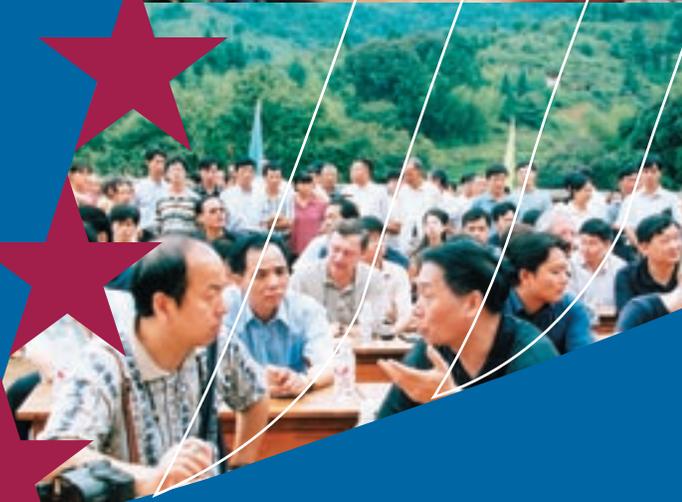




THE CARTER CENTER

1999-2000
ANNUAL REPORT



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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:

- ★ The Center emphasizes action and results. Based on careful research and analysis, it is prepared to take timely action on important and pressing issues.
- ★ The Center does not duplicate the effective efforts of others.
- ★ The Center addresses difficult problems and recognizes the possibility of failure as an acceptable risk.
- ★ The Center is nonpartisan and acts as a neutral in dispute resolution activities.
- ★ 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.



RICK DIAMOND

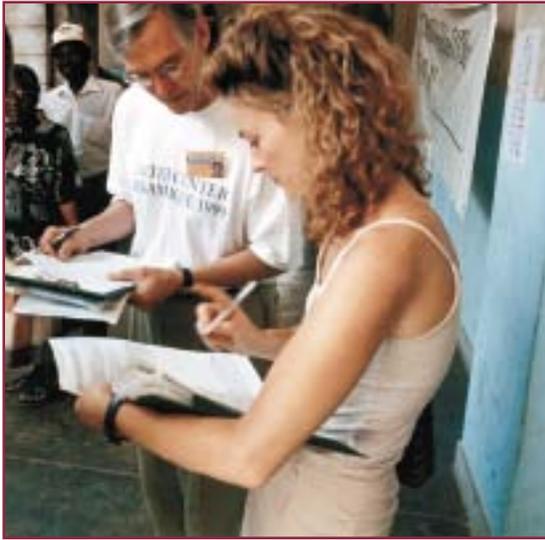
A MESSAGE FROM PRESIDENT JIMMY CARTER

This year, elections made headlines around the world. The Carter Center monitored a half dozen elections in developing countries, only to see the U.S. presidential contest mired in controversy. It served as a reminder that no democracy -- or democratic process -- is perfect.

We at The Carter Center will continue to help people everywhere recognize that while democracy is not an exact science, only a society built on democratic principles can hope for freedom, justice, and equality for all.

Jimmy Carter

GRANT LEE NEUBERG



CARTER CENTER EXECUTIVE DIRECTOR DR. JOHN HARDMAN
REVIEWS NOTES WITH ANDREA WOLFE, FIELD OFFICE DIRECTOR,
DURING THE 1999 MOZAMBIQUE ELECTIONS.

Predictions have been made for hundreds of years about what life would be like in the year 2000. The Carter Center viewed this as an appropriate time to review how much progress the global community has made in improving the basic quality of life for the people of the world.

U.S. President Jimmy Carter in 1977 commissioned “The Global 2000 Report to the President.” He asked the Council on Environmental Quality and the Department of State, working with other federal agencies, to study the “probable changes in the world in the areas of population, natural resources, and environment through the end of the century.” The report, first published in 1982, predicated a world that would be more crowded, more polluted, less ecologically stable, and more vulnerable to civil conflict than ever before.

Unfortunately, all of these dire predications have come to pass. According to the “United Nations 1999 Human Development Report,” the gap between the richest fifth of the world’s people and the poorest fifth increased from 30-to-1 in 1960 to 74-to-1 in 1997. The number of armed conflicts, primarily in Africa, increased during the latter half of the 1990s. In addition, the explosion of the Internet, cable television, and other technologies has added a “knowledge gap” to the existing void between the most and least developed nations.

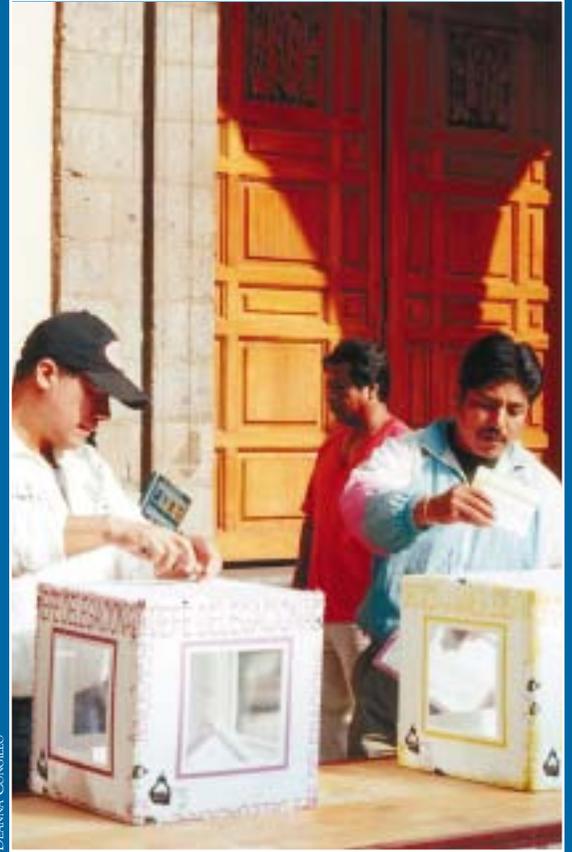
Environmental organizations point out that we are depleting the earth’s natural resources at an alarming rate. Gerald O. Barney, one of the authors of the original “Global 2000” report, recently stated that the world is “demonstrating a culturally suicidal disposition toward biocide – the destruction of the life systems of the planet – and genocide – the devastation of planetary processes on which all life depends.”

In light of the current situation, The Carter Center’s work becomes increasingly important as we look to the future. Our philosophy of working directly with governments of developing countries, as well as at the grassroots level, has demonstrated that we *can* improve crop yields in sub-Saharan Africa while protecting the environment; prevent or eliminate barbaric diseases that still plague millions; forge agreements between warring parties, and in some cases, prevent conflicts from erupting into violence; promote and protect human rights; and monitor elections and help instill democratic principles in countries moving toward more open, just societies.

In the new millennium, The Carter Center will continue to address these and other critical issues. Our work will not be completed until every man, woman, and child has been freed from the burdens of hunger and preventable disease – and has the opportunity to live in peace.



WAGING PEACE



DEANNA CONGILIO

MISSION

Provide specialized nongovernmental diplomacy services such as peace advocacy, mediation, and conflict resolution to prevent violence or achieve peace during aggravated political conflict. The Conflict Resolution Program (CRP) initiates and supports timely and sustainable peace building and conflict resolution efforts through the direct involvement of President Jimmy Carter, senior program staff, and members of the program's International Negotiation Network, and in collaboration with other select conflict resolution organizations and agencies.

HIGHLIGHTS OF 1999-2000

■ The cross-border conflict between Sudan and Uganda, in particular the role of the Ugandan rebel Lord's Resistance Army (LRA) based in southern Sudan, has been a major focus for President Carter and the CRP. In December 1999, President Carter and the heads of state of Kenya, Sudan, and Uganda signed the "Nairobi Agreement," a Carter Center-brokered document committing Sudan and Uganda to renounce the use of force, prevent acts of terrorism, and promote regional peace. Throughout 2000, CRP continued to convene ministerial committees in Africa and Atlanta to track and promote implementation of the agreement. In October, a detailed schedule to relocate, disarm, and disband the LRA, accompanied by the return of thousands of LRA-abducted children to their communities and families, was signed in Khartoum at a meeting that The Carter Center convened. The CRP plays an ongoing, leading role in this process.

■ Representatives from the CRP and the Latin American and Caribbean Program (LACP) met with government and indigenous leaders in Ecuador last spring. Their goal was to prepare a conciliation process at the request of senior Ecuadoran leaders. In June, a successful mediation resulted among representatives of Ecuador's three major indigenous organizations. President Carter will mediate a meeting in Ecuador between congressional leaders and Ecuadoran President Noboa later in 2000.



VINCE FARLEY

PRESIDENT CARTER WITNESSES THE DEC. 8, 1999, PEACE DEAL BETWEEN SUDAN PRESIDENT OMAR AL-BASHIR (SEATED LEFT) AND UGANDA PRESIDENT YOWERI MUSEVENI (SEATED RIGHT). NEXT TO MUSEVENI IS KENYA PRESIDENT DANIEL ARAP MOI WHO HOSTED THE EVENT IN THE STATE HOUSE IN NAIROBI, KENYA.

■ The CRP conducted a mission to Georgia/Abkhazia in February 2000 as part of the Reflecting on Peace initiative, in which The Carter Center is partnering with other leading conflict resolution organizations. In Georgia, the Center helped assess the work of Conflict Management Group. The CRP also organized and facilitated a meeting of major international organizations working on the Georgia/Abkhazia conflict.

LOOKING AHEAD

■ The Carter Center continues to be fully engaged in the peace process between Sudan and Uganda, focusing on the LRA and the return of abducted children from Northern Uganda. In October 2000, under CRP leadership, the two governments signed agreements and schedules in Kampala and Khartoum for the children's return and the LRA's relocation, disarmament, and disbandment. Work to encourage and ensure implementation of these agreements will be intensive in the year ahead. The CRP maintains field staff in Sudan and Uganda, and CRP staff from Atlanta, led by CRP Director Dr. Ben Hoffman, is in continual contact with key players in this process.

■ To continue the conflict prevention/resolution process in Georgia/Abkhazia, the CRP will deliver a three-week workshop and training program in ethnic and social conciliation techniques for Transcaucasus youth trainers. These trainers will return to their countries to instruct other young people in positions of responsibility in their communities. This program, funded by the United States Agency for International Development, is scheduled for early 2001 in Atlanta.

A PEACE-FILLED EXCHANGE

The International Negotiation Network (INN) is an informal network of eminent persons, Nobel peace laureates, and conflict resolution scholars and practitioners who provide third-party assistance, expert analysis, and recommendations to parties in conflict. Chaired by Presi-

dent Carter, the INN and The Carter Center's Conflict Resolution Program focus mainly on armed conflicts that the international community inadequately addresses. Both groups frequently identify and highlight lesser-publicized, newly developed conflicts to prevent them from escalating.

RESCUING THE INNOCENTS OF CONFLICT

Horrid as it is, armed conflict reaches unthinkable extremes when children are forced into it, both as victims and as soldiers. That is the situation facing The Carter Center's Conflict Resolution Program (CRP).

Chris Burke is the program's field representative in Khartoum, Sudan, and a CRP team member dedicated to implementing the Nairobi Peace Accord, which aims to normalize relations between Uganda and Sudan. The agreement, brokered in December 1999, calls upon the respective governments to end support for rebel groups operating from the sanctuary of each other's country.

Of immediate importance to Burke are the tactics of the Lord's Resistance Army (LRA), Ugandan insurrectionists conducting raids into northern Uganda from bases in southern Sudan.

For the past decade, the LRA has abducted children between the ages of 10 and 15. Girls are forcibly married off to rebel commanders, and boys are trained as guerrilla fighters who execute raids and kidnap more children. As many as 12,000 children have been abducted over the past 10 years, and up to 4,000 of them remain in LRA hands.

"These kids are abducted in very brutal ways," Burke explains. "They are ambushed on school buses or dragged from their homes in the middle of the night. Then they're marched back to southern Sudan, where they're given minimal training and very little food.

"Those who are frail or complain or try to escape may be killed, often by the other kids as part of their initiation. Some are even forced to kill their parents," he adds.

How Center helps kidnapped victims

While negotiations continue with the LRA for the peaceful return of its child fighters – and some adults as well – to Uganda, some kidnapped children manage to escape and find their way to Sudanese government outposts or relief agency offices in the area. Some are placed with families, while others are sent to Khartoum, where they are processed for repatriation to Uganda.

Burke, whose job is to liaise between the Ugandan and Sudanese governments and relief agencies, has been active in building mechanisms to retrieve, identify, and repatriate these young kidnap victims.

Several other nongovernmental organizations also are central to this effort, including UNICEF, Save the Children-United Kingdom, and the International Organization for Migration.

