on the elections with recommendations for improving the process. Jamaica Ambassador Richard Bernal was among those who read it.

"An election that was the most peaceful for the past 30 years in our history could only have resulted because of local and international coverage," wrote Mr. Bernal in a letter to Center officials. "The presence of The Carter Center in particular created a climate which minimized violence in the democratic process. I am convinced that this report will assist our political leaders in the preparation for future elections." 

Holyfield, and civil rights leader, the Rev. Joseph Lowery.

Carter Center observers hoped to prevent a repeat of past elections. "It is our belief that most Jamaicans fear that their democracy is in danger because of violence, intimidation, and electoral malpractice," said Robert Pastor, director of the Center's Latin American and Caribbean Program, which administers the Council. "We hope to deter violence and intimidation and to encourage Jamaicans to show the world that they can restore their cherished democracy."

A Pledge for Nonviolence

The day before the election, Prime Minister P.J. Patterson, leader of the People's National Party (PNP), former Prime Minister Edward Seaga, head of the Jamaica Labor Party (JLP), and Bruce Golding, leader of the 2-year-old National

Democratic Movement (NDM), participated in a ceremony to affirm nonviolence and political tolerance. Both Prime Minister Patterson and Mr. Seaga are members of the Council of Freely Elected Heads of Government, which promotes peace, democracy, and economic cooperation in the Western Hemisphere.

Gen. Powell also reinforced efforts to break Jamaica's tradition of violence by speaking out against garrison constituencies. He urged Jamaicans to "begin with a statement from political leaders that these communities are no longer acceptable and that they will not use them as a principle means of political support," said Gen. Powell whose parents were born in Jamaica.

On election day, Carter Center delegates observed 1,111

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"For the first time since full independence was achieved 35 years ago, Jamaica has also invited foreign observers to monitor an election. Former President Jimmy Carter is leading a 65-member delegation. ... 'We are here to help democratic Jamaicans take back their streets, deepen their democracy, and vote free of fear,' Mr. Carter said."

— The New York Times, Dec. 18, 1997



Left: Carter Center delegate Louise Crosby speaks with a presiding officer during the opening of a polling station in St. Andrew East Central.

Below: On election day, Jamaicans wait patiently to vote at an urban polling station.

VIN MCKAY



polling stations in 90 percent of Jamaica's constituencies. Citizens Action for Free and Fair Elections, a local nonpartisan monitoring group made up of religious and civic organizations, also deployed about 2,000 poll watchers.

Sixty percent of Jamaica's 1.2 million voters cast ballots that day. A record 197 candidates ran for office, and for the first time, a third major political party — the NDM — contended for most of Parliament's 60 seats. Prime Minister Patterson's PNP won 51 of the seats, the JLP won 9, and the NDM, none. The prime minister also was re-elected for an unprecedented third term.


Although the election was significantly more peaceful and orderly than in the past, Carter Center delegates did note some negative incidents. They included at least one election-related death, the theft of several ballot boxes, and a number of administrative problems, such as missing ballot boxes and black books for verifying voter registration.

"It is a tribute to the democratic spirit of Jamaica that the

opposition leaders readily conceded defeat," President Carter said. "But the process left much to be desired, and the level of violence was still too high. Violence has no place in a democratic election."

Despite some disruptions, many Jamaicans expressed relief that after three decades of violence at the polls they finally had the chance to vote in an atmosphere of diminished fear.

"This election could go down in our history books as a real turning point for Jamaica in the fight to establish a true democracy," Prime Minister Patterson said.

Samuel Sherwood, a restaurant cook in Kingston, put it another way. "In a country like Jamaica, where life is tough, you hope for changes — changes for the better — whether it be more housing or something else," he said. "And I think we saw one big change last week: We didn't all kill each other in the name of politics. People are sick and tired of the violence." 

Seeking Ways to Give Peace a Chance

"One can traverse Africa, from the Red Sea in the northeast to the southwestern Atlantic Coast, and never step on peaceful territory. Fifty thousand people have recently perished in the war between Eritrea and Ethiopia, and almost 2 million have died during the 16-year-old conflict in Sudan."

— Jimmy Carter

After the Cold War, many expected the world would enter an era of unprecedented peace and prosperity. While wars between nations occur less frequently, civil conflicts within countries still rage and often are the most difficult to address. The Carter Center's Conflict Resolution

Program seeks to fill this gap by working to resolve armed conflicts through peaceful means.

At the heart of this effort is the Center's International Negotiation Network (INN), a flexible, informal network of eminent persons, Nobel Peace laureates, and conflict resolution scholars and practitioners who provide third-party assistance, expert analysis, and advice to parties in conflict around the globe. When invited, the INN provides a neutral, unofficial forum for negotiations.

INN members and CRP staff regularly monitor the world's conflicts to gather vital information that may help resolve them. When an opportunity

arises where President Carter has a unique role to play and specific conditions have been met, the CRP can directly support his intervention.

Such was the case in 1994, when fears mounted that North Korea was developing a nuclear arsenal. At the invitation of then-President Kim Il Sung and with President Bill Clinton's approval, President Carter and Rosalynn Carter went to North Korea. Following two days of talks, President Kim agreed to freeze North Korea's nuclear program in exchange for the resumption of dialogue with the United States. That breakthrough led to the first talks

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The International Negotiation Network

The International Negotiation Network includes world leaders and experts from international organizations, universities, and foundations who offer advice and assistance to help prevent and resolve conflicts. Members include:

Jimmy Carter, INN Chair, Former U.S. President
Oscar Arias Sánchez, Former President of Costa Rica and Nobel Laureate (1987)
Eileen Babbitt, Tufts University
Tahseen Bashir, Former Egyptian Ambassador to the United States
Kevin Clements, International Alert
Javier Pérez de Cuéllar, Former U.N. Secretary-General
Hans Dietrich Genscher, Former Vice Chancellor and Minister of Foreign Affairs, Germany
Tommy Koh, Former Singaporean Ambassador to the United States
Christopher Mitchell, George Mason University
Olusegun Obasanjo, President of Nigeria
Lisbet Palme, Swedish Committee for UNICEF

Robert Pastor, Emory University
Shridath Ramphal, Former Secretary-General, Commonwealth of Nations
Barnett Rubin, Council on Foreign Relations
Kumar Rupesinghe, State of the World Forum/Europe
Harold Saunders, Former U.S. Assistant Secretary of State
Marie Angélique Savané, Former Director, Africa Division, U.N. Population Fund
Desmond Tutu, Truth and Reconciliation Commission and Nobel Laureate (1984)
Brian Urquhart, Former U.N. Undersecretary-General for Peacekeeping
William Ury, Harvard Law School
Cyrus Vance, Former U.S. Secretary of State
Vamık Volkan, University of Virginia
Peter Wallensteen, Uppsala University
Elie Wiesel, Boston University and Nobel Laureate (1986)
Andrew Young, Former U.S. Ambassador to the United Nations
I. William Zartman, Johns Hopkins University

between the United States and North Korea in 40 years and promises by North Korea to significantly change some of its nuclear energy production facilities.

