THE
CARTER CENTER

CARTER CENTER NEWS

FALL 2011

Tunisians Vote for Constituent Assembly

Health Worker Fights River Blindness in Mexico

WAGING PEACE.
FIGHTING DISEASE.
BUILDING HOPE.

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IN THIS ISSUE

NEWS & FEATURES

DEPARTMENTS

Carter Center News is produced by the Office of Public Information, The Carter Center, One Copenhill, 453 Freedom Parkway, Atlanta, GA, 30307, 404-420-5100, www.cartercenter.org.

Contributing photographers: John Cobb: 11 top; Gwenn Dubourthoumieu: 8 all; Paul Emerson: 2 top; Thomas England: 3; Louise Gubb: 9 top; 10 all; Deborah Hakes: cover; 2 bottom; 4 all, 5 all; 11 bottom; 12 top; Paige Rohe: 12 bottom; Emily Staub: 6, 7 all; 9 bottom.

ON THE COVER

With assistance from a poll worker, a Tunisian woman casts her vote for the country's new Constituent Assembly, which will be charged with writing a new constitution. Citizens often waited in long lines for several hours to vote, reported Carter Center observers.

From the President and CEO

Collective Action Yields Results for Peace, Health

At The Carter Center, we believe actions speak louder than words. We take action to make people safer from diseases and strengthen the foundations of democracy and peace worldwide, and we use tangible measures for our success. Here are just a few milestones from the past year:

An Ethiopian girl demonstrates face washing at the start of a weeklong initiative to prevent trachoma and treat malaria.

Ghana joined the long list of countries that have halted transmission of Guinea worm disease in the Carter Center-led international eradication campaign, leaving fewer than 1,200 cases worldwide.

In the Amhara region of Ethiopia, the world's epicenter for trachoma, 4,633 teams reached nearly 20 million people with drugs to prevent this blinding disease and also to screen for malaria.

The Center helped distribute 1.4 million long-lasting insecticidal bed nets to prevent malaria in all households in Nigeria's Plateau state.

Liberia saw the graduation of its first class of 21 mental health clinicians, made possible by a joint effort of the Ministry of Health and Social Welfare and The Carter Center to create that post-conflict nation's first national mental health system.

We observed the first open presidential contests in Guinea and Cote d'Ivoire since their independence and a peaceful, credible vote by the people of Southern Sudan to form a new nation.

Human rights defenders and religious leaders worldwide gathered at The Carter Center to spur faith groups to take greater action to prevent discrimination against women.

In the Andean region of South America, the Center held frank, bridge-building discussions among stakeholders from the United States, Bolivia, Colombia, Ecuador, Peru, and Venezuela on common issues in trade and investment, climate change, drug trafficking, and security.

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

These are just a few of the ways in which our work to wage peace and fight disease built hope for millions of the world's least fortunate people these last 12 months, thanks to the thousands of donors, institutional partners, and governments who took action by supporting these efforts. Our collective action is making a truly measurable difference.

New Class of Mental Health Journalism Fellows Named

Six journalists from the United States and two from Romania have received 2011–2012 Rosalynn Carter Fellowships for Mental Health Journalism to explore topics of mental health or mental illnesses.

"The Carter Center has been working for 15 years to develop a cadre of journalists who can have a significant impact on the public's understanding of mental illnesses," said former First Lady Rosalynn Carter, co-founder of The Carter Center. "I know these journalists are helping to lift some of the stigma associated with mental health issues."

Fellowship recipients this year are: Billy Howard, freelance photojournalist; Rebecca Ruiz, senior editor, MSNBC.com; Laura Starecheski, producer, State of the Re: Union national radio show; Meghan Sullivan, supervising editor, NPR.org; Gisela Telis, online editor, Arizona Public Media; Jocelyn Wiener, freelance journalist; Decat O Revista magazine, Romania; Andrei Pungovschi, France Presse and photojournalist, Romania.

Previous fellows have produced more than 300 stories, documentaries, books, and other works garnering many awards, including an Emmy and Pulitzer Prize nominations.