"The Carter Center is the only organization able to devote resources to all aspects of this complex project," Burke says. "I think that's the real value of what we're doing here. Unfortunately, there's a tremendous amount of politics involved, but that's what The Carter Center does so well."

The contrasts in Burke's job border on the surreal. He spends half his time in a suit and tie, dealing with government officials. He devotes the other half to working with about a dozen children at a time who have been horribly injured, physically and psychologically.

The children's homecoming

While many of the children themselves have committed heinous crimes, under duress, their communities accept them back, Burke says.

"Most of these people are ethnic Acholis," he explains. "Within their society is a rich tradition of reconciliation. So even though some have been involved in atrocious crimes in their own communities, they're accepted home."

Burke describes his job as hectic, demanding, tiring, often frustrating, but extremely rewarding. "When we first find these kids, you can't imagine the state they're in," he said. "We reassure them and get them clothed and fed, and take care of their medical needs.

"When the time comes, and we're waving them off at the airport for their flight home, there's an enormous amount of satisfaction."



JOYCE NIEU

THESE LORD'S RESISTANCE ARMY CHILD SOLDIERS WERE RETURNED TO NORTHERN UGANDA AND HELD IN THE GULU BARRACKS, WHERE A CARTER CENTER REPRESENTATIVE VISITED THEM.

MISSION

Promote democracy and human rights worldwide through programs focused on four overall goals: observe elections in emerging democracies; strengthen the capacity of civil society to influence public policy and provide checks and balances on government; promote the rule of law; and increase the awareness of and compliance with international human rights standards.

HIGHLIGHTS OF 1999-2000

- Carter Center monitors played a key behind-the-scenes role as the international spotlight focused on East Timor's vote for independence from Indonesia in August 1999. Center observers arrived in the territory nearly two months before the Aug. 30 vote to investigate reports of intimidation and violence perpetrated by anti-independence militia. The U.N.-supervised "public consultation" allowed East Timorese to request greater autonomy within Indonesia or independence. The referendum brought nearly every eligible voter to the polls, with nearly 80 percent choosing to secede from Indonesia. The Indonesian military unleashed a wave of terror, causing military intervention by the United Nations.
- President and Mrs. Carter and former Botswana President Ketumile Masire led a Carter Center team of 50 delegates from 16 countries to observe the Mozambique elections in December 1999. The Center noted some problems with processing complaints, delayed poll openings, intimidation of some RENAMO party members, and a lack of transparency in processing the final vote count. The National Elections Commission (CNE) announced results on Dec. 22, indicating President Joaquim Chissano was re-elected with 52.3 percent of the vote; RENAMO opposition leader Afonso Dhlakama had 47.7 percent. Although his party challenged the results, the Mozambique Supreme Court validated President Chissano's re-election. RENAMO refused to accept the outcome and a political impasse threatens stability.
- In Zimbabwe, the Center sent a pre-election assessment mission in May 2000 and two staff members to observe the final election period. That election, marked by government-sponsored intimidation and violence, was neither free nor fair, but the opposition party made major gains.
- Peru also held very flawed elections as President Fujimori bid for a questionable third term. Following extensive pre-election reporting, the Center refused to observe the balloting because of major irregularities. A post-election crisis of legitimacy ensued and President Fujimori was forced to schedule new elections for April 2001.



GRANT LEE NEUBURG

PRESIDENT AND MRS. CARTER OBSERVE A VOTER AND POLLING SITE DURING MOZAMBIQUE'S SECOND DEMOCRATIC GENERAL ELECTIONS DEC. 3-5, 1999. NEARLY 75 PERCENT OF THE COUNTRY'S 7 MILLION REGISTERED VOTERS CAST BALLOTS IN A PROCESS THAT PRESIDENT CARTER DESCRIBED AS "PEACEFUL AND ORDERLY."

LOOKING AHEAD

- The program will continue to support consolidation of democracy in countries worldwide by observing elections, strengthening civil society, and increasing awareness of and compliance with international human rights standards and the rule of law. Particular attention will be given to implementing programs in democratic countries at risk of backsliding and to countries undergoing critical second and third transitional elections. The Carter Center plans to observe the elections in East Timor in 2001 that will lead to independence. Other planned election missions include Guyana, the Peru "rerun," and Zambia.
- The program will expand its civil society work by strengthening the capacity of local nongovernmental organizations to inform and impact government policy. Priority will be placed on supporting the political participation of traditionally marginalized sectors of society, such as women, indigenous peoples, and youth, in the democratic development of their countries. Programs in East Timor and Guyana will emphasize the strengthening of civil society organizations.

- The Carter Center will continue to implement technical projects in the areas of human rights and rule of law with countries in democratic transition, focusing on judicial training for judges and lawyers, improved systems for the administration of justice, human rights training and support for the establishment of human rights commissions. The Center is initiating a large, multiyear project in Guyana to help modernize and reform that country's justice system.

PAVING A PATH TOWARD DEMOCRACY

The Carter Center's China Village Elections Project is in its third year promoting

democratic growth in a country that for 13 years has allowed competitive elections for leaders in some 800,000 rural villages.

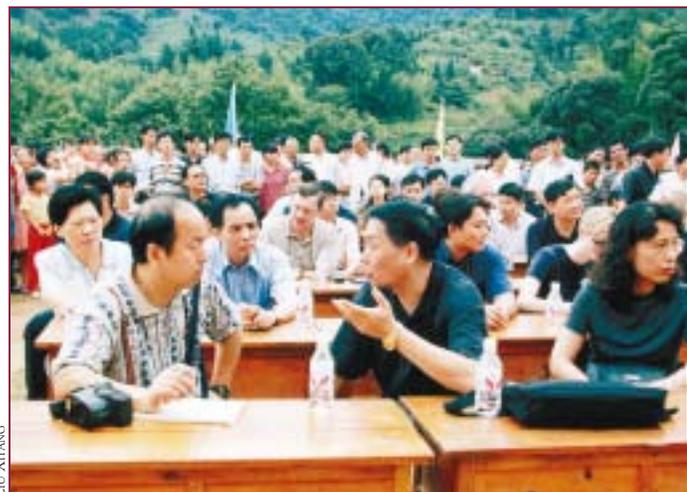
For Dr. Yawei Liu, who manages the Center's work in China, the project has personal importance. A native of Northwest China's Shaanxi Province, Dr. Liu worked as an editor at a Chinese publishing house, where he routinely censored sexually explicit or political material from American literature being translated into Chinese. After earning master's and doctoral degrees in American history at U.S. universities, Dr. Liu set his sights on advancing China's nascent experiment with democracy.

He joined The Carter Center team to help forge an unprecedented agreement with China's Ministry of Civil Affairs (MCA), granting the Center permission to help Chinese officials improve the government's technical and administrative capacity to conduct village elections. The effort in rural villages touches 75 percent of the nation's 1.2 billion people.

Signed in March 1998, the Memorandum of Understanding between The Carter Center and the MCA called for the two organizations to jointly devise a pilot project for a national village elections data-gathering system, standardize election procedures, publicize elections, and conduct bilateral election observations. Activities last year included expanding data gathering and voter education, training election officials, and observing elections.

"Villagers are still learning how to conduct a secret, fair, and competitive election, and the procedures they use to vote vary greatly throughout the country. The data-gathering system is helping the MCA get a handle on what is being done so they know what needs to be improved and can accurately evaluate the quality of an election," says Dr. Liu.

The pilot project involves providing computers in three provinces to store and transmit information to the MCA about election results and procedures. With computers installed in Hunan in late 1998, the Center last year began to



LIU XITANG

DR. YAWEI LIU (LEFT) AND OTHER CARTER CENTER DELEGATES WAIT IN THE OBSERVATION ROW AT A VILLAGE ELECTION IN CHINA'S DEHUA COUNTY, FUJIAN PROVINCE ON AUG. 2, 2000.

focus on Fujian Province, and prepared to move into Jilin and Shaanxi provinces. In the past year, 95 computers were installed, and more than 100 computer operators were trained on the system. In addition, the data-gathering software was revised, making it easier to examine election results and procedures, as well as demographic data on the winners. The system also can generate MCA-required forms that used to be filed manually.

As part of its voter education effort, The Carter Center sponsored a Chinese Web site (www.chinarural.org) that focuses on election news coverage, issues related to national and provincial election regulations, academic research, and official data on election results. This site has become well known domestically and internationally as the primary source for information on China's basic level democracy. Moreover, many villagers and local officials use the site to contact MCA officials. A second voter education effort by The Carter Center supported the printing and distribution of more than 100,000 posters about the 1988 Organic Law, which authorized local elections.

In addition to its work with the MCA, the Center continued to discuss with the National People's Congress (NPC) how to standardize procedures for electing People's Congress deputies and officials from townships, the first level of formal government from which China ultimately chooses all of its legislators through indirect elections. As part of this dialogue, an NPC delegation traveled to the United States in April 2000 to observe the Pennsylvania presidential primary, a follow-up to the Center's observation of a township election in southwest China in 1999.

Whether democratic practices will be implemented at higher levels of China's political system remains to be seen, says Dr. Liu. "Realistically, village elections were initiated to maintain social and political order in the countryside in the wake of unprecedented economic reform," he says. "Acceptance of democratic practice throughout the entire political system will come gradually, if at all, like change does in China."

Still, he says, efforts to promote free elections and standardize election procedures in villages are bearing fruit. "Each year since 1997, we have had at least one delegation observe several village elections. Voter turnout is nearly perfect in many villages. People have come to appreciate that their votes are secret and believe they also carry weight and can make a difference," says Dr. Liu. "They see the power their vote has to impact the quality of village life. If they don't like the job an official does, they vote him out of office. That's a fairly new concept for China."

By working in conjunction with China's rural residents to pave the way for the coming of democracy, Dr. Liu and other Carter Center Democracy Program staff are small but necessary catalysts for democratic progress. Dr. Liu says he knows that each time he returns to China, he will see some positive changes.

"It's great to be a part of a project that is helping behind the scenes to strengthen new rights and new freedoms," he says.

MISSION

Seek to broaden public participation in the formulation of national development strategies in developing countries. A National Development Strategy (NDS) is a comprehensive blueprint for economic, social, and democratic development that represents a shared vision of the future and helps countries attract investment and coordinate the assistance of international donor agencies. The Carter Center acts as a catalyst and facilitator in the process of designing these strategies, drawing upon its neutrality and experience working with diverse interest groups. The NDS process emphasizes the participation of all stakeholders, including business, government, and civil society; the search for consensus and partnership; a sustainable balance between economic, social, and environmental goals; and the importance of local ownership.

HIGHLIGHTS OF 1999-2000

- The Carter Center launched an initiative to help Albania draft a comprehensive NDS, with the active participation of all sectors of society, as the country begins to establish long-term social and economic priorities. A Center assessment team arrived March 4, 2000, in Albania and met with high-level government officials, the leader and members of the opposition party, business and civil society representatives, and international agencies in Tirana, Korçë, and Shkodër. The Center established an office in Tirana in May 2000 to support the initiative.
- Guyana President Bharrat Jagdeo presented the NDS – a 10-year blueprint for economic and social development – for debate and approval at the next sitting of the South American nation’s parliament. A national committee of civic and business leaders, supported by The Carter Center, produced and presented the NDS to President Jagdeo on June 19, 2000.
- President Carter encouraged the leader of Mozambique’s opposition coalition to accept election results and participate in the Agenda 2020: National Vision and National Development Strategy Process. Agenda 2020 is a nationwide process to help Mozambicans define a long-term vision and national development strategy for their country through a consensus-building process. The December 1999 elections, which the Center’s Democracy Program observed, and the political opposition’s dispute of the results delayed the launch of Agenda 2020.
- Guyana’s government is committed to responsibly managing its environmentally significant tropical rain forests, but is pressured to exploit these areas for economic benefit. Consequently, the president of Guyana asked The Carter Center’s Global Development Initiative (GDI) to develop and initiate a Guyana Rain Forest Foundation (GRFF) to achieve the country’s conservation and economic development objectives. The GRFF is part of Guyana’s National Development Strategy, which was formulated with extensive civil society participation and support from The Carter Center and international donors. The Carter Center developed a technical proposal for the GRFF, which the government accepted in March 2000.

LOOKING AHEAD

- The GDI plans to work with Albania’s governmental, political, and civil society leaders to establish a broad-based national committee that will help develop the country’s long-term NDS. The program also will mobilize international support and public participation in defining Albania’s future.
- In cooperation with international donor agencies, the GDI will support Guyana’s government and civil society in implementing the country’s NDS. It also will involve civil society in monitoring and evaluating national progress toward NDS objectives.
- The GDI will implement NDS processes in Mali and Mozambique.
- The initiative will help Guyana’s government to launch the GRFF.
- To review lessons learned from the NDS initiatives in the GDI’s partner countries, the program will convene meetings of international donor officials and mobilize donor support for these efforts.

