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**Sample Briefing Book  
for First Ladies**

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THE WHITE HOUSE


WASHINGTON

Welcome to Miami! I am so delighted you will be joining me and the other First Ladies of the Hemisphere in addressing the Summit of the Americas agenda as it relates to the needs of children. Enclosed is information about the Summit and our Symposium. There will be a resource table at the Symposium site with additional information about the issues we will discuss.

I very much look forward to meeting with you and spending time together over the next few days discussing our hemisphere's most important resource--our children.

With warm regards and best wishes for a pleasant stay, I am

Sincerely yours,

A handwritten signature in black ink that reads "Hillary Rodham Clinton". The signature is written in a cursive, flowing style.

Hillary Rodham Clinton

Symposium on Children of the Americas

Participants

BAHAMAS	Mrs. Delores Ingraham
BARBADOS	Mrs. Beverley Arthur
BELIZE	Mrs. Kathleen Levy Esquivel
BOLIVIA	Mrs. Ximena Sánchez de Lozada
BRAZIL	Mrs. Lucia Flecha de Lima
CANADA	Mrs. Aline Chrétien
CHILE	Mrs. Marta Larraechea de Frei
COLOMBIA	Mrs. Jacquin Samper
COSTA RICA	Mrs. Josette Figueres
DOMINICAN REBUBLIC	Mrs. Luisa Alba de Morales
ECUADOR	Mrs. Josefina Villalobos de Durán Ballén
EL SALVADOR	Mrs. Elizabeth Calderón Sol
GUATEMELA	Mrs. María Eugenia De León
GUYANA	Mrs. Janet Jagan
HONDURAS	Mrs. Bessie Reina
MEXICO	Mrs. Nilda Patricia Zedillo
NICARAGUA	Mrs. Cristiana Chamorro
PANAMA	Mrs. Dora Pérez Balladares
PARAGUAY	Mrs. María Teresa de Wasmosy
PERU	Ms. Keiko Sofia Fujimori Higuchi
TRINIDAD and TOBAGO	Mrs. Hazel Manning
UNITED STATES	Mrs. Hillary Rodham Clinton
URUGUAY	Mrs. María Julia Pou Lacalle

No Representatives attending

ANTIGUA and BARBUDA  
ARGENTINA  
DOMINICA  
GRENADA  
HAITI  
JAMAICA  
ST. KITTS and NEVIS  
ST. LUCIA  
ST. VINCENT and the GRENADINES  
SURINAME  
VENEZUELA

**SYMPOSIUM ON CHILDREN OF THE AMERICAS**

Hosted by Mrs. Clinton

Saturday, December 10, 1994

8:15am-  
8:45

Arrival, Biltmore Hotel, Country Club entrance

9:00am -  
10:00  
3

Plenary Session  
Biltmore Hotel, Country Club Ballroom

Participants: First Ladies

Observers: Spouses accompanying the two ranking senior  
officials in each delegation

Spouses of Ambassadors to the United States

Spouses of United States Ambassadors

Spouses of United States Cabinet Members

Children accompanying Leaders

11:00-  
12:00

Workshops

Youth Health and Education Issues  
Children's Education Issues  
Children's Health Issues

Anastasia, Majorca and Marbella Rooms  
Biltmore Hotel

Participants: First Ladies

11:15-  
1:00pm

Lunch hosted by Mrs. Gore for Plenary Observers  
Alhambra Room  
Biltmore Hotel

12:30pm -  
2:30

Lunch hosted by Mrs. Clinton for First Ladies  
Danielson Gallery  
Biltmore Hotel Country Club

**SYMPOSIUM ON CHILDREN OF THE AMERICAS**

**Hosted by First Lady Hillary Rodham Clinton**

**Saturday, December 10, 1994**

**Miami, Florida**

**PLENARY SESSION**

- Welcoming remarks by Mrs. Hillary Rodham Clinton of the United States
- Screening of a UNICEF video presentation
- Remarks by Dr. George Alleyne, Director-designate, Pan American Health Organization
- Remarks by Mrs. Hazel Manning of Trinidad and Tobago
- Remarks by Mrs. Ximena Iturralde Sanchez de Lozada of Bolivia
- Remarks by Mrs. Josette Altmann de Figueres of Costa Rica
- Closing Remarks by Mrs. Hillary Rodham Clinton of the United States
- Open Discussion
- Brief Intermission

**WORKING GROUP SESSION**

- The First Ladies will break into three working groups:
  1. Children's Health Issues, chaired by Mrs. Janet Jagan of Guyana
  2. Children's Education Issues, chaired by Mrs. Nilda Patricia Velasco de Zedillo of Mexico
  3. Challenges in Health and Education Facing Today's Adolescents, chaired by Mrs. Marta Larraechea de Frei of Chile

#### WORKING LUNCHEON

- Reports from the Working Group Chairs:
  - Mrs. Janet Jagan of Guyana on Children's Health Issues
  - Mrs. Nilda Patricia Velasco de Zedillo of Mexico on Children's Education
  - Mrs. Marta Larraechea de Frei of Chile on Challenges in Health and Education Facing Today's Adolescents
- Remarks by Mrs. Maria Teresa de Wasmosy of Paraguay on the next convening of the Wives of Heads of State and Governments of the Americas
- Closing remarks by Mrs. Hillary Rodham Clinton

# SUMMIT OF THE AMERICAS

## *Children of the Americas*

### **Introduction**

- The Hemisphere's leaders and their spouses are coming together not only as the heads of their governments and people, but also as parents and members of families who recognize that one driving force behind the Summit is to ensure children's well-being now and in the future.
- Virtually every element of the Summit Plan of Action will have a direct or indirect impact on the economic, social, or physical well-being of the children of the hemisphere.
- The implementation of the Summit Plan of Action will bring about a better standard of living for the children of the hemisphere, through increased trade and jobs, improved access to health and education, and the protection of their rights.

### **The Summit Initiatives: Impact on Children**

#### **I. Preserving and Strengthening the Community of Democracies of the Americas**

##### Strengthening Democracy

- \* Helps prevent political violence, which has a profound effect on the well-being of our children.

##### Promoting and Protecting Human Rights

- \* Includes guarantees for the rights of children and calls for ratifying the United Nations Convention of the Rights of the Child

##### Invigorating Society/Community Participation

- \* Encourages the growth of civic-minded non-governmental organizations, including those which support children's issues, and notes the need to improve participation of young people.
- \* Helps ensure that groups such as disabled, indigenous, and female children receive fair and equitable treatment.

## Combating the Problem of Illegal Drugs and Related Crimes

- \* In order to safeguard children's health and their futures, we must educate our children on the dangers of drug abuse and prevent them from using narcotics.
- \* We must continue our efforts to protect children from this threat and prevent them from becoming involved in drug-related criminal activities.

## II. Promoting Prosperity Through Economic Integration and Free Trade

### Free Trade in the Americas/Capital Markets Development and Liberalization

- \* Creates more jobs, allowing families to enjoy a higher standard of living.
- \* Lessens need to depend on children to help augment the family's income, thus reducing child labor.
- \* Provides more commodity variety at more competitive prices, helping to decrease malnutrition.

### Hemispheric Infrastructure

- \* Increases access of all sectors of society to better transportation, electricity, and clean water.

## III. Eradicating Poverty and Discrimination in Our Hemisphere

### Universal Access to Education

- \* All children, regardless of economic or social situation, will receive the basic tools necessary to become full, participatory members of society, especially girls, minorities, and indigenous groups.
- \* Requiring children to attend primary school will help eradicate child labor.
- \* Ensures that all children have the foundation necessary to compete in a modern economy and/or to go on to higher levels of education; secondary school will train students for more complex jobs, allowing them to be more competitive in the modern world economy.

### Equitable Access to Basic Health Services

- \* Reducing child, infant, and maternal mortality rates will clearly benefit children, who are particularly vulnerable to illness and unhealthy living conditions.
- \* The success of immunization programs in eradicating the childhood disease of polio demonstrate the importance of universal access to such prevention programs.

### Strengthening the Role of Women in Society

- \* Since many of the households in the hemisphere are headed by women, increasing their opportunities to participate in all spheres of political, social, and economic life will improve the well-being of the members of those households.

## **IV. Guaranteeing Sustainable Development and Conserving Our Natural Environment for Future Generations**

### Partnership for Sustainable Energy Use/Partnership for Pollution Prevention

- \* Developing cleaner sources of energy will improve the health of our children.
- \* We need to ensure that our children are left with options for renewable sources of energy.

### Partnership for Biodiversity

- \* Ensures that we do not destroy the living resources or environment of our planet, but rather preserve them for the sake of future generations.

## **Children: the Foundation for the Americas of the 21st Century**

- The broad range of Summit objectives are aimed not only at helping children now, but also at giving children the tools they need to provide for themselves and their children in the future.
- Future generations will be called upon to continue the work initiated at the Miami Summit—we must prepare today's children to be the leaders of tomorrow's integrated and democratic Western Hemisphere.

# **SYMPOSIUM ON CHILDREN OF THE AMERICAS**

## **Themes for Working Group Session On**

### ***Children's Education Issues***

Summit Goals: A primary completion rate of 100 percent and a secondary enrollment rate of at least 75 percent by the year 2010.

(See Summit Plan of Action Initiative 16, "Universal Access to Education," for the full text.)

Universal literacy and access to education at all levels, without distinction of race, national origin or gender, is an indispensable basis for sustainable social and cultural development, economic growth and democratic stability.

Although almost every country in the hemisphere has adult literacy rates of over 80 percent, there are still too many people who do not have a basic level of reading and writing skills. Eradicating illiteracy is best approached by ensuring that children are enrolled in and complete at least primary school. A number of factors impact on both enrollment and completion rates, including pre-school environment, the quality of the school's curriculum and the training received by the educators.

The nurturing and nutrition children receive early in their lives dramatically impact on their ability to thrive when they reach school age, and can improve future performance and reduce costly repetition and drop-out rates. Approximately 8.9 million children in this hemisphere participate in early childhood programs.

Primary school enrollment of children age 6-11 increased over the last 20 years in all countries in the region, especially in population centers. However, enrollment levels remain relatively low in certain regions and sub-groupings (girls, indigenous, urban minority and rural populations).

The World Bank estimates that every year \$2.5 billion are spent on grade repetition for 20 million children in Latin America. Countries are addressing drop-out and repetition rates by setting national goals in educational efficiency as well as relevance of what is taught.

The Summit initiative on education calls for governments to work with the private sector and multilateral institutions to guarantee universal access to quality primary education; support strategies to overcome nutritional deficiencies of primary school children in order to enhance their learning ability; and create a

- hemispheric partnership to reform educational policies and focus resources more efficiently.

# SYMPOSIUM ON CHILDREN OF THE AMERICAS

## Themes for Working Group Session On

### *Children's Health Issues*

Summit Goals: To reduce child mortality by one-third and maternal mortality by one-half by the year 2000.

(See Summit Plan of Action Initiative 17, "Equitable Access to Basic Health Services," for the full text.)

The average infant mortality rate for the 34 countries attending the Summit is 33 deaths per 1,000 births. Major achievements in reducing that rate thus far have been in high-impact but simple technologies such as vaccinations and controlling diarrhea through oral rehydration. The challenge now is to move to more difficult and complex interventions such as managing pneumonia, improving nutritional status, and reducing neonatal mortality, while sustaining the gains already achieved. The region-wide effort to eradicate polio, which succeeded in interrupting transmission throughout the hemisphere, was a model of cooperation, partnership and participation. This model can be adapted to eliminating measles, or at least reducing incidences and deaths to the levels called for in the Narino Accord.

Maternal death rates remain a significant problem in the Americas, with national rates ranging from a low of 5 to a high of about 600 per 100,000 live births. To reduce maternal mortality, we need to improve and expand access to prenatal and postnatal care and to provide safer delivery care. Community-based approaches such as training and deployment of midwives and family planning have reduced maternal mortality in some countries.

In addition, inequities in access to health care contribute to the concentration of children's health problems in certain populations (e.g. rural areas, indigenous peoples). These inequities can be addressed through systemic reforms of health care delivery systems which can include essential community-based services for the poor, the disabled, and indigenous groups; stronger public health infrastructure; alternative means of financing, managing, and providing services; quality assurance; and greater use of non-governmental actors and organizations.

The Summit Plan of Action calls for a number of actions involving the hemispheric governments, the Inter-American Development Bank, the World Bank, and the Pan-American Health Organization, and representatives of the private sector in focusing on and establishing a framework for health reform mechanisms. These actions include: developing or updating country action plans or programs for

reform; strengthening international fora for sharing technical expertise, information and experience on health reform efforts; and convening a special meeting of hemispheric governments with interested donors and international technical agencies to establish a framework for health reform mechanisms.

# SYMPOSIUM ON CHILDREN OF THE AMERICAS

## Themes for Working Group Session On

### *Youth Health and Education Issues*

Summit Goals: Address the needs of adolescents through prevention programs for narcotics use and abuse, the transmission of HIV/AIDS, and unintended pregnancies, and through enhanced vocational or college-preparatory programs.