In addition, after awarding 14 mental health journalism fellowships in South Africa over seven years, The Carter Center announced the successful transfer of the program there to the South African Depression and Anxiety Group.

Ghana Joins Nations Free of Guinea Worm

Ghana has become the newest country to stop transmission of Guinea worm, a water-borne parasitic disease poised to be the second human disease in history to be eradicated.

"Ghana's triumph over Guinea worm disease shows the world and the few remaining endemic countries that the greatest challenges can be overcome with hard work, political commitment, and the support of the international community," said former U.S. President Jimmy Carter.

Guinea worm disease afflicts the world's poorest and most isolated communities and is prevented largely through the use of simple filters that strain the infective larvae from drinking water.

When The Carter Center began leading the campaign for Guinea worm eradication in 1986, Ghana's first national search found nearly 180,000 cases of Guinea worm disease, the second highest number of cases in the world at that time. But strong community partnerships and international support throughout the campaign helped Ghana overcome many challenges.

In May 2010, Ghana reported and contained its last indigenous case.

"The last cases of any disease are the most challenging to wipe out, especially when stability is threatened in endemic communities, such as in South Sudan and Mali," said Dr. Donald Hopkins, Carter Center vice president for health programs. "But with the international community's support, eradication of Guinea worm disease is not a question of if, but when."

Human Rights Defenders Target Gender Discrimination

Human rights defenders and religious leaders representing more than 20 countries who gathered at The Carter Center in April called on faith leaders to reassess the role religions play in continuing discrimination against women.

"The discrimination against women on a global basis is very often attributable to the declaration by religious leaders in Christianity, Islam, and other religions that women are inferior in the eyes of God," said former U.S. President Jimmy Carter at the conference. "This gives men a right to abuse women, whether it's the husband beating his wife or depriving a woman of her basic rights."

The group discussed the key challenges women's rights activists face and ways to bridge the gaps between religious, traditional, and formal state institutions to advance protection of these rights. They urged religious leaders to convene a world interfaith conference on gender justice and develop partnerships across secular and faith-based organizations.

The conference's findings are being communicated to heads of state and religious leaders worldwide.

At an April forum at The Carter Center, Fulata Lusungu Moyo of the World Council of Churches addresses human rights defenders from around the world about how the international religious community can support women and girls.

Tunisia Leads Way with Constituent Assembly Elections

A poll worker stamps the back of an unmarked ballot before handing it to a voter.

In the weeks leading up to its Oct. 23 election, Tunisia was abuzz as citizens debated the upcoming vote.

Two female college students on a park bench in downtown Gafsa, in central Tunisia, discussed the merits of the election, in which 217 people would be chosen to serve on a constituent assembly charged with writing a new constitution. One student was doubtful of political party promises and said she would only vote for independent candidates. Her companion added that "there are so many political parties but nothing good comes from them." She said she would not vote in the election, which was the first open and competitive contest in decades.

Meanwhile, the conversation between the students brought over one of their brothers, who enthusiastically declared his intent to vote. Soon, another man nearby yelled that he would not participate. "Why not?" the brother asked. "You are Tunisian; you need to register and vote." Turning to the Carter Center observers watching the debate unfold, he smiled and said, "This is the conversation of Tunisians across the country."

When election day finally arrived, voters swarmed polling stations in droves. People waited in line from two to six hours to cast their ballots, wrapping themselves in the Tunisian flag and speculating about the future. "Voting is our right," said one 19-year-old university student waiting to vote in Tunis. "We want to live free and have good opportunity. I want a job and to be able to raise a family."

A Carter Center team of 60 observers monitored polling stations around the country on election day, led by Carter Center President and CEO Dr. John Hardman, former Mauritius President Cassam Uteem, and former First Lady Rosalynn Carter.

"Tunisia launched the Arab Spring and is the first to hold elec-

On election day in downtown Tunis, hundreds wait in line to vote, many for the first time in their lives.

Top: Former First Lady Rosalynn Carter talks with people waiting to vote in the city of Sidi Bou Said, along with her translator Nedia Haddad.

From his donkey-pulled cart, a Tunisian man looks at posters for political parties posted in Gafsa, located in the country's central region.

tions," said Dr. Hardman. "What happens here will be a model for other countries in the region like Egypt and Libya. It's significant. Everyone is watching this process."