ALBANIA'S PATHWAY TO DEMOCRACY

Democracy is more than elections. In a deeper sense, participatory government offers citizens the opportunity to decide their economic, political, and social destiny as a nation. It is an opportunity long denied the people of Albania.

Through The Carter Center's Global Development Initiative, Albanians may at last be starting on a path to self-determination. Leaders from government, civil society, and the private sector are working with The Carter Center to craft and implement a National Development Strategy (NDS) that addresses a range of issues including economic development, education, environmental protection, health care, human rights, and the judicial system.

The NDS process has three main objectives in Albania. The first is to help the country formulate a comprehensive strategy for sustainable development and poverty reduction. The second objective is to strengthen democracy and respect for human rights by promoting a participatory process of respect and openness that will give Albanians practical experience in working together. To meet that objective, a number of Albanians will be trained to facilitate dialogue and resolve conflict throughout the NDS process. Third, the NDS process builds the capacity of Albanian government and civil society to manage development on their own.

Past affects present

"Albania is a small developing country that's struggling to institute democracy and a market economy in an era of globalization, and those challenges are fraught with difficulties," says Jason Calder, senior program associate of the Global Development Initiative.

Those difficulties include the formidable weight of history. Ancient Illyria (Albania) was conquered in succession by Romans, Slavs, and Turks — the latter bringing Islam to the Balkan region, where it remains the dominant religion. Albania declared its independence in 1912, and seven years later became a republic only to be invaded again by Italian troops at the onset of World War II.

Following the war, Albania fell under communist control and developed the unenviable reputation as one of the most closed societies in the world.

With the collapse of European communism, Albania again was presented an opportunity to achieve a measure of self-determination. In 1993, President Carter visited Albania, where the people's enthusiasm for democracy impressed him. But in a nationwide investment pyramid scheme during the mid-'90s, international swindlers looted about half the savings of an already impoverished population and plunged the country into political chaos and rioting. The government fell and an international force intervened to restore calm and help organize new elections, which brought the Socialist Party to power.

Albania had already made The Carter Center's short list of potential NDS candidates when NATO's bombing of neighboring Kosovo forced thousands of refugees into the mountainous northern corner of the country, stalling the NDS planning. Remarkably, while the influx of

ethnic Albanians severely strained an already fragile infrastructure, the country rallied to support its brethren in their time of crisis. With material aid from Western countries, what could have been one more debacle in Albania's history instead highlighted the generosity, resilience, and determination of the Albanian people.

Center helps map out strategy

With relative peace prevailing in the region, The Carter Center re-started the process of developing an NDS with Albanian political and business leaders this past March. In June, an NDS field office opened in the Albanian capital, Tiranë.

"We've been doing a lot of consultations with government and international agencies about major development issues in Albania and networking with nongovernmental organizations all around the country," says Calder in describing some of the initial steps. "The field office director is meeting with local organizations — women's groups and others — who want to participate in this initiative."

Consensus building at the grassroots level is critical to sustaining development plans and the long-term democratic process. Creating an NDS will involve town meetings, workshops, and task forces at the community level to create broad national goals, objectives, and ultimately, a national vision. The work then moves to defining practical strategies for every sector of the economy.

By emphasizing broad-based participation and consensus in its creation, the NDS can serve as a guide to any succeeding government. It also provides a framework for the international donor and banking communities in assessing needs and progress.

The prospects for success are cautiously optimistic. While establishment of sustainable democratic processes takes a long time, there exists in Albania widespread agreement that some kind of national development strategy is necessary to help the nation attract investment and achieve economic prosperity. The process already has a substantial plus on its side: the people of Albania.



IVOR FIELDS

BENI SANKAR (LEFT), CO-CHAIR OF THE GUYANA NATIONAL DEVELOPMENT STRATEGY COMMITTEE, PRESENTS THE NDS DOCUMENT, A 10-YEAR BLUEPRINT FOR THE COUNTRY'S ECONOMIC AND SOCIAL DEVELOPMENT, TO GUYANA PRESIDENT BHARRAT JAGDEO ON JUNE 19, 2000, IN GEORGETOWN, GUYANA.

MISSION

Prevent human rights abuses by: strengthening the capacity of the U.N. Office of the High Commissioner for Human Rights and its fact-finding bodies; fostering collaboration among nongovernmental, international, and national organizations; and responding to human rights violations by intervening on behalf of individuals whose rights are being denied. The Human Rights Committee, an internal working group of Center staff, and the Center's International Human Rights Council, a coalition of activists and leaders in the field, carry out most of the Center's human rights work.

HIGHLIGHTS OF 1999-2000

- Before the September Millennium Summit was held in New York, President Carter wrote to 52 heads of state in support of Secretary-General Kofi Annan's call for an increase in ratification of the human rights treaties. In addition, President Carter emphasized the need for greater financial and other resources for the U.N. Human Rights Program. The program currently receives less than 2 percent of the U.N. budget.
- The Human Rights Committee continues to promote the establishment of the International Criminal Court, a permanent institution that would try individuals accused of crimes against humanity or war crimes. President Carter wrote to most heads of state in Latin America in October 1999, urging those who had not signed and ratified the Rome Statute on the ICC to do so.
- Hina Jilani, a Carter Center International Human Rights Council member and prominent Pakistani human rights activist and Supreme Court attorney, was appointed to be the U.N. special representative on human rights defenders in August 2000. The U.N. Declaration on Human Rights Defenders was adopted in December 1998 with strong support from The Carter Center.
- The Center hired an experienced human rights attorney to work with the Human Rights Committee and devote greater attention to individual case interventions. The committee has renewed its partnership with Emory University Law School, making field placements for law students to work on individual cases.

LOOKING AHEAD

- The Center's Human Rights staff will continue consultations with the High Commissioner for Human Rights to examine how to improve specific aspects of the High Commissioner's work, such as coordination between U.N. field offices, special rapporteurs, and treaty bodies. It also will build a greater base of political support for the High Commissioner among member governments within the United Nations.
- In 2001, the Center will advocate that U.S. government representatives remain involved in the process for establishing the International Criminal Court, including defining the rules of procedure and choosing judges and prosecutors.
- The Center will collaborate with other U.S.-based human rights organizations to encourage the U.S. government to prioritize human rights considerations in foreign policy planning. It will establish a relationship with the incoming U.S. administration and continue regular consultations with the secretary of state and other State Department officials.
- The Human Rights staff will provide research, technical advice, and assistance to the newly appointed U.N. special representative on human rights defenders.
- The Center will continue integrating human rights considerations and approaches into the work of all Carter Center health and peace programs and enhance the knowledge base of human rights principles and methodologies in each program. It also will reinvigorate the International Human Rights Council to contribute to this process.

HUMAN RIGHTS LEADER SERVES AT UNITED NATIONS

As a delegate to this year's U.N. Commission on Human Rights, The Carter Center's Karin Ryan saw more than a decade of work come to fruition as several resolutions were passed during the commission's 56th session in Geneva, Switzerland, in March 2000.

The commission, which monitors compliance with international human rights law and investigates alleged violations, resolved to condemn Russia for human rights violations committed by its army, establish a fact-finding officer to investigate abuses or persecution of human rights activists worldwide, and recognize domestic violence and "honor killings" as violations of human rights. "Honor killing" is the murder of a woman by a relative for supposedly shaming her family.

"The most important part of all this is people in every society are claiming their rights," says Ryan, former assistant director of Human Rights. "We're calling on the highest ideals among all societies to bring out the best and leave behind practices that undermine human dignity."

Ryan joined The Carter Center in 1988 to assist President Jimmy Carter and Mrs. Carter in their interventions with governments on individual cases. She later helped establish the Center's International Human Rights Council, and the Clinton administration appointed her last year to be a public representative with the U.S. delegation to the U.N. Commission on Human Rights.

At The Carter Center, Ryan and the council are working for establishment of the International Criminal Court, which would independently investigate, indict, and try those suspected of war crimes, genocide, or other crimes against humanity.

Her work with the United Nations builds on what The Carter Center has accomplished, she says. Although accomplishments in human rights often take years, organizations like The Carter Center and the U.N. commission contribute to the growing movement of greater protection of human rights.

"The global process provides a stage for local activists to make their issues known," Ryan says. "It is a long-term investment. It's important not to expect things will change dramatically in a short time, but it is not impossible to expect societies can change, and we can already see the fruits of this investment."



PATRICK BERTSCHMANN

KARIN RYAN, FORMER ASSISTANT DIRECTOR FOR HUMAN RIGHTS, ADDRESSES THE U.N. COMMISSION ON HUMAN RIGHTS IN GENEVA, SWITZERLAND.

ENHANCING FREEDOM THROUGH HUMAN RIGHTS

When Egyptian State Security arrested Professor Saad Eddin Ibrahim and several of his colleagues in July 2000 and accused them of undermining Egypt's stability through their human rights and democracy work, the news ignited the Human Rights Committee and other organizations to intervene.

Ibrahim, director of the Egyptian Ibn Khaldun Center for Development Studies, is one of Egypt's most prominent intellectuals and human rights activists. He is best known for encouraging civil society in Egypt and championing the cause of minorities.

Fellow human rights activists feared that Ibrahim's arrest would discourage civic dialogue about the parliamentary elections scheduled for November 2000. This harassment had a chilling effect on other activists, particularly less prominent human rights workers with fewer international friends to defend them.

President Carter wrote to Egyptian President Hosni Mubarak about Ibrahim's imprisonment and protection for all Egyptian democracy and human rights advocates. The U.S. State Department and others also became involved. Within three weeks, Ibrahim was freed.

Intervention on behalf of people whose human rights have been abused has been a component of The Carter Center's work for more than a decade. The Center receives news of human rights violations daily.

Emory University law student interns working with Center human rights staff conduct research to ascertain the merits of select cases. Case interventions usually involve communication

with clients and their families, international nongovernmental organization (NGO) partners such as Amnesty International and Human Rights Watch, governmental offices including embassies and the U.S. Department of State, and local human rights NGOs worldwide. Technical analysis of U.S. and foreign court proceedings and government policies are also sometimes required.

After careful research and analysis, the Human Rights staff chooses cases for President and/or Mrs. Carter's direct intervention. Staff and students draft detailed memoranda and letters for the Carters' signatures and forward them directly to foreign heads of state, U.S. government officials, or other appropriate designees. During the past year, for example, President Carter wrote to Yasir Arafat, president of the Palestinian Authority, and enclosed a human rights office Issue Paper detailing concerns about the administration of justice and rule of law in Palestine.

Other interventions during 1999-2000 included: a letter to President Lansana Conté of Guinea regarding the imprisonment of opposition leader Alpha Condé; a letter about jailed American journalist Lori Berenson to Peruvian President Alberto Fujimori; and a letter to President Ahmet Necdet Sezer of Turkey about Leyla Zana and three other democratically elected Kurdish Parliamentarians who are serving lengthy prison sentences. Mrs. Carter also advocated for the commutation of several death sentences, including that of Alexander Williams in Georgia, a mentally ill man who was a juvenile at the time of his offence.

MISSION

Promote cooperation among the nations of the region and the United States toward a common agenda to strengthen democracy, increase economic trade, reduce corruption, and decrease inequalities.

HIGHLIGHTS OF 1999-2000

- The LACP monitored a political transition in Venezuela, including a referendum to approve a new constitution in December 1999 and the July 2000 mega-elections. President Hugo Chavez renewed his term after being first elected in December 1998, and his party won a majority in the new National Assembly.
- The LACP and Democracy Programs collaborated with the National Democratic Institute (NDI) to monitor Peru's May 2000 electoral campaign, in which President Fujimori was re-elected. The campaign was judged to be "irreparably flawed" and not in compliance with international standards for democratic elections.
- A 24-member international election observer delegation representing the NDI and The Carter Center observed the May 2000 elections in the Dominican Republic. Opposition leader Hipolito Mejia won the elections in a surprise first-round victory.
- President Carter and Gonzalo Sánchez de Lozada, former president of Bolivia and a member of the Center's Council of Presidents and Prime Ministers of the Americas, led a small mission to observe the historic July 2000 elections in Mexico. The elections ended with the ruling party losing the presidency for the first time in its 71-year history. The LACP developed a new model of election monitoring, placing observers in each of the parties' headquarters, with the electoral commission, and among the domestic observers to help them communicate on election day and ease tensions about local problems.
- LACP's Transparency Project continued working to promote openness in government. In Costa Rica, LACP hosted a workshop on civil society monitoring of public contracting. In Jamaica, staff held seminars to increase awareness and debate about proposed new laws for an anti-corruption commission and a freedom of information act. Meanwhile, in Ecuador, the Center collaborated with a civil group to hold a regional high school essay and poster contest on bribery and cheating. LACP also advised PriceWaterhouseCoopers on developing a new Opacity Index to measure the capital costs of less transparency in government transactions. Staff also worked to promote implementation of the OAS Convention on Anti-Corruption.
- The LACP serves as secretariat for the newly formed Carter Center Council for Ethical Business Practices, a group of 10 Atlanta-based international companies working to develop and promote business codes of conduct against bribery.

