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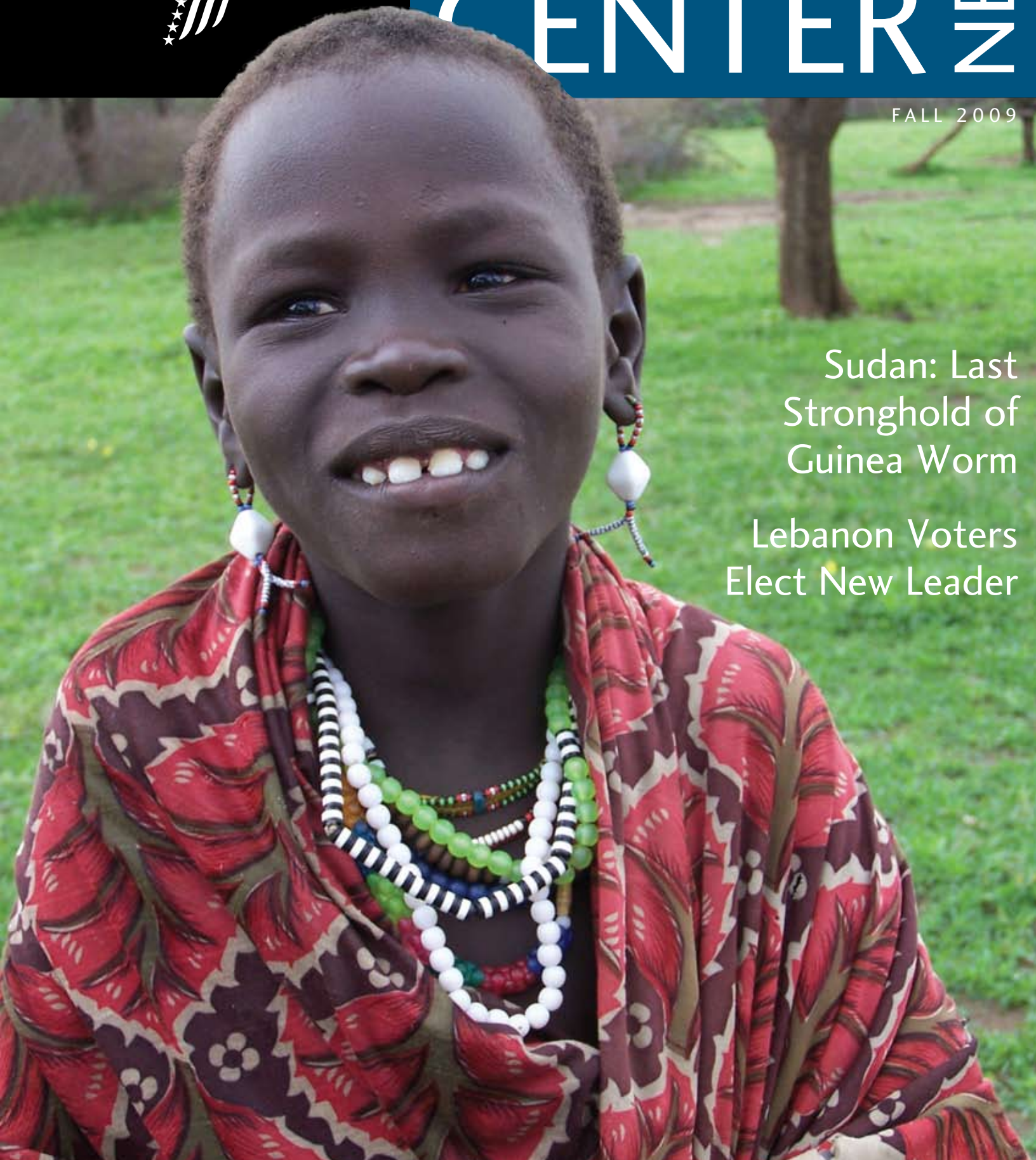


CARTER CENTER NEWS

FALL 2009

Sudan: Last
Stronghold of
Guinea Worm

Lebanon Voters
Elect New Leader



WAGING PEACE.
FIGHTING DISEASE.
BUILDING HOPE.

FALL 2009

CARTER CENTER NEWS

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ON THE COVER

This young girl from Southern Sudan may live in one of the few remaining areas in the world battling Guinea worm disease, but in the future the disease may be just a memory for her. The feature story on pages 6–7 shows how health workers and village volunteers in Southern Sudan are tackling the disease in villages and specialized treatment centers.