(See Summit Plan of Action Initiative 6, "Combating the Problem of Illegal Drugs and Related Crimes;" Initiative 16, "Universal Access to Education;" and Initiative 17, "Equitable Access to Basic Health Services," for full texts.)

Youth in the hemisphere, who make up roughly a quarter of the population, must obtain the education and training needed to be productive adults and avoid often fatal health risks.

At current birth rates, half of the hemisphere's female population will have a child between the ages of 15 and 19. In addition to the maternal mortality issues covered under the symposium's health theme, these young women are exposed to sexually-transmitted diseases—including AIDS/HIV, and often leave school to have or raise their babies. The Summit initiative on health includes a proposal to have a basic package of health services which includes maternal and reproductive health care, planning information and services, and HIV/AIDS prevention.

Both female and male adolescents leave school early, for a number of reasons, resulting in an workforce unprepared for an increasingly high-technology world market. Educational programs aimed at keeping teenagers in school and curricula designed to prepare students for adulthood are needed. The Summit education initiative calls for promoting worker professional training, increasing access to and strengthening the quality of high education, and creating a hemispheric partnership to reform educational policies.

The problem of narcotics consumption, production, and trafficking is a huge drain on our youth. In addition to the health problems and deaths caused by drug use, narcotics-related violence also affects a large number of young people. In addition, young adults without the education or training to support themselves are too often drawn to the narcotics-related crimes of selling or trafficking narcotics. The proposed initiative on narcotics includes a broad agenda to reduce both the demand and supply of narcotics throughout the hemisphere.

# SUMMIT OF THE AMERICAS

## *Strengthening the Role of Women in Society*

Summit Goals: Strengthen policies and programs that improve and broaden the participation of women in all spheres of political, social, and economic life and improve their access to the basic resources needed for the full exercise of their fundamental rights.

(See Summit Plan of Action Initiative 18, "Strengthening the Role of Women in Society," for the full text.)

The Fourth Conference of Wives of Heads of State and of Governments of the Americas issued in October 1994 the Declaration of St. Lucia, which called for supporting actions which further the full exercise of women's human rights, expressed appreciation for efforts to reduce domestic violence; encouraged steps to educate women in preparation for decision-making in all spheres; and requested that the women's issues be addressed at a wide range of fora.

The proposed Summit Plan of Action calls for the nations of the hemisphere to commit to taking many of those steps, such as recognizing and giving full respect for all rights of women, promoting the participation of women in decision-making; enhancing women's productivity and economic self-reliance through education and skill development; reducing violence against women; and encouraging regional and international financial and technical organizations to intensify their programs in favor of women.

In addition, women remain the primary care-givers for children throughout the hemisphere. Therefore, the importance of the development and strengthening of the role of women in society should be recognized also in terms of the impact of women's development on their children and its positive contribution to society.

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### Remarks

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**FIRST LADY HILLARY RODHAM CLINTON  
REMARKS FOR THE FIRST LADIES' SYMPOSIUM ON  
CHILDREN OF THE AMERICAS  
MIAMI, FLORIDA  
DECEMBER 10, 1994**

Welcome to all of my colleagues and friends from across the Americas, and to all of our distinguished guests.

It is an honor and privilege for me to host this wonderful symposium here in Miami. Let me begin by expressing my gratitude to the First Ladies of Latin America, the Caribbean, and Canada for your help and guidance in preparing for this session. Your extraordinary efforts in previous First Ladies' meetings in Colombia, Costa Rica, and most recently in St. Lucia, have provided a foundation for all of our work -- today and into the future.

I hope that in the course of our gathering here, and in the weeks and months ahead, we will learn much from each other and find new inspiration to address the needs of children, families, and women across our hemisphere.

Today, we live in an age of great promise -- and great peril -- for the 130 million children of the Americas. Great promise because our children are our lifeline to prosperity and democracy in the decades ahead. And we all take pleasure in knowing that there are millions of happy, healthy children across the Americas whose futures are filled with hope.

But there are perils too, because from the Queen Elizabeth Islands to Tierra del Fuego, our children are shouldering burdens rarely encountered by older generations.

Children suffering from hunger, poverty, homelessness, inadequate health care, disease, illiteracy, violence, and abuse are not confined to a single nation or a single continent. The cries of desperate children are sadly heard in every nation represented here. And it is the plight of those children that brings us together today, not just as the spouses of heads of state or as representatives of our governments, but as mothers, sisters, daughters, grandmothers, aunts, neighbors and friends who believe that every child in every country deserves a fair chance in life.

The political leaders convening at this historic summit have set forth an agenda to promote prosperity and democracy throughout the hemisphere through trade initiatives, sustainable development, and more effective government.

Today, summit leaders are outlining goals to ensure the economic, social and physical well-being of children, which Dr. Alleyne will outline later in greater detail:

The proposed Summit Plan of Action calls for universal access to education so that all children, regardless of economic or social status, racial or ethnic origin, or gender, will receive the basic tools necessary to become full members of society. The goal of requiring children to attend and complete primary school is also under discussion. If this goal is achieved, it will help eradicate child labor and give children a greater hope of acquiring the skills and knowledge needed in a modern global economy.

Beyond the important issue of school attendance, the Summit initiative on education also addresses the nutritional needs of children so they can learn more effectively.

The proposed Summit Plan of Action calls for equitable access to basic health services, which will be particularly beneficial to children, who are most vulnerable to illnesses and unhealthy living conditions.

Specific programs being recommended will address child, infant, and maternal mortality rates, as well as increasing immunization efforts to eradicate childhood diseases, such as measles, that still afflict too many children. We need only look to the disappearance of new polio cases in the Western hemisphere to know the success of these immunization programs.

We all know that the role of caregiver is crucial to the development of healthy and secure children. And we all know that the primary caregivers in society most often are women. The Summit proposal to strengthen the role of women will increase opportunities for women to participate in all spheres of life -- political, social, and economic.

Empowering women with economic self-reliance, access to quality health care and education is not only a valuable step forward in itself. It's an important step forward for children.

While we recognize that our political leaders are responsible for devising policies and programs to meet these important goals, we also know that, as First Ladies, we have a significant role to play.

Just as advocacy organizations, social institutions, and dedicated individuals are critical to progress, we, too, can help push the agenda forward in our respective countries.

When it comes to children's issues, women have a special calling. And that's why we have a duty to raise our voices for

the voiceless -- our children, the youngest and most vulnerable among us.

This week I've had particular reason to think about the difference one woman alone can make on behalf of children, even against extraordinary odds. My friend, Elizabeth Glaeser, died last weekend after losing a long battle with AIDS.

Elizabeth contracted HIV through a blood transfusion while hemorrhaging during the delivery of her first child, Ariel. Unbeknownst to her, her daughter, and then a son born later, also contracted the virus.

When Elizabeth learned that she and her children had been infected with HIV, she dedicated herself to raising awareness about AIDS. From a small office in Los Angeles, she created the Pediatric AIDS Foundation, which has raised over \$30 million since its founding in 1988.

Elizabeth often said she was motivated and strengthened by the memory of her daughter, who died four years ago at the age of seven. Her son, now 10, lives with HIV every day.

If Elizabeth could continue to contribute so much on behalf of children throughout her own illness, I know we can make our own contributions too. Of course, we will not all be involved in the same ways, or even on precisely the same issues. I know, for example, that AIDS is not as prevalent in many of your countries as it is in mine. That's why each of us must find a venue appropriate to our own situation as First Lady or government representative. But whatever role we choose represents a rare opportunity to make a difference in the lives of tens of millions of children -- and in the future of all of the Americas.

There is an urgency to our mission. More than half of our population in this hemisphere is under age 23. Ushering children into the world is, of course, the province of families. But building safe and nurturing communities for them to grow up in . . . making sure they have access to schools that teach them to read and write . . . protecting them from avoidable diseases . . . training them for productive adulthoods. . . and honoring their rights in the face of violence and abuse -- these are our collective responsibilities.

This concept was eloquently expressed in a pastoral letter issued in the United States several years ago by the National Conference of Catholic Bishops. In that letter, entitled *Putting Children and Families First*, the bishops said:

"No government can love a child, and no policy can substitute for a family's care. But, government can either support or undermine families. There has been an unfortunate,

unnecessary and unreal polarization in [the] discussion [of] how best to help families. The undeniable fact is that our children's future is shaped both by the values of their parents and the policies of our nation."

As adults, we must take responsibility for our children so that they can learn to take responsibility for themselves. And we must insist that society's most vital institutions -- family, school, and church -- create the conditions necessary for our children to fulfill all their God-given potential.

To be sure, our challenges differ from country to country, and our recipes for progress may require different ingredients. The purpose of this gathering is not to prescribe one solution, but to share ideas and opinions and learn from each other's experiences.

Here in the United States, for example, we are not doing enough to ensure that women receive adequate pre- and post-natal health care, particularly poor women and teenagers. In 1992, 22 percent of pregnant women in this country received no pre-natal care.

As the rest of the world knows all too well, my nation faces significant challenges in stopping an epidemic of gun violence that daily claims the lives of children in our cities and towns. Today, homicide is the leading cause of death for African American youth in the United States and violence is the second leading cause of death for youngsters between the ages of 10 and 14.

Combined with violence is an equally disturbing scourge of narcotics use among our young people. Illegal drugs are readily available in too many communities in the United States, and even in some of our schools. Studies show that as many as seven million children abuse alcohol and drugs to some extent

At the same time, we are making progress on behalf of some of our children -- progress that is visible right here in Miami. Just yesterday I had the opportunity to visit Jackson Memorial Hospital and Drew Elementary School -- two institutions that have achieved remarkable successes in disadvantaged communities.

Jackson Memorial Medical Center, which is affiliated with the University of Miami, has the difficult task of caring for some of the poorest and neediest residents of this city. The newborn intensive care unit that I visited yesterday serves the highest risk population in Dade County -- but the hospital has achieved the lowest infant mortality rates in the state.

The hospital also has devised innovative ways of serving its community. A mobile van brings doctors and nurses to those who

might otherwise go without necessary treatment and care.

Drew Elementary School is located in a predominantly African-American neighborhood. Community leaders devised a cultural exchange program in which students from Drew and a predominantly Hispanic school called Seminole Elementary come together for a variety of activities that promote tolerance and understanding. To enhance communication across cultures, students at Drew take Spanish from the second grade on.

The positive educational climate at Drew is reflected in the student attendance rate: 95 percent of the school's students come to class every day.

Drew has succeeded because parents, teachers, the school principal and community leaders have worked hard to create an environment where children feel safe, secure, and confident that they will thrive. The adults have taken responsibility; and the children are learning to take responsibility as well.

In every one of our nations, dedicated, energetic, and caring people are battling on the front lines to solve some of society's most vexing problems. The purpose of this gathering is to educate each other about our challenges and our successes -- and to make our efforts more cooperative by sharing the knowledge and experience each of us holds within us.

When we return to our capitals, I hope we will not be guided solely by documents, policy papers, and official pronouncements, but also by the desire in our hearts to see that all children have the gift of hope in their lives.

In the words of Gabriela Mistral [Mee-strall], the visionary Chilean educator, poet, and Nobel prize winner for literature: "Let me be more maternal than a mother; able to love and defend with all of a mother's fervor the child that is not flesh of my flesh."

As she once said: "Many things we need can wait. The child cannot . . . To him, we cannot say tomorrow. His name is today."

Thank you for coming to Miami, and for joining together in this important cause.

And now, let us go from words to deeds.

[Introduce UNICEF video]

###

## SYMPOSIUM ON CHILDREN OF THE AMERICAS

### SUGGESTED SCRIPT

-Announcement of each First Lady into the room

-First Ladies proceed to seats at U-shaped table

-HRC gives 20 minute opening remarks, closes with:

**"Now I would like to introduce the video presentation produced by UNICEF expressly for this gathering. I know that all of us are extremely appreciative of the extraordinary work that UNICEF has done of behalf of children around the world, and especially in the hemisphere."**

-Video is shown

-HRC remarks:

**"UNICEF has asked me to let you know that they will be sending copies of this video to you in various formats for your own use. I know that you all join me in sending greetings to Jim Grant, the head of UNICEF and a special friend to all of us. I know we are all grateful for his dedication to children around the world."**

**Now I would like to introduce Dr. George Alleyne (ah-LEAN), who will outline for us the challenges that our hemisphere's children confront in health and education. Dr. Alleyne is the director-designate of the Pan American Health Organization, and we are delighted that he is here with us this morning."**

-Dr. Alleyne delivers remarks.

-HRC remarks:

**"Thank you, Dr. Alleyne! So many of you at this table have much experience in these issues and your nations have developed some excellent models to meet these challenges. So let me start this part of the session by calling on Mrs. Manning from Trinidad."**

-Mrs. Manning gives remarks.

-HRC remarks:

**"I'd like to introduce our next presenter, Mrs. Sanchez de Lozada (SAHN-chaz deh Loh-SAH-dah) from Bolivia."**

Mrs. Sanchez de Lozada gives remarks.

-HRC remarks:

**"Our final presenter at this point will be Mrs. Figueres (fee-GEH-rehs) from Costa Rica."**

-Mrs. Figueres gives remarks.

