

MEMORANDUM
OF CALL

Previous editions usable

TO:

Macle

☐ YOU WERE CALLED BY-

☐ YOU WERE VISITED BY-

Nina Jamayo

OF (Organization)

☐ PLEASE PHONE

☐ FTS

☐ AUTOVON

House Body of Belwin

☐ WILL CALL AGAIN

☐ IS WAITING TO SEE YOU

☐ RETURNED YOUR CALL

☐ WISHES AN APPOINTMENT

MESSAGE

591-2811-2206 or

591-233-0466

RECEIVED BY

EB

DATE

11/22/96

TIME

930

50363-111 NSN 7540-00-634-4018
U.S. G.P.O.: 1994-300-891/00003

OPTIONAL FORM 383 (Rev. 1-94)
Prescribed by GSA

★

FIRST LADIES CONFERENCE PLENARY SESSION
Wednesday, December 4, 1996

Context of the Event:

The first morning of the Conference will be dedicated to formal presentations by a number of First Ladies on themes of interest to the Conference. Mrs. Ximena Sanchez de Lozada, the First Lady of Bolivia, will open this session by presenting the status of commitments made in earlier meetings by the First Ladies of the Americas. The information to be presented has been collected by the Conference Secretariat from each participating country, based on questionnaires developed at the August technical meeting.

By common agreement reached following the August preparatory meeting, the Conference will deal with five themes: Health of Women and Children of the Americas; Education and Training of Women and Children of the Americas; Intrafamilial Violence; the Participation of Women in High-Level Positions and Decision-making; and Follow-up on the Rights of Children. Each First Lady has chosen a topic of interest to her and will make a 10-minute presentation during the morning sessions of the first two days of the Conference. Mrs. Sanchez de Lozada's presentation will be followed by a series of presentations by First Ladies on the themes to be discussed Wednesday (Health, Education and Training).

The Presentations programmed to date for Wednesday morning:

- Jamaica: Education and Training of Women and Children
- Panama: Follow-up on the Rights of Children
- Barbados: Cancer Prevention in Women
- Colombia: Follow-up on the Rights of Children
- Uruguay: Strengthening the Quality of Education
- Guatemala: Integrated Training of Rural Women
- Paraguay: Women's Health and Early Pregnancy
- Argentina: Children's Rights
- Bolivia: Regional Initiative for Reduction of Anemia
- El Salvador: Healthy Schools, Women's Education and Training
- United States: The Health and Education of Women and Children

Your Objective:

To give a 10-minute presentation on three specific issues relating to the health and education of women and children: measles elimination in the hemisphere, the Partnership for Education Revitalization in the Americas (PERA), and maternal mortality reduction in the Americas. You will also provide the context for the USAID/PAHO grant for maternal mortality reduction, which will immediately follow your remarks.

FOR IMMEDIATE RELEASE
NOVEMBER 19, 1996

CONTACT: MARSHA BERRY
NEEL LATTIMORE
KAREN FINNEY
STEVE COHEN
202-456-2960

**FIRST LADY HILLARY RODHAM CLINTON TO ATTEND
6TH CONFERENCE OF WIVES OF HEADS OF STATE AND
GOVERNMENTS OF THE AMERICAS**

WASHINGTON, DC -- First Lady Hillary Rodham Clinton will travel to La Paz, Bolivia to participate in the 6th Conference of Wives of Heads of State and Governments of the Americas. The conference "The Rights of Women and Children Within the Framework of Sustainable Human Development," will review effective projects and strategies affecting the health and education of women and families.

Mrs. Clinton's participation in the Bolivia conference will include a keynote address during the conference's opening session on December 3rd and joining the working sessions on December 4th. Mrs. Clinton is also expected to participate in a signing ceremony of a USAID grant to the Pan American Health Organization to pursue maternal mortality reduction in the Western Hemisphere. In conjunction with the conference Mrs. Clinton is expected to visit several US-AID supported projects in the community.

In 1994 Mrs. Clinton hosted a Symposium on Children during the Summit of Americas in Miami for the spouses of the presidents and heads of state from the Western Hemisphere and in 1995 the First Lady attended the 5th conference of Wives of Heads of State and Government in Asuncion, Paraguay.