From the President and CEO

A Date to Celebrate

President Carter tells the story of the inspiration for The Carter Center by recalling how in 1981 amid fundraising for his presidential library and trying to figure out what to do with the rest of his life, he awoke one night and sat up in bed. Mrs. Carter, worried, asked him what was wrong. He replied that he wanted to create an institute similar to Camp David adjacent to the new library, where warring factions could go for mediation. And so The Carter Center was born.



President Carter makes remarks at the dedication for The Carter Presidential Center, Oct. 1, 1986.

The Carter Presidential Center, encompassing the library and the not-for-profit Carter Center, was dedicated on President Carter's 62nd birthday—Oct. 1, 1986.

Each year, Oct. 1 has been a time for reflection on how our organization has evolved from President Carter's initial idea of a mediation center to an organization that has touched many millions of lives in more than 70 countries.

Oct. 1, 2009, marks an additional celebration on this special anniversary day. As we pay tribute to President Carter on his 85th birthday, the Jimmy Carter Library and Museum will reopen following a \$10 million renovation, funded by private donations.

One-third of the museum will be dedicated to President and Mrs. Carter's work since leaving the White House, highlighting achievements of The Carter Center in waging peace and fighting disease around the world. We at the Center are thrilled to have the opportunity to share our story in fresh, interactive ways with Atlantans, visitors from the rest of the United States, and the international community.

Oct. 1, 2009: President Carter turns 85, The Carter Center turns 27, and the legacies of both are recognized anew.



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

Elections Mark New Beginning for Aceh

When a tsunami hit areas near the Indian Ocean in late 2004, life changed for the people of Aceh. This special-status territory of Indonesia was the closest point of land to the epicenter, and much of its western coast was destroyed.

Before the tsunami, the Free Aceh Movement had led a 29-year quest for independence from Indonesia, but in the aftermath of the destruction, the movement's leaders renounced their fight in exchange for a role in government and a level of autonomy for Aceh.

On April 9, 2009, the citizens of Aceh voted for the first time in national legislative elections since the peace agreement was forged in August 2005. In addition, the April elections marked historic changes in Indonesian elections, including the direct election of candidates from party lists and the role and power of the national election commission.



Citizens vote in the April 2009 legislative elections in Bener Meriah district in Aceh, Indonesia.

The Carter Center deployed a limited observation mission to Indonesia for the election. Six observers monitored the pre-election period in various parts of Indonesia, including Aceh, and were joined by nine additional observers on election day.



Workers install a new mural about President Carter's farm roots in the newly renovated Jimmy Carter Library and Museum, which reopens Oct. 1, 2009. The museum has been redesigned from the ground up, giving visitors an in-depth look at the decisions a president must make on a daily basis and devoting a large section of the permanent exhibit space to President Carter's achievements in the postpresidency, particularly through The Carter Center.

Although there were some conflicts over election results, Carter Center observers were optimistic overall.

"People are hopeful and very excited

about the election. They want peace and democracy in Aceh," said Eunsook Jung, a long-term Carter Center observer in the region.

Program Calls for End to Abuses in Georgia's Hospitals

More than 130 patients died under suspicious circumstances in Georgia's public psychiatric hospitals over the past seven years, according to an investigation by the Atlanta Journal-Constitution newspaper.

After the lack of official or public response to the suspicious deaths, staff at The Carter Center began mobilizing the statewide mental health community as well as other stakeholder groups and initiated a partnership with the national Bazelon Center for Mental Health Law to help identify

urgent early this year when the state of Georgia and the Department of Justice were ready to settle a lawsuit on the deaths without adequate stakeholder involvement. At issue is ensuring safety in the hospitals as well as improving the community-based mental health and substance abuse systems, so that consumers receive appropriate treatment before they require hospitalization and have access to adequate services once they are discharged from the hospital.

"The settlement failed to provide assurances that these abuses would stop and that quality of care would be improved."

"The settlement failed to provide assurances that these abuses would stop and that quality of care would be improved," said Dr. Thomas Bornemann, director of the Center's Mental Health Program. "We also think discharge planning to a robust community behavioral health system is key to the settlement agreement."

The Carter Center has continued to moderate discussions between the state and members from all areas of the mental health community to identify a long-term plan for Georgia's mental health system.

solutions to the crisis in the hospitals. Mrs. Carter and the Center have been able to maintain close ties with the Georgia mental health community because of the Center's location in Atlanta.