In a preliminary statement, The Carter Center reported that voting was marked by peaceful and enthusiastic participation, generally transparent procedures, and popular confidence about Tunisia's democratic transition. Deficiencies included insufficient information about the allocation of voters to polling stations and a lack of detailed procedures and training for vote counting, tabulation, and election dispute resolution.

Although Tunisia will not be transformed overnight as a result of the election, the sure and lively debate among citizens is one sign that the country is moving toward open democracy.

"People need to recognize the real importance of this election—how much we had to go through to get here," said Zied Mhirsi, co-founder of the Tunisia Live blog. "We will elect a group of people to represent us. Our elections will influence the way the whole region will go. Take a look at us, we are doing it peacefully."

★ Ongoing updates from elections monitored this fall, including those in Tunisia, Cherokee Nation, and Liberia, can be found on www.cartercenter.org.

Center Monitors Elections in Liberia, Cherokee Nation

In addition to observing the elections in Tunisia, The Carter Center also sent delegations to Liberia and the Cherokee Nation this fall.

In September, the Cherokee Nation, Oklahoma's largest tribe of Native Americans, asked The Carter Center to observe a special election for principal chief after June elections were deemed too close to call by the Cherokee Supreme Court. In early October, after 10 days of voting and three days of counting, the election commission certified Bill John Baker as winner with 53.97 percent of the votes. The Carter Center found the voting and counting processes to be transparent and has confidence in the certified results.

On Oct. 11, Liberians went to the polls to vote in races for president, senator, and national representative. The elections were considered a critical test for the country's ongoing transition from war to democratic and constitutional government. There were 16 presidential candidates on the ballot, including the incumbent, Ellen Johnson Sirleaf. Carter Center observers reported that voting was peaceful, orderly, and remarkably transparent. At press time, tabulation was ongoing and final results had not yet been released, but it was expected that a presidential runoff on Nov. 8 would be needed.

At this polling station in Liberia, the presiding election officer cuts the seals of a ballot box to start the counting process.

Health Worker Sees End of Road for River Blindness

In southern Chiapas, in the village of Jose Maria Morelos, residents parade through town to celebrate the near end of river blindness in Mexico. The giant Mectizan bottle reminds people to take the medicine that prevents the disease.

The white pickup truck carrying Rodrigo Salvador Ramos Lepe bumps up and down over a dirt road in southern Chiapas, Mexico. He's traveled this road for 39 years, but this is one of his last trips. It's bittersweet. His work here is nearly done, finally, but the people at the end of this road have become his family.

As a member of a health brigade tasked with eliminating river blindness, or onchocerciasis, from the area, Lepe has traveled throughout the mountainous region since the early 1970s, providing medication, health education, and examinations to people. Due to his and others' dedication, transmission of the parasitic worm that causes river blindness has been halted here, and this community is no longer threatened by the disease.

Lepe easily remembers the early years of his work fighting river blindness, so named because it is transmitted by the bites of tiny black flies that breed near fast-moving rivers and streams. Victims suffered from intense itching and impaired vision, eventually going blind. Lepe would check people's heads, backs, and hips for telltale nodules, the marble- or egg-sized lumps where the adult parasites make their home and reproduce.

"In some villages, they used to pull out 200 or 300 nodules," Lepe said. "It was just tremendous. It would sometimes take a year to reach some villages again, and the people would be saturated with nodules, because in one year, the disease really advances."

> *'People would be saturated with nodules, because in one year, the disease really advances.'*

River blindness is treated with Mectizan® tablets, a drug donated by Merck. Under the Onchocerciasis Elimination Program of the Americas (OEPA), formed in 1992 and led by The Carter Center, treatments in the Americas have halted the disease in eight of the 13 areas in six countries where it existed when OEPA began operations. According to Dr. Mauricio Sauerbrey, director of OEPA, there has been no new blindness in the Americas caused by the disease since 1995.

For the youngest generation in Mexico, river blindness is now part of history. But, like Lepe, the eldest residents of the remote villages of southern Chiapas can recall the ravages of the disease.

