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FIRST LADY HILLARY RODHAM CLINTON
VIDEOTAPED REMARKS FOR
NATIONAL COUNCIL FOR INTERNATIONAL HEALTH
ANNUAL CONFERENCE
MAY 28, 1996

Good evening. I'm sorry I cannot be with you in person as you launch this important international health conference. But I am delighted to commend the National Council for International Health for 25 years of dedicating itself to better health throughout our world.

Never before has your work to ensure foreign aid for health services been more important. Anyone who has had the opportunity to travel, as I have been privileged to do, knows that investments in health care reap huge dividends. I have seen innovative methods of bringing health care to children, families, and entire nations. Inexpensive, cost effective and basic health services funded through international aid organizations, including the United States Agency for International Development, are not only bringing better health care to children and families around the world, but are laying the foundation for economic growth and the spread of democracy.

Whether it is the use of Oral Rehydration Therapy in places like Bangladesh or child immunizations that will succeed in wiping out measles from the Western Hemisphere, these efforts strengthen America's national interest as well as humanitarian concerns.

America has a long, bipartisan commitment to foreign aid. This assistance amounts to less than one percent of the federal budget. But it has made a tremendous difference in the health and prosperity of families throughout the world.

If we care about strong families, open markets and the spread of democracy, then we cannot renege on our small but vital commitment to friends and allies around the world.

Your work at this conference is an opportunity to reaffirm the importance of American engagement abroad. Our nation's leadership in social development is a realistic and moral way to improve the health of our global population, and to promote peace and prosperity throughout the world.

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Good evening. ~~I wish I could~~ I'm sorry I cannot be with you in person as you launch this important international health conference. But ~~And~~ I am delighted to commend the National Council for International Health for 25 years of dedicating itself to better health throughout our world.

I have long subscribed to the belief that investments in the health and well-being of people are just as essential to the prosperity of our national family and global community as investments in open markets and trade.

In the past few years, as I have had the opportunity to visit areas of the world such as South Asia, South America, and the Philippines, the enormous political, economic and social dividends of this kind of investment have become clearer to me. In those countries I saw firsthand some of the world's greatest health challenges, and also some of the most innovative methods of bringing better health care to children and families. These trips have been an inspiring reminder of how much progress can be made when the will and the commitment are there to help those in need.

Anyone who has had opp to travel, as I have been privileged to do, knows that this kind of investment reaps huge dividends

I have seen innovative methods of bringing health care to children, families & entire nations go to ①

For example, last spring I visited a health center in Bangladesh. It has pioneered the use of oral rehydration therapy, an inexpensive salt, sugar and water solution that has saved thousands of young children from potentially fatal cases of diarrhea. And last fall the First Ladies of the Americas reaffirmed our commitment to the Pan American Health Organization's campaign to eliminate measles from this hemisphere by the year 2000. The lives of countless children can be saved by bringing primary health care and childhood immunizations into villages and towns throughout the Americas.

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FIRST LADY HILLARY RODHAM CLINTON
REMARKS TO THE COUNCIL ON FOREIGN RELATIONS
MARCH 19, 1996
NEW YORK CITY

I welcome this opportunity to talk about women and development, an issue that I believe is one of the most compelling, yet most overlooked, in the foreign policy arena.

My ideas on this subject are rooted both in personal observations and experiences in this country and overseas, and in the growing body of research and literature about social development.

If, like some, you are wondering how I've been spending my time lately, let me assure you that I've been getting around. In the past three years, I've had the opportunity to travel to Copenhagen for the U.N. World Summit on Social Development; to South Asia, Europe and the New Independent States; to Beijing and Mongolia; and to Central and South America.

I've met with women in South Africa who helped lead the struggle to end apartheid; new mothers in Jojakarta, Indonesia, who gather in their village each week to learn about family planning; doctors and nurses in Belarus and Ukraine who are trying to keep alive children in the aftermath of Chernobyl; and leading women of the Western Hemisphere who are working together to promote literacy and better health care for the children of their countries.

In a few days, I will be heading off for Bosnia, Turkey and Greece. I'd like to take this opportunity to share some of my observations with you from these trips.

Please accept my comments in this spirit; I am not here as a foreign policy spokesman for the White House or the Clinton Administration, but as a person who cares deeply about our nation's engagement in the world and who sees investing in women as a realistic, practical and moral approach -- a way to fuse American interests and ideals.

I have long subscribed to the belief that investments in people, particularly women and children, are just as essential to the prosperity of our national family and global community as investments in open markets and trade. But it wasn't until my daughter and I spent two weeks in South Asia last spring that the enormous political, economic and social dividends of this kind of investment became clearer to me.

One of our first stops was Ahmedabad [AH-mudda-bahd], a textile center in western India. On the edge of town is a women's bank, founded by a disciple of Gandhi named Ela Bhatt [eela bott]. The bank had one room. The teller's counter was an old kitchen table. Bank clerks recorded all transactions by hand, on yellow sheets of paper bound in volumes that looked like worn-out telephone books.

I was there for only a few hours. But in that time I saw women who had walked 12 to 15 hours from remote villages to take out loans -- some as small as $1 -- to invest in dairy cows, plows, or goods they could sell at market.

Women run the bank. Only women are allowed to make deposits and borrow money. Today this bank has assets of more than $3 million. Its loan repayment rate -- nearly 100 percent -- would be the envy of most commercial banks. It has 60,000 members -- all women, many of them among the poorest, least educated and most ostracized in India.

Against enormous political, social and economic odds, these women have joined together in a trade union and cooperative, called the Self-Employed Women's Association, or SEWA [say-wah], that provides them with job training, microcredit and mutual support. One after another, these women told me how access to credit has given them confidence in themselves and their futures. Through SEWA they have been able to increase their earning power and transform their lives, as well as the lives of their families and communities. Local government, police and commerce all have felt SEWA's influence.