Sometimes the CRP collaborates with other programs at the Center to help open doors and build trust with parties in conflict. For example, because the Center has programs in health and agriculture, the CRP was able to start working together with the government and others in North Korea toward alleviating hunger there. In December 1997, the CRP and Sasakawa Global 2000, the Center's agriculture program, held a conference to look at increasing North Korea's food production following a near-famine the year before.

Among those attending were representatives of nongovernmental organizations from the United States and South Korea, where tensions remain high with North Korea, and members of the SG 2000 Agricultural Council of Experts. As a result, plans are being developed to help North Korea grow more food based on technology developed by SG 2000, which has successfully enabled farmers in Africa to double and triple their grain yields.

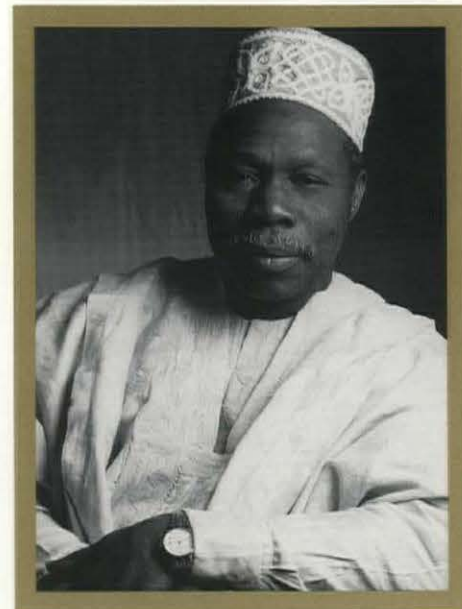
The CRP and SG 2000 also have helped facilitate peace through health initiatives. In Sudan, The Carter Center has been working for years on immunization and disease eradication programs in the midst of a 16-year-old civil war that has killed more than 1.5 million people. In 1995, President Carter, with the support of the CRP, brokered a four-month cease-fire that enabled health workers to reach isolated areas to immunize children and treat people for Guinea worm and other diseases. The

agreement marked the longest cease-fire ever negotiated to fight sickness and implement preventive health programs. Although the fighting resumed, the CRP continues to monitor the conflict and actively seek ways to find a peaceful resolution.

Most of the CRP's work focuses on preventing and resolving armed conflicts in Africa. In late 1996, at the height of political tensions in Nigeria, the CRP began convening and participating in a series of meetings to determine how the Center and others might help prevent Africa's most populous country from sliding toward civil war. At that time, military dictator Gen. Sani Abacha was preparing to indefinitely prolong his repressive and corrupt regime, which had contributed to one of the world's leading petroleum exporters becoming among the poorest nations on earth.

Following Abacha's sudden death in June 1998, the CRP led a small assessment trip to Nigeria to meet with new Head of State Gen. Abdulsalami Abubakar and offer the Center's assistance in Nigeria's transition to democracy. CRP staff then worked with other programs at the Center to send international observer delegations to all four elections in Nigeria from December 1998 through February 1999. These events culminated in the transfer of power from the military to a civilian-elected government for the first time in 15 years.

The Center also remains in close contact with leaders in several other African countries, including the Great Lakes region of Central Africa, an area troubled by political turmoil in the wake of horrific genocide in Rwanda in 1994. Some progress was made in 1995 and



BILLY HOWARD

Gen. Olusegun Obasanjo, now president of Nigeria and a member of the Center's International Negotiation Network, was released from prison in June 1998. He served three years for allegedly planning a coup before the country's new military ruler released him.

1996 when the Center organized two major summits involving heads of state from Burundi, Democratic Republic of Congo (formerly Zaire), Rwanda, Tanzania, and Uganda. However, tensions continue, and The Carter Center stands ready to restart the dialogue process here and in other countries in conflict.

Recently, the CRP published its fourth edition of the *State of World Conflict Report*, a 100-page report that includes articles by President Carter, Archbishop Desmond Tutu, and other INN members designed to focus attention on the world's most violent conflicts. The program also published a special report on its three-year conflict prevention activities in the Republic of Georgia.

China Village Elections Project

"The Chinese official who was in charge of this process recently stated ... that he can now anticipate a time in the not-too-distant future when direct elections will move from the village level up to the county level."

— U.S. Vice President Al Gore during an official visit to China in 1997

Political reform in China is one of the most important challenges of the 21st century. Although this endeavor has been limited primarily to administrative restructuring to date, significant democratic reforms have occurred quietly for the past decade with the Chinese leadership's full backing.

Among the "quiet" progress has been China's growing involvement with providing electoral choice for village self-governance since the mid-1980s. The country initially encouraged these elections for village committee members to help select better local leaders, improve accountability, and combat corruption. A Carter Center delegation first observed village elections in two China provinces in 1996. Because this experience showed great potential, the Center accepted an invitation from China's Ministry of Civil Affairs (MCA) in 1997 to help improve the village elections' quality by providing assistance and advice.

In March 1998, the Center and MCA signed a landmark agreement, the Memorandum of Understanding (MOU), to jointly develop a national elections data gathering system through a pilot project, standardize election procedures, publicize elections, and conduct delegate exchanges. Such an agreement has far-reaching effects; the MCA oversees elections in nearly 1 million rural villages where almost 900 million people live. That equals 75 percent of China's population.

Since the MOU signing, the Center and MCA have made much progress. For example, they designed standardized survey forms on village election results and procedures, as well as database software to process the forms by computer. In the pilot's first phase, they also installed computers at the county, provincial, and central MCA in summer 1998 to gather data from nine counties in Fujian, Hunan, and Jilin provinces. Data was gathered successfully on more than 3,500 villages from these counties, allowing officials to determine which

elections are democratic and which are compromised.


Among other achievements, the Center and MCA co-sponsored training sessions on electoral procedures and the data gathering system for 158 county election officials in Hunan. The Center also hosted a senior MCA delegation to observe primary elections in Georgia.

Further broadening its relationship with China, The Carter Center accepted that country's invitation to conduct the first-ever international observation of township people's congress elections in early 1999. The delegation observed all stages of the election of deputies to the Town People's Congress in Chongqing municipality in southwest China. "Our hope is that the NPC will find our observations useful and constructive



The Carter Center is working with the Ministry of Civil Affairs in China to implement a computerized data collection system for elections at the village level. The system will help standardize the process in approximately 1 million rural villages.

as the Chinese government discusses further options for political reform," said Charles Costello, director of the Center's Democracy Program.

The Carter Center and the MCA continue evaluating the pilot project's progress, while expanding the computer system into one-third of the counties in Hunan province during the second pilot phase. If results from both stages prove favorable, The Carter Center would like to expand the system nationwide within three years. 

Democracy Helps Pave Way for Peace

"This election could have a dramatic impact on the rest of Latin America, prompting established parties in other countries to re-evaluate their policies."


— Sánchez de Lozada, Former President of Bolivia and Co-head of the Carter Center Delegation, Venezuela, December 1997

In countries struggling to achieve democracy, the tumultuous period before and after elections often presents special challenges. The Carter Center's Democracy Program, established in 1997, along with its existing Global Development Initiative activities, helps nations face them by monitoring and mediating the consolidation of democracies and the institutionalization of human rights standards, sustainable economic development, and the peaceful resolution of conflicts.