The Center's efforts became more

Lebanon Elections Set Stage for Further Reform



Lama Naja represents hope for Lebanon's political future. A politically independent young person in a country full of strong political passions and fierce party loyalties, she instead voted on June 7 for the people she thought may keep their campaign promises.

"My friends and I debate politics all the time," she said. "They think I'm some sort of alien for being independent, but many of the people my age follow leaders who shouldn't be leaders."

Lebanon held successful parliamentary elections on June 7, 2009, the results of which were accepted peacefully by both sides. The Carter Center deployed 60 observers from 23 countries to assess voting, counting, and tabulation processes, led by former U.S. President Jimmy Carter and former Yemen Prime Minister Abdul-Kareem al-Eryani.

While the process did fall short of several of Lebanon's international commitments, most notably to protect fully the secrecy of the ballot, it was conducted with enhanced transparency and in accordance with Lebanon's new electoral law

and regulations. The 2009 electoral process also provided an important foundation for additional electoral reforms, to which civil society and political leaders have already committed themselves.

The Carter Center issued several recommendations for electoral reform in its preliminary statement on June 8, one of which is to use standardized, preprinted ballots for future elections.

"Political parties can print ballots in many different styles and then give certain versions to specified families, which allows the parties in some instances to link ballots to individual voters or families, thus undermining the fundamental right of secrecy of the ballot," said David Carroll, director of the Carter Center's Democracy Program.

On election day, political representatives handed the party-sponsored ballots to voters as they entered a polling site to vote. The ballots are tiny—many just a couple of inches long—with just enough room for their candidates' names. Although blank paper is also provided as an alternative

Because ballots are not standardized in Lebanon, political parties can hand out their own, such as these pictured with preprinted names of their candidates, to voters as they enter the polling station.

for voters to write their preferences, most choose not to do so.

These and other intricacies of the electoral process pose challenges to observer groups like The Carter Center.

"Our overall assessment will address how the election was run based on Lebanon's electoral laws and its international obligations," said Carroll. "Our long-term observers are still monitoring the postelectoral processes, and we expect to release a final report in the coming months."

Ultimately though, it is up to the Lebanese to change their country, not outsiders.

"People here are ready for change," said Naja.



Carter Center statements on the Lebanon elections can be found at www.cartercenter.org.

President Carter Visits Middle East to Promote Dialogue

Following the Lebanon elections, former U.S. President Jimmy Carter and a staff delegation traveled to Syria, Israel, the West Bank, and Gaza to meet with representatives of all parties in the Israeli-Arab conflict as part of the Carter Center's ongoing efforts to promote constructive dialogue for peace.

In Israel, he met with Noam Shalit, father of Israeli soldier Gilad Shalit, held captive for three years by Hamas, who gave President Carter a letter for his son. Carter first met with Shalit in April 2008, when he pledged to aid in his son's release.

Meetings with representatives of the Palestinian Authority covered Palestinian reconciliation efforts ahead of planned January 2010 elections and the problem of political prisoners being held without a civilian trial or legal counsel.

President Carter also visited the home of Shaul Goldstein, head of the Regional Council of Gush Etzion Settlements, where he listened to the concerns of local residents; answered questions from the Knesset Foreign Affairs and Defense Committee; and met with the Israeli human rights community about challenges they face.



President Carter discusses the Lebanon elections with the media.

Lastly, the delegation visited the Gaza Strip, where more than 50,000 homes, businesses, schools, and hospitals were destroyed or severely damaged, and Israel has blocked the flow of materials for rebuilding. President Carter spoke to graduating students from the U.N. Relief and Works Agency for Palestine Refugees school and met with Prime Minister Haniya and other government officials.

This was President Carter's third trip to the region to promote peace since April 2008. A full trip report is posted on the Carter Center Web site.



An election official verifies the identification of a voter.

Last Stand of Guinea Worm Found in Southern Sudan

At a treatment center in Southern Sudan, young patient Lotepi Lokusi sits motionless as his nurse places wet compresses on his head. She is trying to coax a Guinea worm that is under his skin to form a blister and come out so she can begin slowly and carefully removing it, hopefully preventing infection and other ill effects.