LOOKING AHEAD

■ The program will hold a consultation on "Challenges to Democracy in the Americas" at The Carter Center in October 2000. This conference will make policy recommendations on improving the quality of democracy and halting backward slides in the hemisphere. Recommendations will be distributed to the Summit of the Americas, national governments, and civil society organizations.



DEANNA CONSUELO

SEVENTY-ONE YEARS OF RULE BY ONE PARTY ENDED WHEN VOTERS IN MEXICO ELECTED A NEW PRESIDENT FROM THE OPPOSITION NATIONAL ACTION PARTY IN JULY 2000. CARTER CENTER DELEGATES MONITORED MEXICO'S ELECTORAL PROCESS.

- The LACP will monitor the November 2000 Nicaragua municipal elections and preparations for November 2001 national elections.
- The program will consider monitoring the new Peruvian elections called by President Fujimori after his intelligence chief was filmed in a bribery scandal. The elections are scheduled for April 8, 2001.
- To help overcome deep geographic, political, and ethnic divisions in Ecuador, the LACP will work on a conciliation project there.
- The LACP will continue transparency work, focusing on campaign conditions, access to information, and accountability of nongovernmental organizations in selected countries.



FIGHTING DISEASE



J.D. Scott

MISSION

Eradicate Guinea worm disease (*dracunculiasis*) as soon as possible from the remaining 13 African countries. The disease comes from drinking water that is infested with a larvae-producing parasite. The larvae grow into 2- to 3-foot worms inside the body for 10 to 12 months and painfully exit through the skin. Digging or drilling new wells and filtering or boiling pond water can prevent the disease. Abate, a larvicide donated by American Home Products, also makes Guinea worm-infected water safe for drinking. There has been a 97 percent reduction in the number of reported cases of the disease since The Carter Center's eradication program began in 1986.

HIGHLIGHTS OF 1999-2000

- President Jimmy Carter honored seven countries during a Guinea Worm Eradication Awards Ceremony held at The Carter Center in July 2000, all of which have been free of Guinea worm disease for at least one year. Cameroon, Chad, India, Kenya, Pakistan, Senegal, and Yemen were among 20 Asian and African countries plagued by Guinea worm disease. The effort to eradicate the disease began with an initiative by the Centers for Disease Control and Prevention (CDC) in 1980. In 1986 The Carter Center's Global 2000 Program, working closely with the CDC, the World Health Organization (WHO), and the United Nations Children's Fund (UNICEF), became the lead advocate for the global eradication campaign.
- Ethiopia, Uganda, and 10 northern states of Sudan are on the verge of ending transmission of the disease.
- The number of reported cases of Guinea worm has reduced by 42 percent outside of Sudan and Ghana.
- The Carter Center's Guinea Worm Eradication Program received a \$15 million grant from the Bill & Melinda Gates Foundation.

LOOKING AHEAD

- The Carter Center will continue its efforts to end transmission in the 13 remaining countries outside of Sudan.
- The program will seek to increase interventions in accessible areas of southern Sudan.



VILLAGE HEALTH CARE WORKER MORUFU IKYMOPAYI (RIGHT) TREATS THIS BOY'S KNEE THAT IS INFECTED WITH GUINEA WORM DISEASE. THERE HAS BEEN A 97 PERCENT REDUCTION IN THE NUMBER OF REPORTED CASES OF THE DISEASE SINCE THE CARTER CENTER'S ERADICATION PROGRAM BEGAN IN 1986.



THE CARTER CENTER

DR. MAMAMDOU BATHILY (RIGHT), A PHYSICIAN FROM MALI, VISITED THE CARTER CENTER FOR ITS GUINEA WORM ERADICATION AWARDS CEREMONY JULY 18, 2000. HE DISCUSSED HIS EXPERIENCE IN TREATING PEOPLE WITH GUINEA WORM DISEASE WITH NWANDO DIALLO (SHOWN HERE), SENIOR PROGRAM ASSOCIATE WITH THE GUINEA WORM ERADICATION PROGRAM, WHO TRANSLATED THEIR CONVERSATION.

ON GUINEA WORM'S FRONT LINES

Dodging pelting raindrops and mud puddles, Dr. Mamamdou Bathily scurried to the nearest house in the village. He used to find people sitting in their homes, waiting for the rainy season to pass, in too much pain to work, their limbs blistered and sore. They could only sit and pull out their Guinea worms an inch or so each day for 8 to 10 weeks on average.

Today, Dr. Bathily finds a renewed village in his home in Mali, an African country battling a disease that has been on the Earth for more than 3,000 years. This village was once so infested with Guinea worms that residents could not farm or cook food and children could no longer walk to school.

Today, the village is free of Guinea worm disease, a winning example to those who once told Dr. Bathily he would not win this fight against the disease. "There are just too many cases," he remembers being told.

Dr. Bathily is one of many health care workers on the front line in the fight to eradicate Guinea worm, a disease contracted only by drinking contaminated water. He spends much of his time visiting villages, training volunteers, collecting data, educating villagers about how to avoid becoming infected, and yes, pulling the worms out of infected limbs.

At times, it has been a tiring journey, one of convincing villagers that the disease comes from drinking infected water and not from witchcraft or an angry god, checking water filters for the tiniest of holes, and explaining to villagers why they must prevent anyone with Guinea worms from entering their sources of drinking water.

Despite long hours, Dr. Bathily said he finds "moral satisfaction" in his work. He only has to remember a man he saw on Christmas Eve 1993 to recall his mission.

"He was sitting on the floor with only a pair of shorts on," he said. "He had blisters all over his body. He was crawling on the floor and had lost a lot of weight. By chance, three years later, I was in the same village with a team. This man was directing us to what households we should visit. He said because of us, he is in good health today. He had been crawling for six months, and as head of the household, you can imagine the impact."

Dr. Bathily has worked against Guinea worm since becoming a doctor in 1993. He subsequently joined Mali's special Guinea worm eradication team headed by General Amadou Toumani Touré, the country's former president.

Although Mali is not yet free from Guinea worm disease, and Dr. Bathily works in what used to be the country's most endemic area, there has been very tangible progress. Now, Guinea worm cases in his region are mostly from people who have moved into the area. The number of cases over the past three years has dropped dramatically, and according to a survey, 90 percent of the people in his region understand the origin of the disease, he said.

"In public health, you have to come across to them as well versed," he said. "We have to have compassion and intelligence to resolve problems. We want to change the behavior of people. We must have courage. We must have patience."

MISSION

Demonstrate in a pilot project in Nigeria that lymphatic filariasis (*elephantiasis*) can be eliminated in Africa. Lymphatic filariasis is a mosquito-borne parasitic infection that causes grotesque deformation of limbs and genitals. A single, annual, oral dose of combined therapy of Mectizan®, donated by Merck & Co., and albendazole, donated by GlaxoSmithKline, can stop the parasite's transmission.

HIGHLIGHTS OF 1999-2000

- The Nigerian Ministry of Health, assisted by The Carter Center, launched treatment and health education for lymphatic filariasis in Plateau and Nasarawa states in March 2000. Six months later, 19,573 people received treatment for the disease in Akwanga and Pankshin Local Government Areas (LGAs).
- The Federal Ministry of Health and Global 2000 jointly developed health education materials based on results of a 1999 Knowledge, Attitudes, and Practices survey.
- In collaboration with the Centers for Disease Control and Prevention, the program established baseline data through entomological surveys that will help determine the impact of combined treatment on the transmission of lymphatic filariasis.

LOOKING AHEAD

- The Carter Center plans to assist the Federal Ministry of Health in Nigeria to expand interventions against lymphatic filariasis to approximately 760,000 people in 2000-2001.
- The program plans to continue surveys to evaluate the impact of the chemotherapy on transmission.



J.D. Scott

(L-R) LAKWAK MICHAEL, NAKUM MAGES, AND NAMRAK PUSYO OF THE MUNGKOHOT VILLAGE IN PLATEAU STATE OF NIGERIA SHOW THE VARYING STAGES OF LYMPHATIC FILARIASIS.

MISSION

Reduce the burden of river blindness (*onchocerciasis*) in assisted areas of Africa until it is no longer a major public health concern, and eliminate the disease throughout Latin America by 2007. River blindness is a debilitating disease spread by the bite of blackflies. It causes blindness and severe skin disease in millions of people in Africa and Latin America. An oral dose of Mectizan[®], donated by Merck & Co., given once or twice each year can control the disease.

HIGHLIGHTS OF 1999-2000

- A \$16 million gift from the Lions Clubs International Foundation for the Lions-Carter Center SightFirst Initiative in October 1999 will assist Carter Center blindness prevention programs (river blindness and trachoma) in Africa, Latin America, and the Middle East.
- As of September 2000, The Carter Center's Global 2000 River Blindness Control Program (GRBP) has assisted in treating 4,136,741 people. Since 1996, The Carter Center has helped distribute more than 25 million treatments of the drug Mectizan.
- The Carter Center expanded the GRBP into Ethiopia and assisted the Ministry of Health in its application to gain funding from the African Program for Onchocerciasis Control.
- The Onchocerciasis Elimination Program for the Americas, which The Carter Center administratively supports, completed draft criteria for the World Health Organization (WHO) certification of elimination of river blindness in the Americas.

LOOKING AHEAD

- The Carter Center will begin to assist Ethiopia's Ministry of Health with treatment and health education activities in 2001.
- GRBP will help the ministries of Health in Brazil, Guatemala, and Venezuela to extend treatments to most of the targeted populations in their respective countries.
- The Carter Center and WHO will convene a conference to explore the potential eradicability of river blindness.



IT IS COMMON IN PARTS OF AFRICA AND LATIN AMERICA FOR CHILDREN TO LEAD THEIR BLIND ELDERS BY A STICK.

GREAT CHANCES FOR CHANGE

Drinking water, dawdling along a riverbank, or rubbing your eyes could lead to a tragic chain of life-altering events, depending on which part of the world you live in.

In sub-Saharan Africa, a formidable foe is Guinea worm disease, an illness that results from drinking contaminated water. If you call the riverbanks home in Africa, Latin America, or the Arabian Peninsula, blackflies also may reside there, waiting to bite and cause river blindness. Live in practically any developing country, and you could contract trachoma, the world's leading cause of preventable blindness, by wiping your child's infected eyes and then rubbing your own.

A worm, a fly, and bacteria have driven The Carter Center, various ministries of Health, and many international corporate partnerships to work relentlessly in halting the spread of disease. Among those waging battle are two staff members who offer a glimpse of their work's impact.

Diallo's Duty

An invitation from former Global 2000 Director Andy Agle to visit The Carter Center became a job offer for Nwando Diallo, senior program associate for the Guinea Worm Eradication Program.

The 1994 Princeton University graduate and Lagos, Nigeria, native contacted the Center because of its commitment to helping people in Africa.

"My job includes regularly checking in with the countries to find out what they need, what problems they are having, and how we can help," says Diallo. "When I began to organize and attend meetings within the program areas, this gave me an opportunity to meet the people working in affected countries and allowed me to feel even more connected."

Seeing various countries win their battles against Guinea worm disease was a highpoint for Diallo and her colleagues during a July 2000 ceremony at The Carter Center. The event honored Cameroon, Chad, India, Kenya, Pakistan, Senegal, and Yemen with a specially commissioned statute for successfully eradicating all cases of indigenously transmitted Guinea worm.

Today, there are fewer than 100,000 Guinea worm cases worldwide, down from more than 3.2 million cases in 1986 when the Center first launched its offensive against the disease.

"It is a great feeling to know that this disease can be beat and that some countries already have succeeded," Diallo says. "When Senegal reached zero cases, I thought, 'How many others can reach it as well?' Also, being able to help people in my native country is a benefit that is just immeasurable to me. I believe that within the next two to three years, we will see the end of Guinea worm disease."



NWANDO DIALLO

NADARA WADE

Mathai's Perspective

Wanjira Mathai, senior program officer of the Global 2000 River Blindness Program, has been with the program since its inception in 1996. She joined the effort after obtaining a master's degree from the Emory University Rollins School of Public Health and interning with the Guinea Worm Eradication Program.

"River blindness affects the community's economic viability as adults become unable to work or care for the children," says Mathai, a native of Nairobi, Kenya. "Often entire villages are forced to abandon fertile bottomland near rivers, where the vector blackflies breed."

Since 1996, the River Blindness Program has provided more than 26 million treatments. A recently expanded partnership with the Lions Clubs International Foundation and the Hilton Foundation has created the Lions-Carter Center SightFirst Initiative that will strengthen and sustain river blindness control activities. In addition, Merck & Co. donates the drug Mectizan® to prevent skin and eye disease from developing in people who are infected.