Building on the success of the Center's election work in Latin America and the Caribbean, the Democracy Program extends these efforts to countries in Africa, Asia, the Middle East, and Europe. One recent example is Liberia, where citizens who had lived through a devastating civil war cast ballots in their first democratic election ever in July 1997. Nearly 500 international observers were present on election day, including a 40-member Carter Center delegation. Recognizing that democratization is a broader process that requires more than a single election, The Carter Center is continuing efforts to assist Liberians in rebuilding their society, strengthening civil society and institutionalizing human rights standards — the cornerstone of all Carter Center programs.

One of the best ways to promote

human rights is through education programs. Center staff has worked with instructors and Ministry of Education officials in Ethiopia, where children are beginning to learn about human rights in their civics classes. More recently, the Center shared these same lessons with educators in Liberia. As a result, a task force composed of representatives from civil society, the Ministry of Education's Curriculum Development Department, and the United Nations has been formed to introduce human rights into the Liberian school system.

The Center also has contributed to the strengthening of democratic institutions by assisting with training of police and judges in human rights principles in Ethiopia and with training for NGOs on various topics designed to increase their effectiveness. 

Teaching ideas to young children is one of the best ways to promote human rights. Carter Center staff has worked with instructors and Ministry of Education officials in Ethiopia and Liberia to introduce human rights into the school curricula.



THE CARTER CENTER

Development With a Human Face

"International donor institutions and governments are finally recognizing the importance of local commitment and broad-based participation to the success of national development strategies. Business, labor, and nongovernmental organizations have a critical role in finding solutions to development problems. Their participation in the process of consensus building can help to strengthen new democracies and promote respect for human rights."

— Gordon Streeb,
Associate Executive Director,
The Carter Center

In newly emerging democracies, citizens often wake before dawn to stand for hours in long lines to vote. They wait willingly because having a say in their government is important. But for democracy to grow, people must freely express their voice in other ways, too.

An important initiative is under way in the South American nation of Guyana, where The Carter Center observed national elections in 1992. Soon thereafter, Guyana's leaders asked the Center's Global Development Initiative (GDI) to support the creation of a comprehensive National Development Strategy (NDS) for sustainable economic growth and development.


Since the beginning, the GDI has served as a catalyst to provide technical support, ensure fairness, and resolve disputes to help build consensus.

But the NDS process is not easy. Because the strategy is comprehensive, the drafting process is slow and deliberate, requiring input from "stakeholders" in government, agriculture, mining, forestry, business, health care, and education, and environmental and women's groups. International donors can play a supportive role.

Though Guyana's draft NDS was released for public review in January 1997, a divisive national election in December and ensuing political uncertainty delayed its completion. Despite the turmoil, leaders eventually formed a nonpartisan committee of stakeholders who will complete the strategy in the summer of 1999. Through public participation, Guyanese citizens now have a strong voice in their country's future.

During 1997-98, leaders in Mali, Mozambique, and Albania sought The Carter Center's advice for beginning their own NDS process. Although these countries face different economic and social challenges, their governments agree that a comprehensive strategy developed in a participatory manner would help set economic priorities to

attract investment from donors and business alike. In April 1998, President Carter explored the process further with officials in Mali and Mozambique. NDS projects have been designed for all three countries and are under way in Mozambique. The others await funding for implementation.

In each case, the potential exists for shaping a strategy that provides people with tools and resources for more education, improved health, greater productivity, and better lives. In the process, this deepens public participation in the decisions affecting their lives — the essence of democracy. As Guyana's late President Cheddi Jagan once said, the NDS process is "development with a human face." 



Shown here are Carter Center staff with co-chairs of Guyana's National Development Strategy (NDS) Committee during a visit in January 1999 (l-r): Dr. Kenneth King, former government minister; Beni Sankar, businessman; Jason Calder, GDI senior program associate; Susan Moore-Williams, lawyer; Dr. Roger Norton, Carter Center economic policy advisor; Mavis Benn, former mayor of Georgetown, Guyana; Leslie Melville, trade unionist; and Brian Lewis, manager of the NDS Secretariat.

Respecting and Protecting Human Rights

"Some governments, even some foundations, have stopped paying attention to human rights. It's very important that we bring back the message that human rights are crucial to preventing conflicts, to preserving the environment, to every aspect of our lives."

— Mary Robinson,
U.N. High Commissioner
for Human Rights

World leaders mourning the Holocaust made a commitment to freedom and peace in 1948 by adopting the U.N. Universal Declaration of Human Rights. Since then, securing people's liberties worldwide has progressed, but much work remains.

The Carter Center translates the

Declaration's words into actions by intervening on behalf of victims of human rights abuses, helping strengthen international systems to enforce human rights standards, and encouraging democracies to respect and protect those rights. These activities are coordinated by the Human Rights Committee. This Committee consists of staff with human rights expertise who works to strengthen prospects for peace and development in new democracies through projects promoting respect for human rights.

Thirty experts joined U.N. High Commissioner for Human Rights Mary Robinson and President Carter in May 1998 for a consultation hosted by the Human Rights Committee. Their discussion focused on increasing the United Nations' capacity to protect rights

in the spirit of the Declaration's 50th anniversary.

A month later, Carter Center staff participated in a major U.N. conference in Rome that led to the historic creation of an International Criminal Court (ICC) to try people accused of crimes against humanity and war crimes. Before the conference, The Carter Center held two meetings in the ICC and staff worked closely with NGOs and others that have worked for a strong and independent court. The Center maintained a high degree of contact with the U.S. delegation throughout the process to help bridge the gap between the U.S., which opposed an independent court, and the larger world community.



KATHRYN KOLB

Mary Robinson, U.N. High Commissioner for Human Rights, and Jimmy Carter participated in a Carter Center meeting to help increase the United Nations' ability to protect human rights. 1998 marked the 50th anniversary of the Universal Declaration of Human Rights and the human rights community sought to identify ways to improve global implementation of the Declaration.

"An International Criminal Court will not be a panacea for all ills, but it will be good for the United States and all nations. It marks the next essential step on the road to a more just and peaceful world, and the United States must lead the way."


— Jimmy Carter

An Emphasis on Prevention

Another group was at work before and during the Rome conference. Concerned that not enough is being done to prevent violations, The Carter Center's International Human Rights Council works to ensure these rights remain foremost in the minds of citizens and leaders worldwide. Council members collaborate to increase the effectiveness of existing human rights efforts. The Council

also supports the work of the U.N. High Commissioner for Human Rights in her efforts to build a strong human rights component at the U.N. This is difficult because governments often resist scrutiny on human rights issues within the organization. In addition, the Council's work has enabled more nongovernmental organizations to have access to U.N. deliberations — such as U.N. conferences in Rome and Beijing — and has pushed

for greater resources for U.N. human rights investigators, special rapporteurs, and working groups.

"The 50th anniversary of the Universal Declaration of Human Rights offers individuals and institutions an opportunity to renew their commitment to its principles," concluded Harry Barnes, chair of the Carter Center Human Rights Committee. "We've made a lot of progress, but not enough to be complacent." 