Usually Guinea worms emerge from victims' legs, ankles, and arms, so Lokusi presents a special case. He is being treated along with other men, women, and children at a case containment center in Lokusi's county of Kapoeta North, set up by the Southern Sudan Guinea Worm Eradication Program, with assistance from The Carter Center, to provide care to patients with Guinea worm disease. The Carter Center has led the international effort to eradicate Guinea worm disease, which remains in only six countries.

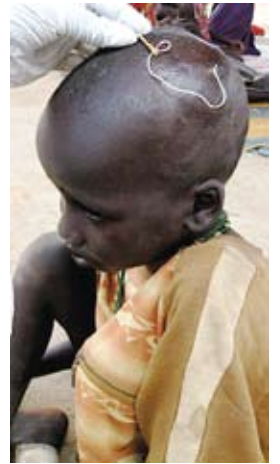
Patients either report to or are transported to the case containment center when they have a worm emerging and stay free of charge, receiving three meals a day, lodging, and treatment. There are three case containment centers in Southern Sudan, the last major bastion of the disease in the world.

In addition to the one in his head, this year Lokusi had two other worms, one in each of his ankles. Unknowingly, he drank water contaminated with tiny water fleas a full year earlier. The para-

sites matured in his body for 12 months until they formed blisters that became skin sores from which the Guinea worm started coming out. Besides causing extreme pain, an emerging worm can incapacitate a person, keeping the victim out of school or work.

The long incubation period for Guinea worm disease is one of the primary challenges to eradicating it. It is difficult for people to connect the actions of a year ago with the Guinea worms they have today. As a result, Guinea worm disease has been the subject of folklore for generations.

"We used to say Guinea worm was the result of a curse, or witchcraft, or from eating some bad meat," said a man from Nayanakatwan village in Kapoeta. But through education, health workers are changing minds. Convincing people to filter their water as soon as they retrieve it from a pond is the primary way to stop the disease from reinfecting a community.



Lotepi Lokusi waits patiently as a Guinea worm is slowly extracted from his head.



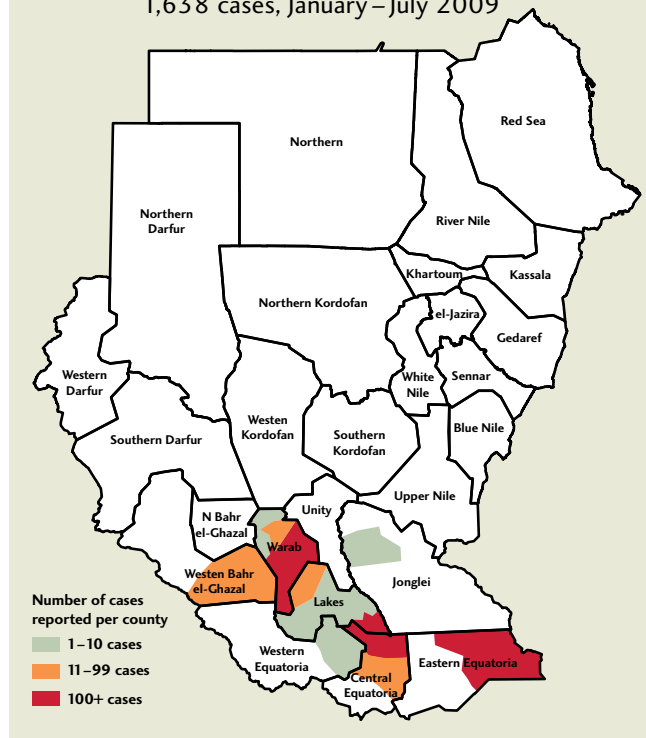
The last cases of Guinea worm disease in Southern Sudan are found in remote villages such as this.

Program staff in Southern Sudan have been able to demonstrate the benefits of filtering by collecting the water fleas that cause Guinea worm disease that are left behind in a filter and backwashing them with clean water into a clean glass so community members can visually see the organisms and other debris like small stones and sticks that are in their unfiltered drinking water. “This technique always makes a big impression on people, and it’s a powerful educational tool,” said Dr. Ernesto Ruiz-Tiben, director of the Carter Center’s Guinea Worm Eradication Program.

In addition to the long incubation period, some of the many obstacles to eradication in Sudan include extreme poverty, the vastness of the country, and the lack of infrastructure. “Most of the social, economic, and health indicators here are among the lowest in the world,” said Makoy Samuel Yibi Logora, director of the Guinea worm eradication program of Southern Sudan.