Mrs. Clinton will depart for Bolivia on Monday, December 2 and return to Washington on December 4th. Press wishing to accompany the First Lady should contact Neel Lattimore, Steven Cohen or Karen Finney at 202-456-2960 by 5:00 PM Monday, November 25th. Space is extremely limited and it will be necessary to create a traveling press pool.

###

Nicole

-- 10/18/96 from Diane La Voy, sending details of their struggle with the HMO to get adequate mental health attention for Sarah.

She writes about her involvement in the "reinvention" at USAID. If your interest and time permit, she would be happy to send you her 12-page paper, "Mainstreaming Participation: Where We Are in the Revolution," written for fellow "revolutionaries" working within other development agencies (Canada's CIDA, Germany's GTZ, World Bank, UNDP, etc.).

Interested in seeing? ☒ Yes ☐ No

She had urged you to go to Bolivia for several reasons. Now there are even more, one of which is the way USAID's "reinvention" is playing out at the ground level. She offers her assistance for your upcoming trip, and would love to accompany you.

Consider? ☒ Yes ☐ No ☐ Maybe

☒ See
cc to Melanne for review/response re
Bolivia trip

per HRE

October 18, 1996

Dear Hillary,

What a treat to get your Sept.26 note!

You asked me to send you the details of our struggle with our HMO to get adequate mental health attention for Sarah. I'm delighted to contribute this case to your files; it's part of a serious public policy issue that needs to be addressed. Enclosed is the *draft* letter I prepared for someone in my own agency or someone in OPM to send to the HMO. Thanks to Jan, Jim King of OPM had it faxed to Humana. As I reported in my thank-you note to him, Humana's response did enable us to have Sarah evaluated by a respected doctor. It was a one-shot concession by Humana, not a change of policy, not assurance that we'd have access again to the doctor if/when further evaluation and treatment is needed; and certainly it provides no relief to all the Humana customers who aren't lucky enough to reach Jim King.

Your note looked beyond the election as perhaps offering time for a visit. That would be terrific. Hopeful that the election will bring some good changes in Congress, I look forward to a better-than-ever second term.

What I'm most enthused about continues to be the important inroads we've made in "reinventing government." As you know, I've spent most of my life trying to change government--from the inside & outside, from the Hill and from executive agencies. The lasting changes are those that involve cultural change in people and their relationships to each other and their work. I began to get an inkling of that long ago in my work overseeing the intelligence agencies. In the very different settings of grassroots development work in Latin America, I learned that societal change is fundamentally a matter of changed relationships; anything short of that is just top-down, superficial, and short-lived. But it's become so much clearer to me as I've been working hard over the past 3 1/2 years to help lead "reinvention" at USAID. This agency (which Brian Atwood in 1993 volunteered in its entirety as a "reinvention lab" under the National Performance Review) has made terrific progress--although of course there's still a long way to go.

I recently wrote a 12-page paper, "Mainstreaming Participation: Where We Are in the Revolution," that discusses some of this process. I wrote it for fellow-"revolutionaries" working within other development agencies (Canada's CIDA, Germany's GTZ, World Bank, UNDP, etc.) to orient them more toward civil society and make their policies and procedures more participatory. I'd be delighted to send it to you, if your interest and time permitted, and would love to send you some other candid, first-person indications of the important changes at USAID.

I learned this week that you may be going to Bolivia in early December for the first ladies' meeting. As you might remember, last year when I was involved in

preparations for your trip to Asuncion, I urged you to go to Bolivia, for several reasons. Now there's even more reason to go. In addition to the important reasons associated with the international meetings there, and the very interesting Bolivian leaders, the country is full of good development stories. One of these--which hadn't really bloomed a year ago--is the way USAID's "reinvention" is playing out at the ground level. Not only has the Mission radically transformed its way of doing business--becoming more customer-driven and using its scarce resources more effectively, and demonstrating the high morale that government employees can have when they know they're helping real people--but the transformation is directly affecting work in poor communities. ProSalud, a major Bolivian community health organization that was created years ago by USAID, has "reengineered" its operations in a way that would delight Al Gore...and the result can be seen and felt by the poor people it serves. I understand you'll visit a clinic near La Paz's airport created by ProSalud and the local community. (I do hope that nothing bumps this visit from your schedule!) I'm arranging help for the USAID Mission in Bolivia to document this story briefly and well; I hope you'll receive and find it exciting.