The International Human Rights Council

The Carter Center's International Human Rights Council works to increase collaboration among international and national nongovernmental organizations and world leaders to advance and protect human rights worldwide.

Members include:

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Transition to Democracy Near Completion

"For the first time in history, the Americas is a community of democratic societies. ... We affirm our commitment to preserve and strengthen our democratic systems for the benefit of all people of the hemisphere."

— Summit of the Americas Declaration, signed by 34 democratic heads of government, December 1994

Military dictators ruled Panama, Chile, Paraguay, and Haiti, and elections in Guyana, the Dominican Republic, Nicaragua, and Mexico were viewed widely as rigged a dozen years ago. Today, political reforms have sent the military back to the barracks and brought about the fair, credible election of new leaders. With the exception of Cuba,

the transition to democracy in the region is complete.

The Carter Center's Latin American and Caribbean Program (LACP) has played a significant role in these and other countries through the Council of Freely Elected Heads of Government. Members include current and former presidents and prime ministers from the Western Hemisphere who have pioneered election observation and mediation. Together, the Council and the LACP work to strengthen democracy, resolve conflicts, and promote economic cooperation.

Their successful techniques have spread to other regions. LACP staff played an active role in 1996 in the organization

of election monitoring in the West Bank and Gaza. It also provided advice on elections in Africa and Asia, including China, projects now administered by the Center's Democracy Program. In December 1997, the Council observed general elections in Jamaica where past political contests have been deadly. Officials there credit the Council's presence with stemming the violence, making the elections the most peaceful in 30 years. (See Page 20 for more on the Jamaican elections.)

In April 1997, the LACP convened a major consultation on hemispheric affairs, including such issues as free trade, drugs, and poverty alleviation. One important Council recommendation was

The Council of Freely Elected Heads of Government

The Council of Freely Elected Heads of Government comprises current and former heads of state from the Western Hemisphere who promote democracy, conflict resolution, and economic cooperation throughout the region. Members include:

Jimmy Carter, Former President of the U.S., Council Chair

George Price, Former President of Belize, Vice Chair

Rafael Caldera, President of Venezuela

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Edward Seaga, Former Prime Minister of Jamaica

Pierre Trudeau, Former Prime Minister of Canada

Juan Carlos Wasmosy, Former President of Paraguay

the call for a two-year moratorium on acquiring advanced weapons. As a result, 26 heads of state signed a statement during the next year adopting that stance. To further advance the idea of conventional arms restraint of high-tech weapons, The Carter Center held a workshop just one month before the April 1998 Summit of the Americas in Santiago, Chile. Results of an April 16, 1998, poll conducted by *The Wall Street Journal* shows support for the restraint: 69 percent of Latin Americans and 85 percent of Americans "are against the sale of high-tech weapons to Latin American countries."

The Council also recommended that the LACP develop a new project to fight corruption that threatens democratic institutions in the region.

In September 1998, the LACP and Council launched a new project on "Transparency for Growth in the Americas," funded by a gift from The Coca-Cola Company to The Carter Center and Emory University. The funding supports scholarships to Latin American students for

Rosalynn Carter greets Jamil Mahuad Witt, the president of Ecuador, at a Latin American and Caribbean Program conference at The Carter Center. Carter Center initiatives help strengthen government institutions and civil society organizations that seek to eliminate corruption.



PEGGY COZART

graduate study at Emory and a five-year series of Carter Center conferences to help enhance trade and U.S.-Latin American relations. The first conference, in May 1999, will focus on corruption.

Leaders from Costa Rica, Ecuador, and

Jamaica stepped forward to invite the LACP to partner with them in promoting transparency. Carter Center initiatives help strengthen government institutions and civil society organizations that seek to eliminate corruption. *ff*

THE ATLANTA PROJECT

Nurturing Children and Preserving Families

"TAP's efforts have built interpersonal relationships and organizational connections in Atlanta neighborhoods that did not exist before. We can see changes in the way residents solve problems and in the way corporations and other service providers join them to help. In many ways, we are just beginning."

— Jimmy Carter

Experience is often the best teacher. In the case of The Atlanta Project (TAP), the program is applying the lessons it has learned to nurture children and preserve families who live in underserved neighborhoods.

Founded by The Carter Center in 1991, TAP has worked with neighborhood residents on various issues: housing, health, education, unemployment, teen-

age pregnancy, substance abuse, and children dropping out of school. During the first five years, much was accomplished. For example, three new non-profit organizations were created with TAP support: *Columbia Connections* and *The Family Tree* grew out of neighborhood projects and currently provide family resource services. The third, *Community Housing Resource Center*,

(continued on next page)

continues TAP's work in support of affordable housing. TAP also worked with a host of collaborators to create the *America's Youth Passport* booklet for parents to record health and other vital information about their children. And it coordinated the largest immunization campaign in America's history in which 16,000 preschool children were vaccinated or had their immunization records updated in just one week.

In 1996, TAP began a new three-year phase focused on issues that touch the well-being of children and families. It now concentrates on goals in four areas:

After-School Programs. These programs have been shown to reduce juvenile offenses and teen pregnancy rates. TAP has increased the number of after-school programs in middle schools and involved more students, particularly at-risk youth, in school-based activities. Parents, school systems, juvenile justice officials, and others help plan and implement these programs. As a result, 16 Atlanta middle schools have new or enhanced programs, and more are planned.

Child Health/Immunization. Even though immunization rates within the TAP area have improved, most children do not receive regular health care. TAP has built partnerships between health care providers and elementary schools to ensure that more children are fully immunized at a young age. Health care professionals now provide clinical, vaccination, and preventive services for students and their preschool siblings in four elementary schools. Six additional partnerships are being developed.

Pre-Kindergarten Classes. Early childhood programs are essential to getting children ready for school and life, but programs in TAP neighborhoods are limited. The Atlanta Project helps



ROSEMARIE KOBAN

Southside Healthcare and other partners kicked off TAP's child health/immunization initiative at Gresham Park Elementary School in DeKalb County, Ga. The fair offered preventive health screenings, immunizations for children, entertainment, and information booths covering several health topics.

churches and community organizations create new child care programs, assists these and existing providers in obtaining funding for more pre-K classes, and aids with training and technical assistance to increase the quality of care and success of the new programs. Twenty-one new pre-K classes opened in 1997-98 as a result.

Welfare-to-Work. Recent laws require more public assistance recipients to obtain jobs. TAP responded by matching residents' needs for employment and training with employers' needs for workers. Information obtained from focus groups and meetings with welfare clients, former clients, and employers is now used to identify potential changes in Georgia's welfare reform effort.

In the process, TAP formalized commitments from UPS and 44 other private- and public-sector employers to provide job openings and support services

such as training, child care assistance, and transportation. By spring 1998, UPS had hired nearly 300 former welfare recipients in full- and part-time jobs. One year earlier, TAP won the Atlanta Regional Commission's Golden Glasses Award for its role in the Welfare-to-Work Coalition. The Georgia Division of Family and Children Services, the Georgia Department of Labor, and private- and public-sector employers in Atlanta are members of the Commission.