The logistics alone of working in Sudan

Sudan Distribution of Guinea Worm Disease 1,638 cases, January – July 2009



require a great deal of manpower and planning. “We have to pre-position all of our materials and do all of our training during the dry season, from November through April,” said Dr. Ruiz-Tiben. “In April, the rains come, and all of these villages become isolated from flooding and bad roads. The program in each area needs to be self-contained,” he added.

Last year, Sudan hosted the over-

whelming majority of cases of Guinea worm disease—3,618 of the 4,619 total cases reported from the remaining endemic countries of Sudan, Ghana, Mali, Nigeria, Ethiopia, and Niger. When The Carter Center began to lead the eradication campaign in 1986, an estimated 3.5 million people in 20 countries were plagued with the disease annually.

But those statistics are of little comfort to Lokusi. Six weeks after the worm in his head was discovered by program staff, it finally breaks through the skin and can be treated. It takes nine days of slowly rolling the worm onto a stick, little by little each day, to completely remove it. “Lotepi was a wonderful patient,” said Jennifer Burnett, Carter Center technical adviser. “He sat patiently during each bandaging and would tell his nurse to continue to pull the worm if it was not paining him.”

According to Burnett, Lokusi’s case shows the benefits of the specialized treatment centers in Sudan. “Without this case containment center, I question whether Lotepi would have received such high quality of care and been able to have a worm removed from his head with such little pain,” she said.

★ Read more details of Lotepi Lokusi’s case at www.cartercenter.org. Search “Lotepi.”



A girl looks at the debris floating in her drinking water after the contents caught by a Guinea worm filter were mixed with clean water. The water is typically so muddy that it is difficult to see what is in it.



With the aid of an illustrated flip chart, a health worker explains to community members how Guinea worm disease is contracted.

Microscope a Powerful Tool in Malaria Fight

Microscopist Marino Castillo pricks the finger of five-year-old girl Silvana Mayor and draws blood onto a glass slide. The girl's shirt is bright yellow, but her face is weary. Her mother says the girl has had a fever for several days, and the mother is worried that she has malaria.

Wearing a white, hand-me-down lab coat, Castillo examines her blood under a microscope. His lab is sparsely furnished, a reflection of its location in the rural province of Dajabón, which shares its western border with Haiti. The only new items in the lab are also the most important—the microscopes.



A blood sample is taken from Silvana Mayor, 5. It will be examined under the microscope to determine whether the girl has malaria.



At his lab in Dajabón, Dominican Republic, Marino Castillo screens blood samples for malaria using a powerful new microscope from The Carter Center.

The modern microscopes were donated by The Carter Center as part of a pilot project to accelerate the elimination of malaria and lymphatic filariasis from Hispaniola, the Caribbean island shared by Haiti and the Dominican Republic. The new microscopes feature enhanced lighting, better lenses, and greater magnification, which allow Castillo and his colleagues to more quickly and efficiently check blood samples of patients

for malaria parasites.

“These microscopes are very large and make it easier to see what you’re looking at,” explained Castillo as he sat behind his desk. “My eyes are less tired. It makes my job and working conditions much better.”

In the three areas of the pilot project, the Center also has provided insecticide-treated bed nets to protect community members, motorbikes for health workers, and

Malaria and Lymphatic Filariasis on Hispaniola

The island of Hispaniola is the last reservoir in the Caribbean islands for two mosquito-borne diseases—malaria and lymphatic filariasis.