"Improving the health of the community also improves their lives economically, so everyone benefits," explains Mathai. "It's very exciting to see the success in the Guinea worm and River Blindness programs, and to know that our new projects — trachoma, schistosomiasis, and lymphatic filariasis — will benefit from the lessons we've learned."



WANJIRA MATHAI

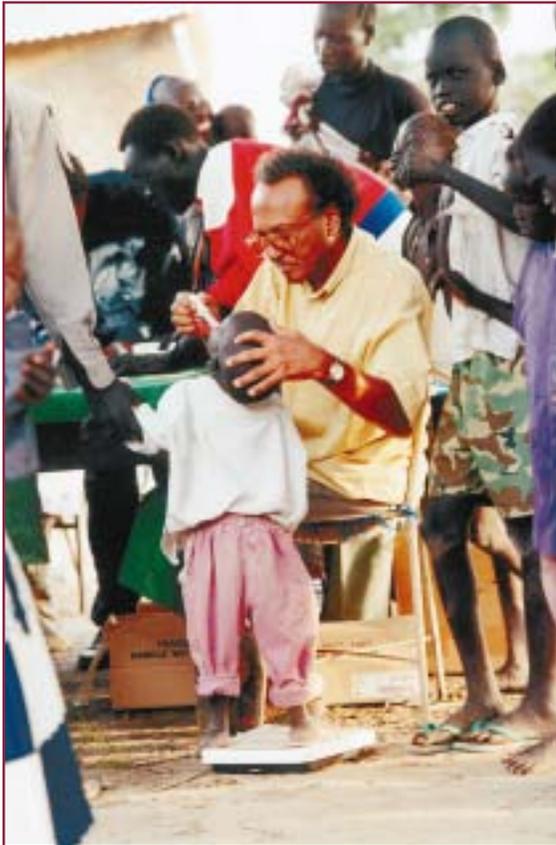
THE CARTER CENTER

MISSION

Assist global efforts to control trachoma in selected countries through community-based interventions, operations research, and advocacy. Trachoma is the world's leading cause of preventable blindness that most likely results from repeated bacterial infection over several years. Patients build up scar tissue on the inside of their eyelids, eventually causing the eyelids to turn inward. Constant rubbing of the eyelashes against the eye produces painful corneal problems and sometimes irreversible blindness. Simple face and hand washing can prevent the disease from spreading. About 6 million people, mostly women, are blind from trachoma. Another 540 million, almost 10 percent of the world's population, are at risk. The Carter Center has begun a program to help curtail trachoma in six African countries and Yemen.

HIGHLIGHTS OF 1999-2000

- The Conrad N. Hilton Foundation previously contributed \$13.6 million to The Carter Center to fight trachoma.
- During an October 1999 visit to Ferekoroba, Mali, President and Mrs. Carter met villagers affected with various stages of trachoma. Former Malian head of state General Amadou Toumani Touré accompanied the Carters and co-signed with President Carter a trachoma agreement on behalf of the Malian government. The Trachoma Control Program (TCP) will begin in three regions in Mali and eventually include all areas.



J. ZINGESER

PROFESSOR MAMOUN HOMEIDA, CHAIRMAN OF THE NATIONAL ONCHOCERCIASIS TASK FORCE, ADMINISTERS ZITHROMAX™ TO THIS CHILD IN JULY 2000, LAUNCHING THE SUDANESE TRACHOMA CONTROL PROGRAM.

- A \$16 million grant from the Lions Clubs International Foundation for the Lions-Carter Center SightFirst Initiative in October 1999 will assist Carter Center blindness prevention programs in Africa, Latin America, and the Middle East. This grant allowed The Carter Center to expand its TCP to Ethiopia and Sudan.
- The Carter Center, with Helen Keller International, helped Niger's Ministry of Health to begin interventions in 30 endemic villages to date. Sudan's Ministry of Health launched its TCP, aided by the Lions-Carter Center SightFirst Initiative and a special donation of Zithromax™ from Pfizer in August 2000. Nearly 11,000 people have received treatment.
- The Carter Center held the first Trachoma Control Program Review in February 2000 and launched a new joint blindness prevention newsletter, *Eye of the Eagle*, featuring its trachoma and river blindness control activities.

LOOKING AHEAD

- The Carter Center will help begin interventions to control trachoma in Ghana and Mali, and extend interventions in Niger and Sudan.
- The TCP will help initiate trachoma control activities in Ethiopia, Nigeria, and Yemen.

MISSION

Demonstrate the integration of urinary schistosomiasis control through a pilot program, using health education and drug treatment, with ongoing community treatment of river blindness and lymphatic filariasis in Nigeria. Schistosomiasis (*bilharzia*) is a debilitating parasitic disease that people contract when entering water that has been contaminated with human urine and excrement. It infects mostly school-aged children who consequently may suffer from bloody urine, poor growth and development, bladder dysfunction, and kidney disease. A single, oral, annual dose of praziquantel can control the disease.

HIGHLIGHTS OF 1999-2000

- The first statewide treatments with the drug praziquantel began in October 1999 in Plateau and Nasarawa States in central Nigeria. By the end of August 2000, 52,480 people had received treatment for schistosomiasis.
- Medochemie Company of Cyrus donated 50,000 praziquantel tablets to the schistosomiasis initiative, as did Bayer Pharmaceuticals of Germany. The Shin Poong Pharmaceutical Company of South Korea also contributed 50,000 tablets and pledged future praziquantel donations.

LOOKING AHEAD

- The Carter Center plans to assist the Federal Ministry of Health in Nigeria to continue to expand interventions against schistosomiasis in 2000-2001.
- Efforts to encourage donations of praziquantel will continue.



J.D. Scott

PORING OVER DOSAGE RECORDS IN NIGERIA'S MUNGKOHOT VILLAGE IN PLATEAU STATE, THIS HEALTH CARE WORKER DISPENSES DONATED PRAZIQUANTEL TABLETS TO PREVENT URINARY SCHISTOSOMIASIS.

MISSION

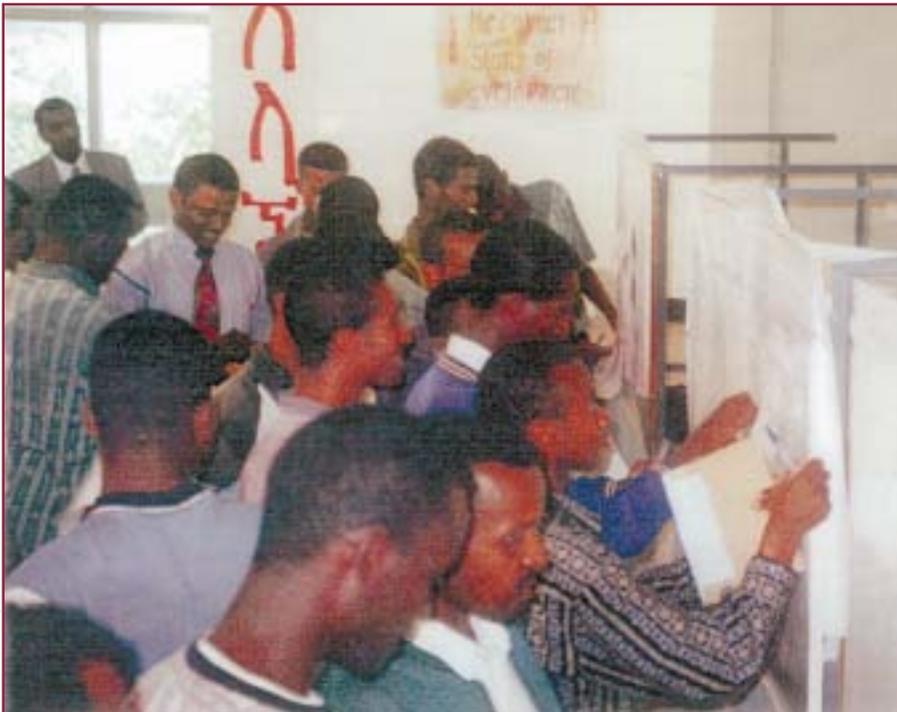
Collaborate with Ethiopian officials and teaching staff to design curricula and strengthen teaching capacities for practical training of health care workers in more than 500 Ethiopian community health centers. This undertaking is part of the Ethiopian government's plan to open more health centers, rebuilding fundamental health care for millions of villagers located in rural communities.

HIGHLIGHTS OF 1999-2000

- Assisting Ethiopian partners since September 1997, The Carter Center has facilitated five workshops and produced early working drafts of 10 training modules on topics such as malaria, diarrhea and dehydration, pneumonia, measles, HIV/AIDS, syphilis, tuberculosis, trachoma, ascariasis, and protein energy malnutrition.
- The Ethiopia Public Health Training Initiative (EPHTI) has provided equipment and supplies to each college for producing training and classroom materials, including one desktop computer with a printer, one photocopier, reference books, computer software, and subscriptions for nine internationally published journals.
- The United States Agency for International Development (USAID) and the Ethiopian Ministry of Education approved a grant in September 2000 for \$5.3 million over three years to fund EPHTI activities. Additionally, there was a \$600,000 grant over three years from the Packard Foundation and other smaller donations.

LOOKING AHEAD

- A learning environment is emerging in which junior- and mid-career teachers can become more effective and simultaneously create appropriate learning materials for Ethiopian health training programs.
- The EPHTI will publish the first sets of revised modules and manuals as standard training materials in Ethiopia.
- Other countries where trachoma is endemic may adapt the trachoma module for their use.



DENNIS CARLSON, M.D.

CORE COURSE STUDENTS IN ETHIOPIA EVALUATE HOW TO RECOGNIZE, TREAT, AND PREVENT PNEUMONIA BASED ON WORKSHOP PANELISTS' PRESENTATIONS.



BUILDING HOPE



RECK DIAMOND

MISSION

Work to end hunger in developing countries, helping farmers to triple and quadruple crop yields by using modern agricultural technologies. Global 2000 collaborates with the Sasakawa Africa Association in the sub-Saharan countries of Benin, Burkina Faso, Ethiopia, Ghana, Guinea, Mali, Malawi, Mozambique, Nigeria, Tanzania, and Uganda. Through this joint effort, known as Sasakawa-Global 2000 (SG 2000), local agricultural extension agents work side-by-side with farmers, teaching them how to use high-yielding seeds, fertilizers, and improved farming methods to grow more maize, wheat, and other grains. Farmers also learn how to successfully store their harvest and develop viable commercial markets for their grain.

HIGHLIGHTS OF 1999-2000

- While about 600,000 Ethiopian farmers have participated directly in the SG 2000 model, more than 3 million are using it due to that government's efforts to expand the program.
- Infant feeding trials with Quality Protein Maize (QPM), maize with extra amino acids, are progressing in Ghana. The studies have established QPM's superiority over normal maize in enhancing infant growth. It also appears that babies who have eaten QPM have fewer incidents of anemia, diarrhea, malaria, and measles. In addition, mothers are being taught the importance of proper nutrition, micronutrients, and immunizing their children against diphtheria, measles, pertussis, polio, tetanus, and tuberculosis.
- Maize and wheat yields have doubled and tripled with SG 2000 technology in Nigeria.
- A new rice variety debuted in Guinea, along with improved agronomic techniques, to double SG 2000 yields or increase yields six to eight times using traditional methods.

LOOKING AHEAD

- The Agriculture Program will promote QPM production and usage more vigorously.
- Collaborating more with the International Fertilizer Development Center, the program will help determine a more efficient distribution and use of fertilizer, beginning with Uganda.
- The program will work more in partnership with the International Center for Research in Agroforestry to improve soil fertility through nutrient accumulating tree and shrub species.
- The program will assist the World Bank in linking research with extension, integrating small farmers with markets and stimulating dialogue and cooperation among donors, nongovernmental organizations, and the private sector.



SWIRTMAY GHOSH

THE CARTERS JOIN THE GONIN GORA WOMEN'S CO-OP SOCIETY IN KADUNA STATE, NIGERIA, TO CELEBRATE THE PROSPECT OF THEIR NEWLY PLANTED SOYBEAN CROP IN JULY 2000.

VIEW FROM THE FIELD

An SG 2000 coordinator wrote this letter about how an altered farming method changed a Nigerian farmer's harvest – and his mind.

One of the large-scale farmers in Saminaka, Lere Zone, Kaduna State, Nigeria, who thought that the Management Training Plot (MTP) approach was meant for small-scale farmers, decided to join the SG 2000 MTP approach in 1998. The zonal coordinator and extension staff were happy to assist him, as he was a big catch.

The land was measured and input was all gotten for the take-off of the program. At harvest time, a total yield of 400 bags [of maize], weighing 100kg each, was the result.