TAP continues to forge partnerships among residents, service providers, corporations, local and state government agencies, universities, and others to develop new models for community capacity building. Its mission remains the same: to help people acquire the skills and resources they need to improve their lives and neighborhoods.

From Welfare Rolls to Payrolls

"We're not simply ending welfare as we know it. We're helping people reclaim their independence and make better lives for themselves and their families."

— Eli Segal, President and CEO,
Welfare to Work Partnership,
Washington, D.C.

One hundred leaders from business, government, non-profit groups, and research organizations met at The Carter Center in March 1998 to strategize about preparing more welfare recipients for the work force. Sponsored by the Center's America Project, the conference addressed training and hiring of welfare recipients and barriers to employment, including child care and transportation. Participants also shared success stories and lessons to help guide future programs.

The leaders initiated a series of "Promising Practices" conferences, addressing family- and community-related issues. The second conference in the series, held in August, looked at innovative partnerships and programs to provide after-school activities for youth. Participants learned from various speakers representing the business community and religious organizations, and from researchers, youth service workers, youth entrepreneurs, and the mayor of Indianapolis. Two subsequent conferences in the series will address early childhood education and child health and well-being.


Through similar conferences, The America Project highlights the commu-



Susan Miller, a former welfare client with three children, began working part time with UPS in 1996. UPS is a partner with The Atlanta Project and The America Project in their welfare-to-work efforts.

nity-building efforts of The Atlanta Project and other initiatives nationwide. Additionally, the program disseminates community-building information through publications and videos, and by hosting delegations from the United States and abroad. This year, the program welcomed leaders from Canada, England, the European Commission, and Japan. Its award-winning video, "Rebuilding

America's Communities," has aired on 56 public television stations across the country.

The America Project also holds regional forums and national teleconferences and audioconferences for the Atlanta community. Topics addressed have included teen pregnancy, welfare reform, race relations, urban sprawl, and school-age care. 

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H. L. "Herky" Harris
CEO
INVESCO Individual Services

Richard M. Hartman

Elizabeth A. Heddens

Philip J. Hickey Jr.
President and CEO
RARE Hospitality
International

B. Harvey Hill Jr.
Alston & Bird

R. Glenn Hilliard
Chair and CEO
ING Financial Services
International

John R. Holder
Chair and CEO
Holder Properties

Janice I. Holyfield, M.D.

L. Phillip Humann
Chair, President, and CEO
SunTrust Bank

John P. Imlay Jr.
Chair
Imlay Investments

M. Christine Jacobs
Chair
Theragenics Corporation

T. Stephen Johnson
President
T. Stephen Johnson &
Associates

W. Thomas Johnson
Chair and CEO
Cable News Network

Ingrid Saunders Jones
Vice President of Corporate
External Affairs
The Coca-Cola Company

W. Hamilton Jordan
Co-Chair
GoodWorks International

Blaine Kelley Jr.
Chair
The Urban Group

James P. Kelly
Chair and CEO
United Parcel Service of
America

Roger S. Kintzel
Publisher
The Atlanta Journal-
Constitution

Joel M. Koblentz
Managing Partner
Egon Zehnder International

James B. Langford
President
The Coosawattee Foundation

Paula Lawton-Bevington
Chair
Servidyne Systems

Robert N. Lehrer
Professor Emeritus
Georgia Institute of
Technology

Liane Levetan
CEO
DeKalb Board of
Commissioners

Scott A. Livengood
President and CEO
Krispy Kreme Doughnut

Thomas J. Malott
President and CEO
Siemens Energy &
Automation

Marilyn R. Marks
President and CEO
Dorsey Trailers

James H. McClung
President
Lithonia Lighting Company

Robert F. McCullough
Chief Financial Officer
AMVESCAP

James F. McDonald
President and CEO
Scientific-Atlanta

C. Douglas Miller
President and CEO
Norrell Corporation

The Carter Center Board of Councilors

Robert Minkhorst
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E.R. Mitchell
President
E.R. Mitchell & Company

Leo F. Mullin
President and CEO
Delta Air Lines

Kent C. "Oz" Nelson
Retired Chair and CEO
United Parcel Service
of America

Thomas E. Noonan
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Colleen Nunn

Dorothy B. Padgett

Elizabeth Plunkett-Buttimer
Chair and CEO
Bowdon Manufacturing
Company

Mark C. Pope IV
President
Geographics

Robert J. Ratliff
Chair and CEO
AGCO Corporation

Robert L. Rearden Jr.
Vice Chair
Sedgwick James of Georgia

Roy Richards
Chair and CEO
Southwire Company

Spurgeon Richardson
President and CEO
Atlanta Convention and
Visitors Bureau

Herman J. Russell
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H.J. Russell & Company

Thomas G. Sampson
Managing Partner
Thomas, Kennedy, Sampson
& Patterson

R.K. Sehgal
Vice Chair
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S. Stephen Selig III
Chair and President
Selig Enterprises

Jerry Seneker
Executive Vice President
Old Fashion Foods

William Sharp
President
Sharp Advertising

Jane Shivers
Executive Vice President-
Director
Ketchum/Atlanta

Nicholas Shreiber
President and CEO
Tetra Pak Americas

Horace H. Sibley
Senior Partner
King & Spalding

Paul Smith
President
The Kroger Company

Scott S. Smith
Vice President
Coalition America

Sean S. Smith
President
Coalition America

W. Thomas Smith Jr.
Vice President and General
Manager
IBM Corporation

Shelton g. Stanfill
President
Robert W. Woodruff Arts
Center

Cathey W. Steinberg
Partner
Ahead of the Curve

Scott G. Stephenson
Vice President
Boston Consulting Group

Carolyn A. Stradley
CEO
C & S Paving

Junichi "Jay" Takahashi
President
YKK Corporation of America

Elizabeth S. "Betty" Talmadge

D. Gary Thompson
President and CEO
Wachovia Bank of Georgia

Tim C. Tuff
President and CEO
John H. Harland Co.

R.E. "Ted" Turner
Vice Chair
Time Warner

Erik Vonk
CEO
Randstad Staffing Services

Jackie M. Ward
President and CEO
Computer Generation

Helen Ballard Weeks
Chief Executive Officer
Ballard Design

Livia Whisenhunt-Johnson
Founder and CEO
PS Energy Group

Sam Williams
President
Metropolitan Atlanta
Chamber of Commerce

Charles R. Wolf
President and CEO
Wolf Camera and Video

Robert R. Woodson

Robert A. Yellowlees
Chair and CEO
National Data Corporation

Ex Officio Members

Roy Barnes
Governor
State of Georgia

Bill Campbell
Mayor
City of Atlanta

William M. Chace Ph.D.
President
Emory University

AUDITED FINANCIAL STATEMENTS

**Financial Statements as of August 31, 1998 and 1997
Together With Auditors' Report
Report of Independent Public Accountants**

To the Board of Trustees of 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, 1998 and 1997 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 generally accepted auditing standards. 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, 1998 and 1997 and the results of its operations and its cash flows for the years then ended in conformity with generally accepted accounting principles.