-HRC remarks:

**"We have a little time now for more comments, and we'll have more time in the breakout sessions. Please let us know who would like to be recognized for additional comments." (We will provide you with a card with the names of First Ladies who want to be recognized.)**

-Discussion.

-When discussion time runs out, HRC

**"We will continue our discussion in the breakout sessions. Please refer to your briefing book for your section and room numbers. I want to thank all of the distinguished observers who have joined us today, and a special thanks to Tipper Gore, who will host a luncheon for all of our observers and distinguished guests at this point."**

-Break out sessions (HRC spends approx. 15 minutes in each room.)

-Participants proceed to First Ladies Lunch. All First Ladies are seated around one U-shaped table.

-HRC delivers opening remarks:

**"I hope that all of you have found our discussion as stimulating as I have. So that we can all benefit from the insights that were presented in the working groups, I'd like to call on the chairs of the three groups. First, the chair of our children's education working group, Mrs. Zedillo (seh-DEE-oh) of Mexico.**

-Mrs. Zedillo gives remarks

-HRC remarks:

**"Next, the chair of our children's health working group, Mrs. Jagan (JAY-gehn) of Guyana."**

-Mrs. Jagan gives remarks

-HRC remarks:

**-"Finally, the chair of our adolescent health and education working group, Mrs. Frei (FRAY) of Chile.**

-Mrs. Frei gives remarks

-HRC remarks:

**"Thank you. Does anyone else have anything else to offer? Now I would like to turn to Mrs. Wasmosy (wahs-MOH-see) of Paraguay to hear about Next Steps.**

-Mrs. Wasmosy gives remarks

-HRC remarks:

**"Now I ask you to indulge me as I summarize the highlights of our discussion..."  
(The First Ladies will have received a copy of your statement and hopefully it will serve as talking points for them as well.)**

###

**STATEMENT OF FIRST LADY HILLARY RODHAM CLINTON  
SUMMARIZING HIGHLIGHTS OF THE  
FIRST LADIES SYMPOSIUM ON CHILDREN**

Today, December 10, 1994, the First Ladies or their designees from throughout the hemisphere participated in a symposium on "Children of the Americas."

The Children of the Americas Symposium paralleled the proposed Summit of the Americas goals in the areas of improving access to health care and education for children and adolescents.

The First Ladies shared information on successful programs from their nations on a wide range of issues, including: ensuring universal access to primary education, improving primary and secondary school completion rates, reducing maternal and infant mortality rates, endorsing a basic package of health and services, increasing immunization and programs that combat communicable diseases, and treatment and prevention of narcotics use.

The major gains that have been achieved in bringing adequate, affordable and quality health care and education to the millions of children of the hemisphere were highlighted. In particular, the First Ladies and others praised the success of immunization programs in preventing new cases of polio in the Western Hemisphere. However, there was also a recognition that many challenges remain -- challenges that the leaders of the hemisphere have made part of their agenda at the Summit and for the future.

The First Ladies committed themselves to continuing to play a role -- whether as individuals, prominent persons, or the spouse of the nation's leader -- in helping their nations meet the needs of children.

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**STATEMENT OF FIRST LADY HILLARY RODHAM CLINTON  
SUMMARIZING HIGHLIGHTS OF THE  
FIRST LADIES SYMPOSIUM ON CHILDREN**

Today, December 10, 1994, the First Ladies or their designees from throughout the hemisphere participated in a symposium on "Children of the Americas."

The Children of the Americas Symposium paralleled the proposed Summit of the Americas goals in the areas of improving access to health care and education for children and adolescents.

The First Ladies shared information on successful programs from their nations on a wide range of issues, including: ensuring universal access to primary education, improving primary and secondary school completion rates, reducing maternal and infant mortality rates, endorsing a basic package of health and services, increasing immunization and programs that combat communicable diseases, and treatment and prevention of narcotics use.

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SYMPOSIUM ON CHILDREN OF THE AMERICAS

SUGGESTED SCRIPT

-Announcement of each First Lady into the room

-First Ladies proceed to seats at U-shaped table

-HRC gives 20 minute opening remarks, closes with:

hit Button  
Remain Seated

"Now I would like to introduce the video presentation produced by UNICEF expressly for this gathering. I know that all of us are extremely appreciative of the extraordinary work that UNICEF has done of behalf of children around the world, and especially in the hemisphere."

-Video is shown

-HRC remarks:

"UNICEF has asked me to let you know that they will be sending copies of this video to you in various formats for your own use. I know that you all join me in sending greetings to Jim Grant, the head of UNICEF and a special friend to all of us. I know we are all grateful for his dedication to children around the world.

Now I would like to introduce Dr. George Alleyne (ah-LEAN), who will outline for us the challenges that our hemisphere's children confront in health and education. Dr. Alleyne is the director-designate of the Pan American Health Organization, and we are delighted that he is here with us this morning."

-Dr. Alleyne delivers remarks.

-HRC remarks:

"Thank you, Dr. Alleyne! So many of you at this table have much experience in these issues and your nations have developed some excellent models to meet these challenges. So let me start this part of the session by calling on Mrs. Manning from Trinidad."

-Mrs. Manning gives remarks.

-HRC remarks:

"I'd like to introduce our next presenter, Mrs. Sanchez de Lozada (SAHN-chez deh Loh-SAH-dah) from Bolivia."

Mrs. Sanchez de Lozada gives remarks.

-HRC remarks:

"Our final presenter at this point will be Mrs. Figueres (fee-GEH-rehs) from Costa Rica."

-Mrs. Figueres gives remarks.

-HRC remarks:

"We have a little time now for more comments, and we'll have more time in the breakout sessions. Please let us know who would like to be recognized for additional comments." (We will provide you with a card with the names of First Ladies who want to be recognized.) *Columbia - ask if any others.*

-Discussion.

-When discussion time runs out, HRC says:

*Wagler the 3rd guest book*

"We will continue our discussion in the breakout sessions. Please refer to your briefing book for your section and room numbers. I want to thank all of the distinguished observers who have joined us today, and a special thanks to Tipper Gore, who will host a luncheon for all of our observers and distinguished guests at this point."

*photo.*

-Break out sessions (HRC spends approx. 15 minutes in each room.)

-Participants proceed to First Ladies Lunch. All First Ladies are seated around one U-shaped table.

-HRC delivers opening remarks:

"I hope that all of you have found our discussion as stimulating as I have. So that we can all benefit from the insights that were presented in the working groups, I'd like to call on the chairs of the three groups. First, the chair of our children's education working group, Mrs. Zedillo (seh-DEE-oh) of Mexico.

-Mrs. Zedillo gives remarks

-HRC remarks:

"Next, the chair of our children's health working group, Mrs. Jagan (JAY-gehn) of Guyana."

-Mrs. Jagan gives remarks

-HRC remarks:

**-"Finally, the chair of our adolescent health and education working group, Mrs. Frei (FRAY) of Chile.**

-Mrs. Frei gives remarks

-HRC remarks:

**"Thank you. Does anyone else have anything else to offer? Now I would like to turn to Mrs. Wasmosy (wahs-MOH-see) of Paraguay to hear about Next Steps.**

-Mrs. Wasmosy gives remarks

-HRC remarks:

**"Now I ask you to indulge me as I summarize the highlights of our discussion..."  
(The First Ladies will have received a copy of your statement and hopefully it will serve as talking points for them as well.)**

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FIRST LADY HILLARY RODHAM CLINTON  
REMARKS FOR THE FIRST LADIES' SYMPOSIUM ON  
CHILDREN OF THE AMERICAS  
MIAMI, FLORIDA  
DECEMBER 10, 1994

Welcome to all of my colleagues and friends from across the Americas, and to all of our distinguished guests.

It is an honor and privilege for me to host this wonderful symposium here in Miami. Let me begin by expressing my gratitude to the First Ladies of Latin America, the Caribbean, and Canada for your help and guidance in preparing for this session. Your extraordinary efforts in previous First Ladies' meetings in Colombia, Costa Rica, and most recently in St. Lucia, have provided a foundation for all of our work -- today and into the future.

I hope that in the course of our gathering here, and in the weeks and months ahead, we will learn much from each other and find new inspiration to address the needs of children, families, and women across our hemisphere.

Today, we live in an age of great promise -- and great peril -- for the 130 million children of the Americas. Great promise because our children are our lifeline to prosperity and democracy in the decades ahead. And we all take pleasure in knowing that there are millions of happy, healthy children across the Americas whose futures are filled with hope.

But there are perils too, because from the Queen Elizabeth Islands to Tierra del Fuego, our children are shouldering burdens rarely encountered by older generations.

Children suffering from hunger, poverty, homelessness, inadequate health care, disease, illiteracy, violence, and abuse are not confined to a single nation or a single continent. The cries of desperate children are sadly heard in every nation represented here. And it is the plight of those children that brings us together today, not just as the spouses of heads of state or as representatives of our governments, but as mothers, sisters, daughters, grandmothers, aunts, neighbors and friends who believe that every child in every country deserves a fair chance in life.

The political leaders convening at this historic summit have set forth an agenda to promote prosperity and democracy throughout the hemisphere through trade initiatives, sustainable development, and more effective government.

\* This document builds on the groundwork laid at the 1990 World Summit for Children & the 1994

Today, summit leaders are outlining goals to ensure the economic, social and physical well-being of children, which Dr. Alleyne will outline later in greater detail:

Nareño

Accord.

The proposed Summit Plan of Action calls for universal access to education so that all children, regardless of economic or social status, racial or ethnic origin, or gender, will receive the basic tools necessary to become full members of society. The goal of requiring children to attend and complete primary school is also under discussion. If this goal is achieved, it will help eradicate child labor and give children a greater hope of acquiring the skills and knowledge needed in a modern global economy.

Beyond the important issue of school attendance, the Summit initiative on education also addresses the nutritional needs of children so they can learn more effectively.

The proposed Summit Plan of Action calls for equitable access to basic health services, which will be particularly beneficial to children, who are most vulnerable to illnesses and unhealthy living conditions.

Specific programs being recommended will address child, infant, and maternal mortality rates, as well as increasing immunization efforts to eradicate childhood diseases, such as measles, that still afflict too many children. We need only look to the disappearance of new polio cases in the Western hemisphere to know the success of these immunization programs.

We all know that the role of caregiver is crucial to the development of healthy and secure children. And we all know that the primary caregivers in society most often are women. The Summit proposal to strengthen the role of women will increase opportunities for women to participate in all spheres of life -- political, social, and economic.

Empowering women with economic self-reliance, access to quality health care and education is not only a valuable step forward in itself. It's an important step forward for children.

While we recognize that our political leaders are responsible for devising policies and programs to meet these important goals, we also know that, as First Ladies, we have a significant role to play.

Just as advocacy organizations, social institutions, and dedicated individuals are critical to progress, we, too, can help push the agenda forward in our respective countries.

When it comes to children's issues, women have a special calling. And that's why we have a duty to raise our voices for

the voiceless -- our children, the youngest and most vulnerable among us.

This week I've had particular reason to think about the difference one woman alone can make on behalf of children, even against extraordinary odds. My friend, Elizabeth Glaeser, died last weekend after losing a long battle with AIDS.

Elizabeth contracted HIV through a blood transfusion while hemorrhaging during the delivery of her first child, Ariel. Unbeknownst to her, her daughter, and then a son born later, also contracted the virus.

When Elizabeth learned that she and her children had been infected with HIV, she dedicated herself to raising awareness about AIDS. From a small office in Los Angeles, she created the Pediatric AIDS Foundation, which has raised over \$30 million since its founding in 1988.

Elizabeth often said she was motivated and strengthened by the memory of her daughter, who died four years ago at the age of seven. Her son, now 10, lives with HIV every day.

If Elizabeth could continue to contribute so much on behalf of children throughout her own illness, I know we can make our own contributions too. Of course, we will not all be involved in the same ways, or even on precisely the same issues. I know, for example, that AIDS is not as prevalent in many of your countries as it is in mine. That's why each of us must find a venue appropriate to our own situation as First Lady or government representative. But whatever role we choose represents a rare opportunity to make a difference in the lives of tens of millions of children -- and in the future of all of the Americas.

There is an urgency to our mission. More than half of our population in this hemisphere is under age 23. Ushering children into the world is, of course, the province of families. But building safe and nurturing communities for them to grow up in . . . making sure they have access to schools that teach them to read and write . . . protecting them from avoidable diseases . . . training them for productive adulthoods. . . and honoring their rights in the face of violence and abuse -- these are our collective responsibilities.

This concept was eloquently expressed in a pastoral letter issued in the United States several years ago by the National Conference of Catholic Bishops. In that letter, entitled *Putting Children and Families First*, the bishops said:

"No government can love a child, and no policy can substitute for a family's care. But, government can either support or undermine families. There has been an unfortunate,

unnecessary and unreal polarization in [the] discussion [of] how best to help families. The undeniable fact is that our children's future is shaped both by the values of their parents and the policies of our nation."

As adults, we must take responsibility for our children so that they can learn to take responsibility for themselves. And we must insist that society's most vital institutions -- family, school, and church -- create the conditions necessary for our children to fulfill all their God-given potential.