Grandmother Pitasia Gonzales said she went blind little by little many years ago. "I can see light," she said. "But I cannot distinguish people." She relies on her daughter for daily living, but takes comfort in the

Above: River blindness is transmitted through the bites of tiny black flies, shown here. Flies in South Chiapas are regularly caught and tested for signs of the larvae that cause the disease.

Left: A health worker examines Irene Hernandez Perez's scalp for nodules symptomatic of river blindness. Hernandez Perez lost her vision many years ago, likely due to the disease, which was once prevalent in the region.

Below: Rodrigo Salvador Ramos Lepe, a veteran health worker, locates the treatment record for one woman. It was careful record keeping that helped ensure that at least 85 percent of the population in each village had been treated with medication, the threshold for reaching elimination.

fact that she is one of the last people in Mexico to be blinded by the disease. "I want the children to be healthy and strong," said Gonzales. "There is nothing better."

The Carter Center, through OEPA, leads a coalition working to stop river blindness in Latin America that includes the governments of the original six endemic countries (Mexico, Guatemala, Ecuador, Colombia, Venezuela, Brazil), the Pan American Health Organization, the Lions Clubs International Foundation, the Bill & Melinda Gates Foundation, Merck, the U.S. Centers for Disease Control and Prevention, and several universities and other nonprofit organizations.

In Mexico, officials announced in November that Lepe's territory of southern Chiapas had interrupted river blindness transmission and that treatments would stop in 2012 in this region where some 114,000 people had been at risk.

As Lepe continues his duties to ensure the disease remains in the past, he is thankful for the strides the program has made over the years. "The people feel good, and that's what makes us feel good," he said. "I have gotten the hang of this road I have chosen, and I love following it."

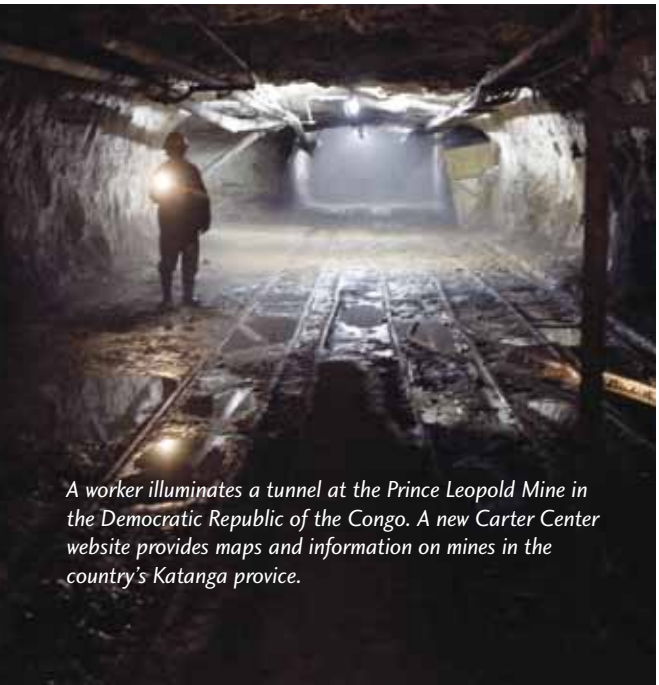
A mural reinforces the message of the Onchocerciasis Elimination Program of the Americas: Entire families must take Mectizan to rid the community of river blindness.

Half of the workforce of the artisanal mining sector is comprised of children. Children as young as 2 years transport, wash, and crush minerals to earn half a dollar a day.

Congo Mining Focus of New Website

Mining operations in the Democratic Republic of the Congo (DRC) generate huge profits, but impoverished local communities receive few of the benefits. A new French-language website by The Carter Center (www.congomines.org) aims to close that gap by providing detailed information and maps of industrial and artisanal mining in Katanga province, increasing transparency and accountability around mining in the nation's rich Copper Belt.

"In a mining sector defined by irregularities and mismanagement, large industrial mining projects can earn huge profits for investors and government officials while many Congolese struggle to survive through artisanal or subsistence mining, a dangerous industry exploiting men, women, and children," said Sam Jones, associate director of the Carter Center's Human Rights Program.