Arthur Andersen LLP

Atlanta, Georgia
November 5, 1998

STATEMENT OF FINANCIAL POSITION

August 31, 1998 and 1997

ASSETS

	<u>1998</u>	<u>1997</u>
CASH AND CASH EQUIVALENTS, including restricted cash of \$11,505,292 and \$9,784,306 in 1998 and 1997, respectively	<u>\$ 17,007,301</u>	<u>\$ 11,868,785</u>
ACCOUNTS RECEIVABLE:		
Related parties (Note 6)	183,388	229,498
Due from federal government	1,115,607	1,670,938
Other	<u>146,507</u>	<u>92,428</u>
	<u>1,445,502</u>	<u>1,992,864</u>
PLEDGES RECEIVABLE (Note 3)	<u>8,570,848</u>	<u>7,053,776</u>
INVENTORY	<u>4,691,543</u>	<u>5,116,451</u>
ENDOWMENT INVESTMENTS	<u>92,915,550</u>	<u>87,232,565</u>
PROPERTY, PLANT, AND EQUIPMENT, at cost or fair market value at date of gift, net of accumulated depreciation (Note 4)	<u>13,166,497</u>	<u>14,749,680</u>
ARTWORK	<u>1,171,450</u>	<u>1,047,750</u>
OTHER ASSETS	<u>497,911</u>	<u>564,297</u>
	<u>\$139,466,602</u>	<u>\$129,626,168</u>

LIABILITIES AND NET ASSETS

ACCOUNTS PAYABLE AND ACCRUED EXPENSES	<u>\$ 1,316,248</u>	<u>\$ 1,124,768</u>
MEDICATION DUE TO THIRD PARTIES	<u>2,028,000</u>	<u>0</u>
COMMITMENTS AND CONTINGENCIES (Note 10)		
NET ASSETS:		
Unrestricted	79,993,261	74,060,016
Temporarily restricted	12,724,358	13,850,180
Permanently restricted	<u>43,404,735</u>	<u>40,591,204</u>
Total net assets	<u>136,122,354</u>	<u>128,501,400</u>
	<u>\$139,466,602</u>	<u>\$129,626,168</u>

The accompanying notes are an integral part of these statements.

STATEMENT OF ACTIVITIES

For the year ended August 31, 1998

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
REVENUES AND SUPPORT:				
Contributions:				
Operating	\$10,077,568	\$ 1,989,089	\$ 0	\$ 12,066,657
Programs:				
Prevention and resolution of conflict-international	0	3,157,402	0	3,157,402
Control and eradication of disease	0	10,546,809	0	10,546,809
Prevention and resolution of conflict-domestic	0	918,042	0	918,042
Cross-program	0	731,261	0	731,261
In-kind goods and services:				
Control and eradication of disease	0	27,501,729	0	27,501,729
Prevention and resolution of conflict-domestic	0	334,143	0	334,143
Endowment	0	0	2,849,421	2,849,421
	<u>10,077,568</u>	<u>45,178,475</u>	<u>2,849,421</u>	<u>58,105,464</u>
Endowment fund earnings	3,745,388	0	0	3,745,388
Appreciation of restricted endowment investments	2,152,905	0	0	2,152,905
Depreciation of office building	0	0	(35,890)	(35,890)
Facilities use income	404,309	0	0	404,309
Interest and investment income	573,441	39,360	0	612,801
Net assets released from restrictions:				
Prevention and resolution of conflict-international	2,535,741	(2,535,741)	0	0
Control and eradication of disease	40,389,279	(40,389,279)	0	0
Prevention and resolution of conflict-domestic	3,024,137	(3,024,137)	0	0
Cross-program	329,150	(329,150)	0	0
Operating	65,350	(65,350)	0	0
Total revenues and support	<u>63,297,268</u>	<u>(1,125,822)</u>	<u>2,813,531</u>	<u>64,984,977</u>
EXPENSES:				
Program:				
Prevention and resolution of conflict-international	2,881,604	0	0	2,881,604
Control and eradication of disease	41,548,993	0	0	41,548,993
Prevention and resolution of conflict-domestic	2,778,935	0	0	2,778,935
Cross-program	248,295	0	0	248,295
Fund-raising office	4,980,470	0	0	4,980,470
General and administrative	2,835,619	0	0	2,835,619
Common area and depreciation	2,090,107	0	0	2,090,107
Total expenses	<u>57,364,023</u>	<u>0</u>	<u>0</u>	<u>57,364,023</u>
CHANGE IN NET ASSETS	<u>5,933,245</u>	<u>(1,125,822)</u>	<u>2,813,531</u>	<u>7,620,954</u>
NET ASSETS AT BEGINNING OF YEAR	<u>74,060,016</u>	<u>13,850,180</u>	<u>40,591,204</u>	<u>128,501,400</u>
NET ASSETS AT END OF YEAR	<u>\$79,993,261</u>	<u>\$12,724,358</u>	<u>\$43,404,735</u>	<u>\$136,122,354</u>

The accompanying notes are an integral part of this statement.

STATEMENT OF ACTIVITIES

For the year ended August 31, 1997

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
REVENUES AND SUPPORT:				
Contributions:				
Operating	\$ 7,609,742	\$ 77,996	\$ 0	\$ 7,687,738
Programs:				
Prevention and resolution of conflict-international	0	4,327,384	0	4,327,384
Control and eradication of disease	0	10,016,175	0	10,016,175
Prevention and resolution of conflict-domestic	0	4,048,851	0	4,048,851
Cross-program	0	452,882	0	452,882
In-kind goods and services:				
Control and eradication of disease	0	27,543,106	0	27,543,106
Prevention and resolution of conflict-domestic	0	594,232	0	594,232
Endowment	0	0	842,812	842,812
	<u>7,609,742</u>	<u>47,060,626</u>	<u>842,812</u>	<u>55,513,180</u>
Endowment fund earnings	1,959,683	0	0	1,959,683
Appreciation of restricted endowment investments	10,296,854	0	0	10,296,854
Depreciation of office building	0	0	(35,890)	(35,890)
Facilities use income	444,461	0	0	444,461
Interest and investment income	515,868	0	0	515,868
Net assets released from restrictions:				
Prevention and resolution of conflict-international	3,048,582	(3,048,582)	0	0
Control and eradication of disease	34,829,603	(34,829,603)	0	0
Prevention and resolution of conflict-domestic	2,679,174	(2,679,174)	0	0
Cross-program	216,198	(216,198)	0	0
Operating	77,996	(77,996)	0	0
Total revenues and support	<u>61,678,161</u>	<u>6,209,073</u>	<u>806,922</u>	<u>68,694,156</u>
EXPENSES:				
Program:				
Prevention and resolution of conflict-international	3,084,452	0	0	3,084,452
Control and eradication of disease	34,012,256	0	0	34,012,256
Prevention and resolution of conflict-domestic	2,615,363	0	0	2,615,363
Cross-program	183,779	0	0	183,779
Fund-raising office	3,580,820	0	0	3,580,820
General and administrative	2,887,819	0	0	2,887,819
Common area and depreciation	2,175,853	0	0	2,175,853
Total expenses	<u>48,540,342</u>	<u>0</u>	<u>0</u>	<u>48,540,342</u>
CHANGE IN NET ASSETS	13,137,819	6,209,073	806,922	20,153,814
NET ASSETS AT BEGINNING OF YEAR	<u>60,922,197</u>	<u>7,641,107</u>	<u>39,784,282</u>	<u>108,347,586</u>
NET ASSETS AT END OF YEAR	<u>\$74,060,016</u>	<u>\$13,850,180</u>	<u>\$40,591,204</u>	<u>\$128,501,400</u>

The accompanying notes are an integral part of this statement.