To be sure, our challenges differ from country to country, and our recipes for progress may require different ingredients. The purpose of this gathering is not to prescribe one solution, but to share ideas and opinions and learn from each other's experiences.

Here in the United States, for example, we are not doing enough to ensure that women receive adequate pre- and post-natal health care, particularly poor women and teenagers. In 1992, 22 percent of pregnant women in this country received no pre-natal care.

As the rest of the world knows all too well, my nation faces significant challenges in stopping an epidemic of gun violence that daily claims the lives of children in our cities and towns. Today, homicide is the leading cause of death for African American youth in the United States and violence is the second leading cause of death for youngsters between the ages of 10 and 14.

Combined with violence is an equally disturbing scourge of narcotics use among our young people. Illegal drugs are readily available in too many communities in the United States, and even in some of our schools. Studies show that as many as seven million children abuse alcohol and drugs to some extent

At the same time, we are making progress on behalf of some of our children -- progress that is visible right here in Miami. Just yesterday I had the opportunity to visit Jackson Memorial Hospital and Drew Elementary School -- two institutions that have achieved remarkable successes in disadvantaged communities.

Jackson Memorial Medical Center, which is affiliated with the University of Miami, has the difficult task of caring for some of the poorest and neediest residents of this city. The newborn intensive care unit that I visited yesterday serves the highest risk population in Dade County -- but the hospital has achieved the lowest infant mortality rates in the state.

The hospital also has devised innovative ways of serving its community. A mobile van brings doctors and nurses to those who

might otherwise go without necessary treatment and care.

Drew Elementary School is located in a predominantly African-American neighborhood. Community leaders devised a cultural exchange program in which students from Drew and a predominantly Hispanic school called Seminole Elementary come together for a variety of activities that promote tolerance and understanding. To enhance communication across cultures, students at Drew take Spanish from the second grade on.

The positive educational climate at Drew is reflected in the student attendance rate: 95 percent of the school's students come to class every day.

Drew has succeeded because parents, teachers, the school principal and community leaders have worked hard to create an environment where children feel safe, secure, and confident that they will thrive. The adults have taken responsibility; and the children are learning to take responsibility as well.

In every one of our nations, dedicated, energetic, and caring people are battling on the front lines to solve some of society's most vexing problems. The purpose of this gathering is to educate each other about our challenges and our successes -- and to make our efforts more cooperative by sharing the knowledge and experience each of us holds within us.

When we return to our capitals, I hope we will not be guided solely by documents, policy papers, and official pronouncements, but also by the desire in our hearts to see that all children have the gift of hope in their lives.

In the words of Gabriela Mistral [Mee-strall], the visionary Chilean educator, poet, and Nobel prize winner for literature: "Let me be more maternal than a mother; able to love and defend with all of a mother's fervor the child that is not flesh of my flesh."

As she once said: "Many things we need can wait. The child cannot . . . To him, we cannot say tomorrow. His name is today."

Thank you for coming to Miami, and for joining together in this important cause.

And now, let us go from words to deeds.

[Introduce UNICEF video]

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## THE DEVELOPMENT OF OUR CHILDREN The Health and Education Dimension<sup>1</sup>

Sir George Alleyne<sup>2</sup>

Madam Chairperson, Mrs. Clinton, First Ladies of the Americas, ladies and gentlemen. First let me congratulate Mrs. Clinton, First Lady of the United States for having selected this critical issue as the topic of this special symposium and express thanks on behalf of the Pan American Health Organization for having been given the opportunity to participate in this unique event.

The expectations of this summit have been very high and the world is watching as the heads of state establish the basic principles that should forge a new future for the people of the Americas. The essence of this new future is that the social conditions should so change that our people can look forward to that security which is at the heart of human development. One of the best indicators of the brightness of that future is the well-being of our children - a well-being that allows them to exercise fully their life options. For many of our children the social conditions that surround them are issues of life or death, or even worse, they may be condemned to a something akin to a living death as they eke out an existence in circumstances that do not kill but will not support life as it should be lived.

The increasing number of high level meetings and agreements that fix the attention of our leaders on the well-being of children is a testimony to the general concern that exists. A very recent accord that invokes the name of the great Colombian patriot Antonio Nariño is a stirring call for the commitment of governments to address the health, education and civic rights of our children and provide a healthy environment - not tomorrow, but now. As a result of action on many fronts and concern by many persons, governments and agencies we have advanced, but even as we advance, the magnitude of the remaining task becomes even clearer.

I will attempt in this brief presentation to show where we are, some of the impediments to more rapid progress and what in my judgement a group like this might do to advance the cause of children.

It is one of the peculiar deficiencies of our systems that the health of our children is measured most often by the rate at which they die. In Latin America and the Caribbean 600,000 infants die each year, there are 47 infant deaths for every 1,000 live births, and for the 34 countries attending this Summit the infant-mortality rate is 33 per 1,000 live births. We often dissemble and congratulate ourselves because these rates are falling steadily - 30 years ago the rate was three times as high. But any complacency should be wiped away by the knowledge that most of these deaths are preventable. Latin American and Caribbean countries have infant death

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<sup>1</sup> Remarks to be given at the Summit of the Americas, Miami, Florida, 10 December 1994.

<sup>2</sup> Assistant Director, Director Elect of the Pan American Health Organization, Pan American Sanitary Bureau, Regional Office of the World Health Organization

rates that compare favorably with those of other developing countries, but perhaps this is not a good comparison. A recent publication from my Organization shows that if the current downward trends are maintained, the infant mortality rate in Latin America and the Caribbean 30 years from now will be what it was in North America in the 1950s. This is a lag time of over half a century, and the tragedy is that most of these deaths are due to lack of simple technologies that are available now but are inaccessible because of social conditions, lack of basic services and infections that can be prevented or treated.

The commonest of these infections are pneumonia and diarrhoea. In some countries as many as one quarter of the deaths of children are due to pneumonia. We estimate that last year there were some 200 million episodes of diarrhea in children and 200,000 of these children died. Acute respiratory infections and diarrhea are not peculiar to children of developing countries but they are more likely to die than their brothers and sisters in the developed world.

One of the reasons why they die is that their infections are often complicated by malnutrition. The data, imperfect as they are, show that in some countries up to one third of children below the age of 5 years are malnourished. In the majority of 14 countries surveyed recently over 20% of children were stunted and the figure was as high as 55% in one case. At least one in every five children had not reached his or her growth potential. Again we may point out improvements, and in almost every country surveyed the nutritional status of children has got better over the years. But the poorest countries have rates of childhood malnutrition that are more than ten times those for the USA and countries like Chile and Costa Rica.

Immunizations are among the most cost effective health technologies available and this hemisphere has shown some remarkable achievements in vaccinating its children. At least 80% of children are immunized against the common infections and BCG, or the vaccine against tuberculosis, is given to 93% of the children under 1 year of age. As evidence of the success of immunization, this hemisphere was the first in the world to certify that transmission of the polio virus has been interrupted, and it is a source of pride to all health workers that in the last three years no child has been afflicted with paralytic poliomyelitis. The incidence of measles is declining dramatically, and diphtheria and whooping cough are receding.

The successes against the vaccine preventable diseases lead us to ask why so many children still die. Part of the answer lies in the inadequacy of health services. A recent survey of just over 1,600 maternal and child health services in Latin America and the Caribbean showed that 80% were unsatisfactory and close to 14% were in a critically poor condition.

Inadequate services do not contribute only to the deaths of children; their mothers also die. It is nothing short of a scandal that in some of the poorest countries of our region, for every 100,000 babies born, over 300 women die of complications related to that birth. They die from the complications of abortion, from hemorrhage or from infections - all of which are eminently preventable or treatable if only the services existed. The differences between the rich and the poor are dramatized here as the maternal mortality reported for Haiti for example is some 80 times higher than that for Canada.

There has been progress in education, but many deficiencies still exist. In Latin America as a whole 86% of children age 6-11 years have access to formal education. The major problems do not lie in the access, but in the use made of the facilities, the repeat and drop out rates and the lower school attainments in rural areas. It is estimated that 20% of children enter school late, 42% repeat their first grade and there is an overall primary school repetition rate of 29%. It is estimated that over US\$4 billion is spent each year to teach these primary school repeaters. What a waste! The repetition rates are falling - albeit slowly, and the high current rates in some countries do not indicate a lack of schools but a lack of quality in the programs offered.

Some of the difficulties encountered at the primary school level are due to the culture shock experienced by children leaving home and entering an educational environment to deal with a foreign language of instruction. There is often lack of basic educational materials as well as poor preparation and remuneration of teachers.

The data I have cited for health and education are mostly given as national averages and while they show the differences among countries, they hide the real differences that exist within all countries of the Americas - differences between the sexes, between urban and rural dwellers, between indigenous and non-indigenous peoples and more starkly between the rich and the poor. These differences, translated into inequity in terms of access to and use of services, are the root causes of the health problems of our children that may impair their ability to learn even when the educational services are available.

This is a most propitious time to address these social inequalities that result in unnecessary deaths of our children and poor educational attainment. A decade ago when most of the countries of the Americas were in the grip of a severe economic crisis, a call for equity fell on less than sympathetic ears. But now, with the region as a whole showing signs of good financial health, it is opportune to advocate vigorously for the social equity that will result in better health for our children. As Ms. Nancy Birdsall points out, countries are more likely to achieve equity in health if they experience moderate to high economic growth rates.

But there is another reason why our voices should be louder now. During the dark economic days of the 1980s, there were large armies of health and education workers who labored to maintain the modest improvements that occurred during those times. We owe it to them to see that there is an even greater rate of change now that the situation has improved.

There is almost universal agreement on the broad measures to be taken to improve the situation, including reform of the health system to embrace the fundamental principles of primary health care. There must be universal literacy and access to education for all.

But I wish to suggest some things that the talented and motivated participants in this symposium might do to accelerate the rate of change in the status of our children.

The first and perhaps the most important commitment for any influential group is to be advocates for a systemic approach to tackling the social inequity that results in poor health and educational

potential. Health and education are two of the essential contributors to, and indicators of, genuine human development. We must appreciate that these interact between themselves and power economic growth which is but another component of that human development; and the three, when linked together contribute to one of the basic principles of this summit - that of preserving and strengthening the community of democracies of the Americas.

You might usefully insist that all countries dedicate more attention to monitoring the human condition. Problems not brought to light never get addressed. Unless our countries establish systems for adequate collection and analysis of some of the basic social indicators such as those relating to health and nutrition and educational attainment, we will not make the correct diagnoses or suggest the appropriate therapies. These data must be collected and analyzed with the same zeal and enthusiasm that is dedicated to measuring the status of our nations' financial health.

You might arm yourselves to make the proper arguments both in the corridors and at the tables of power. There are very strong moral and ethical reasons for investing in health and education. Healthy well educated youth have better opportunities to exercise their life options and this is the essence of human development. Health in and of itself is a resource for our living. But be not afraid to buttress your reasoning with the arguments that show how investment in health and education can spur economic growth and equally importantly, yields social benefits by contributing to the correction of the unequal distribution of wealth in a nation. Investing in education raises the productivity and enhances the flexibility of our people in the face of changing labor market conditions, and you should also note that the returns of education investment are higher for females than for males.

You might wish to make a firm commitment to mobilize actively the key social partners in your efforts to redress the situation of children. These partners include the public sector, the private sector, the nongovernmental organizations, organized labor and the media. All can be induced to see that sheer self-interest dictates that they should join in the efforts to ensure the health and education of our children.

Finally, you must keep insisting that we must not be complacent with our rate of improvement. Edward Jenner first vaccinated a little boy against small pox in 1796 and it took nearly 200 years before this Region's children were free of that scourge. Thomas Francis first undertook massive vaccination of children against poliomyelitis in this country in 1954; 40 years later this hemisphere is free of that disease. Let us continue shortening the time between the discovery and application of the simple measures that can make our children healthy, wise and wealthy in the true sense of the word. Let us for example decide that no child should be infected with measles, and undertake to make measles vaccine available in every corner of our hemisphere. This can be a concrete contribution to the goals of this summit for reducing child mortality.

I hope your discussions go well and I know that I speak for numerous agencies and organizations that are ready willing and able to help you to make a real difference to the quality of life of the children of this hemisphere and of those who bear them.