The following year, [the farmer] complained that the fertilizer application and planting methods were

tedious and the cost of hybrid seed was too costly. He then reverted to traditional farming.

At harvest in 1999 on the same piece of land using his traditional practice, he ended up with only 200 bags weighing 100kg.

During the 2000 wet season, the same farmer came during a pre-season farmers' training and confessed to the SG 2000 staff. He realized his past mistake. Many of the large-scale farmers are now inviting SG 2000 extension agents before embarking on any operations in their farms.

Hassan A. Hamidu
KADP/SG 2000 Coordinator
Kaduna State, Nigeria

MISSION

Promote public awareness and recognition of the growing body of medical evidence that mental illnesses are biochemical in nature and not a matter of the sufferer's willpower. The Mental Health Program addresses public policy issues through The Carter Center Mental Health Task Force, which identifies major mental health issues, convenes meetings, and develops initiatives to reduce stigma and discrimination against people with these diseases and to improve their quality of life. The program also seeks to advance mental health promotion, mental illness prevention, and early intervention in children and their families. The annual Rosalynn Carter Symposium on Mental Health Policy provides an opportunity for national mental health leaders to coordinate their efforts on issues of common concern. The symposia have examined such topics as collaboration with schools to foster children's mental health and promoting positive and healthy behaviors in children.

HIGHLIGHTS OF 1999-2000

■ In November, the program conducted the Fifteenth Annual Rosalynn Carter Symposium on Mental Health Policy – Setting the Stage for the Surgeon General's Report. Deputy Surgeon General Kenneth Moritsugu offered leaders of the nation's mental health organizations a preview of the first *U.S. Surgeon General's Report on Mental Health* during remarks at The Carter Center.

■ The Rosalynn Carter Georgia Mental Health Forum was held in May 2000 for state mental health organizations. Mrs. Rosalynn Carter and the surgeon general presented the "The Surgeon General's Report on Mental Health: Taking Action." The event was simulcast by satellite downlink nationwide and available on webcast.

■ The program conducted the annual meeting of the Rosalynn Carter Fellowships for Mental Health Journalism in September 2000. The 1999-2000 journalism fellows presented their completed projects and the program accepted the 2000-2001 fellows' project proposals.

■ The advisory board for the Rosalynn Carter Fellowships for Mental Health Journalism added two new members: Ellen Mickiewicz of Duke University and Sheila Tefft of Emory University. These appointments will enhance the fellowship program and expand it to include international journalists.

■ The Carter Center Mental Health Program played a key role in organizing meetings for the Centers for Disease Control and Prevention (CDC) mental health researchers. These meetings, held at The Carter Center, resulted in official CDC recognition of a mental health working group that has been granted space on the CDC Web site and now meets regularly.



PEGGY COZART

STANDING WITH MRS. CARTER ARE THE 2000-2001 MENTAL HEALTH JOURNALISM FELLOWS (L-R): NELL CASEY, A NEW YORK FREE-LANCER; HELEN DEMERANVILLE AND HUSBAND CARL GINSBURG, NEW YORK FREE-LANCERS; GEORGE WEHRFRITZ OF NEWSWEEK IN TOKYO; MONICA BRADY OF WBUR-FM IN BOSTON; ROBERT LANDAUER OF THE OREGONIAN IN PORTLAND; AND MICHAEL ISIP OF KVIE-TV IN SACRAMENTO.

LOOKING AHEAD

■ Continue to pursue the goals of reducing stigma, achieving parity of insurance coverage, promoting awareness, and addressing public policy issues through educational meetings and symposia, and developing mental health initiatives.

■ Plan for the 2000 Rosalynn Carter Symposium, which will bring national mental health organizations together to preview the supplemental *U.S. Surgeon General's Report on Mental Health: Ethnic Minorities and Mental Health*.

■ Continue to assist the World Federation for Mental Health in organizing an international conference to take place at The Carter Center. The Inaugural World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioral Disorders will be held Dec. 5-8, 2000.

■ Begin the search for the Rosalynn Carter Endowed Chair in Mental Health at the Rollins School of Public Health at Emory University.

■ Develop a Web site to archive the journalism fellows' accomplishments and publicize this successful program.

DEALING WITH “A FRONTIER MIND-SET”

Life has not been easy for Suzanne Hopkins, whose lifelong battle with mental illness contributed to an alcohol and a methamphetamine addiction.

Unemployed and homeless in Los Angeles, Hopkins, who as a child had been diagnosed and treated for depression, was invited a few years ago by her sister to live with her and her family in Lewistown, Mont. There the middle-aged widow started getting herself together by joining Alcoholics Anonymous. More important, she saw a psychiatrist in Billings who diagnosed her as having attention deficit disorder. The medicine she takes for that illness, along with prescription anti-depressants, also has helped her successfully deal with her addictions.



PAT BELLINGHAUSEN, A REPORTER FOR MONTANA'S BILLINGS GAZETTE, PRODUCED A NINE-PART SERIES TITLED “A FRONTIER MIND-SET” ABOUT PEOPLE'S MENTAL HEALTH STRUGGLES IN SMALL COMMUNITIES. BELLINGHAUSEN WAS A 1999-2000 MENTAL HEALTH JOURNALISM FELLOW.

Hopkins has come a long way in her recovery. Though still unemployed, she belongs to a garden club and attends a weekly Bible study class. She also has evolved as a champion of mental health issues, becoming president of the newly formed Lewistown chapter of the National Alliance for the Mentally Ill.

Hopkins is one of hundreds of interviewees that *Billings Gazette* Assistant Editor Pat Bellinghausen met for her nine-part series on mental health in rural communities. The *Gazette* published this series, “A Frontier Mind-set,” on nine successive Sundays this past summer. A \$10,000 Rosalynn Carter Fellowship for Mental Health Journalism funded the months of research behind the project. Bellinghausen was one of six award recipients for 1999-2000.

The series also represented a substantial commitment from the newspaper, which has a circulation of 50,000.

“I went to some conferences and I visited towns of a few hundred people, counties of a few thousand — farming and ranching communities in Montana and Wyoming — and talked to mental health providers and especially people who have mental illnesses,” says Bellinghausen, who logged 3,000 miles during the project. “I found out how they were living with their mental illness, where they got care, what they didn't get that they needed, how they got along with their community, what was important to them, and how they got jobs or didn't get jobs.”

One of the most surprising discoveries, she says, was that “some people were doing as well as they are.” In those best-case situations, the rural or small-town environment is supportive.

“There's a sense of, ‘This person is a part of our community, our family, and we're going to take care of him,’” she explains.

Obstacles: availability, access, stigma

But for the majority of people with mental illnesses, finding help is difficult. Availability and access to services are two related issues of particular significance in rural areas, where the closest mental health care provider could be hundreds of miles away. In fact, there were no psychiatrists whatsoever in the extensive area Bellinghausen covered.

“The family doctor is basically the mental health provider *de facto*,” Bellinghausen says. “Some of them do an excellent job, and some of them really don't want to deal with mental health problems.”

Telemedicine — a two-way videoconference between a doctor and patient — offers tremendous potential in bringing health care to remote areas, Bellinghausen wrote. But currently, deployment of the technology is extremely limited.

Probably the most challenging barrier facing people with mental illnesses in small towns dotting rural Montana and Wyoming is the stigma associated with such conditions. Rural communities have distinctive personalities, Bellinghausen says, and while one may exhibit a supportive atmosphere for neighbors with mental health problems, another may not be as accommodating. In either case, people in small towns tend to know one another's business, making lack of confidentiality an important inhibition to seeking professional help.

“You may not want your neighbors to know that you have a mental illness or you're seeking treatment for it,” she says. “Some people will drive out of town to see a counselor even if one comes to their town because they don't want the neighbors to see their truck parked at the mental health clinic.”

On the other hand, Bellinghausen visited communities where residents have little reserve about visiting mental health counselors or participating in support groups, though they often still do not want to share their problems with neighbors.

Native Americans' concerns more complex

Native Americans living on reservations in Montana and Wyoming face the same basic mental health issues — access, stigma, and confidentiality — as their neighbors, Bellinghausen reports. But a complex interaction of many other concerns compounds their problems. A much higher-than-average incidence of poverty, drug abuse, domestic violence, and physical disease make it difficult to separate mental health from other urgent social and medical issues.

And while each tribe or community has its distinct concerns and customs, many Native Americans distrust white people, especially when they are bringing some new idea they say will help the native population.

“In some communities, it's an uphill battle to have people trust mental health professionals,” Bellinghausen says. One key is to develop a program that works within the framework of the indigenous culture.

“One community I visited has a tribal elder who is part of their mental health program staff,” she explains. “He is respected in the community and puts people in touch with sweat lodges or other traditional healing, spiritual approaches this Native American group uses. Respecting tribal traditions and combining professional and traditional aspects of mental health is helpful in this community.”

MISSION

Offer diverse opportunities to undergraduate juniors and seniors, recent graduates, and graduate/professional students interested in contemporary international and domestic issues. Interns often work with visiting diplomats and scholars, combining academic study with real-world experience. The Carter Center offers internships year round, for which qualified, selected applicants may receive academic credit through their college or university.

HIGHLIGHTS OF 1999-2000

- Eighty-four highly talented and motivated interns representing 20 countries, who collectively spoke 19 different languages, served as interns.
- For the first time, the Center was able to offer financial aid to every individual demonstrating need through a three-year grant from the Goizueta Foundation.
- For the seventh year, *The Princeton Review* recognized the Center's Internship Program as one of America's best.

LOOKING AHEAD

- To date, the Center has trained more than 1,650 interns, representing approximately 300 colleges and universities. The Center looks forward to increasing its international representation via Fulbright and Yoshida foundations publications. Currently, the Center has two Yoshida scholars.
- Beginning spring 2000, the Center will require a 20-hour per week/15-week commitment from new interns, instead of the traditional 15-hour/12-week commitment. The additional time allows the interns to become truly engaged with the Center's work.
- Educational Programs anticipates expanding its intern travel opportunities to include various long-term placement options. During 1999-2000, 18 interns participated in short-term missions at 14 locations to support the Center's programs and initiatives. Those locations included Albania, East Timor, Ecuador, Kenya, Mozambique, and Sweden.



KAY HINTON

THE SUMMER 1999 INTERN CLASS POSES WITH THE CARTERS AND OTHER STAFF MEMBERS.

AN INTERN'S LIFE-CHANGING EXPERIENCE

While helping Albanians develop a direction for their country, Alexious Butler also discovered a career-shaping purpose for herself.

This past spring, The Carter Center selected Butler for an internship with its Global Development Initiative (GDI). Most of her work centered on the National Development Strategy (NDS) effort in Albania and included a visit to that country to help re-start the NDS process there.

"When I accepted the internship, I wasn't sure what I wanted to do as a career," says the Atlanta native, who earned an undergraduate degree in political science at Duke University. "At The Carter Center, I actually did program work and had a chance to talk to the people who are impacted by economic development programs. I got a feel for how the GDI works and how economic development benefits developing countries."

Butler's assignments included preparing weekly reports that the Center distributed to President Carter and other officials, updating them about activities in countries where the GDI is active. She also prepared the briefing books and appointment schedule for the Albania mission.

The trip's purpose was to gauge interest in re-establishing the NDS process, which had barely lifted off the ground three years ago when economic scandal, a succession of governments, and the conflict in neighboring Kosovo rocked the country. With relative calm restored, The Carter Center met with the Albanian president and prime minister as well as other political leaders, representatives from local nongovernmental organizations, and business leaders.

As the only intern among Center delegates on the two-week trip, Butler stayed busy. "I took notes at all the meetings and transcribed those notes, and helped set up the field office in Tirana," she says.

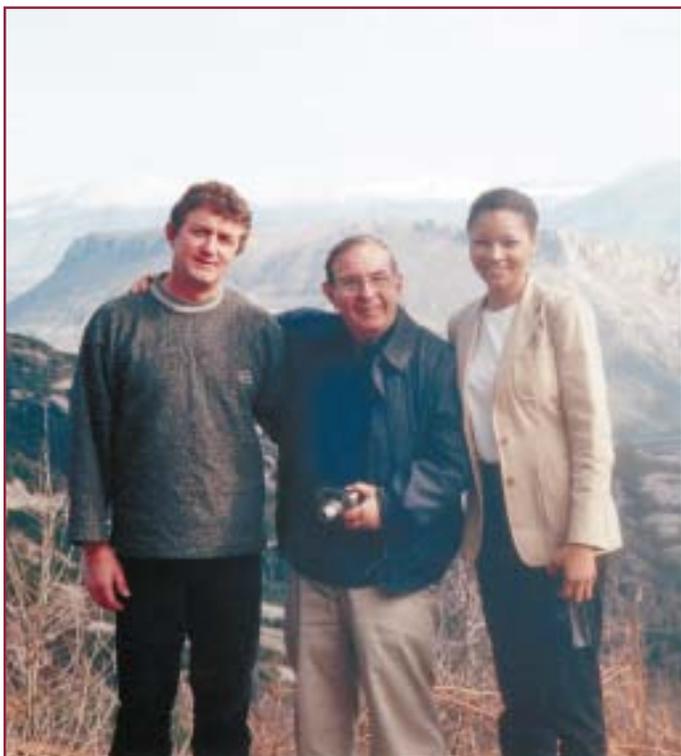
"We found that for the most part everyone agreed that the NDS process could provide a valuable contribution to Albania, and this encouraged us to begin working to set up an office as quickly as possible," she adds.