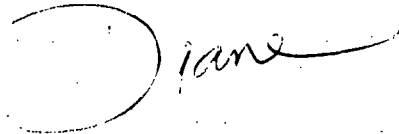
Once again, I strongly urge you to visit a project supported by Inter-American Foundation. They've done fabulous work supporting all sorts of bottom-up transformations in Bolivia. Although they are the US Government's oldest and most accomplished development agency focused exclusively on grassroots development (the epitome of this Administration's values, methinks), they remain embattled by Jesse Helms and co., and frightfully starved for funds.

Hillary, I remain (as we say in Spanish) *a tu disposicion* with regard to the trip itself. I would love to accompany you. I understand that Liliana Ayalde of USAID will once again very ably be supporting your work with the First Ladies' Summit. I believe I could help you, and the accompanying press, with regard to the development assistance issues in Bolivia itself.

As always, much love to you, Bill, and Chelsea--

Enc.:

copy draft ltr. to CMG
copy 7/1/96 thank-you to Jim King



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SPEECH BY THE FIRST LADY OF BOLIVIA
MRS. XIMENA ITURRALDE DE SANCHEZ DE LOZADA
ON THE OCCASION OF THE INAUGURATION OF THE
TECHNICAL PREPARATORY MEETING OF THE
VI CONFERENCE OF WIVES OF HEADS OF STATE
AND GOVERNMENT OF THE AMERICAS

LA PAZ, BOLIVIA

AUGUST 19, 1996

WIVES OF MINISTERS OF STATE AND NATIONAL AUTHORITIES, MEMBERS OF
THE GOVERNMENT DELEGATIONS, REPRESENTATIVES OF INTERNATIONAL
ORGANISMS, SPECIAL GUESTS, LADIES AND GENTLEMEN:

BOLIVIA RECEIVES YOU TODAY AND WELCOMES YOU WARMLY SO THAT
TOGETHER WE MAY SUCCESSFULLY BRING FORWARD A MEETING WITH
IMPORTANT AND HIGH OBJECTIVES. I WANT TO WELCOME YOU MOST
CORDIALLY TO THIS LAND OF MILLENNARY CULTURES, OF PROLIFIC ETHNIC
DIVERSITY AND A HIGH SPIRIT OF SOLIDARITY AND INTEGRATION.

A SPECIAL WELCOME TO THIS HOSPITABLE CITY OF *NUESTRA SEÑORA DE
LA PAZ* WHERE I HOPE YOU HAVE A VERY ENJOYABLE STAY. MAY POSITIVE
RESULTS BE THE CULMINATION OF THE TASK WE ARE ABOUT TO BEGIN IN
FAVOR OF AMERICA, LAND OF PEACE AND HOPE FOR THE ENTIRE WORLD.

WE MEET WITH A COMMON OBJECTIVE: TO ANALYZE AND DISCUSS TOPICS
WHICH CONCERN THE MOST NEEDY SECTORS OF THE PEOPLES OF AMERICA:
WOMEN AND CHILDREN.

SINCE THE FIRST MEETING, HELD IN VENEZUELA IN 1991, FOLLOWED BY COLOMBIA, COSTA RICA, SAINT LUCIA, THE UNITED STATES AND THE LAST REUNION HELD IN PARAGUAY, THE WIVES OF HEADS OF STATE AND GOVERNMENT ACKNOWLEDGED THAT OUR COUNTRIES FACE COMMON CHALLENGES AND THAT ONLY THROUGH A JOINT EFFORT WILL WE BE ABLE TO FACE AND RESOLVE THEM.

OUR PERMANENT CONTACT WITH SOCIETY INVOLVES US AND COMMITS US TO A UNITED EFFORT IN FAVOR OF THE MOST VULNERABLE GROUPS. THEREFORE, WE HAVE CALLED THE VI CONFERENCE OF WIVES OF HEADS OF STATE AND GOVERNMENT OF THE AMERICAS "THE RIGHTS OF WOMEN AND CHILDREN WITHIN THE FRAMEWORK OF HUMAN SUSTAINABLE DEVELOPMENT".