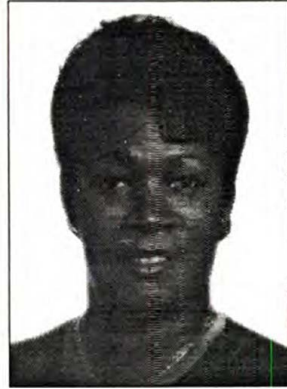
# Symposium on Children of the Americas

## Participants



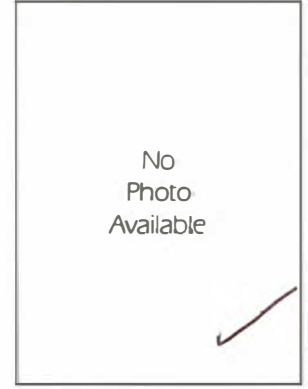
### Argentina

Ms. Zulemita Menem  
Daughter of the President



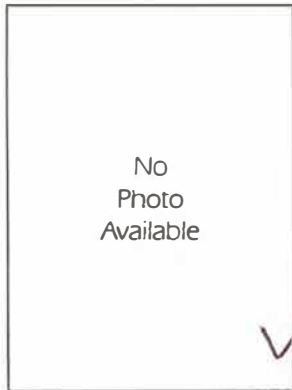
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Wife of Prime Minister



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Wife of Prime Minister



### Belize

Mrs. Kathleen Levy Esquivel  
Wife of Prime Minister



### Bolivia

Mrs. Ximena Sánchez de Lozada  
Wife of the President



### Brazil

Mrs. Lucia Flecha de Lima  
Wife of Foreign Ambassador



### Canada

Mrs. Aline Chrétien  
Wife of Prime Minister



### Chile

Mrs. Marta Larraechea de Frei  
Wife of President



### Colombia

Mrs. Jacquín Samper  
Wife of President



**Costa Rica**

Mrs. Josette Figueres  
Wife of President



**Dominican Republic**

Mrs. Luisa Alba de Morales  
Wife of Foreign Minister



**Ecuador**

Mrs. Josefina Villalobos de Durán Ballén  
Wife of President



**El Salvador**

Mrs. Elizabeth Calderón Sol  
Wife of President



**Guatemala**

Mrs. María Eugenia De León  
Wife of President



**Guyana**

Mrs. Janet Jagan  
Wife of President



**Honduras**

Mrs. Bessie Reina  
Wife of President



**Mexico**

Mrs. Nilda Patricia Zedillo  
Wife of President



**Nicaragua**

Mrs. Cristiana Chamorro  
Daughter of President





**Panama**

Mrs. Dora Pérez Balladares  
Wife of President



**Paraguay**

Mrs. María Teresa de Wasmosy  
Wife of President



No  
Photo  
Available

**Peru**

Ms. Keiko Sofia Fujimori Higuchi  
Daughter of the President



No  
Photo  
Available



**St. Lucia**

Mrs. Janice Compton  
Wife of the Prime Minister



**Trinidad & Tobago**

Mrs. Hazel Manning  
Wife of Prime Minister



**United States**

Mrs. Hillary Rodham Clinton  
Wife of President



**United States**

Mrs. Tipper Gore  
Wife of Vice President



No  
Photo  
Available



**Uruguay**

Mrs. María Julia Pou Lacalle  
Wife of President

# Symposium on Children of the Americas

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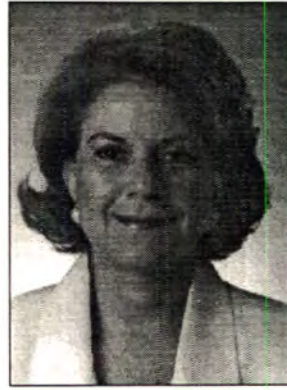
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**Nicaragua**

Mrs. Cristiana Chamorro  
Daughter of President



**Panama**

Mrs. Dora Pérez Balladares  
Wife of President



**Paraguay**

Mrs. María Teresa de Wasmosy  
Wife of President



**Peru**

Ms. Keiko Sofia Fujimori Higuchi  
Daughter of the President



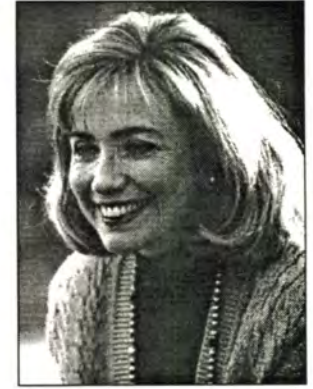
**St. Lucia**

Mrs. Janice Compton  
Wife of the Prime Minister



**Trinidad & Tobago**

Mrs. Hazel Manning  
Wife of Prime Minister



**United States**

Mrs. Hillary Rodham Clinton  
Wife of President



**United States**

Mrs. Tipper Gore  
Wife of Vice President



**Uruguay**

Mrs. María Julia Pou Lacalle  
Wife of President

# Symposium on Children of the Americas

## Participants



### Argentina

Ms. Zulemita Menem  
Daughter of the President



### Bahamas

Mrs. Delores Ingraham  
Wife of Prime Minister



### Barbados

Mrs. Beverley Arthur  
Wife of Prime Minister



### Belize

Mrs. Kathleen Levy Esquivel  
Wife of Prime Minister



### Bolivia

Mrs. Ximena Sánchez de Lozada  
Wife of the President



### Brazil

Mrs. Lucia Flecha de Lima  
Wife of Foreign Ambassador



### Canada

Mrs. Aline Chrétien  
Wife of Prime Minister



### Chile

Mrs. Marta Larraechea de Frei  
Wife of President



### Colombia

Mrs. Jacquín Samper  
Wife of President



**Costa Rica**

Mrs. Josette Figueres  
Wife of President



**Dominican Republic**

Mrs. Luisa Alba de Morales  
Wife of Foreign Minister



**Ecuador**

Mrs. Josefina Villalobos de Durán Ballén  
Wife of President



**El Salvador**

Mrs. Elizabeth Calderón Sol  
Wife of President



**Guatemala**

Mrs. María Eugenia De León  
Wife of President



**Guyana**

Mrs. Janet Jagan  
Wife of President



**Honduras**

Mrs. Bessie Reina  
Wife of President



**Mexico**

Mrs. Nilda Patricia Zedillo  
Wife of President



**Nicaragua**

Mrs. Cristiana Chamorro  
Daughter of President



**Panama**

Mrs. Dora Pérez Balladares  
Wife of President



**Paraguay**

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**SCHEDULE FOR HILLARY RODHAM CLINTON  
SATURDAY, DECEMBER 10, 1994  
PAGE 3**

Script

7 Box visual  
7 poster board  
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9:00 am-  
10:30 am

**SYMPOSIUM ON CHILDREN OF THE AMERICAS  
Country Club Ballroom  
OPEN PRESS**

**NOTE:** Simultaneous interpretation.

**NOTE:** Podium will be available for remarks.

**Program:**

-- Announcement of each First Lady into room.

Mits button  
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First Ladies proceed to seats at U-shaped table.

HRC to deliver 20 minute opening remarks and introduce video presentation produced by UNICEF for the Summit.

-- Eight minute UNICEF Video to run [on 2 video screens and 3 monitors].

-- HRC to introduce Dr. George Alleyne, <sup>lean</sup> Director-designate of the Pan American Health Organization.

-- Dr. George Alleyne to deliver remarks from witness table.

-- HRC to introduce the following First Ladies:

-Mrs. Hazel Manning of Trinidad and Tobago

-Ximena Iturralde Sanchez de Lozada of Bolivia

-Mrs. Josette Altmann de Figueres of Costa Rica

OK

✓  
✓  
✓

-- Each First Lady will deliver 3-5 minute remarks.

-- ✓ HRC to thank the three First Ladies and open up discussion. Mrs Sempster -

Others?

-- Open discussion for 20-30 minutes. HRC to moderate.

-- HRC to deliver closing remarks.

PHOTO  
leave

Color coded  
card

Red - Anest -  
Ed'n

Gr - Health  
Blue - Youth

SCHEDULE FOR HILLARY RODHAM CLINTON  
SATURDAY, DECEMBER 10, 1994  
PAGE 4

(2)

**Participants:** Approx. 200 people to attend.  
[See briefing for more info.]

10:35 am PROCEED TO Hold

10:40 am-  
10:55 am **HOLD**  
Segovia Room  
Phone:  
Fax:

**NOTE:** Observers proceed to lunch hosted by Mrs. Gore during this time [in Alhambra Ballroom room].

11:00 am-  
12:00 pm **BREAK-OUT SESSIONS**  
Education: Anastasia - *Red*  
Youth Issues: Marbella Room - *Blue*  
Health: Majorca Room - *Green*  
**CLOSED PRESS**

**NOTE:** Simultaneous interpretation.

**NOTE:** First Ladies will proceed into three working groups in separate rooms:

<u>Education: Anastasia Room</u>	✓ - <i>Nancy Bridell</i>
Chair: Nilda Velasco de <u>Zedillo</u> [Mexico]	✓ - <i>Marta Maura</i>
<u>Youth Issues: Marbella Room</u>	✓ - <i>Dr Allene</i>
Chair: Mara Larraechea de <u>Frei</u> [Chile]	
<u>Health: Majorca Room</u>	
Chair: Janet <u>Jagan</u> [Guyana] <i>JAGAN</i>	

**Format:**

-- HRC will participate in each working group for 15 minutes:

11:05 am-  
11:20 am **EDUCATION**  
Anastasia Room

11:25 am-  
11:40 am **YOUTH ISSUES**  
Marbella Room

11:45 am-  
12:00 pm **HEALTH**  
Majorca Room

**NOTE:** A facilitator will be present in each room.

**SCHEDULE FOR HILLARY RODHAM CLINTON**  
**SATURDAY, DECEMBER 10, 1994**  
**PAGE 5**

**Participants:** Approx. 7 First Ladies and 7 staff in each room. [See briefing for more info.]

12:05 pm-  
12:25 pm

**HOLD**  
Metropolitan Board Room

**NOTE:** Other First Ladies proceed to lunch during this time. HRC will join them when everyone is seated.

12:30 pm-  
2:00 pm

**FIRST LADIES LUNCH**  
Danielson Gallery  
**TIGHT POOL PRESS for remarks only**

**NOTE:** Simultaneous and whisper interpretation.

**NOTE:** All First Ladies will be seated around one table. Toast lectern will be available for remarks.

**Program:**

- HRC proceeds to seat at table
- Lunch is served
- As dessert is served, HRC will deliver opening remarks
- Nilda Velasco de Zedillo [Mexico], Janet Jagan [Guyana], Mara Larraechea de Frei [Chile] will deliver reports from working group sessions
- Mrs. Maria Teresa Carrasco Wasmosy, First Lady of Paraguay, will extend invitation to attend the next First Ladies Hemispheric Conference which she will host in Paraguay in 1995.
- HRC will deliver closing remarks

**Participants:** 24 First Ladies. [See briefing for more info.]

2:05 pm

**PROCEED TO Hold**

**FIRST LADY HILLARY RODHAM CLINTON  
REMARKS FOR THE FIRST LADIES' SYMPOSIUM ON  
CHILDREN OF THE AMERICAS  
MIAMI, FLORIDA  
DECEMBER 10, 1994**

Welcome to all of my colleagues and friends from across the Americas, and to all of our distinguished guests.

It is an honor and privilege for me to host this wonderful symposium here in Miami. Let me begin by expressing my gratitude to the First Ladies of Latin America, the Caribbean, and Canada for your help and guidance in preparing for this session. Your extraordinary efforts in previous First Ladies' meetings in Colombia, Costa Rica, and most recently in St. Lucia, have provided a foundation for all of our work -- today and into the future.

I hope that in the course of our gathering here, and in the weeks and months ahead, we will learn much from each other and find new inspiration to address the needs of children, families, and women across our hemisphere.

Today, we live in an age of great promise -- and great peril -- for the 130 million children of the Americas. Great promise because our children are our lifeline to prosperity and democracy in the decades ahead. And we all take pleasure in knowing that there are millions of happy, healthy children across the Americas whose futures are filled with hope.

But there are perils too, because from the Queen Elizabeth Islands to Tierra del Fuego, our children are shouldering burdens rarely encountered by older generations.

Children suffering from hunger, poverty, homelessness, inadequate health care, disease, illiteracy, violence, and abuse are not confined to a single nation or a single continent. The cries of desperate children are sadly heard in every nation represented here. And it is the plight of those children that brings us together today, not just as the spouses of heads of state or as representatives of our governments, but as mothers, sisters, daughters, grandmothers, aunts, neighbors and friends who believe that every child in every country deserves a fair chance in life.

The political leaders convening at this historic summit have set forth an agenda to promote prosperity and democracy throughout the hemisphere through trade initiatives, sustainable development, and more effective government.

Today, summit leaders are outlining goals to ensure the economic, social and physical well-being of children, which Dr. Alleyne will outline later in greater detail:

The proposed Summit Plan of Action calls for universal access to education so that all children, regardless of economic or social status, racial or ethnic origin, or gender, will receive the basic tools necessary to become full members of society. The goal of requiring children to attend and complete primary school is also under discussion. If this goal is achieved, it will help eradicate child labor and give children a greater hope of acquiring the skills and knowledge needed in a modern global economy.

Beyond the important issue of school attendance, the Summit initiative on education also addresses the nutritional needs of children so they can learn more effectively.

The proposed Summit Plan of Action calls for equitable access to basic health services, which will be particularly beneficial to children, who are most vulnerable to illnesses and unhealthy living conditions.

Specific programs being recommended will address child, infant, and maternal mortality rates, as well as increasing immunization efforts to eradicate childhood diseases, such as measles, that still afflict too many children. We need only look to the disappearance of new polio cases in the Western hemisphere to know the success of these immunization programs.

We all know that the role of caregiver is crucial to the development of healthy and secure children. And we all know that the primary caregivers in society most often are women. The Summit proposal to strengthen the role of women will increase opportunities for women to participate in all spheres of life -- political, social, and economic.

Empowering women with economic self-reliance, access to quality health care and education is not only a valuable step forward in itself. It's an important step forward for children.