While most of her time was spent in the capital, Tirana, Butler saw enough of the surrounding countryside to form a lasting impression.

"It's a very beautiful country," she says. "It's still a developing nation, but there are excellent restaurants, stores, Internet cafes, and a good chance that the person you encounter on the street will know enough English to tell you where to find them."

Since her experience, Butler has enrolled in the master's program in international relations at Georgia Tech and plans to make economic development a career. After Tech, she expects to either work toward a Ph.D. or pursue a position with an international development organization such as USAID (the United States Agency for International Development) or CARE.

"I'm definitely interested in developing nations and economies, and particularly in helping with those issues as they affect women and children," she explains. "I guess that sounds very idealistic, but somebody has to be idealistic!"



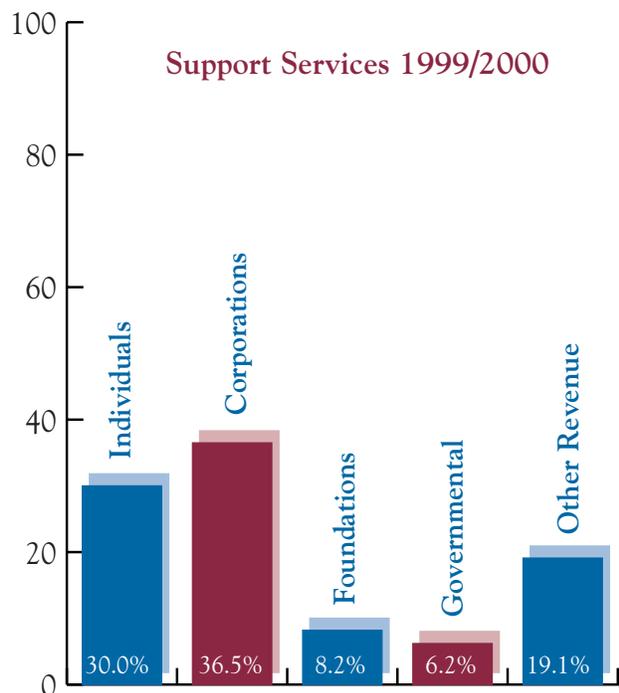
CARTER CENTER INTERN ALEXIOUS BUTLER (RIGHT) PAUSES TO ENJOY ALBANIA'S COUNTRYSIDE WITH ALBANIAN EXPERT PROFESSOR NICHOLAS PANO OF WESTERN ILLINOIS UNIVERSITY (CENTER) AND THEIR DRIVER.

Donations, gifts, and grants are a significant portion of The Carter Center's \$76.3 million cash and in-kind revenues for fiscal year 1999-2000. Center donors include individuals, corporations, foundations, foreign governments, U.S. agencies, and international organizations.

This year, several generous gifts supported The Carter Center's health and peace programs. The **Bill & Melinda Gates Foundation** supported the Center and its partners working to eliminate Guinea worm disease. As the lead organization in coordinating the global Guinea worm eradication campaign, the Center's Global 2000 Program will receive \$15 million of the total \$28.5 million multiyear grant.

The Carter Center's peace programs also received substantial contributions this year. The **Charles Stewart Mott Foundation** pledged a three-year grant of \$750,000 to improve the Center's rapid response in crisis situations and increase the Center's capacity to assess crises. The Mott Foundation has supported the peace programs since 1993. In addition, the latest gift from the **Reebok Human Rights Foundation** will aid the Center's work in human rights. This contribution brings Reebok's cumulative donations to more than \$385,000.

Through the generosity of Atlantan **Beverly Long**, the Rosalynn Carter Endowed Chair in Mental Health will be established at Emory University's Rollins School of Public Health. Long provided the seed money to The Carter Center for the endowed chair – the first ever in mental health policy at a school of public health – in honor of Mrs. Carter and her lifelong commitment to mental health advocacy.



Other individual donors have made financial commitments to the Center through unrestricted donations, qualifying them for membership in either the Legacy Circle or the Ambassadors Circle.

Legacy Circle members pledge support through planned gifts, including bequests, charitable gift annuities, and charitable remainder trusts. Planned gifts allow donors to enjoy the benefits of estate planning, while helping to advance the Center's long-term goals.

"Diane and I decided to establish a charitable remainder trust for The Carter Center because we believe that the Center effectively and efficiently touches more disenfranchised people in the world than any other nongovernmental organization," says **Brent Slay** of Grand Rapids, Mich., a Legacy Circle member. Through their planned gift, the Slays will receive lifetime income and various tax benefits.

The Ambassadors Circle recognizes donors who give \$1,000 or more annually, providing crucial unrestricted funds for the Center's operations and programs.

Donald and Barbara Brodie have donated to The Carter Center each year since 1990. Recently, they involved their entire family in their giving and joined the Ambassadors Circle through the family's Willow Springs Foundation.

"Quite a few of us were supporting The Carter Center, and we decided to work together to make a more substantial gift through the foundation," says Barbara Brodie. "As a family, we're very happy to continue supporting the work of the Center."

Both groups receive special updates on the Center's activities, including President Carter's reports on his international missions, as well as information and analyses by senior program directors. In addition, these donors are invited to the annual Ambassadors Circle and Legacy Circle Executive Briefing and Presidential Reception. There, they hear project updates from program directors, tour the Center, meet other donors, participate in a question-and-answer discussion with the Carters, and attend a special reception hosted by the Carters.

With the commitment and generosity of its many donors, The Carter Center continues to succeed in its mission to wage peace, fight disease, and build hope around the world.

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IN 1999-2000. THEIR ENERGY AND
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ACHIEVE MUCH MORE WITH THE
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FINANCIAL STATEMENTS
AS OF AUGUST 31, 2000 AND 1999
TOGETHER WITH AUDITORS' REPORT

REPORT OF INDEPENDENT PUBLIC ACCOUNTANTS

To The Carter Center, Inc.:

We have audited the accompanying statements of financial position of THE CARTER CENTER, INC. (a Georgia nonprofit corporation) as of August 31, 2000 and 1999 and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of the management of The Carter Center, Inc. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Carter Center, Inc. as of August 31, 2000 and 1999 and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States.

Arthur Andersen LLP

Atlanta, Georgia
October 26, 2000

STATEMENTS OF FINANCIAL POSITION

AUGUST 31, 2000 AND 1999

ASSETS

	<u>2000</u>	<u>1999</u>
CASH AND CASH EQUIVALENTS, including restricted cash of \$7,939,360 and \$7,792,609 in 2000 and 1999, respectively	\$ 22,367,246	\$ 17,664,004
ACCOUNTS RECEIVABLE:		
Due from federal government	602,125	983,490
Other	173,037	159,990
	<u>775,162</u>	<u>1,143,480</u>
PLEDGES RECEIVABLE (Note 3)	<u>10,303,071</u>	<u>10,306,121</u>
INVENTORY	<u>18,230,410</u>	<u>10,420,623</u>
ENDOWMENT INVESTMENTS	<u>137,959,431</u>	<u>109,510,722</u>
PROPERTY, PLANT, AND EQUIPMENT, at cost or fair market value at date of gift, net of accumulated depreciation (Note 4)	<u>12,042,812</u>	<u>12,818,030</u>
ARTWORK	<u>1,448,950</u>	<u>1,294,300</u>
OTHER ASSETS	<u>546,682</u>	<u>410,055</u>
	<u>\$203,673,764</u>	<u>\$163,567,335</u>

LIABILITIES AND NET ASSETS

ACCOUNTS PAYABLE AND ACCRUED EXPENSES	<u>\$ 1,076,842</u>	<u>\$1,878,628</u>
NET ASSETS:		
Unrestricted	104,603,079	87,503,248
Temporarily restricted	28,261,276	20,825,880
Permanently restricted	69,732,567	53,359,579
Total net assets	<u>202,596,922</u>	<u>161,688,707</u>
	<u>\$203,673,764</u>	<u>\$163,567,335</u>

The accompanying notes are an integral part of these statements.

STATEMENT OF ACTIVITIES

FOR THE YEAR ENDED AUGUST 31, 2000

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
REVENUES AND SUPPORT:				
Contributions:				
Operating	\$ 12,327,125	\$ 498,428	\$ 0	\$ 12,825,553
Programs:				
Health	0	10,180,724	0	10,180,724
Peace–international	0	4,456,359	0	4,456,359
Cross-program	0	785,674	0	785,674
In-kind goods and services:				
Health	0	31,659,334	0	31,659,334
Endowment	0	0	16,408,878	16,408,878
	<u>12,327,125</u>	<u>47,580,519</u>	<u>16,408,878</u>	<u>76,316,522</u>
Endowment fund earnings	6,241,832	0	0	6,241,832
Appreciation of restricted endowment investments	7,756,167	0	0	7,756,167
Depreciation of office building	0	0	(35,890)	(35,890)
Facilities use income	498,734	0	0	498,734
Interest and investment income	668,396	43,073	0	711,469
Net assets released from restrictions:				
Health	34,435,539	(34,435,539)	0	0
Peace–international	4,610,458	(4,610,458)	0	0
Peace–domestic	268,556	(268,556)	0	0
Cross-program	281,627	(281,627)	0	0
Operating	592,016	(592,016)	0	0
Total revenues and support	<u>67,680,450</u>	<u>7,435,396</u>	<u>16,372,988</u>	<u>91,488,834</u>
EXPENSES:				
Program:				
Health	34,482,005	0	0	34,482,005
Peace–international	4,302,553	0	0	4,302,553
Peace–domestic	273,956	0	0	273,956
Cross-program	226,024	0	0	226,024
Fund-raising office	5,846,130	0	0	5,846,130
General and administrative	3,364,747	0	0	3,364,747
Common area and depreciation	2,085,204	0	0	2,085,204
Total expenses	<u>50,580,619</u>	<u>0</u>	<u>0</u>	<u>50,580,619</u>
CHANGE IN NET ASSETS	<u>17,099,831</u>	<u>7,435,396</u>	<u>16,372,988</u>	<u>40,908,215</u>
NET ASSETS AT BEGINNING OF YEAR	<u>87,503,248</u>	<u>20,825,880</u>	<u>53,359,579</u>	<u>161,688,707</u>
NET ASSETS AT END OF YEAR	<u>\$104,603,079</u>	<u>\$28,261,276</u>	<u>\$69,732,567</u>	<u>\$202,596,922</u>

The accompanying notes are an integral part of this statement.

STATEMENT OF ACTIVITIES

FOR THE YEAR ENDED AUGUST 31, 1999

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
REVENUES AND SUPPORT:				
Contributions:				
Operating	\$11,544,035	\$ 546,883	\$ 0	\$12,090,918
Programs:				
Health	0	10,301,826	0	10,301,826
Peace–international	0	3,170,547	0	3,170,547
Peace–domestic	0	115,156	0	115,156
Cross-program	0	1,184,566	0	1,184,566
In-kind goods and services:				
Peace–domestic	0	262,816	0	262,816
Health	0	31,366,527	0	31,366,527
Endowment	0	0	9,990,734	9,990,734
	<u>11,544,035</u>	<u>46,948,321</u>	<u>9,990,734</u>	<u>68,483,090</u>
Endowment fund earnings	3,801,293	0	0	3,801,293
Appreciation of restricted endowment investments	3,990,771	0	0	3,990,771
Depreciation of office building	0	0	(35,890)	(35,890)
Facilities use income	503,474	0	0	503,474
Interest and investment income	391,401	120,473	0	511,874
Net assets released from restrictions:				
Health	30,402,761	(30,402,761)	0	0
Peace–international	4,212,574	(4,212,574)	0	0
Peace–domestic	3,635,272	(3,635,272)	0	0
Cross-program	300,828	(300,828)	0	0
Operating	415,837	(415,837)	0	0
Total revenues and support	<u>59,198,246</u>	<u>8,101,522</u>	<u>9,954,844</u>	<u>77,254,612</u>
EXPENSES:				
Program:				
Health	32,960,607	0	0	32,960,607
Peace–international	3,947,365	0	0	3,947,365
Peace–domestic	3,120,135	0	0	3,120,135
Cross-program	257,926	0	0	257,926
Fund-raising office	5,932,207	0	0	5,932,207
General and administrative	3,374,814	0	0	3,374,814
Common area and depreciation	2,095,205	0	0	2,095,205
Total expenses	<u>51,688,259</u>	<u>0</u>	<u>0</u>	<u>51,688,259</u>
CHANGE IN NET ASSETS	<u>7,509,987</u>	<u>8,101,522</u>	<u>9,954,844</u>	<u>25,566,353</u>
NET ASSETS AT BEGINNING OF YEAR	<u>79,993,261</u>	<u>12,724,358</u>	<u>43,404,735</u>	<u>136,122,354</u>
NET ASSETS AT END OF YEAR	<u>\$87,503,248</u>	<u>\$20,825,880</u>	<u>\$53,359,579</u>	<u>\$161,688,707</u>

The accompanying notes are an integral part of this statement.