This is but one example I have seen of how grass-roots enterprises targeted at women are reshaping local and regional landscapes around the world.

Many of these projects receive some support from the United States Agency for International Development. After seeing our foreign aid dollars at work on several continents, I am more convinced than ever that a small investment of American aid can be a catalyst for untangling the web of poverty, illiteracy, inadequate health care and cultural hostility that today prevent women and girls from becoming full and equal partners in many societies.

I am also very proud to report that under the Clinton Administration, the development banks have more than doubled their investments in social development.

These investments are not a one-way street. We Americans have borrowed from the SEWA model, for example, as well as from other microcredit enterprises, including Dr. Mohammed Yunus' Grameen Bank in Bangladesh and one called FINCA in a poor barrio

in Managua, Nicaragua, both of which I have had the privilege of visiting.

[In Denver, a program called Mi Casa helps women, many of whom have been on welfare, get the encouragement and the credit they need to become self-sufficient. I will never forget what one woman told me when I visited Mi Casa last year: "Many great ideas die in the parking lots of banks", she said, meaning that too often women don't even get in the door before they are turned away.]

Even in an economy as complicated as ours, microcredit appears to help American women lift themselves out of poverty, just as it does in other parts of the world. For that reason, we are encouraging more microcredit activities in the United States. Our Small Business Administration is making more loans than ever to women. Through the Community Development Financial Institutions Fund, we are establishing a new Presidential awards program to honor outstanding micro-lending organizations.

Whether we are making these investments at home or abroad, I am increasingly convinced that they are very much in our national interest and in support of the values we hope will take root around the world.

Let me give you another example -- how our support of family planning programs helps stabilize populations and reduce abortions in the developing world.

At the moment, roughly 100 million women cannot get or are not using family planning services because they are poor, uneducated or don't have access to care.

Some 20 million will seek unsafe abortions -- some will die, some will be disabled for life. A growing number of unwanted pregnancies are occurring among young women, barely beyond childhood themselves. For these girls and women, unwanted or unintended pregnancies mean less opportunities for schooling, jobs, and good health.

If you don't want women to have abortions, then supporting family planning programs, particularly in overpopulated developing nations, is a must.

In Salvador da Bahia in Brazil, I visited a maternity hospital that also cares for women who have tried to induce abortions themselves, a tragically common occurrence there.

I saw classrooms throughout the hospital displaying charts and diagrams of the most basic reproductive information. The hospital also provides family planning services. The Minister of Health told me that he hoped to extend this USAID-supported

program to rural areas in the region. Even here, in a predominantly Catholic country, there is growing recognition that family planning saves lives.

I'm not suggesting that U.S. foreign aid is a panacea for women or for the developing world. Nor am I starry-eyed enough to believe that every just cause in the world is ours to embrace.

But I am suggesting that as long as discrimination and inequities remain so commonplace around the world -- as long as women are valued less, fed less, fed last, overworked, underpaid, not schooled and subjected to violence in and out of their homes -- the potential of the human family to create a stable, peaceful, and ultimately prosperous world will not be realized. And clearly, world stability, peace and growing prosperity are in our national interest.

If, as a nation, we care about opening up foreign markets for American goods and services; if we care about making our country secure in the face of new post-Cold War threats; if we care about enlarging the world's community of democracies, then we must address the conditions and circumstances of the world's women.

If we do not, and instead retreat on our international commitments and social investments, the forces of strife and division are likely to gain strength. Without a developing world that is in fact progressing, the global economy will be retarded, those hostile to American interests and values will find fertile ground and threats to our security will increase.

Women comprise more than half the world's population. They are 70 percent of the world's poor and two-thirds of those who are not taught to read and write.

In too many places, they are dying from diseases that should have been prevented or treated...they are watching their children suffer from malnutrition caused by poverty and economic deprivation...they are denied the right to go to school, sometimes by their own fathers and brothers...they are forced into prostitution or indentured servitude. And in too many places, women are barred from the bank lending office and from the ballot box.

Yet women are the primary caretakers for most of the world's children and elderly. Throughout the world, families rely on women -- for emotional support, for labor in the home, and increasingly for outside income. And I would argue that, as the pressures of consumption and technology place greater burdens on family life in virtually every country on the planet, women will be relied on even more to sustain and protect the family unit.

Investing in women and ensuring that they have access to the tools of opportunity -- education, health care, credit, legal protections and political freedoms -- is particularly urgent today. The new global economy is rapidly diverging. And we know that those who are educated, who are able to manipulate language and symbols, will succeed. Those who are not, will be left even farther behind. Given the demographics I have just described, tens of millions of women are in great danger of being further marginalized in the years ahead.

The single most important investment any developing nation can make today is in the education of girls and women. What we are discovering, in country after country, is that education is not just a means of acquiring knowledge, skills, and values, it has a positive effect on a woman's health, nutrition, wages, and level of political participation.

Deputy Treasury Secretary Lawrence Summers, who has studied and written about the economics of women and development, says that "investment in the education of girls may well be the highest return investment available in the developing world."

[Educating an additional 1,000 girls in Pakistan would prevent roughly 60 infant deaths, 500 unwatned births and would keep three of those 1,000 girls from later dying in childbirth.

Worldwide, raising the female primary school enrollment rate to that of boys would cost less than one large power plant. If the world had taken this step in 1965, we would have averted three million infant deaths each year.]

Today, more than 600 million women worldwide are denied the opportunity of education. Many have grown up in families that expect them simply to marry and bear children.

Unfortunately, in so much of the world today, the reasoning in these families seems to be: If a girl isn't going to bring the family any income, why send her to school? Why take her away from cooking, cleaning the house, planting crops, hauling water, and taking care of the other children? Why send her to a doctor when money is scarce? Why worry that she is hungry when the boys in the family need and deserve food more?