While we recognize that our political leaders are responsible for devising policies and programs to meet these important goals, we also know that, as First Ladies, we have a significant role to play.

Just as advocacy organizations, social institutions, and dedicated individuals are critical to progress, we, too, can help push the agenda forward in our respective countries.

When it comes to children's issues, women have a special calling. And that's why we have a duty to raise our voices for

the voiceless -- our children, the youngest and most vulnerable among us.

This week I've had particular reason to think about the difference one woman alone can make on behalf of children, even against extraordinary odds. My friend, Elizabeth Glaeser, died last weekend after losing a long battle with AIDS.

Elizabeth contracted HIV through a blood transfusion while hemorrhaging during the delivery of her first child, Ariel. Unbeknownst to her, her daughter, and then a son born later, also contracted the virus.

When Elizabeth learned that she and her children had been infected with HIV, she dedicated herself to raising awareness about AIDS. From a small office in Los Angeles, she created the Pediatric AIDS Foundation, which has raised over \$30 million since its founding in 1988.

Elizabeth often said she was motivated and strengthened by the memory of her daughter, who died four years ago at the age of seven. Her son, now 10, lives with HIV every day.

If Elizabeth could continue to contribute so much on behalf of children throughout her own illness, I know we can make our own contributions too. Of course, we will not all be involved in the same ways, or even on precisely the same issues. I know, for example, that AIDS is not as prevalent in many of your countries as it is in mine. That's why each of us must find a venue appropriate to our own situation as First Lady or government representative. But whatever role we choose represents a rare opportunity to make a difference in the lives of tens of millions of children -- and in the future of all of the Americas.

There is an urgency to our mission. More than half of our population in this hemisphere is under age 23. Ushering children into the world is, of course, the province of families. But building safe and nurturing communities for them to grow up in . . . making sure they have access to schools that teach them to read and write . . . protecting them from avoidable diseases . . . training them for productive adulthoods. . . and honoring their rights in the face of violence and abuse -- these are our collective responsibilities.

This concept was eloquently expressed in a pastoral letter issued in the United States several years ago by the National Conference of Catholic Bishops. In that letter, entitled *Putting Children and Families First*, the bishops said:

"No government can love a child, and no policy can substitute for a family's care. But, government can either support or undermine families. There has been an unfortunate,

unnecessary and unreal polarization in [the] discussion [of] how best to help families. The undeniable fact is that our children's future is shaped both by the values of their parents and the policies of our nation."

As adults, we must take responsibility for our children so that they can learn to take responsibility for themselves. And we must insist that society's most vital institutions -- family, school, and church -- create the conditions necessary for our children to fulfill all their God-given potential.

To be sure, our challenges differ from country to country, and our recipes for progress may require different ingredients. The purpose of this gathering is not to prescribe one solution, but to share ideas and opinions and learn from each other's experiences.

Here in the United States, for example, we are not doing enough to ensure that women receive adequate pre- and post-natal health care, particularly poor women and teenagers. In 1992, 22 percent of pregnant women in this country received no pre-natal care.

As the rest of the world knows all too well, my nation faces significant challenges in stopping an epidemic of gun violence that daily claims the lives of children in our cities and towns. Today, homicide is the leading cause of death for African American youth in the United States and violence is the second leading cause of death for youngsters between the ages of 10 and 14.

Combined with violence is an equally disturbing scourge of narcotics use among our young people. Illegal drugs are readily available in too many communities in the United States, and even in some of our schools. Studies show that as many as seven million children abuse alcohol and drugs to some extent

At the same time, we are making progress on behalf of some of our children -- progress that is visible right here in Miami. Just yesterday I had the opportunity to visit Jackson Memorial Hospital and Drew Elementary School -- two institutions that have achieved remarkable successes in disadvantaged communities.

Jackson Memorial Medical Center, which is affiliated with the University of Miami, has the difficult task of caring for some of the poorest and neediest residents of this city. The newborn intensive care unit that I visited yesterday serves the highest risk population in Dade County -- but the hospital has achieved the lowest infant mortality rates in the state.

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Thank you for coming to Miami, and for joining together in this important cause.

And now, let us go from words to deeds.

[Introduce UNICEF video]

###

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REMARKS FOR THE FIRST LADIES' SYMPOSIUM ON  
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DECEMBER 10, 1994

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Thank you for coming to Miami, and for joining together in this important cause.

And now, let us go from words to deeds.

[Introduce UNICEF video]

###

# SYMPOSIUM ON CHILDREN OF THE AMERICAS

## SUGGESTED SCRIPT

-Announcement of each First Lady into the room

-First Ladies proceed to seats at U-shaped table

-HRC gives 20 minute opening remarks, closes with:

**"Now I would like to introduce the video presentation produced by UNICEF expressly for this gathering. I know that all of us are extremely appreciative of the extraordinary work that UNICEF has done of behalf of children around the world, and especially in the hemisphere."**

-Video is shown

-HRC remarks:

**"UNICEF has asked me to let you know that they will be sending copies of this video to you in various formats for your own use. I know that you all join me in sending greetings to Jim Grant, the head of UNICEF and a special friend to all of us. I know we are all grateful for his dedication to children around the world."**

**Now I would like to introduce Dr. George Alleyne (ah-LEAN), who will outline for us the challenges that our hemisphere's children confront in health and education. Dr. Alleyne is the director-designate of the Pan American Health Organization, and we are delighted that he is here with us this morning."**

-Dr. Alleyne delivers remarks.

-HRC remarks:

**"Thank you, Dr. Alleyne! So many of you at this table have much experience in these issues and your nations have developed some excellent models to meet these challenges. So let me start this part of the session by calling on Mrs. Manning from Trinidad."**

-Mrs. Manning gives remarks.

-HRC remarks:

**"I'd like to introduce our next presenter, Mrs. Sanchez de Lozada (SAHN-chaz deh Loh-SAH-dah) from Bolivia."**

Mrs. Sanchez de Lozada gives remarks.

-HRC remarks:

**"Our final presenter at this point will be Mrs. Figueres (fee-GEH-rehs) from Costa Rica."**

-Mrs. Figueres gives remarks.

-HRC remarks:

**"We have a little time now for more comments, and we'll have more time in the breakout sessions. Please let us know who would like to be recognized for additional comments." (We will provide you with a card with the names of First Ladies who want to be recognized.)**

-Discussion.

-When discussion time runs out, HRC

**"We will continue our discussion in the breakout sessions. Please refer to your briefing book for your section and room numbers. I want to thank all of the distinguished observers who have joined us today, and a special thanks to Tipper Gore, who will host a luncheon for all of our observers and distinguished guests at this point."**

-Break out sessions (HRC spends approx. 15 minutes in each room.)

-Participants proceed to First Ladies Lunch. All First Ladies are seated around one U-shaped table.

-HRC delivers opening remarks:

**"I hope that all of you have found our discussion as stimulating as I have. So that we can all benefit from the insights that were presented in the working groups, I'd like to call on the chairs of the three groups. First, the chair of our children's education working group, Mrs. Zedillo (seh-DEE-oh) of Mexico.**

-Mrs. Zedillo gives remarks

-HRC remarks:

**"Next, the chair of our children's health working group, Mrs. Jagan (JAY-gehn) of Guyana."**

-Mrs. Jagan gives remarks

-HRC remarks:

**"Finally, the chair of our adolescent health and education working group, Mrs. Frei (FRAY) of Chile.**

-Mrs. Frei gives remarks

-HRC remarks:

**"Thank you. Does anyone else have anything else to offer? Now I would like to turn to Mrs. Wasmosy (wahs-MOH-see) of Paraguay to hear about Next Steps.**

-Mrs. Wasmosy gives remarks

-HRC remarks:

**"Now I ask you to indulge me as I summarize the highlights of our discussion..."  
(The First Ladies will have received a copy of your statement and hopefully it will serve as talking points for them as well.)**

###

## THE DEVELOPMENT OF OUR CHILDREN The Health and Education Dimension<sup>1</sup>

Sir George Alleyne<sup>2</sup>

Madam Chairperson, Mrs. Clinton, First Ladies of the Americas, ladies and gentlemen. First let me congratulate Mrs. Clinton, First Lady of the United States for having selected this critical issue as the topic of this special symposium and express thanks on behalf of the Pan American Health Organization for having been given the opportunity to participate in this unique event.

The expectations of this summit have been very high and the world is watching as the heads of state establish the basic principles that should forge a new future for the people of the Americas. The essence of this new future is that the social conditions should so change that our people can look forward to that security which is at the heart of human development. One of the best indicators of the brightness of that future is the well-being of our children - a well-being that allows them to exercise fully their life options. For many of our children the social conditions that surround them are issues of life or death, or even worse, they may be condemned to a something akin to a living death as they eke out an existence in circumstances that do not kill but will not support life as it should be lived.

The increasing number of high level meetings and agreements that fix the attention of our leaders on the well-being of children is a testimony to the general concern that exists. A very recent accord that invokes the name of the great Colombian patriot Antonio Nariño is a stirring call for the commitment of governments to address the health, education and civic rights of our children and provide a healthy environment - not tomorrow, but now. As a result of action on many fronts and concern by many persons, governments and agencies we have advanced, but even as we advance, the magnitude of the remaining task becomes even clearer.

I will attempt in this brief presentation to show where we are, some of the impediments to more rapid progress and what in my judgement a group like this might do to advance the cause of children.

It is one of the peculiar deficiencies of our systems that the health of our children is measured most often by the rate at which they die. In Latin America and the Caribbean 600,000 infants die each year, there are 47 infant deaths for every 1,000 live births, and for the 34 countries attending this Summit the infant-mortality rate is 33 per 1,000 live births. We often dissemble and congratulate ourselves because these rates are falling steadily - 30 years ago the rate was three times as high. But any complacency should be wiped away by the knowledge that most of these deaths are preventable. Latin American and Caribbean countries have infant death

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<sup>1</sup> Remarks to be given at the Summit of the Americas, Miami, Florida, 10 December 1994.

<sup>2</sup> Assistant Director, Director Elect of the Pan American Health Organization, Pan American Sanitary Bureau, Regional Office of the World Health Organization

rates that compare favorably with those of other developing countries, but perhaps this is not a good comparison. A recent publication from my Organization shows that if the current downward trends are maintained, the infant mortality rate in Latin America and the Caribbean 30 years from now will be what it was in North America in the 1950s. This is a lag time of over half a century, and the tragedy is that most of these deaths are due to lack of simple technologies that are available now but are inaccessible because of social conditions, lack of basic services and infections that can be prevented or treated.

The commonest of these infections are pneumonia and diarrhoea. In some countries as many as one quarter of the deaths of children are due to pneumonia. We estimate that last year there were some 200 million episodes of diarrhea in children and 200,000 of these children died. Acute respiratory infections and diarrhea are not peculiar to children of developing countries but they are more likely to die than their brothers and sisters in the developed world.

One of the reasons why they die is that their infections are often complicated by malnutrition. The data, imperfect as they are, show that in some countries up to one third of children below the age of 5 years are malnourished. In the majority of 14 countries surveyed recently over 20% of children were stunted and the figure was as high as 55% in one case. At least one in every five children had not reached his or her growth potential. Again we may point out improvements, and in almost every country surveyed the nutritional status of children has got better over the years. But the poorest countries have rates of childhood malnutrition that are more than ten times those for the USA and countries like Chile and Costa Rica.

Immunizations are among the most cost effective health technologies available and this hemisphere has shown some remarkable achievements in vaccinating its children. At least 80% of children are immunized against the common infections and BCG, or the vaccine against tuberculosis, is given to 93% of the children under 1 year of age. As evidence of the success of immunization, this hemisphere was the first in the world to certify that transmission of the polio virus has been interrupted, and it is a source of pride to all health workers that in the last three years no child has been afflicted with paralytic poliomyelitis. The incidence of measles is declining dramatically, and diphtheria and whooping cough are receding.

The successes against the vaccine preventable diseases lead us to ask why so many children still die. Part of the answer lies in the inadequacy of health services. A recent survey of just over 1,600 maternal and child health services in Latin America and the Caribbean showed that 80% were unsatisfactory and close to 14% were in a critically poor condition.

Inadequate services do not contribute only to the deaths of children; their mothers also die. It is nothing short of a scandal that in some of the poorest countries of our region, for every 100,000 babies born, over 300 women die of complications related to that birth. They die from the complications of abortion, from hemorrhage or from infections - all of which are eminently preventable or treatable if only the services existed. The differences between the rich and the poor are dramatized here as the maternal mortality reported for Haiti for example is some 80 times higher than that for Canada.

There has been progress in education, but many deficiencies still exist. In Latin America as a whole 86% of children age 6-11 years have access to formal education. The major problems do not lie in the access, but in the use made of the facilities, the repeat and drop out rates and the lower school attainments in rural areas. It is estimated that 20% of children enter school late, 42% repeat their first grade and there is an overall primary school repetition rate of 29%. It is estimated that over US\$4 billion is spent each year to teach these primary school repeaters. What a waste! The repetition rates are falling - albeit slowly, and the high current rates in some countries do not indicate a lack of schools but a lack of quality in the programs offered.