THIS SELECTION WAS NOT CASUAL BECAUSE ALL OF OUR ACTIONS ARE CONCENTRATED IN THE NEED TO FOCUS THE JOBS OF DEVELOPMENT ON THE HUMAN BEING, WHO CONSTITUTES THE ELEMENT WHICH GIVES MEANING TO THE ACTIONS OF DEVELOPMENT !

FOR THIS REASON, TOPICS SUCH AS HEALTH, EDUCATION, THE FIGHT AGAINST INNER-FAMILY VIOLENCE AND, FINALLY, PARTICIPATION ARE CONCEIVED AS A FUNDAMENTAL PART OF HUMAN RIGHTS.

IN THE AREA OF HEALTH, THE RAPID REDUCTION OF MATERNAL MORTALITY IS ONE OF THE ISSUES OF PREOCCUPATION IN THE AMERICAS.

PREMATURE PREGNANCY IS A SERIOUS THREAT TO WOMEN'S HEALTH AND PRODUCES SERIOUS CONSEQUENCES IN ADOLESCENT MOTHERES AND NEWBORN CHILDREN.

PREVENTION AGAINST MORTALITY DUE TO CANCER IS ANOTHER OF THE GREAT CHALLENGES THAT WOMEN IN THE AMERICAS FACE.

REDUCTION OF MALNUTRITION DUE TO IRON DEFICIENCY, AS WELL AS THE ELIMINATION OF CHICKEN POX AND PROMOTION OF INFANT IMMUNIZATION ARE NEEDS THAT ONCE SATISFIED WILL GUARANTEE A BETTER QUALITY OF LIFE FOR CHILDREN AND WOMEN THROUGHOUT OUR COUNTRIES.

WE BELIEVE THAT GIRLS' ACCESS TO AND A PERMANENCE IN THE EDUCATIONAL SYSTEM ARE FUNDAMENTAL CONDITIONS TO ACHIEVE THEIR INSERTION IN THE PROCESS OF DEVELOPMENT OF THE AMERICAN NATIONS. IN THIS CONCERN, ACTIONS TAKEN IN EDUCATION SHOULD CONSIDER WOMEN IN RURAL AREAS A PRIORITY BECAUSE THEY ARE THE POOREST AMONG THE POOR.

VIOLENCE AGAINST WOMEN AND CHILDREN CONSTITUTE ONE OF THE MOST LAMENTABLE PHENOMENA THAT PERSIST IN OUR SOCIETIES TODAY. EVEN MORE LAMENTABLE BECAUSE 75% OF CASES OF VILLENCES OCCURS IN THE HEART OF THE HOME. FOR THIS REASON, TO WORK IN FAVOR OF PREVENTION, PUNISHMENT AND ERADICATION OF VIOLENCE IS TO WORK IN FAVOR OF A HARMONIOUS AND INTEGRAL GROWTH OF THE INDIVIDUAL, WHERE LIBERTY, SOCIAL JUSTICE, SOLIDARITY AND PARTICIPATION OF THE PERSONS IN THE DECISIONS WHICH AFFECT THEIR LIVES PREVAIL.

NEVERTHELESS, IN ORDER TO FACE THE GREAT CHALLENGES WHICH THE REALITY OF OUR AMERICAS PRESENT, WE MUST CONSOLIDATE AND STRENGTHEN OUR WORK MECHANISMS AND TURN THEM INTO A DYNAMIC INSTRUMENT WHICH RESPONDS TO THE NEEDS OF OUR PEOPLES.

I WOULD LIKE TO EXPRESS MY GRATITUDE TO ALL THE DIRECTORS AND REPRESENTATIVES OF INTERNATIONAL ORGANISMS AND COOPERATION AGENCIES WHO ARE HERE TODAY AT THIS MEETING FOR JOINING THIS PROCESS WHICH DEMANDS THE EFFORTS OF SOCIETY IN ITS ENTIRETY.

WE ARE ALL CONVINCED THAT THIS PREPARATORY MEETING, WITH THE WORK WE HAVE BEFORE US FOR THE NEXT FEW DAYS, IS GREATLY IMPORTANT FOR OUR COUNTRIES. I REITERATE TO EACH AND EVERY ONE OF YOU MY WARMEST WELCOME AND THE HOPES THAT YOU TAKE WITH YOU FROM THIS MEETING A FRUITFUL EXPERIENCE AND THE BEST OF RESULTS, FOR THE BENEFIT OF EACH OF OUR NATIONS. ONLY IF WE UNITE AND JOIN OUR EFFORTS WILL THE WOMEN OF AMERICAS ACHIEVE A BETTER FUTURE FOR OUR CHILDREN AND THE CHILDREN OF OUR CHILDREN!