A worker illuminates a tunnel at the Prince Leopold Mine in the Democratic Republic of the Congo. A new Carter Center website provides maps and information on mines in the country's Katanga provice.

Although the DRC is one of the most mineral-rich nations, its citizens remain among the poorest in the world due to lack of rule of law and mining policies that benefit government officials, large companies, and armed groups rather than the Congolese people.

A team of Carter Center researchers mapped the complex landscape of Katanga province, an area known for copper in southern DRC, gathering data on approximately 80 industrial mines and 100 small-scale subsistence, or artisanal, mines.

The new website shares this information about the industrial mining sector in Katanga as well as employment figures, production data, tax payments, and economic models of mining projects.

The portal also includes a wide range of documents on international and Congolese laws and contracts, and information about individual companies and mining projects. An interactive map paints a clear picture of the various mining sites in the region with details about the social, financial, and legal situation of each site. Additionally, training modules will offer instruction in basic tax and mining code concepts.

"To achieve reform, citizens must be equipped with the information needed to know the right questions to ask and hold accountable those who manage the resources," said Elisabeth Caesens, Carter Center project manager in DRC.

Go to the multimedia section of the Carter Center website to see a slideshow on DRC mining conditions.

Decade of Treatment Halts Lymphatic Filariasis

It begins with something generally harmless in the developed world, a mosquito bite. But for those who live in impoverished tropical areas, the bite from an infected mosquito can lead to a disease characterized by grotesquely swollen body parts covered in hardened, elephant-like skin. Painfully disabled and often shunned, people with severe lymphatic filariasis (LF), or elephantiasis, suffer outside and in.

Although no cure exists, now there is evidence that it can be prevented from spreading. The Carter Center and its partners have demonstrated in Nigeria that this disease, which affects 120 million people and is the leading cause of disability worldwide, can be eliminated. The treatment is two pills given once a year to entire communities.

"Mosquitoes take the infection from one person and transmit it to the next," said Dr. Frank Richards, director of the Center's lymphatic filariasis program. "By giving these medicines to people in these villages, the mosquitoes become less infected and less likely to transmit the infection from one person to another."

Transmission of the disease has stopped in more than one-third of the two Nigerian states of Plateau and Nasawara, where the Center has been working to combat LF for more than 10 years. Together, the medicines albendazole and Mectizan,® donated by GlaxoSmithKline and Merck, destroy the parasitic worms that cause the disease.

In the two states, 90 percent of the mosquitoes show no evidence of the disease, a breakthrough for the people in the communities and for the country of Nigeria.

"Victims of this disease do not want others to know they have it," said Dr. Emmanuel Miri, the Carter Center country representative in Nigeria. Women with LF often have no marriage prospects, and there is a misconception that pregnant women with the disease will pass it on to their babies. Men with LF are often considered socially unacceptable, with few job prospects and no means to support a family.

Unfortunately, no treatment will reverse the disfiguration of today's victims. The treatment, however, will protect the next generation of Nigerian children, which is no small feat for this intervention that has reached 3,500 villages and 3 to 4 million people annually over the last decade.

"We believe that if you extrapolate these results from Plateau and Nasawara to the whole country, it will be possible to eliminate LF in Nigeria," said Dr. Miri.

Above: In Nasarawa, Nigeria, Dr. Frank O. Richards Jr., director of the Carter Center's lymphatic filariasis program, examines the swollen legs and feet of a woman suffering from LF.

Left: Nigerian Patience Solomon shows the bed net hanging in her home to protect her family against mosquito-borne diseases, such as lymphatic filariasis and malaria. In addition to drug treatment, providing bed nets and health education are part of the Carter Center's strategy for eliminating LF in Nigeria.

PROFILE

Dr. Andrew Seidu Korkor

Former Victim Leads Guinea Worm Eradication in Ghana

When Dr. Andrew Seidu Korkor describes the debilitating pain caused by Guinea worm disease and how it devastates communities, he's not just making a professional observation. For this manager of the Ghana Guinea Worm Eradication Program, it's personal.