Exceptions to these conditions do exist, sometimes in places we would least expect it, such as the very poor Kerala [Kuh-RAH-lah] region of southern India. Kerala has the highest literacy rate and life expectancy, as well as the lowest infant mortality rate, in India. That's because there has long been a tradition there of investing in health care and education, particularly for girls. A commitment to the education of girls and women also has had a significant impact on women's overall life circumstances in Jordan, Bangladesh, and Pakistan.

In Sri Lanka, women have had the right to vote for the better part of this century and enjoy greater access to education than their counterparts elsewhere in South Asia. Not surprisingly, Sri Lanka also has the region's best health care system and lower maternal mortality rates than many wealthier nations.

Simply put, an educated woman is more likely to have smaller, healthier, and happier families because she is more likely to be aware of good health practices, sanitation, family planning options, and even where to find medical care. She is more likely to have an income and be able to afford care for herself and her children. And she is much more likely to exercise her power as a citizen to provide care and security for her family and community.

Yet even with a growing recognition among government leaders that education is one of the cheapest, easiest, and most effective ways to improve the social and economic status of women, getting girls to school in many regions of the world is a complicated proposition.

When I was in Bangladesh, I visited a school run by the Bangladesh Rural Advancement Committee, a non-governmental organization that acts on the theory that education is a precondition for economic development. Some of the BRAC schools, which primarily serve girls, have been burned by extremist groups protesting the role of NGOs promoting change.

In some rural areas, there simply are no schools nearby and parents are understandably reluctant to send their daughters far from home. I visited a village outside of Lahore, Pakistan, that had recently built a primary school. But as one mother told me, her five daughters had no hopes of schooling beyond the primary level because the only secondary school was too far away. There was no question, however, that her sons would attend.

Sometimes the problem is as simple as not having a bathroom in the school building, which means a girl has to go home several times a day to do her business. Even not having a local well or water supply can hurt a girl's chances for schooling. The further she has to go to fetch water for her family, the less time she will have to go to class.

Making school free and convenient for parents is clearly the best way to get girls enrolled. The hiring of more women teachers is also crucial.

Along with the BRAC school in Bangladesh, I visited a government school that offers material incentives to parents to send their children -- especially girls -- to school. Families

receive a weekly food allotment if their children go to class, a significant incentive for very poor families who regard school as a diversion from their children's income-producing work. Another government program pays parents to keep girls in secondary school.

In Chile, which has made enormous strides thanks to education reform and a return to democracy, I visited a poor area of Santiago where the schools are open on weekends to accommodate parents' work and babysitting schedules. And I saw other examples of Chile's efforts to equip women with marketable job skills and to educate fathers about their parenting responsibilities.

Given the central importance of education in the development equation, I was pleased to announce in Copenhagen last year a new $100 million USAID initiative for girls' and women's education in the developing world and to announce the distribution of the first grant -- to India -- when I was there a few weeks later. The grants are being distributed through non-governmental organizations, who our government relies on more and more to deliver aid at the grass-roots level.

Having witnessed the great benefits that education can reap, not just for girls and women but for their families and communities, I am especially proud of America's long, bipartisan commitment to foreign aid and assistance -- which, as a matter of fact, amounts to less than one percent of the federal budget.

This American aid has worked -- not only in the area of education, but also in health care, nutrition, the law and the judiciary, and other programs designed to improve the climate for open markets, civil society and successful democracies.

All of these factors have made America a more equal and productive nation, even though we, ourselves, have not yet achieved full equality for women here at home. As the most recent United Nations Development Progamme report shows, no country has achieved parity for women; the Scandinavian countries come the closest -- and some surprising countries, such as Uraguay, Thailand, and Barbados, also rank fairly high.

Domestic policy, in this respect, is part and parcel of foreign policy. Our commitment to help women elsewhere cannot be separated from our commitment to improving the lives of women in our own country. The same principles apply here as there.

Sadly, there are some in our country today who question the values of our political, economic, military and social engagements abroad. They believe that our commitments to other nations, and even to the United Nations, are undermining our national sovereignty and sacrificing American interests.

I believe that America's global engagement is essential to strengthening our free market interests and spreading our democratic ideals. By contrast, it is isolationism and its corollary, misguided unilateralism, that pose a great threat to our position in the world, and also to the hopes and dreams of hundreds of millions of women.

As my husband often says, today we are at the third great turning point of this century. After World War One, we retreated into ourselves and suffered enormous consequences. After World War Two, when we heard many of the same isolationist arguments we are hearing today, we nonetheless chose the path of engagement and reaped 50 years of peace and prosperity as a result.

Over time, we have learned that our ideals and interests cannot be divorced from the political, economic and social cross-currents swirling around us. We also have learned that engagement represents opportunity as well as obligation.

For all of these reasons, it is troubling to see our bipartisan tradition of engagement and multi-lateralism threatened. It is troubling to see negative stereotypes fostered purely for narrow political purposes -- whether it is the distorted idea that the U.S. military would be under United Nations command or the public ridiculing of the U.N. Secretary General's name.

This brand of demagoguery is a poor substitute for a forward-looking and forceful foreign policy.

Social development -- the investment in people and their potential -- is not foreign policy as social work. It is a realistic and moral way for the United States to help expand the global economy, nurture young democracies and improve our chances for peace and prosperity.

Making social investments in women creates a dynamic new source of energy for a growing global economy and civil society. This developmental policy must become a central priority as we prepare for the 21st century.

It is the only way to bring us closer to a world in which distinctions between men and women are viewed, ultimately, as complementary parts to a greater whole. And it is the surest way to fortify the families, communities and free societies that our cherished way of life depends on.

Thank you very much.