Some of the difficulties encountered at the primary school level are due to the culture shock experienced by children leaving home and entering an educational environment to deal with a foreign language of instruction. There is often lack of basic educational materials as well as poor preparation and remuneration of teachers.

The data I have cited for health and education are mostly given as national averages and while they show the differences among countries, they hide the real differences that exist within all countries of the Americas - differences between the sexes, between urban and rural dwellers, between indigenous and non-indigenous peoples and more starkly between the rich and the poor. These differences, translated into inequity in terms of access to and use of services, are the root causes of the health problems of our children that may impair their ability to learn even when the educational services are available.

This is a most propitious time to address these social inequalities that result in unnecessary deaths of our children and poor educational attainment. A decade ago when most of the countries of the Americas were in the grip of a severe economic crisis, a call for equity fell on less than sympathetic ears. But now, with the region as a whole showing signs of good financial health, it is opportune to advocate vigorously for the social equity that will result in better health for our children. As Ms. Nancy Birdsall points out, countries are more likely to achieve equity in health if they experience moderate to high economic growth rates.

But there is another reason why our voices should be louder now. During the dark economic days of the 1980s, there were large armies of health and education workers who labored to maintain the modest improvements that occurred during those times. We owe it to them to see that there is an even greater rate of change now that the situation has improved.

There is almost universal agreement on the broad measures to be taken to improve the situation, including reform of the health system to embrace the fundamental principles of primary health care. There must be universal literacy and access to education for all.

But I wish to suggest some things that the talented and motivated participants in this symposium might do to accelerate the rate of change in the status of our children.

The first and perhaps the most important commitment for any influential group is to be advocates for a systemic approach to tackling the social inequity that results in poor health and educational

potential. Health and education are two of the essential contributors to, and indicators of, genuine human development. We must appreciate that these interact between themselves and power economic growth which is but another component of that human development; and the three, when linked together contribute to one of the basic principles of this summit - that of preserving and strengthening the community of democracies of the Americas.

You might usefully insist that all countries dedicate more attention to monitoring the human condition. Problems not brought to light never get addressed. Unless our countries establish systems for adequate collection and analysis of some of the basic social indicators such as those relating to health and nutrition and educational attainment, we will not make the correct diagnoses or suggest the appropriate therapies. These data must be collected and analyzed with the same zeal and enthusiasm that is dedicated to measuring the status of our nations' financial health.

You might arm yourselves to make the proper arguments both in the corridors and at the tables of power. There are very strong moral and ethical reasons for investing in health and education. Healthy well educated youth have better opportunities to exercise their life options and this is the essence of human development. Health in and of itself is a resource for our living. But be not afraid to buttress your reasoning with the arguments that show how investment in health and education can spur economic growth and equally importantly, yields social benefits by contributing to the correction of the unequal distribution of wealth in a nation. Investing in education raises the productivity and enhances the flexibility of our people in the face of changing labor market conditions, and you should also note that the returns of education investment are higher for females than for males.

You might wish to make a firm commitment to mobilize actively the key social partners in your efforts to redress the situation of children. These partners include the public sector, the private sector, the nongovernmental organizations, organized labor and the media. All can be induced to see that sheer self-interest dictates that they should join in the efforts to ensure the health and education of our children.

Finally, you must keep insisting that we must not be complacent with our rate of improvement. Edward Jenner first vaccinated a little boy against small pox in 1796 and it took nearly 200 years before this Region's children were free of that scourge. Thomas Francis first undertook massive vaccination of children against poliomyelitis in this country in 1954; 40 years later this hemisphere is free of that disease. Let us continue shortening the time between the discovery and application of the simple measures that can make our children healthy, wise and wealthy in the true sense of the word. Let us for example decide that no child should be infected with measles, and undertake to make measles vaccine available in every corner of our hemisphere. This can be a concrete contribution to the goals of this summit for reducing child mortality.

I hope your discussions go well and I know that I speak for numerous agencies and organizations that are ready willing and able to help you to make a real difference to the quality of life of the children of this hemisphere and of those who bear them.

TO: THE PRESIDENT  
THE VICE PRESIDENT  
THE FIRST LADY  
MRS. GORE

WHAT: THE KENNEDY CENTER PRESENTS:  
THE CONCERT OF THE AMERICAS

WHEN: Saturday, December 10, 1994

TIME: Pre-Gala Reception: 6:40-7:15pm  
Concert: 7:30-9:00pm

WHERE: The James L. Knight Center  
Miami Convention Center

# OF GUESTS: Pre-Gala Reception: 30  
Concert: 4,000

ATTIRE: BLACK TIE

FROM: Ann Stock, Sarah Farnsworth

=====

6:15 p.m. Pre-Gala Reception guests arrive and are escorted to the Jasmine Room. Ann Stock to greet.

6:40 p.m. THE PRESIDENT, THE VICE PRESIDENT, THE FIRST LADY and MRS. GORE arrive in the Jasmine Room for a Pre-Gala Reception. (Approx. 30 participants.)

Format: Mix and mingle/WH Photo Only

LEADERS and their guests begin to arrive and are escorted to the Jasmine Room by Military Escorts. Fred Duval to greet curbside. (Note: Delegation members are escorted to their seats in the Knight Center.)

7:15 p.m. Reception guests are escorted to their seats in the Knight Center.

THE VICE PRESIDENT and MRS. GORE proceed to their seats in the Knight Center.

7:20 p.m.

Chief of Protocol Raiser and Ann Stock begin to line up Leaders and spouses/designates in Gala seating order.

NOTE: THE PRESIDENT, THE FIRST LADY and the Leaders and their spouses/designates are seated as a group on the Concert Floor. Seating is in "lottery" order with Mrs. Clinton seated next to Prime Minister Patterson of Jamaica. The President is seated on the aisle.

THE PRESIDENT, THE FIRST LADY accompanied by the Leaders and their spouses/designates proceed up escalators to the announce position at the entrance to the Knight Center where they will hold briefly for announce.

7:30 p.m.

PROGRAM BEGINS:

- Announced as a group, THE PRESIDENT, THE FIRST LADY, the Leaders and spouses/designates proceed to seats.

Notes: This portion is not televised. Military officers will assist.

TAPING BEGINS (Note: The Concert will air nationally on Wednesday, Dec. 14 on PBS and on UNIVISION, the Spanish speaking network.)

- Introduction of the Presidents
- Introduction of Quincy Jones who makes welcoming remarks and introduces Liza Minnelli.
- Liza Minnelli
- Taped remarks from Gloria Estefan
- Don Francisco & Cristina
- Salsa Blowout:  
Vocals: Celia Cruz, Cheito, Rita Quintano  
Musicians: Cachao, Hilton Ruiz, Luis Enrique, Sheil E., Tito Puente, Teddy Mulet, Dana Teboe, Nestor Torres, Alfredo Perez, Arturo Sandoval, Luis "Perico" Ortiz
- Adam Beach & Daisy Fuentes
- Paul Anka
- Paul Rodriguez & Vikki Carr

-- Ana Gabriel

-- Ballet Gran Folklorico Performance

-- Kenny G

-- Concert of the Americas orchestra performance  
(The Orchestra performs to cover tape change.)

-- Geoffrey Holder

-- Rita Marley

-- Sonia Braga & Jimmy Smits

-- Daniela Mercury "O CANTO DA CIDADE"

-- Carnival Segment:  
Anita Dancers, Samba Dancers, Capueiras, Berimbau  
Player, Samba Float Dancers, Samba Drummers

-- Pat Morita

-- SONGWRITERS MEDLEY PERFORMANCE  
-- Raul DiBlasio  
-- Vikki Carr  
-- Julia Migenes

-- Maria Conchita Alonso & Lalo Schifrin

-- TANGO DANCE PERFORMANCE  
-- Adriana Varela, Tango Dancers, Juanjo Dominguez,  
Paulino DaCosta

-- Luis Enrique

-- Morgan Freeman & Wes Studi

-- USA TRIBUTE PERFORMANCE:  
-- Bebe & Cece Performance  
-- Kenny G  
-- Liza Minnelli

-- Jim Wolfensohn is introduced and makes remarks.

-- Michael Douglas is introduced and makes remarks.

\*\*\* -- THE PRESIDENT is introduced by Michael Douglas.

\*\*\* -- THE PRESIDENT proceeds up front steps of stage to stand  
up microphone. Michael Douglas greets The President  
then exits stage.

\*\*\* -- THE PRESIDENT makes remarks from teleprompter.

- \*\*\* -- Upon conclusion of remarks, THE PRESIDENT exits front steps of stage and returns to seat.
- Dr. Maya Angelou is announced and makes remarks.
- FINALE w/all cast members and choir  
"FREEDOM FOR YOU AND ME"
- GOODNIGHTS by Quincy Jones
- ORCHESTRA PLAYS DURING ANNOUNCEMENTS:
- \*\*\* -- THE PRESIDENT, THE FIRST LADY accompanied by the Leaders and their spouses/designates exit immediately and proceed down escalators to the Virginian Yacht.

9:15 p.m.          Approximate time.

Once they have departed, the Vice President and Mrs. Gore exit and proceed to the Jasmine Room.

(Please refer to separate sequence for Fisher Island dinner.)

SUMMIT OF THE AMERICAS: KNIGHT CENTER RECEPTION ATTENDEES  
 PAGE 1

LAST NAME	FIRST NAME	TITLE	COMPANY
Barrera	Bernardo Jimenez	Vice President and CFO, Empresas La Moderna	Pulsar International
Beja	Mateo Mazal	Vice President Corporate Communications	Pulsar International
Bijur	Mrs.	SPOUSE	TEXACO, Inc.
Bijur	Peter	Senior Vice President	TEXACO, Inc.
Burgos	Leonor	Spouse	Ford Motor Company
Burgos	Modesto	Marketing Coordinator, Ford Division	Ford Motor Company
Cullen	Karon		Kennedy Center for the Performing Arts
Davis	Patricia Segall	Spouse	American Express
Davis	Timothy S.	Senior Vice President	American Express
Hall	Elliot	Vice President - Washington Affairs	Ford Motor Company
Hall	Shirley	Spouse	Ford Motor Company
Hartenstein	James C.	Division Vice President, Latin America and Caribbean Division	American Express Travel
Hartenstein	Sally	Spouse	American Express Travel
Lay	Kenneth L.	Chairman	Enron Development
Lynch	Mrs.	SPOUSE	TEXACO, Inc.
Lynch	Patrick	President - TEXACO Latin America	TEXACO, Inc.
Mark	Rebecca	Chairman	Enron Development Company
McCausland	Violy		Kennedy Center for the Performing Arts

10:

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SUMMIT OF THE AMERICAS: KNIGHT CENTER RECEPTION ATTENDEES  
PAGE 2

LAST NAME	FIRST NAME	TITLE	COMPANY
Montero	Mario Rodríguez	President, CLM International	Pulsar International
Sebastia	Francisco Gonzalez	President and CEO, Empresas La Moderna	Pulsar International
Wilker	Lawrence		Kennedy Center for the Performing Arts
Wolfensohn	Elaine		Kennedy Center for the Performing Arts
Wolfensohn	James		Kennedy Center for the Performing Arts
Zambrano	Lorenzo		Kennedy Center for the Performing Arts

Count:

24

**"CONCERT OF THE AMERICAS"**  
**SEATING LIST (A/O: December 9, 1994, 4:24 PM)**

1.