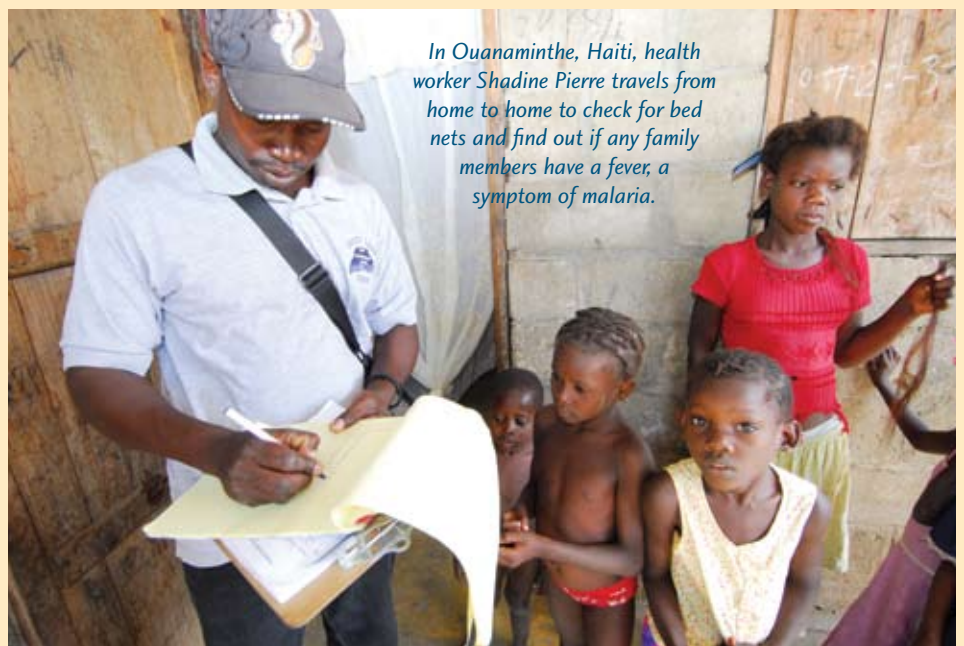
In a pilot project, The Carter Center is targeting malaria in two towns—Dajabón and Ouanaminthe—on either side of the border between the Dominican Republic and Haiti and lymphatic filariasis and malaria together in a third town in Haiti—Trou-du-Nord.

To help fight the diseases, the Center has purchased insecticide-treated bed nets, microscopes, and motorbikes; funded additional drugs and health staff in three targeted communities; and provided technical assistance.

The governments of both countries are working with the Center to coordinate the work so that it is effective in the binational community on both sides of the border and to show that a combined effort is the only way to eliminate the diseases.

The initiative stems from a 2006 recommendation of the Center’s International Task Force for Disease Eradication, which determined that it was technically feasible to eliminate the diseases from the island.

Elimination would improve health and economic opportunity on Hispaniola. In addition, as long as malaria exists on the island, it threatens other nearby islands, including Jamaica and the Bahamas.



In Ouanaminthe, Haiti, health worker Shadine Pierre travels from home to home to check for bed nets and find out if any family members have a fever, a symptom of malaria.

additional funding for antimalarial drugs, supplementary health staff, and technical expertise. These supplies are being used to assist the governments of both countries in fighting malaria, a disease that kills between 1 and 3 million people a year worldwide and hinders economic development in affected communities. The goal of the project is to show that a coordinated effort between

the two countries is necessary to ultimately achieve elimination of the disease from the island.

After checking Silvana Mayor's sample, Castillo is able to relieve an anxious mother of her worries—the 5-year-old patient does not have malaria.

With malaria already gone from the rest of the Caribbean islands, The Carter Center

hopes that this pilot project will speed up elimination of the disease on Hispaniola. Until then, improved technology such as the new microscopes and increased funding for staff and supplies will keep more of the island's children and families healthy and provide a model for collaboration between Haiti and the Dominican Republic.

Liberian Woman Uses Legal Service to Stop Abuse

For 30 years, Henrietta Gayflor* endured ongoing physical abuse from her partner. After he assaulted her in her front yard one day, Gayflor decided to take action.

But in the town of Harper, in rural Liberia, where police are scarce and not always willing to intervene in domestic disputes, help is not easy for a battered woman to come by.

Gayflor had heard about a service called the Justice and Peace Commission (JPC), a local partner of The Carter Center, which

Gayflor discussed her case with JPC monitor Wleemogar Tyler, who gave her available options; she decided to pursue a restraining order to keep her partner away from her. The case was then referred to JPC attorney John Gbesioh, a recent graduate of the law school at the University of Liberia.

Gbesioh talked local police officers through the process of requesting the restraining order from the magistrate; the officers had never heard of such a thing.

"Mr. Gbesioh did well," Gayflor said. "I was not even there. He went and got that paper. Before I even went back, the paper was already in his hand."

The JPC is equipped to handle any number of legal problems Liberians might face, running the gamut of land disputes to divorce to theft to witchcraft.

"Without police, without courts, without prisons, people still have disputes. In rural

Liberia, the formal justice system is often nonexistent, but disputes must be resolved," said John Hummel, Carter Center project manager in Liberia. "Our program helps ensure rural Liberians resolve their disputes



John Gbesioh, attorney for the Justice and Peace Commission in Liberia, assists citizens with legal matters.