"I had Guinea worm disease," Dr. Korkor explained. "My mother, my father, brothers, sisters, uncles—everybody had Guinea worm in the village we lived in. As a child with the disease, I couldn't go to school. The adults couldn't go to work or to farm."

Dr. Korkor made up those missed days of school in his small rural village of Seripe in nothern Ghana and went on to attend medical school at the University of Ghana. But Guinea worm, a disease that has plagued humans since biblical times, never left his mind. "I actually did my thesis on Guinea worm," he admitted.

After practicing medicine and working in public health, in 2000 he became the director of Ghana's Guinea Worm Eradication Program to "make sure Ghana got rid of Guinea worm disease," he said.

Eleven years later, Dr. Korkor's wish has been granted. In July, Ghana's Ministry of Health announced it had seen no cases of Guinea worm disease for more than a year.

Because the disease affects entire communities, rather than an individual here or there, the benefits of eradication multiply beyond the victims themselves. "By eliminating Guinea worm, we improve basic education," said Dr. Korkor. "We reduce poverty and hunger. Malnutrition goes down. Child mortality goes down."

Only a few nations remain in the Carter Center–led effort to make Guinea worm the second disease after smallpox to be eradicated from earth. When The Carter Center began the campaign against the disease in 1986, there were an estimated 3.5 million cases. Today, there are fewer than 1,800 cases in the world, mostly in South Sudan.

After the country's first national Guinea worm case search in 1989, Ghana reported about 180,000 cases. At first, elimination efforts progressed rapidly, but ethnic conflicts and other setbacks in the mid-1990s nearly derailed the program. By 2004, Dr. Korkor's team regained momentum. "We have been able to move from over 3,000 cases to zero in less than five years," Dr. Korkor said. That's no small feat. Dr. Korkor credits The Carter Center with providing logistics, human resources, and technical assistance that kept Ghana's eradication effort on track. He also recognizes the immense contribution of a corps of community-based volunteers, trained by The Carter Center and the national program, who circulated through villages offering Guinea worm education and treatment.

'As a child with the disease, I couldn't go to school. The adults couldn't go to work or to farm.'

Dr. Andrew Seidu Korkor, director of the Ghana Guinea Worm Eradication Program

But much of the credit goes to the man who suffered with, overcame, then conquered the disease. He is humble about his contribution to Ghana's victory over Guinea worm but happy the war is over.

"I'm very proud to be involved in the eradication of the disease," said Dr. Korkor. Today, when he talks to his family and friends from his boyhood village, they speak of Guinea worm as a disease of the past.

Now that Ghana is free of Guinea worm disease, these schoolchildren from Savelugu village in northern Ghana will no longer miss days or weeks of class, crippled by emerging Guinea worms.

Britain to Provide Major Grant for Guinea Worm Eradication

In London on Oct. 5, Britain announced significant funding to support the final years of Guinea worm eradication. The grant of £20 million (approximately U.S. $31 million) from the Department for International Development covers 44 percent of the funds estimated to be needed by The Carter Center and the World Health Organization to finish the 25-year eradication campaign.

Global health leaders and development officials discuss the eradication of Guinea worm disease following an Oct. 5 press conference in which Britain pledged £20 million over four years to The Carter Center. Participants included, from left: Stephen O'Brien, British parliamentary undersecretary of state; Laurie Lee, deputy director of external affairs for the Bill & Melinda Gates Foundation; former U.S. President Jimmy Carter; and Dr. Margaret Chan, director-general of the World Health Organization.

"The eradication of Guinea worm is within our sights," said Stephen O'Brien, British parliamentary undersecretary of state. "It has never been a question of if we can rid the world of this ancient disease—but when."

When The Carter Center and its partners began working with ministries of health to eradicate the water-borne parasitic disease in 1986, there were more than 3.5 million cases. In 2010, fewer than 1,800 cases were reported from four countries.

The disease, while not fatal, often leaves its victims—both children and adults—debilitated for weeks at a time.

"Guinea worm has horrendous consequences for sufferers in terms of their immediate health and in terms of their education and employment. It prevents people from escaping poverty," said former U.S. President Jimmy Carter, founder of The Carter Center.