* ANTIGUA & BARBUDA	Prime Minister LESTER BIRD	B-2-3 *
ARGENTINA	President CARLOS MENEM Ms. Zulema Menem	B-1-4 B-1-3
BAHAMAS	Prime Minister SIR HUBERT A. INGRAHAM Mrs. Delores Ingraham	D-1-1 D-1-2
BARBADOS	Prime Minister SIR OWEN S. ARTHUR Mrs. Beverley Arthur	B-2-7 * B-2-6 *
BELIZE	Prime Minister MANUEL ESQUIVEL Mrs. Kathleen Levy Esquivel	A-1-5 * A-1-4 *
BOLIVIA	President GONZALO SÁNCHEZ de LOZADA Mrs. Ximena Sánchez de Lozada	C-1-4 C-1-5
BRAZIL	President-Elect FERNANDO HENRIQUE CARDOSO	D-1-7
CANADA	Prime Minister JEAN CHRÉTIEN Mrs. Aline Chrétien	B-1-1 B-1-2
CHILE	President EDUARDO FREI Mrs. Marta Larraechea de Frei	B-1-11 B-1-10
* COLOMBIA	President ERNESTO SAMPER PIZANO Mrs. Jacquín Samper	C-2-5 C-2-4
COSTA RICA	President JOSE MARIA FIGUERES Mrs. Josette Figueres	D-1-8 D-1-9
DOMINICA	Prime Minister DAME EUGENIA CHARLES	B-1-7
DOMINICAN REPUBLIC	President JOAQUIN BALAGUER	D-1-12
ECUADOR	President SIXTO DURÁN BALLÉN Mrs. Josefina Villalobos de Durán Ballén	C-2-9 C-2-8
EL SALVADOR	President ARMANDO CALDERÓN SOL Mrs. Elizabeth Calderón Sol	B-1-6 B-1-5
GRENADA	Prime Minister NICHOLAS A. BRATHWAITE	C-1-8
GUATEMALA	President RAMIRO DE LÉON CARPIO Mrs. Mariá Eugenia De León	D-2-1 D-2-2
GUYANA	President CHEDDI JAGAN Mrs. Janet Jagan	A-1-3 * A-1-2 *

HAITI	President JEAN-BERTRAND ARISTIDE	A-1-1	*
HONDURAS	President CARLOS ROBERTO REINA Mrs. Bessie Reina	D-1-10 D-1-11	
JAMAICA	Prime Minister P.J. PATTERSON	C-1-3	
MEXICO	President ERNESTO ZEDILLO Mrs. Nilda Patricia Zedillo	B-2-1 B-2-2	*
NICARAGUA	President VIOLETA BARRIOS DE CHAMORRO Mrs. Cristiana Chamorro	D-1-3 D-1-4	
PANAMA	* President ERNESTO PÉREZ BALLADARES Mrs. Dora Pérez Balladares	B-1-13 B-1-12	
PARAGUAY	President JUAN CARLOS WASMOSY Mrs. Mariá Teresa de Wasmosy	B-1-9 B-1-8	
PERU	President ALBERTO FUJIMORI Ms. Keiko Sofia Fujimori Higuchi	D-1-5 D-1-6	
ST. KITTS & NEVIS	Prime Minister KENNEDY ALPHONSE SIMMONDS	A-1-6	*
ST. LUCIA	Prime Minister JOHN COMPTON * Mrs. Janice Compton	B-2-11 B-2-10	*
ST. VINCENT AND THE GRENADINES	Prime Minister JAMES F. MITCHELL	D-2-3	
SURINAME	President RONALD VENETIAAN	B-2-8	*
TRINIDAD & TOBAGO	Prime Minister PATRICK MANNING Mrs. Hazel Manning	C-2-7 C-2-6	
UNITED STATES	President BILL CLINTON Mrs. Hillary Clinton	C-1-1 C-1-2	
URUGUAY	President LUIS ALBERTO LACALLE Mrs. Mariá Julia Pou Lacalle	C-1-6 C-1-7	
VENEZUELA	President RAFAEL CALDERA Mrs. Alicia Pietri de Caldera	B-2-14 B-2-13	
PROTOCOL	Ambassador MOLLY RAISER	C-2-3	

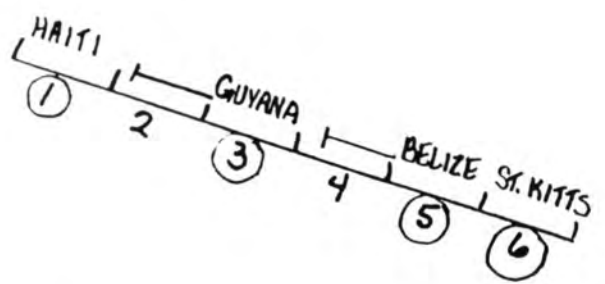
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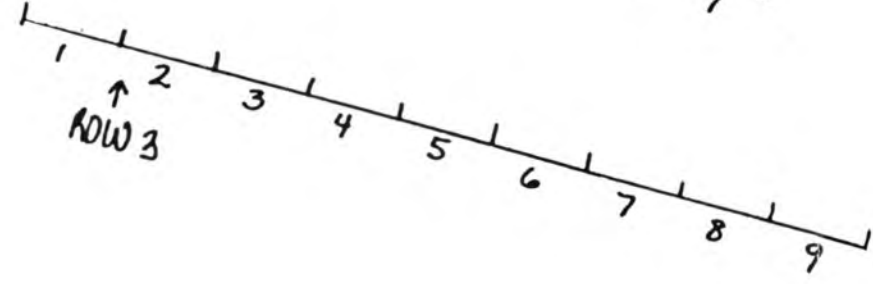
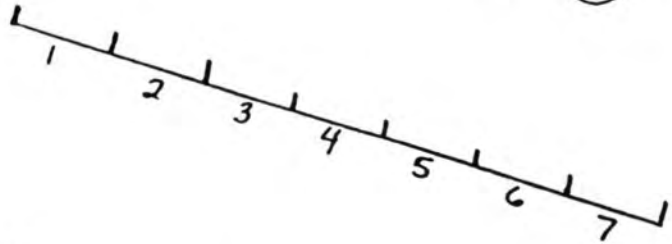
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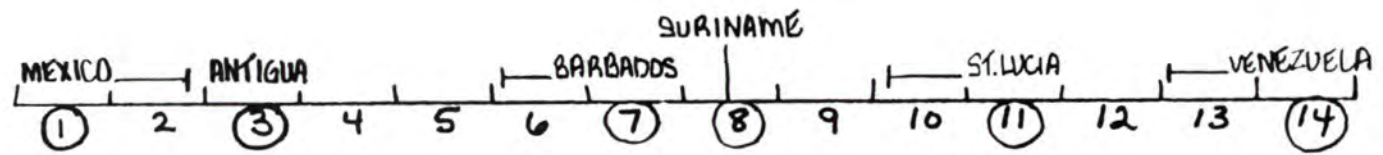
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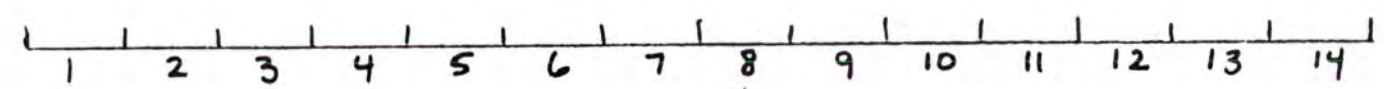
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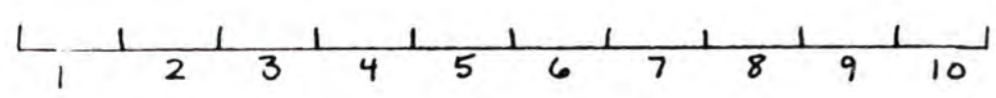
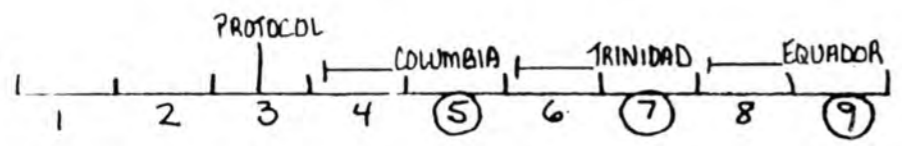
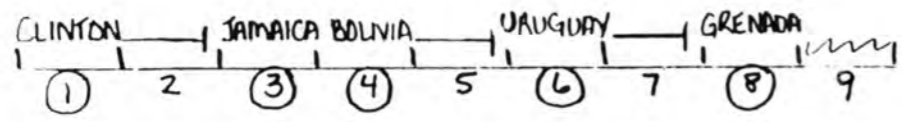
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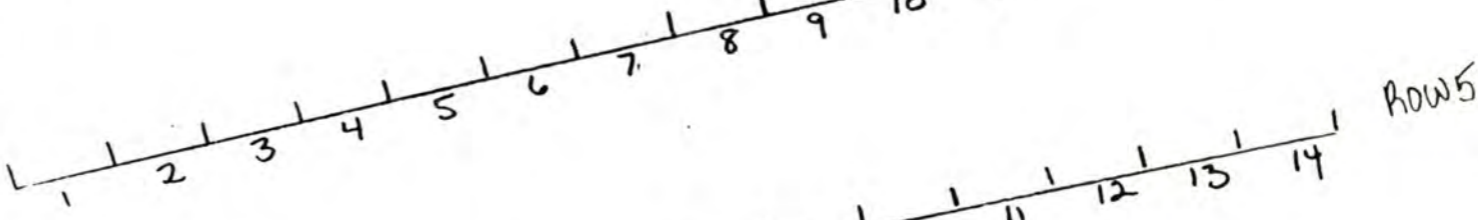
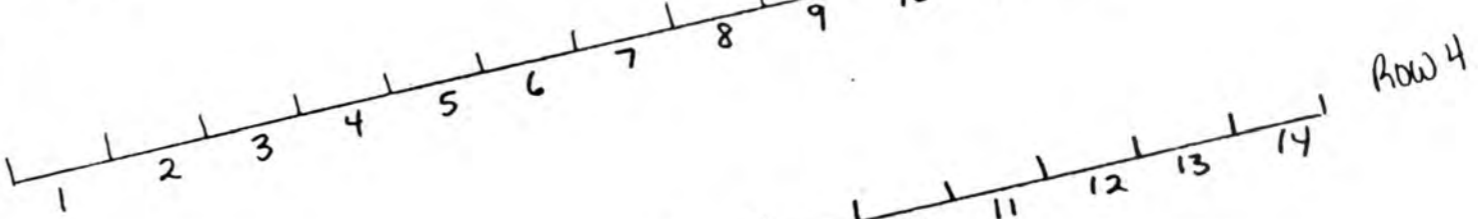
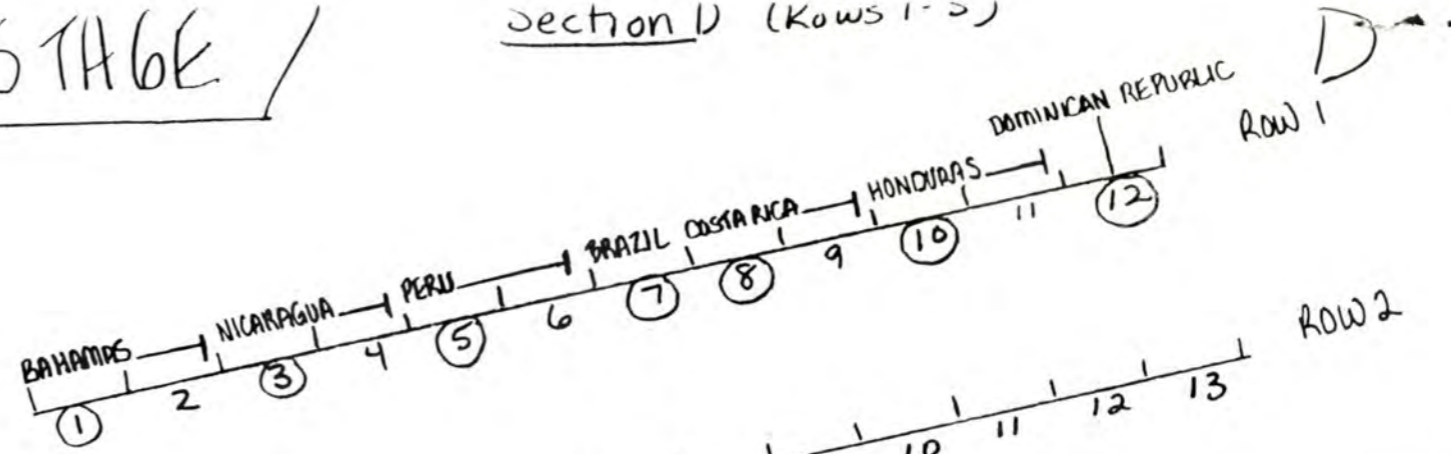
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Section C (Rows 1-3)



# C STAGE

Section D (Rows 1-5)



**TO:** THE PRESIDENT  
THE FIRST LADY

**WHAT:** VIRGINIAN YACHT BOAT RIDE  
FISHER ISLAND DINNER

**WHEN:** Saturday, December 10, 1994

**TIME:** Boat Ride: 9:30pm-10pm  
Dinner: 10:00pm-11:30pm  
Fireworks on Boat: 11:50pm-12:10am

**WHERE:** Boat Ride: The Virginian  
Dinner: Fisher Island  
Fireworks: Viewed from the Virginian  
Departure: Terminal Island

**# OF GUESTS:** Leaders and their spouses/designates only

**ATTIRE:** BLACK TIE

**FROM:** Ann Stock, Sarah Farnsworth

=====

9:30 p.m. Upon conclusion of the Concert of the Americas, THE PRESIDENT, THE FIRST LADY accompanied by the Leaders and their spouses/designates proceed to the Virginian Yacht en route to Fisher Island.

NOTES: Approx. 30 minute ride. Press and staff will be on separate boats.

10:00 p.m. The Virginian arrives at Fisher Island.

THE PRESIDENT and THE FIRST LADY depart yacht followed by the Leaders and proceed to Mansion.

NOTES: Pool press for arrival. Strolling strings to line walk.

THE PRESIDENT and THE FIRST LADY accompanied by the Leaders proceed to Dining Room for dinner.

Once all are seated, dinner is served.

11:00 p.m.

THE PRESIDENT will make a formal toast.  
(Closed press)

President Violeta Chamorro of Nicaragua will respond.

11:30 p.m.

THE PRESIDENT and THE FIRST LADY invite guests to return to the Virginian for dessert and coffee.

11:50 p.m.

Fireworks display viewed from the Virginian en route to Terminal Island.

12:10 a.m.

The Virginian arrives on Terminal Island. The Leaders and their spouses/designates depart in motorcade order.

THE PRESIDENT and THE FIRST LADY are the last to depart. (Closed Press)