STATEMENT OF CASH FLOWS

For the years ended August 31, 1998 and 1997

	<u>1998</u>	<u>1997</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ 7,620,954	\$20,153,814
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	1,998,492	1,586,900
Increase in fair market value of endowment investments	(2,152,905)	(10,296,854)
Donated artwork	(123,700)	(76,600)
Contributions restricted for investment	(1,616,836)	(2,838,589)
Changes in operating assets and liabilities:		
Accounts receivable	547,362	(249,729)
Pledges receivable	(1,517,072)	2,360,613
Donated inventory	424,908	(3,380,574)
Other assets	66,389	91,694
Accounts payable and accrued expenses	191,480	(343,911)
Medication due to third parties	2,028,000	0
Total adjustments	<u>(153,882)</u>	<u>(13,147,050)</u>
Net cash provided by operating activities	<u>7,467,072</u>	<u>7,006,764</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Construction and purchase of property and equipment, net of related payables	(405,123)	(785,828)
Endowment investments	(3,540,269)	(7,601,838)
Net cash used in investing activities	<u>(3,945,392)</u>	<u>(8,387,666)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Proceeds from contributions restricted for:		
Investment in endowment	1,516,836	2,718,590
Investment in plant	100,000	119,999
Net cash provided by financing activities	<u>1,616,836</u>	<u>2,838,589</u>
NET INCREASE IN CASH AND CASH EQUIVALENTS	5,138,516	1,457,687
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR	11,868,785	10,411,098
CASH AND CASH EQUIVALENTS AT END OF YEAR	<u>\$17,007,301</u>	<u>\$11,868,785</u>

The accompanying notes are an integral part of these statements.

NOTES TO FINANCIAL STATEMENTS

August 31, 1998 and 1997

1. ORGANIZATION AND OPERATION

Carter Presidential Library, Inc. ("CPL") was organized October 26, 1981 under the laws of Georgia as a not-for-profit 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 consists of 22 members, which include 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 CCI trustees. 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 this organization is not included in these financial statements.

CCI operates programmatically under three main action areas, prevention and resolution of conflict ("PARC"), both domestic and international, and control and eradication of disease ("CED"). In addition, CCI has received broad-based support which is beneficial to all programs and is categorized as "cross-program."

Initiatives in PARC-international include preventing and resolving conflict, protecting basic human rights, promoting open forms of media, and monitoring elections in emerging democracies. The CED area strives to improve health in the United States and around the world. Initiatives include eradication of *dracunculiasis*, control of *onchocerciasis* ("river blindness"), mental health reform, collaborations between congregations and public health agencies, and collaborations among community groups to reduce firearm violence. PARC-domestic focuses its efforts on helping the city of Atlanta's neediest communities gain access to the resources they need to address the problems that most concern them. Experiences are 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 long-lived 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 long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, CCI reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Donated Goods and Services

Donated materials and equipment, including artwork, are reflected as contributions at their estimated fair market values when an unconditional promise to give is received. Donated services are reflected as contributions if the following criteria are met: the services received or to be received create or enhance nonfinancial assets or the services require specialized skills, are provided by individuals possessing those skills, and would be purchased if not provided by donation. Donated services are recognized as the services are performed.

The services of loaned executives for The Atlanta Project ("TAP") and certain other services have been recorded in the accompanying financial statements. No amounts are recorded in the accompanying financial statements for other donated services (volunteers, organizational planning, and meeting facilitation), since the criteria discussed above were not met with respect to these services.

The components of donated goods and services for the years ended August 31, 1998 and 1997 are as follows:

	<u>1998</u>	<u>1997</u>
Control and eradication of disease:		
Water filtration material and chemicals	\$ 1,001,529	\$ 1,002,106
Mectizan tablets	26,500,200	26,541,000
Prevention and resolution of conflict-domestic:		
Loaned executives	196,502	454,074
Operating expenses and utilities	137,641	140,158
Total	<u>\$27,835,872</u>	<u>\$28,137,338</u>

NOTES TO FINANCIAL STATEMENTS

Artwork

CCI has capitalized artwork 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. Inventory is received as an in-kind donation and is valued at market value at the time of the gift. Inventory is valued using the first-in, first-out method.

Medication Due to Third Parties

From time to time, CCI receives loans of medication from various partners for its River Blindness Program in Nigeria. These loans are received when CCI does not have sufficient inventory on hand to carry out its desired program activities and other organizations have excess inventory. As all such medication used in this program is provided to CCI and all other organizations directly by the manufacturer at no cost, any loans due are satisfied by future in-kind donations received from the manufacturer.

Net Assets

Unrestricted

As of August 31, 1998 and 1997, unrestricted net assets are as follows:

	<u>1998</u>	<u>1997</u>
Unrealized gain on restricted endowment investments	\$44,930,990	\$42,778,085
Designated by the board of trustees for maintenance of property and equipment	566,853	535,335
Designated by management as an addition to:		
Endowment investments	9,108,760	7,908,513
Program funds	545,091	0
Undesignated	<u>24,841,567</u>	<u>22,838,083</u>
Total	<u>\$79,993,261</u>	<u>\$74,060,016</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 currently \$116,000.

Unrealized gains on restricted 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 and program funding. These amounts are classified as unrestricted net assets due to the lack of explicit donor stipulations which would temporarily or permanently restrict their use.

Temporarily Restricted

As of August 31, 1998 and 1997, temporarily restricted net assets are available for the following purposes:

	<u>1998</u>	<u>1997</u>
PARC-international	\$ 2,637,676	\$ 2,016,015
CED	1,867,868	4,188,440
PARC-domestic	4,507,150	6,259,911
Cross-program	1,787,925	1,385,814
Time-restricted	<u>1,923,739</u>	<u>0</u>
Total	<u>\$12,724,358</u>	<u>\$13,850,180</u>

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.