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FIRST LADY HILLARY RODHAM CLINTON
REMARKS TO THE PAN AMERICAN HEALTH ORGANIZATION
WASHINGTON, DC
APRIL 7, 1995

[Acknowledgements: Dr. George Alleyne [al-lean], director of PAHO; Dr. Ciro de Quadros [kwah-drose], director of PAHO's Special program on Vaccines and Immunization; Dr. Peter Bourne, chair of the American Association for World Health]

I am pleased to be here on World Health Day, which marks an historic opportunity for all nations to come together to improve the health of our global family. I also want to thank all of you at PAHO who are on the front lines every day promoting better health throughout our hemisphere. You are the real champions of children, and for all of your work, I thank you.

Nothing is more important to our shared future than the well-being of children, and for that reason I am especially pleased that children are the focus of this year's World Health Day.

As you may know, I just returned yesterday from a 10-day trip to South Asia, where I saw firsthand some of the world's greatest health challenges, and also some of the most innovative, thoughtful methods of bringing better health care to children and women in poor and remote areas. For me, the trip was an inspiring reminder of how much progress can be made when the will and commitment are there to help those in need.

Today's world is one of great promise for the 130 million children of our own hemisphere. Great promise because our children are our lifeline to prosperity and progress in the exciting and unpredictable century that lies ahead. Great promise because there are millions of healthy children across the Americas whose futures are filled with hope.

And great promise because of historic commitments born at the Summit of the Americas last December that will translate into greater opportunity and justice for young people from the Queen Elizabeth Islands to Tierra del Fuego. Among other initiatives, government leaders endorsed the goal of making basic health services available to all citizens, which will be extremely beneficial to children, who are most vulnerable to illnesses and unhealthy living conditions.

I also want to commend the First Ladies who participated in the symposium on children in Miami and worked with Dr. Alleyne to clarify our common vision and goals. Today, First Ladies across the Americas are turning rhetoric into reality by helping launch PAHO's historic campaign to eliminate measles from the hemisphere by the year 2000. Later this year, many of the wives of heads of states and governments will convene in Paraguay to review our efforts and share our experiences in working to meet this goal.

The campaign to eliminate measles is vital to all of our futures. It will save the lives of countless children in every country and will bring primary health care to every "barrio" and "aldea" [pronounced all-day-uh -- which means village] in our hemisphere.

I say this with confidence because we know, from past experience, that it can be done. The Pan American Health Organization already has led the world in getting rid of the polio virus. Since the World Health Organization resolved to fight polio in 1988, the number of polio cases around the world has declined by 82 percent. Today, 145 countries are polio-free. Last September, the Americas became the first region in the world to be declared formally free of polio -- and not a single case has been detected in the region since August of 1991 [in Peru].

All of you should take great pride in that achievement. You succeeded in getting many nations and public and private institutions involved, and that is no small feat.

Now the work must continue in other parts of the world. And in our region, we must turn our attention to another major health threat to children: measles.

My husband often talks about children as the greatest resource of every nation. And one of the best ways to build on that resource is to invest in children, especially their health.

This is an urgent mission because, just as we live in a time of great promise for children, we also live in a time of great peril. More than half of the population in this hemisphere is under age 23. And too many of our young people suffer from poverty, hunger, illiteracy and inadequate health care.

But the statistics need not be so grim. While ushering children into the world is the province of families, protecting them from avoidable diseases must be viewed as the shared responsibility of our larger human family.

We all know that a sick child has much less chance of learning, growing, and fulfilling his or her potential than a child who is healthy. A sick child has much less reason to be hopeful and optimistic about the future. A sick child is much less likely to develop into a healthy, productive citizen. That is why it is our responsibility as a community of nations to insist that all children receive the health care they need.

We have the technology. Vaccinations exist for most of the major childhood diseases and they are far cheaper than long-term treatments or the disabilities that result when children become seriously ill. All we need now is the commitment to make these immunization campaigns succeed.

The United States has been a proud partner of past efforts to eliminate major childhood disease in this hemisphere. Nearly half of all external donor funding for the polio campaign came from the United States Agency for International Development. The United States currently is providing nearly $7 million a year as part of our child survival programs in the countries of the Americas.

Today I am pleased to announce that the United States will join in partnership with PAHO in the campaign to eliminate measles across the hemisphere. PAHO has estimated that an additional $46 million is needed for immunization programs between now and the end of the century.

Through USAID, the United States plans to extend a five-year, $20 million grant to PAHO to advance hemispheric health care priorities. Although the United States, like many other nations, is operating under severe budget constraints, our government hopes to allocate $8 million directly to the Regional Expanded Program on Immunization which includes support to the measles campaign.

At the same time, we have every expectation that, just as with the polio effort, USAID programs and technical support across the Americas will help boost the campaign to eliminate measles. During the polio campaign, those programs more than doubled our regional commitment.

One of the most important aspects of PAHO's campaign to eliminate measles is that it will advance all of our immunization efforts. Perhaps equally important, it reflects a larger vision of health reform that extends a basic package of integrated health services throughout the region. And in that way it carries forward the Summit of the Americas Plan of Action.

Although our specific health challenges may differ from country to country and our recipes for progress may require different ingredients, we share a common future and a common cause. We must not work in isolation to solve our problems. Whether we are health organizations, NGOs, government leaders, or First Ladies, we must join together as partners who appreciate the value of sharing our knowledge and experience.

And we must remember that, when it comes to helping our children, words alone are not enough. Policy papers are not enough. Press releases are not enough. Documents and studies are not enough.

Ultimately we must be guided by a desire in our hearts to see that all children have the gift of hope in their lives.

As the wonderful Chilean poet Gabriela Mistral once wrote: "Many things we need can wait; the child cannot."

Thank you very much for helping us turn words into deeds.

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Information

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NCIH 23rd Annual Conference
"Global Health: Future Risks, Present Needs"
June 9-12. 1996 - Washington, DC

The role of US foreign aid, its link to health, and the threats posed by new and re-emerging infectious diseases are the main themes of the 23rd annual international health conference sponsored by the National Council for International Health (NCIH) June 9-12 at the Hyatt Regency Crystal City Hotel in Washington, DC, area.