STATEMENTS OF CASH FLOWS

FOR THE YEARS ENDED AUGUST 31, 2000 AND 1999

	<u>2000</u>	<u>1999</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$40,908,215	\$25,566,353
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	1,182,539	707,578
Increase in fair market value of endowment investments	(7,756,167)	(3,990,771)
Donated artwork	(154,650)	(122,850)
Contributions restricted for investment	(16,150,568)	(7,604,902)
Changes in operating assets and liabilities:		
Accounts receivable	368,318	302,022
Pledges receivable	3,050	(1,735,273)
Inventory	(7,809,787)	(5,729,080)
Other assets	(136,627)	87,856
Accounts payable and accrued expenses	(801,786)	562,380
Medication due to third parties	0	(2,028,000)
Total adjustments	<u>(31,255,678)</u>	<u>(19,551,040)</u>
Net cash provided by operating activities	<u>9,652,537</u>	<u>6,015,313</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of property and equipment, net of related payables	(371,422)	(334,969)
Endowment investments	<u>(20,728,441)</u>	<u>(12,628,543)</u>
Net cash used in investing activities	<u>(21,099,863)</u>	<u>(12,963,512)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Proceeds from contributions restricted for:		
Investment in endowment	16,140,568	7,474,902
Investment in plant	10,000	130,000
Net cash provided by financing activities	<u>16,150,568</u>	<u>7,604,902</u>
NET INCREASE IN CASH AND CASH EQUIVALENTS	<u>4,703,242</u>	<u>656,703</u>
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR	<u>17,664,004</u>	<u>17,007,301</u>
CASH AND CASH EQUIVALENTS AT END OF YEAR	<u>\$22,367,246</u>	<u>\$17,664,004</u>

The accompanying notes are an integral part of these statements.

1. ORGANIZATION AND OPERATION

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

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

Initiatives in Peace--international include preventing and resolving conflict, protecting basic human rights, promoting open forms of media, and monitoring elections in emerging democracies. The Health area strives to improve health in the United States and around the world. Initiatives include eradication of dracunculiasis, control of onchocerciasis ("river blindness"), mental health reform, and collaborations between congregations and public health agencies. CCI discontinued its program efforts in Peace--domestic at the end of fiscal year 1999. Peace--domestic focused its efforts on helping the city of Atlanta's neediest communities gain access to the resources they needed to address the problems that most concerned them. Experiences were then communicated to other interested communities throughout the country.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND OTHER MATTERS

Contributions

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

CCI records gifts of land, buildings, and equipment as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of 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: (1) the services received or to be received create or enhance nonfinancial assets or (2) 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. TAP was discontinued at the end of fiscal year 1999.

The components of donated goods and services for the years ended August 31, 2000 and 1999 are as follows:

	2000	1999
Health:		
Water filtration material and chemicals	\$ 261,630	\$ 541,912
Medication	31,397,704	30,673,000
Transportation	0	151,615
Peace--domestic:		
Loaned executives	0	156,000
Operating expenses and utilities	0	106,816
Total	<u>\$31,659,334</u>	<u>\$31,629,343</u>

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 parties 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, 2000 and 1999, unrestricted net assets are as follows:

	<u>2000</u>	<u>1999</u>
Unrealized gain on restricted endowment investments	\$ 56,677,928	\$48,921,761
Designated by the board of trustees for maintenance of property and equipment	500,000	500,000
Designated by management as an addition to:		
Endowment investments	19,728,689	14,522,108
Program funds	208,885	1,483,026
Undesignated	<u>27,487,577</u>	<u>22,076,353</u>
Total	<u>\$104,603,079</u>	<u>\$87,503,248</u>

The board of trustees has authorized the designation of a portion of the unrestricted net assets for maintenance of property and equipment. The annual designation amount is \$116,000. During 2000, the board's executive committee decided to limit the Plant Maintenance Fund to a maximum of \$500,000.

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, 2000 and 1999, temporarily restricted net assets are available for the following purposes:

	<u>2000</u>	<u>1999</u>
Health	\$20,682,387	\$13,269,666
Peace-international	2,802,906	2,213,199
Peace-domestic	0	156,529
Cross-program	2,814,786	3,131,701
Time-restricted	1,961,197	2,054,785
Total	<u>\$28,261,276</u>	<u>\$20,825,880</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.

Reclassifications

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

Use of Estimates

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

3. PLEDGES RECEIVABLE

Pledges are recorded as of their pledge dates at the net present value of their estimated future cash flows. The amount of periodic amortization of the discount is recorded in subsequent periods as contribution income according to each respective donor-imposed restriction, if any. Pledges receivable as of August 31, 2000 and 1999 are classified as follows:

	<u>2000</u>	<u>1999</u>
Unrestricted:		
Operating	\$48,413	\$48,413
Temporarily restricted:		
Peace—international	19,230	0
Peace—domestic	35,000	130,000
Health	207,890	299,896
Construction	299,524	309,524
Time-restricted	1,961,197	2,054,785
Permanently restricted:		
Endowment	7,731,817	7,463,503
Total	<u>\$10,303,071</u>	<u>\$10,306,121</u>

The anticipated receipts of these receivables are as follows at August 31, 2000 and 1999:

	<u>2000</u>	<u>1999</u>
Less than one year	\$ 4,192,815	\$ 3,257,151
One to five years	6,198,215	7,092,551
Five to ten years	682,207	953,046
Less unamortized discount	(770,166)	(996,627)
	<u>\$10,303,071</u>	<u>\$10,306,121</u>

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

4. PROPERTY, PLANT, AND EQUIPMENT

The components of property, plant, and equipment, which, except for land, are depreciated on a straight-line basis, are as follows at August 31, 2000 and 1999:

	<u>2000</u>	<u>1999</u>	<u>Useful Lives</u>
Land	\$ 296,732	\$ 296,732	N/A
Buildings	15,581,071	15,581,071	30 years
Grounds and land improvements	689,342	723,997	10 years
Furniture and fixtures	1,299,246	1,262,143	5 to 10 years
Office equipment	1,094,300	1,522,419	5 years
Computer equipment	862,474	842,607	3 to 5 years
Vehicles	1,409,836	1,409,836	3 years
Building improvements	589,523	517,108	15 years
	<u>21,822,524</u>	<u>22,155,913</u>	
Less accumulated depreciation	<u>(9,779,712)</u>	<u>(9,337,883)</u>	
	<u>\$12,042,812</u>	<u>\$12,818,030</u>	

5. INVESTMENTS

As of August 31, 2000 and 1999, 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 \$80,361,453 and \$59,633,012 as of August 31, 2000 and 1999, respectively.

CCI purchased an office building with endowment funds during 1990. As of August 31, 1999, the building was substantially occupied by CCI program and department staff. Accumulated depreciation on this investment was \$376,144 and \$340,254 as of August 31, 2000 and 1999, respectively.

6. LEASES

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

7. THE ATLANTA PROJECT PROGRAM HEADQUARTERS LEASE

CCI leased 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 was 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 became 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.

Prepaid rent was 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 \$33,500 during the year ended August 31, 1999. CCI vacated this space at the end of fiscal year 1999 when program efforts for TAP were discontinued.

8. SCHEDULE OF FUNCTIONAL EXPENSES

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

2000

	Program Expenses			Supporting Expenses			Total Expenses 2000	
	Health	Peace- International	Peace- Domestic	Cross- Program	Fund- Raising	Administrative Costs		Common Area and Depreciation
Salaries	\$ 3,559,542	\$1,633,950	\$ 0	\$176,540	\$1,087,017	\$2,220,808	\$ 513,821	\$ 9,191,678
Consulting	492,791	464,597	13,305	3,183	454,191	238,961	6,800	1,673,828
Communications	370,231	270,296	1,687	13,468	1,906,015	245,788	17,672	2,825,157
Other services	486,466	233,111	885	2,647	1,532,410	112,945	197,724	2,566,188
Supplies	22,781,516	87,170	2,529	4,109	32,333	52,083	65,423	23,025,163
Travel/meetings	1,362,975	1,240,828	0	26,077	394,978	50,686	3,312	3,078,856
Other	2,939,845	115,246	0	0	439,186	443,476	1,280,452	5,218,205
Grants	2,488,639	257,355	255,550	0	0	0	0	3,001,544
	<u>\$34,482,005</u>	<u>\$4,302,553</u>	<u>\$273,956</u>	<u>\$226,024</u>	<u>\$5,846,130</u>	<u>\$3,364,747</u>	<u>\$2,085,204</u>	<u>\$50,580,619</u>

1999

	Program Expenses			Supporting Expenses			Total Expenses 1999	
	Health	Peace- International	Peace- Domestic	Cross- Program	Fund- Raising	Administrative Costs		Common Area and Depreciation
Salaries	\$ 3,721,911	\$1,487,087	\$1,170,436	\$169,493	\$1,290,484	\$2,189,841	\$ 520,393	\$10,549,645
Consulting	575,570	516,876	351,587	387	579,623	212,947	14,890	2,251,880
Communications	381,114	236,651	113,444	21,031	1,912,683	245,748	16,751	2,927,422
Other services	460,937	183,074	37,571	2,788	1,547,047	133,430	171,844	2,536,691
Supplies	22,286,319	174,542	34,060	5,098	58,858	56,412	45,954	22,661,243
Travel/meetings	1,423,927	1,158,018	122,912	59,129	344,310	53,361	3,803	3,165,460
Other	1,504,850	97,629	166,225	0	199,202	483,075	1,321,570	3,772,551
Grants	2,605,979	93,488	1,123,900	0	0	0	0	3,823,367
	<u>\$32,960,607</u>	<u>\$3,947,365</u>	<u>\$3,120,135</u>	<u>\$257,926</u>	<u>\$5,932,207</u>	<u>\$3,374,814</u>	<u>\$2,095,205</u>	<u>\$51,688,259</u>



DAVID STANHOPE

WHAT IS THE CARTER CENTER?

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

WHAT IS THE 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. 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 ARE THE CENTER'S MAJOR INITIATIVES?

Peace

The Center’s peace programs promote world peace by:

- Observing multiparty elections in more than 20 countries to promote democracy.
- Seeking peaceful solutions to civil conflicts in places such as Haiti, the Korean Peninsula, Nicaragua, Sudan, and Uganda.
- Promoting democracy and economic cooperation in the Western Hemisphere.
- Preventing human rights violations worldwide.
- Strengthening human rights and economic development in emerging democracies.

Health

The Center’s health programs fight disease and hunger by:

- Leading a worldwide campaign that has achieved 97 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 27 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.
- Helping more than 1 million farm families in Africa double, triple, or quadruple their yields of maize, wheat, and other grains using new growing methods and improved seed varieties.

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 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 44.) The board of councilors serves to promote understanding of and support for The Carter Center through prominent regional and local leaders. (Members are listed on Page 46.)

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 1999-2000 budget with donations of cash and materials totaling approximately \$76.3 million. The Jimmy Carter Library and Museum, which adjoins the Center, also were built with private funds. They were deeded to the federal government after construction.

The Carter Center Inc. is a 501(c)(3) charitable organization, and contributions by U.S. citizens and companies are tax-deductible as allowed by law. To make a donation by cash or credit card, contact the Office of Development at (404) 420-5119 or visit our Web site at www.cartercenter.org.

HOW LARGE IS THE CENTER'S STAFF?

The Center has 150 full- and part-time employees, based primarily in Atlanta. In addition, approximately 400 field representatives are stationed in 20 countries in Africa and Latin America.

HOW DO PEOPLE BECOME INVOLVED IN THE CENTER'S WORK?

Nearly 100 undergraduate and graduate students work with Center programs for academic credit or practical experience each year. Approximately 120 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.

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 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.

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 under. 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. Call (404) 420-5117 or visit the Center's Web site at www.cartercenter.org for details.



THE CARTER CENTER
ONE COPENHILL
ATLANTA, GEORGIA 30307
(404) 420-5127
Fax (404) 420-5145
www.cartercenter.org