NOTES TO FINANCIAL STATEMENTS

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 generally accepted accounting principles 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, 1998 and 1997 are classified as follows:

	<u>1998</u>	<u>1997</u>
Unrestricted:		
Operating	\$ 70,339	\$ 490,872
Quasi-endowment	200,000	390,476
Temporarily restricted:		
PARC-domestic	989,579	2,227,346
Construction	439,524	530,000
Time-restricted	1,923,739	0
Permanently restricted:		
Endowment	4,947,667	3,415,082
Total	<u>\$8,570,848</u>	<u>\$7,053,776</u>

The anticipated receipts of these receivables are as follows at August 31, 1998 and 1997:

	<u>1998</u>	<u>1997</u>
Less than one year	\$2,244,732	\$2,793,333
One to five years	7,114,175	1,333,333
Five to ten years	946,825	4,274,095
Less unamortized discount	<u>(1,734,884)</u>	<u>(1,346,985)</u>
	<u>\$8,570,848</u>	<u>\$7,053,776</u>

Pledges were discounted based on rates ranging from 5% 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, 1998 and 1997:

	<u>1998</u>	<u>1997</u>	<u>Useful Lives</u>
Land	\$ 296,732	\$ 296,732	N/A
Buildings	15,581,171	15,581,171	30 years
Grounds and land improvements	711,343	1,542,750	10 years
Furniture and fixtures	1,279,146	1,564,809	5 to 10 years
Office equipment	1,424,164	1,912,326	5 years
Computer equipment	671,803	494,416	3 to 5 years
TAP equipment	0	2,838,495	3 years
Vehicles	1,459,123	1,409,836	3 years
Building improvements	506,541	461,444	15 years
	<u>21,930,023</u>	<u>26,101,979</u>	
Less accumulated depreciation	<u>(8,763,526)</u>	<u>(11,352,299)</u>	
	<u>\$13,166,497</u>	<u>\$14,749,680</u>	

NOTES TO FINANCIAL STATEMENTS

5. INVESTMENTS

Investments in equity securities with readily determinable fair values and all debt securities are reported at their fair values. As of August 31, 1998 and 1997, 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. These investments are presented in the accompanying statements of financial position at their fair values. The cost basis for these investments was \$47,004,469 and \$43,464,200 as of August 31, 1998 and 1997, respectively.

Total return on investments was unrestricted for the years ended August 31, 1998 and 1997 and was as follows:

	<u>1998</u>	<u>1997</u>
Investment income included in operating support and revenue, including net realized gains or losses	\$3,745,388	\$ 1,959,683
Net unrealized gains	<u>2,152,905</u>	<u>10,296,854</u>
Total return on investments	<u>\$5,898,293</u>	<u>\$12,256,537</u>

CCI purchased an office building with endowment funds during 1990. As of August 31, 1998, the building was wholly occupied by CCI program and department staff. Accumulated depreciation on this investment was \$304,354 and \$268,464 as of August 31, 1998 and 1997, respectively.

6. RELATED PARTIES

Included in program expense for the year ended August 31, 1997 are several payments to CCEU totaling approximately \$310,000, representing final payments on multiyear grants managed by CCEU. These grants are for election validation, conflict resolution, and certain other programs sponsored by CCEU. No payments were made to CCEU for the year ended August 31, 1998, as grants managed by CCEU are in the process of being completed.

As CCI managed almost all of its own grants during fiscal years 1997 and 1998, it earned no fees for providing CCEU with administrative services. In addition, CCI leases office space to CCEU (Note 7).

7. 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. CCI allocates common area expenses to all of its program areas, which are shown as program expenses in the accompanying statements of activities. 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.

8. THE ATLANTA PROJECT PROGRAM HEADQUARTERS LEASE

CCI leases space for TAP headquarters under an agreement with an initial term of two years, which commenced May 1, 1992, and two renewal terms of two years each. During fiscal year 1998, this lease agreement was extended through August 31, 1999. CCI is not obligated to pay any base rents during the initial or renewal terms of the lease, as CCI expended more than \$500,000 toward leasehold improvements. The space leased by CCI was provided as is, and all leasehold improvements funded by CCI become a part of the lessor's property. The value of the contributed space is not reflected in the accompanying financial statements, since it is not susceptible to objective measurement or valuation.

CCI did not expend any funds toward leasehold improvements during the years ended August 31, 1998 and 1997. Such amounts have previously been recorded as additions in prepaid rent in the accompanying statements of financial position.

Prepaid rent is being amortized over the initial term of the lease, including the two renewal options, commencing with the date the space was occupied. Rent expense for this space was approximately \$221,000 during each of the years ended August 31, 1998 and 1997.

NOTES TO FINANCIAL STATEMENTS

9. SCHEDULE OF FUNCTIONAL EXPENSES

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

	Program Expenses				Fund-Raising	Supporting Expenses		Total Expenses 1998
	PARC —international	CED	PARC —domestic	Cross-Program		Administrative Costs	Common Area and Depreciation	
Salaries	\$1,422,769	\$ 3,802,620	\$1,319,093	\$165,926	\$1,160,744	\$1,997,604	\$ 564,163	\$10,432,919
Consulting	249,005	939,169	297,347	1,894	556,487	269,380	14,657	2,327,939
Communications	225,823	508,529	106,705	14,248	1,542,644	184,549	14,354	2,596,852
Other services	148,536	112,848	32,851	3,383	1,157,907	92,920	156,918	1,705,363
Supplies	140,937	28,670,041	121,288	5,014	53,300	48,536	51,687	29,090,803
Travel/meetings	612,746	1,558,105	101,389	50,368	322,733	43,505	4,668	2,693,514
Other	74,288	3,548,654	380,846	7,462	186,655	199,125	1,283,660	5,680,690
Grants	7,500	2,409,027	419,416	0	0	0	0	2,835,943
	<u>\$2,881,604</u>	<u>\$41,548,993</u>	<u>\$2,778,935</u>	<u>\$248,295</u>	<u>\$4,980,470</u>	<u>\$2,835,619</u>	<u>\$2,090,107</u>	<u>\$57,364,023</u>

	Program Expenses				Fund-Raising	Supporting Expenses		Total Expenses 1997
	PARC —international	CED	PARC —domestic	Cross-Program		Administrative Costs	Common Area and Depreciation	
Salaries	\$1,285,072	\$ 3,461,338	\$1,276,224	\$139,611	\$ 909,488	\$1,936,749	\$ 635,412	\$ 9,643,894
Consulting	281,885	810,655	328,764	0	233,030	306,436	5,028	1,965,798
Communications	265,983	523,898	71,283	10,213	1,215,352	261,531	11,856	2,360,116
Other services	174,351	81,037	30,040	21,772	845,406	76,855	198,164	1,427,625
Supplies	139,507	24,060,108	50,523	3,105	25,678	52,382	44,648	24,375,951
Travel/meetings	818,197	1,414,063	84,983	8,598	226,178	63,369	5,135	2,620,523
Other	0	1,056,137	365,144	480	125,688	190,497	1,275,610	3,013,556
Grants	119,457	2,605,020	408,402	0	0	0	0	3,132,879
	<u>\$3,084,452</u>	<u>\$34,012,256</u>	<u>\$2,615,363</u>	<u>\$183,779</u>	<u>\$3,580,820</u>	<u>\$2,887,819</u>	<u>\$2,175,853</u>	<u>\$48,540,342</u>

NOTES TO FINANCIAL STATEMENTS

10. COMMITMENTS AND CONTINGENCIES

Litigation and claims have been filed against CCI in the ordinary course of business. While the outcome of these actions is not presently determinable, management believes that the probable resolution of such contingencies will not materially affect the financial position or results of operations of CCI.

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