"The US is at a crossroads in deciding between isolationist and international leadership policies that will impact the health of countless generations," said NCIH Board Chair Angela Churchill, US Peace Corps. She said that NCIH hopes to point out the consequences of these choices to policymakers and to the public. "This is of particular importance in light of the threats posed by new and re-emerging diseases."

Entitled "Global Health: Future Risks, Present Needs," the conference will feature speakers from public- and private-sector organizations. Guest speakers include Dr. James Hughes, director of the Center for Infectious Diseases at CDC, Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases at NIH, Laurie Garrett, author of *The Coming Plague*, Nobel Laureate Josh Lederberg, the co-discoverer of DNA, J. Brian Atwood, the administrator of the US Agency for International Development, and a host of leading scientific and development authorities.

Highlights of the Conference

- An opening reception on Sunday, June 9, from 4 to 6 pm in the Exhibit Hall where one hundred public agencies, NGOs, academic institutions, and private exhibitors will display their services and products. A videotaped address by First Lady Hillary Clinton will launch the plenary meeting at 6 pm, and remarks by Undersecretary of State for Global Affairs Tim Wirth and The Hon Branford Taitt, member of parliament and former minister of health of Barbados, is also scheduled.

- Monday, June 10, is devoted to exploring "**The Link between Health and Development.**" Presentations by noted health and family planning policymakers, including members of the government of Egypt and Spain, the deputy director of PAHO, as well as members of the US Department of Health and Human Services, the World Bank, and UNDP, are scheduled throughout the day, along with concurrent roundtable and panel sessions on related sub-themes. Forum sessions center on issues of human development and health and on men's role in reproductive health.

- Tuesday, June 11, focuses on the theme of "**New and Re-emerging Infectious Diseases.**" The plenary panel at 8:30 am, entitled "Perspectives on Re-emerging Diseases," includes several well-known authorities: Dr. Anthony S. Fauci, the director of the National Institute of Allergies and Infectious Diseases; Dr. James Hughes, director of the National Center for Infectious Diseases at

CDC; Dr. Steve Joseph, the Assistant Secretary of Defense for Health; and Dr. Peggy Hamburg, the NY Health Commissioner. This plenary is followed by three forum sessions: "New Threats, Old Threats," "Early Warning Network for Emerging Infectious Diseases," and "TB - The Re-emerging Disease."

- Wednesday, June 12, begins with a high-level discussion of outbreak scenarios by leading health officers from US and international health agencies, entitled **"The Coming Plague? A Discussion of Recent Outbreaks."** Moderated by Conference Co-chair Dr. Hughes, ten discussants will review actual outbreaks and comment on world preparedness in an "open forum" session. The discussants include Pulitzer Prize winning author Laurie Garrett of *Newsday*, James LeDuc of the World Health Organization, David Brandling-Bennett of PAHO, Steve Joseph of the DOD, Nils Daulaire of USAID, Dr. Larry Altman of the *New York Times*, Stuart Nightingale of the FDA, and Stephen Ostroff of CDC. Also invited are Sen Nancy Kassebaum and C. Payne Lucas of Africare. This plenary is followed by three concurrent forum sessions: "Responding to Questions about Outbreaks," which features a both reporters and health-agency public-affairs officers, "Cost Recovery and HIV/-AIDS Treatment," with Dr Helene Gayle of CDC, and "Assessing Future Risks: a Futurologist's Perspective" with United Nations University Prof. Jerome Glenn.

Between 1,200 and 1,500 people are expected to attend. Others will be linked to our parallel 'Virtual Conference' via the Internet.

About NCIH

NCIH is a non-profit 501 (c)(3) organization that was created in 1971 with the aim of focusing US attention on international health issues and to develop networks of US and developing country organization. At present, NCIH's membership consists of more than 100 organizations and 1,700 health professionals who are primarily US citizens. As a networking organization, NCIH collaborates with numerous other health, environmental, and development organizations including the State Department and USAID, CDC, HHS, NIH, and a host of international and community-based organizations that work to advance health and human development. Our program areas include maternal/child health, HIV/AIDS awareness, women's health, domestic and international violence prevention, nutrition, and many others. NCIH has different levels of memberships, including student and retiree categories.

For further information about membership, to register for the conference, request an exhibit booth, or for general information, please contact the NCIH Conference Department at tel (202) 833-5900, fax 833-0075, or via the internet at <ncih@ncih.org>. Exhibitors may contact Kathy Morrell Associates at (703) 642-3628 or at fax (703) 941-4299.

- end -

NCIH NATIONAL COUNCIL FOR INTERNATIONAL HEALTH

1701 K STREET, N.W. SUITE 600, WASHINGTON, DC 20006, (202) 833-5900, FAX: (202) 833-0075

MEMORANDUM

Date: 27 March 1996

To: Cooperating Agencies

Re: NCIH Annual Conference Media Plan

NCIH is seeking to use our 23rd Annual Conference as a forum to review health-care and international aid policies to enhance public awareness of the choices lawmakers are making and how these choices might impact the health of people in the US and elsewhere. The conference is entitled, "Global Health: Future Risks, Present Needs." It will take place June 9-12, 1996, at the Hyatt Regency Crystal City hotel in Arlington, VA.

The two main themes of the conference are The Health-Development Link, and New and Re-emerging Infectious Diseases. We have invited speakers from US and international organizations, including CDC, NIH, HHS, USAID, WHO, PAHO, and UNICEF to present information at plenary sessions. Some of the personalities include Nobel Laureate Dr Joshua Lederberg, author Laurie Garrett, Dr James Hughes, director of the CDC Center for Infectious Diseases. We are hoping to gain the participation of members of congress, particularly in our Wednesday, June 12, morning plenary that will review actual outbreaks and assess both the US's and the world's preparedness for them. We are also seeking presentations by members of the Clinton Administration to attract more public notice.