Community members gather in Harper, a town in rural Liberia, to hear about the legal assistance program, supported by The Carter Center.

provides legal assistance. Community advisers mediate disputes, advocate for justice, refer clients to law enforcement and the JPC's own legal aid attorney, and advise people of their rights.

through dialogue as opposed to violence."

In 2008, JPC monitors in southeastern Liberia worked with more than 200 clients. The program has recently expanded into three central Liberian counties.

Since receiving the restraining order, Gayflor has resumed her regular activities, and Tyler periodically checks in on her and her former partner. Sometimes, if Gayflor is not around, her partner will enter her yard to visit their son and hold his granddaughter. But he has not bothered Gayflor.

Gayflor has since passed the word about the help she received; she recently advised her cousin to seek assistance with his child support case from a JPC monitor in Pleebo, a town about an hour's drive away.

**Not her real name.*

Jennifer McCoy

Latin America Is Her Classroom

They say that those who can't do, teach. But apparently no one told Dr. Jennifer McCoy, director of the Carter Center's Americas Program. She's been teaching and doing for more than two decades.

McCoy splits her time between the Center and Georgia State University, where she teaches Latin American politics and comparative democratization to graduate and undergraduate students.

Her dual career provides McCoy with a deep well of knowledge. "Being a professor allows me to look at current issues from a theo-

percent of the vote, ending the Sandinista rule.

Today, the Center still observes elections in the region, but has expanded its focus to initiatives that will bring reconciliation to divided countries. "Two decades of democracy and opening markets have brought with them a lot of promises, and expectations have not been met," McCoy said. "Citizens are demanding change through the ballot box."

McCoy says that Latin Americans are becoming frustrated with their governments, demanding change and often electing new independent candidates. Some of these candidates have proposed radical change to redistribute resources, and this has produced backlash and conflict.

"It is essential for transformations to happen in a democratic and peaceful way," said McCoy.

The Center has looked for ways to keep dialogue open in countries undergoing change or civil unrest. Starting in 2002, The Carter Center and the Organization of American States worked in Venezuela with both sides of a political crisis in which President Hugo Chavez's administration had been criticized for increasingly undemocratic actions. "What we thought would be a two-month mediation turned into two-and-a-half years," McCoy said. The crisis culminated in a presidential recall election, and Chavez remained in power.

McCoy and The Carter Center are watching Venezuela and the other countries of the Andean region closely due to ongoing conflict and governmental changes. Bolivia and Ecuador are currently implementing new constitutions. Chavez recently amended his constitution to allow for indefinite reelection.

Looking ahead, the Americas Program will continue to find ways to reinforce democratic principles in the Caribbean and Latin America through projects such as strengthening professional journalism in Venezuela and convening dialogue between influential citizens of Colombia and Ecuador, whose relations are strained.

"It is essential for transformations to happen in a democratic and peaceful way."

But no matter the program's specific endeavors, McCoy's combination of real-world and classroom experience will bring unique insight to both her jobs.

Plus, her students love it when she says, "When I met Fidel Castro...."



Dr. Jennifer McCoy talks with voters in Bolivia in January 2009.

retical perspective," she said. "Likewise, working on the ground gives me a unique outlook in the classroom."

Over the years, McCoy has watched the Americas Program grow from hosting conferences on specific topics of regional interest to more recent activities of monitoring elections and tackling democracy-strengthening projects, such as campaign finance reform and access to government information.

The Carter Center's high-profile election-monitoring activities started in the region in 1989, when former U.S. President Jimmy Carter declared the Panama elections fraudulent. Since then, the Center has observed elections in 12 other Western Hemisphere countries.

One of McCoy's most memorable elections was Nicaragua 1990. As a Carter Center field representative, McCoy remembers having a front-row seat to the national elections that had the 10-year rule of the Sandinistas hanging in the balance. "The world was watching," she said. "Election night was a cliffhanger." The opposition won 55

USAID Supports Democracy Building in Sudan, Nepal

The world waits as Sudan prepares for its 2010 national elections, a key step in continuing to solidify the peace agreement that was signed in 2005 by the Sudan government and the Sudan People's Liberation Army rebel group, officially ending the country's long-running civil war.

The Carter Center is preparing to observe next year's elections, and staff have been in the country since 2008 as pre-election monitoring activities were launched. One of the key supporters of the Center's work in Southern Sudan and three border areas is USAID, the independent agency that provides international aid from the U.S. government.



Next year's elections bring war-torn Sudan another step closer to an enduring peace.