Nigeria, Niger, and Ghana stopped transmission of the disease within the last three years, but cases of Guinea worm disease continue to be reported in South Sudan, Ethiopia, and Mali, as well as an isolated outbreak in Chad.

New Site Provides Planned Giving Tools

Planned gifts ensure that The Carter Center can continue its mission far into the future, while also offering financial benefits to donors. The Center's new planned giving website offers information and interactive tools to help individuals find a plan that fits their goals. New or longtime donors can take a questionnaire, compare gift types, and compute the benefits of specific gifts with a gift calculator. Visit www.cartercenter.org/legacy to try these tools.

European Countries Support Center's Elections, Human Rights Work

The nations of the Netherlands, Norway, the United Kingdom, and Belgium have provided crucial funding for the Carter Center's peace programs in Africa, Asia, and Latin America.

The Netherlands has been a Carter Center partner since 1991 with $7.2 million donated for peace work. Its support for upcoming elections in the Democratic Republic of the Congo has allowed the Center to field long-term observers nationally, and funding to the Center's journalism project in Venezuela is helping to reduce political polarization.

Another longtime partner, Norway has contributed $5.1 million since 1989. Ongoing support for the Center's work in Nepal is helping the country transition to democracy, and support of the referendum in Sudan last April resulted in the formation of a new nation, South Sudan.

In addition to supporting the Center's health programs, the United Kingdom has contributed $4 million to peace work since 1999. UK funding for elections last fall in Cote d'Ivoire was vital, allowing the country to move forward in accordance with a 2007 fragile peace agreement that halted a brief civil war.

Belgium, which began funding Carter Center programs in 2006, has provided $1.7 million. Belgium's support of the new online website that maps mines in the Copper Belt of the Democratic Republic of the Congo will help draw international attention to the gross inequality between mine owners and mine workers.

Support from several European partners allowed The Carter Center to observe a historic referendum in Sudan last January.

The Carter Center
One Copenhill
453 Freedom Parkway
Atlanta, GA 30307

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WAGING PEACE. FIGHTING DISEASE. BUILDING HOPE.

Janice Cooper, PhD, MPA, leads the Carter Center's mental health work in Liberia.

NOTES FROM THE FIELD

Clinicians Ready to Make Impact in Liberia

By Janice Cooper

To most Liberians, people with a mental illness are useless for society. Some think that mental health conditions are contagious, or that victims are under the spell of witchcraft. And with the wounds of a 14-year civil war still raw, others are sure that a person tormented by a mental illness is being punished for perpetrating some wartime evil.

Compounding the problem is lack of care for those who do seek help. In this country of 3.8 million, there is only one practicing psychiatrist. In-patient care barely exists but for one small hospital in capital city Monrovia.

But a sea change is coming. In August, a Carter Center program graduated the first-ever class of mental health clinicians. With six months of intense specialized training in the classroom and in clinical settings under their belts, these 21 nurses and physician assistants have the tools necessary to help their fellow Liberians get the care they need, whether it's counseling for post-traumatic stress disorder or medication for schizophrenia.

Most of the clinicians will work in primary-care facilities, where they can integrate mental health assessment and care into a full spectrum of health care. In this first class, students hailed from seven of Liberia's 15 counties. For the next four years, we will have two classes per year. Our five-year goal is to have 150 mental health clinicians working in every region so that people can receive care in their own communities.

The training is designed to be self-sustaining. International faculty mentor Liberian faculty so that in future classes, Liberians will teach the program to Liberians. Eight students in the first cohort were nurse educators; they now can teach others.

Liberia's mental health system will not be transformed overnight. The civil war lasted 14 years, but the damage to Liberia and her people will last even longer. Like every other facet of Liberian society, we face major challenges. But we must do all we can, and we're off to a tremendous start.

★ Go to the Carter Center's blog (http://blog.cartercenter.org) to find out how an innovative Georgia Institute of Technology program is supporting mental health care in Liberia.

The 21 graduates of the new mental health clinician program in Liberia celebrate after learning they have all passed their licensing exams.