The Wednesday plenary is entitled, "The Coming Plague? A Discussion of Recent Outbreaks." The discussants will review an outbreak scenario presented by Jim Hughes and drawn from actual incidents. Dr Hughes will seek their comments in an "open forum" discussion. Invited discussants include David Brandling-Bennett of PAHO, Stuart Nightingale of the FDA, Steve Joseph of the DOD, Nils Daulaire, USAID, Peter Bell of CARE, Larry Altman of the *NYT*, Author Laurie Garrett of *Newsday*, and members of Congress.

We are planning to follow the plenary with a forum composed of media and public affairs specialists who will discuss problems encountered when "Responding to Questions about Outbreaks." Moderated by Bob Howard of CDC, invited panelists include Dr Larry Altman, Laurie Garrett, Margaret Winker of *JAMA*, Shannon Brownlee, US News & World Report, Bob Bazell of NBC, and Bryna Brennan of PAHO.

A key part of our strategy of gaining media attention and helping impact public understanding of international health issues is the proposed **briefing at the Press Club** during the conference **Monday, June 10,** at a time to be determined in the near future. We have commitments from Drs Brandling-Bennett, Hughes, Daulaire, and from the Hon Branford Taitt, an MP from Barbados and the former minister of health, and Dr Gail Cassell of the University of Alabama to attend the press briefing.

Our purpose in contacting you is to gain your support. Specifically, we would like your responses to the press briefing, ideas on talking points for the presenters, and support in inviting members of the media or aides from Capitol Hill to the Press Club briefing. At the least, we believe we can generate greater awareness of the linkages between development programs and health.

NCIH 23rd Annual Conference on Global Health ▾ Preliminary Program

Draft: Wednesday, May 22, 1996 Time: 4:25 PM

Sunday 9 June 1996

12:00 - 5:00 pm **Registration**

12:00 - 4:00 pm **International Film Festival**

4:00 - 6:00 pm **Welcome Reception in the Exhibit Hall**

6:00 - 7:30 pm **Keynote Speakers:**
Hillary Rodham Clinton (invited)
Branford Taitt, Member of Parliament-Barbados

Monday 10 June 1996 Theme: The Health-Development Link

8:30 - 10:15 am **Plenary Panel: The Health - Development Link**
Welcome: Rosalia Rodriguez-Garcia, *NCIH Conference Co-Chair*
Moderator: Branford Taitt, *MP-Barbados*
Jo Ivey Boufford, *Health & Human Services (HHS)*
David Brandling-Bennett, *Pan American Health Organization (PAHO)*
Maher Mahran, *National Population Council of Egypt*

9:30 - 6:00 pm **Exhibit Hall Open: NCIH Career Connections Job Fair**
" " **Posters on Display (Atrium Level)**

10:30 - 12:00 N **Forum A: Continuing Health Care Reform for Human Development**
Moderator: James Banta, *GWU/CIH*
Alberto Infante, *PAHO*
Michel Jancloes, *World Health Organization (WHO)*
Octavio Quintana Trias, *Deputy Dir, Spain MOH*

" " **Concurrent Roundtable Sessions**
Africa: Crisis & Sustainable Development
Bancoumana: A Model Community-Based Health Care System in Rural Mali
Data for Community MCH/FP Decision Making
Disability & International Health & Development
Helping Youth Help Themselves: A FP/RH Special Initiative
School Health Education in China
Usable Knowledge: The Role of Policy Communication

11:30 - 12:30 pm **Press Briefing,** Press Club, Washington, DC (Co-Sponsored by PAHO)
James Hughes, CDC
Anthony Fauci, NIAID
Steve Corber, PAHO
Nils Daulaire, USAID
James LeDuc, WHO

Monday 10 June 1996 **Theme: The Health-Development Link**

12:00 - 2:00 pm	**Exhibit Hall** - Lunch/Special Event
12:00 - 1:45 pm	**Christian Connections** "AIDS & Ebola in Zaire: A Perspective" with Dan Fountain
12:30 - 1:45 pm	**USAID** "AIDS Technical Support Pjct Update" - Brown Bag Meeting
12:30 - 1:45 pm	**NCIH Membership** Box Lunch Meeting

2:00 - 3:30 pm **Forum B: Indicators of Human Development**

Moderator: Waafas Ofosu-Amaah, *Consultant/NCIH Board*
Sakiko Fukuda-Parr, *UNDP*
Prasanta Mahapatra, *Harvard Center for Pop & Development Studies*
Muthu Subramanian, *WHO*

" " **Concurrent Panel Presentations**

	Moderators:
Community-Based Initiatives to Improve Child Surv	Joan Haffey, *John Snow International (JSI)*
Directional Approaches to Decision Making	Constance A. Carrino, *USAID*
Health Service Delivery Options: What Works?	Margaret Gwynne, *SUNY at Stony Brook, NY*
Improving Health Care through Better Access	Diane Silimperi, *BASICS*
Innovative Sources for Health Care	Paultre Desrosiers, *USAID*
Linking Health & Development for Women	Claudia Morrissey, *USAID*
Quality FP Services in Egypt	Dia'a Hammamy, *E Petrich & Assoc*

3:30 - 4:00 pm **Coffee Break / Exhibit Hall**

4:00 - 5:30 pm **Forum C: Men, Sexuality, and Reproductive Health**

Introduction: Elaine Murphy, PATH
Moderator: Gretchen Bloom, *USAID Gender/WID Advisor*
Mihira Karra, *USAID*
Gadde Narayana, India Director, *Futures Group*
Fatoumata Traore, *CEDPA-Katibougou Family Health Pjct, Mali*
David Wilkinson, *AVSC /Innovative Communications Sys (Nairobi)*