USAID has contributed more than \$1.6 million to the Carter Center's operations in the country to help build democratic governance and assist as Sudan takes steps toward meeting the requirements of the peace accord. Since February 2008, Carter Center staff have travelled throughout Sudan to monitor electoral preparations, track the progress of related political developments, and inform those in Sudan of the Center's role in observing all aspects of the electoral process.

In addition to supporting Sudan elections and governance, USAID also has assisted The Carter Center in Nepal with \$500,000 for a long-term project to identify the obstacles to and opportunities for advancing peace and constitution-drafting processes. The Carter Center has been engaged in Nepal since 2003 and observed elections last year.

USAID has also supported past Carter Center observation missions in Indonesia, Liberia, Ethiopia, and the Democratic Republic of the Congo.

Hilton Foundation Pledges \$10 Million for Trachoma

The Conrad N. Hilton Foundation has pledged \$10 million to The Carter Center in the form of a challenge grant for trachoma work in Mali, Niger, Ghana, and Southern Sudan.

Donations by organizations and individuals supporting the Center's work in the four African countries will see their contributions matched dollar for dollar by the Hilton Foundation, up to \$10 million.

Funds will be used to reduce trachoma by working in partnership with the national ministries of health. Approximately 26 million people in four of the most impoverished sub-Saharan African countries will have the hope of living free of the burden of blinding trachoma.

The philanthropic Conrad N. Hilton Foundation seeks to alleviate the suffering of the world's most disadvantaged people, especially children. Founded in 1944 by hotel entrepreneur and business leader Conrad N. Hilton, the foundation supports initiatives that include safe water development, disaster relief and recovery, housing for the mentally ill, and substance abuse prevention. The Hilton Foundation has been a partner to The Carter Center for 18 years, supporting the Trachoma Control, Guinea Worm Eradication, River Blindness, and Mental Health programs.

Trachoma is the world's leading cause of preventable blindness. The World Health Organization estimates that 6 million people are blind due to trachoma, and an additional 1.2 billion in 57 endemic countries are at risk of blindness or severe visual impairment. Trachoma is caused by repeated infections of the eye and eyelid by bacteria transmitted by flies or household cloths. The disease can be prevented or treated through use of the four-pronged SAFE strategy: surgery, antibiotics (Zithromax®, donated by Pfizer Inc), facial cleanliness, and environment improvements (such as the provision of latrines).

In addition to the four countries above, the Center also has trachoma programs in Ethiopia and Nigeria.



Several years ago, Yalanbu Zenabu, from the village of Botingli in Ghana, was incapacitated due to advanced trachoma, which can cause blindness. After receiving free eye surgery, supported by The Carter Center, her eyesight is much improved, and she can take care of her family again.

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Former First Lady Rosalynn Carter is co-founder of The Carter Center.

NOTES FROM THE FIELD

Symposia Bring Attention to Mental Health Policy

By Rosalynn Carter

When I began speaking about mental health issues in the early '70s, the stigma of mental illness kept many from seeking help, and treatment options were virtually nonexistent outside of institutionalization. This year, as we celebrate the 25th anniversary of the Rosalynn Carter Symposium on Mental Health Policy, I pause to consider just how far we have come.

We have a greater understanding of brain disorders and their causes, and most people diagnosed can be successfully treated and live normal lives. Yet access to treatment for all who need it remains a huge hurdle, and our mental health system still falls far short.

In 1985, our symposium was the first time national mental health leaders came together to try to work cooperatively on important issues. Over time, attendance grew as participants recognized the power of collaboration, and the symposium earned a reputation for setting an action agenda for the nation's mental health community. Issues have included children's mental health, health care system reform, the mental health consequences of the attacks of Sept. 11, 2001, mental health services as part of disaster preparedness, and other crucial topics.

Former First Lady Rosalynn Carter addresses attendees at the 2007 symposium on preventing mental illnesses.

One longstanding goal has been to eliminate unfair coverage limits in health insurance plans for mental health conditions. Working together, policy-makers and mental health organizations finally won passage of parity last September. We like to think that our symposia played a role in making this happen.

As debate about health care reform ensues, our anniversary symposium this November will tackle integration of mental health care into primary care—how to ensure that primary care physicians have needed resources to identify and care for patients with mental illnesses.

We've made progress since the 1970s, but there's still so much more to do. Our symposia will continue to bring attention to issues of the day, influence policies that will make a difference, and spur action to get the job done.