4:00 - 5:30 pm **Concurrent Panels**

	Moderators:
Youth as Leaders	Mary Luke, *CEDPA*
Health Insurance an International Perspective	Kathleen McDonald, *USAID*
A Closer Look at Factors Influencing MMR in LDCs	Marge Koblinsky, *JSI*
Sustainable Health Care	Bob Emry *USAID*
FP & Birth Spacing Choices for Women	Deborah Armbruster, *ACNM*
RH & FP Challenges Facing the NIS	Nosa Orobaton, *BASICS*
Personal Accounts of Bringing Lesson Home to US	Jean Mouch, *Univ of Med & Dentistry of NJ*

5:30 - 6:30 pm **Auxiliary Meeting: APHA Task Force on Men and Repro Health**

7:00 - 9:00 pm **Evening Lectures & Special Functions**

- The Paul Alexander Lecture/Management Sciences for Health: "Lessons without Borders" with Nils Daulaire, USAID; Martin Wasserman, Maryland Dept of Health; Gail Price, MSH; and Sally Findley, Columbia Univ. The panel is moderated by Judith Kurland, McDermott/O'Neill.

- The Martin Forman Lecture/Helen Keller International: "Nutrition, The Key to Humanizing Capacity Development," with Dr Beryl Levinger of the Monterey Institute of International Studies. Human capacity development and human capital development are two distinct approaches for improving the lives of millions of children, women, and men in the world's most impoverished countries. Are these approaches conflicting or complimentary? How do they differ and how, if at all, do they help individuals become more "human"?

Tuesday 11 June 1996 **Theme: New and Re-emerging Infectious Diseases**

8:30 - 10:15 am Plenary: Perspectives on Re-emerging Diseases

Moderator: George Curlin, NIH
Anthony S. Fauci, *Director - NIAID*
James M. Hughes, *Director, CID-CDC*
Margaret Hamburg, *NY Health Commissioner*
Stephen C. Joseph, *DOD*

9:30 - 6:00 pm **Exhibit Hall Open** - Job Fair
" " **Posters on Display**

10:30 - 12:00 N Forum A: New Threats, Old Threats

Moderator: Scott Halstead, *USN Med Research & Dev Command*
Gail Cassell, *Univ of Ala.*
Rita Colwell, *Univ of Maryland*
Ogobara Doumbo, *Univ of Mali*
Duane Gubler, *CDC*

10:30 - 12:00 N **Concurrent Roundtable Sessions**

AIDS and the Social Crisis in Guatemala
Int'l Health Statecraft: Empowering Nations to Address Current & Future Risks
Integrating HIV/AIDS/STDs in Kenya FP Programs
Moving an NGO Toward Financial Sustainability
Partnerships: Coordinating Sectors to Cure TB
Prefilled Syringes to Extend Vaccination Coverage
Rational Pharmaceutical Management
Treatment and Prevention of Vitamin A Deficiency in Kiribati

12:00 - 2:00 pm **Exhibit Hall** - Lunch / Musical Entertainment
12:00 - 1:45 pm **Auxiliary Meetings**

NCIH: Student Lunch Meeting
CCIN: Christian Connections for Health "AIDS and Ebola in Zaire: A Perspective"
CDC: Panel on "The Role of NGOs, the Private Sector, and US Gov't in Addressing Emerging Global Diseases"
ADA: Dental Caucus
JHU: Johns Hopkins University's Health and Child Survival Fellows Program Meeting
GWU/CIH: George Washington University/Center for Int'l Health roundtable discussion on "The Health Development Link: Microenterprise Development for Better Health Outcomes."
PATH: "Challenging Traditions: Eradicating FGM in Africa"
APHA: Business Meeting - International Health Section

2:00 - 3:30 pm Forum B: Early Warning Network for Emerging Infectious Diseases

Moderator: Ruth Berkeleman, *NCID/CDC*
James LeDuc, *WHO*
Ethleen Lloyd, *CDC*
Steve Corber, *PAHO*
Ann Marie Kimball, *Univ of Washington*

2:00 - 3:30 pm **Concurrent Panel Presentations (5)**

	Moderators:
AIDS Prevention in Refugees Communities	Michael Merson, *Yale Univ SPH*
AIDS: Life Ops as a Determinant for Risk Behavior	Basil Vareldzis, *USAID*
A Global View on EPI	Nancy Newton, *Consultant*
Cholera Prevention: 3 Individual Approaches	Robert Tauxe, *CDC*
The Environmental Link between Health & Dev	John Borrazzo, *USAID*

Tuesday 11 June 1996 **Theme: New and Re-emerging Infectious Diseases**

4:00 - 5:30 pm **Forum C: TB - The Re-emerging Disease**

Moderator: Basil Vareldzis, *USAID*
Chris Beyrer, *Research Inst for Health Svcs*
Nancy Binkin, *CDC*
Peter Small, *Stanford University*
Robert Benjamin, *Division of Communicable Disease Control & Prev, Alameda Co Health Dept*

4:00 pm - 5:30 pm	**Concurrent Panels**	*Moderators:*
	Migration, Immigration and Health	Susan Anthony, *USAID*
	Analyses & Evaluation of Vaccines	Robert Steinglass, *BASICS*
	HIV/AIDS Interventions	Barbara Zaldwondo, *USAID*
	Prev & Control of New & Re-emerging Diseases	Andrew Arata, *Env Health Pjct*

5:30 - 6:30 pm **NCIH HIV/AIDS Program Networking Reception** - Atrium

7:30 - 9:30 pm **Auxiliary Meetings**
ACNM: American College of Preventive Medicine Program Update and Networking Meeting
MEPHA: "New Developments in the Field of Malaria Therapy," with Dr Milorad Andrial
JSI: Empowerment of Women Forum
IHTN: International Health Trainers Network Meeting
USAID Global Health Interest Section
NCIH Membership Meeting

Wednesday 12 June 1996 **Theme: Assessing & Managing Outbreaks**

7:30 am - 8:15 am **Auxiliary Meeting: Canadian Society for Int'l Health** Breakfast Networking Meeting: This informal continental breakfast meeting provides an opportunity for Canadians and others attending the conference to network and discuss the application of the conference themes to Canada, and special attention will given in the discussion to CIDA's "Strategies for Health." To register, please add your name to the sign-up sheet that will be on the Message Board in the Registration Area. A fee to cover the breakfast will be collected at the door.

8:30 am - 10:30 am **Plenary: The Coming Plague? A Discussion of Recent Outbreaks**

Moderator: James Hughes, *CDC*
Larry Altman, *NYT*
David Brandling-Bennett, *PAHO*
Congress: (*tba*)
Nils Daulaire, *USAID*
Laurie Garrett, author/*Newsday*
Steve Joseph, *DOD*
James W. LeDuc, *WHO*
Stuart Nightingale, *FDA*
Steve Ostroff, *CDC*

Panel Adjourns - Coffee Break - immediately following until 11:00 am

9:30 - 12:30 **Exhibit Hall Open**
NCIH Job Connection

Wednesday 12 June 1996 Theme: Assessing & Managing Outbreaks

11:00 - 12:30 Forum A: Communications Needs During Infectious Disease Outbreaks

Moderator: Robert J Howard, *CDC*
Larry Altman, *NYT*
Bob Bazell, *NBC TV News*
Bryna Brennan, *PAHO*
Shannon Brownlee, *US News & World Report*
Laurie Garrett, *Newsday*
Margaret Winker, *JAMA*

" " Forum B: Are there Options for Cost Reduction in AIDS Treatment?

Moderator: Helene Gayle, CDC
Richard W. Steketee, *CDC*
Mary Bassett, *Columbia Univ*
Col Donald S. Burke, *Walter Reed*
Rick Marlink, *Harvard AIDS Inst*

" " Forum C: Ways to Assess Future Risk: A Futurologist's Perspective on Health

Jerome Glenn, UN Univ - Think Tank/*Millenium Project*

1:00 - 3:30 pm Plenary: NCIH Awards Luntheon

Angela Churchill *"Why We Have an Annual Conference"*
Dr Hughes *Keynote Introduction*
Joshua Lederberg, Nobel Laureate
(*possible:* **VP Al Gore**) *(Gore presenter: Fran Carr, USAID)*
Awards *Branford Taitt introduces*
J Brian Atwoof, *USAID Administrator*
Closing Comments: Rosalia Rodriguez-Garcia, GWU/CIH

NCIH HIV/AIDS Workshop: Thursday. 13 June 1996 9 am - 4 pm - Separate Registration

National Council for International Health

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Washington, DC 20006-1503 USA
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E-mail: <ncih@ncih.org>

FAX TRANSMITTAL

To: Sabrina Corlette Fax: 456-5709

At: Office of the First Lady, The White House Tel: 456-5708

From: Zuheir Al-Faqih Date:

Dept: Conference Ext: 204 Pages: 3

MEMORANDUM

Thank you for calling to get details about our conference for the First Lady's remarks. Following are:

1 A general press release (2 pp)
2 A Memorandum to the "Cooperating Agency" members of our Press Committee (1 p)
3 A Preliminary Conference Program (5 pp)

I am happy to provide any additional information. I might add that the First Lady's credentials in international health are very good and wonder if it might somehow be included in her remarks -- at least visually, perhaps by cutting 5-10 seconds of footage of her and Chelsea taken in Pakistan, for example.

In any event, we will be pleased to receive a 5-8 minute tape, preferably on S-VHS format (stereo sound not necessary).

Thank you.

yes

OFFICE OF SCHEDULING FOR THE FIRST LADY

DATE _____

ORGANIZATION/ EVENT	Nat'l Council for International Health
DATE	~~May 23~~ June 9-12
LOCATION	Crystal City Hyatt
EVENT DESCRIPTION	Annual Conference /
STATUS	**ACCEPT** ____ **REGRET** ____ **PENDING** ____ **VIDEO** ____ **LETTER** ____
CONTACT	Zuheir Alsaquh (202) 833-5900 x204 Zoo chair - Alf-a-ka Margaret Terry 202-833-5900
NOTES	background on conf. - themes, agenda, HRC participat= on organizat= acknowledgements (if any) talking points -press release -descript= of conf.

NCIH NATIONAL COUNCIL FOR INTERNATIONAL HEALTH

1701 K STREET, N.W. SUITE 600, WASHINGTON, DC 20006, (202) 833-5900, FAX: (202) 833-0075

10 April 1996

Ms. Melanne Verveer
Deputy Chief of Staff to the First Lady
The White House
Washington, D.C. 20500
via fax: 456-6244

Dear Ms. Verveer:

I am writing in response to your letter of April 2 to Frank Lostumbo, in which you state that the First Lady would be happy to provide a video message for the 23rd Annual NCIH Conference in June. We are indeed honored that she has agreed to do so, and I would be happy to provide whatever background materials you might find useful. When convenient, please have a member of your staff contact me so that we can begin to make the necessary arrangements. I can be reached at 202-833-5900, ext. 203, or at 202-244-5823.

Although Mrs. Clinton cannot attend the event, we are most grateful that she has agreed to support our conference in this way. Given her experience in Beijing last year, as well as her significant contributions to raising awareness of domestic and international health issues, we believe our conference is a most appropriate venue for her participation. We are expecting between 1,000 and 1,500 people to attend the conference, and hundreds more will be linked to our simultaneous "virtual conference" via the Internet.

I look forward to hearing from your office soon regarding arrangements.

Sincerely,

Margaret A. Ferry

Margaret A. Ferry
Special Projects Director, 23rd Annual Conference

2500 members primarily in U.S
doctors, dentists, public health people in Int'l development
raise awareness of intle health issues

two conf. themes:
① links b/w health & human development (status of human condition)

NCIH NON-PROFIT 501(c)3

② new & re-emerging infections diseases