THANK YOU.

November 20, 1996

MEMORANDUM

TO: Patti
FROM: Nicole
RE: Manifest to/from Bolivia

I wanted to give you a sense of our thinking for the plane manifest for Bolivia, outside the normal Kelly, Melanne, Marsha, Neel group. Here it goes:

Mark Schneider, Assistant Administrator, USAID

-Mark is our main substantive contact.

Hattie Babbitt, U.S. Ambassador to the O.A.S. (D.C.-La Paz only)

-Hattie will officially represent HRC at the Conference following her departure, as Kunin did last year.

Donna McLarty (D.C.-La Paz only)

-Donna will also represent HRC at the Conference in an informal, personal context, as she did last year.

Nicole Rabner (D.C.-La Paz only)

-Since they have so little time in D.C. following this foreign trip, Melanne wants me to brief on the plane. I will also stay till the end of the conference.

Still under discussion:

Maria Otero, U.S. appointee to the Inter-American Foundation

-We've had many recommendations to bring her along; she is a Clinton appointee and very prominent in Latin America. Melanne and I agree that we should bring her if we have room on the plane (but should probably extend the invitation soon).

TBD from the Inter-American Dialogue(IAD)

-Mrs. Clinton may make significant remarks about the Partnership for Education Revitalization in the Americas (PERA), which she announced last year in Asuncion, and at the same time encourage other First Ladies to get involved in the project. The IAD is running the initiative for USAID and it would be important to have someone on her delegation there who could answer questions and provide support. The rep, I assume, would travel only from D.C. to La Paz.

That's all we're thinking of just now. Let me know if you want to go over the list or think we need to cut or expand.



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Washington, D.C. 20009-5728
Phone: (202) 483-1100
Fax: (202) 328-3937
Telex: 4900010456 (PRB UI)

November 22, 1996

Mrs. Hillary Rodham Clinton
The White House
Washington, DC 20500

Dear Mrs. Clinton:

Your strong interest in women and children's health has prompted me to write to you prior to your participation this December at the Sixth Conference of Wives of Heads of State and Governments in the Americas, in La Paz, Bolivia. I am writing to provide you with some background information and share some observations on women and children's health in Latin America, and in Bolivia in particular. Enclosed is a fact sheet that compares maternal and child health indicators for the United States, Latin America and Bolivia. Also enclosed are materials prepared by the Population Reference Bureau (PRB), a non-advocacy educational organization, from which these indicators are drawn.

I have a personal interest in sending you this information, having lived in Bolivia from 1988-91, during my husband's tenure as U.S. Ambassador. While there, I worked on maternal and child health issues and came to care very deeply about health conditions in that country and our government's efforts to help Bolivia improve these conditions.

The health status of women and children in Bolivia is extremely poor, with infant mortality and maternal mortality rates among the highest in the Latin American region. An important contributing factor to both is the large number of high-risk births. These include births to very young women, older women with many children, and women who have births less than two years apart. Although family planning is a measure that could help women prevent these births, it has long been a controversial issue in Bolivia. For the most part, family planning use has been limited to a small percentage of women, most of whom are more educated and live in urban areas.

While I was in Bolivia, attitudes toward family planning began to change. A pivotal event was an abortion prevention conference held in 1989. That conference fostered a consensus between the Bolivian Government, the Catholic Church, and private sector health organizations, on the need to provide family planning to reducing increasing rates of abortion and maternal mortality. Since then, the availability of family planning information and services has increased. The U.S. government has been the largest outside contributor to these increases, providing support to Bolivian governmental and nongovernmental health organizations that deliver family planning and other reproductive health services, e.g., prenatal and postnatal care, medical attention at birth, and protection against sexually transmitted diseases and HIV/AIDS.

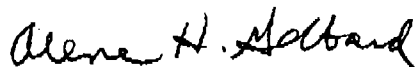
Over the past few years, both maternal and infant mortality have declined and the number of abortions appears to have declined as well. Increases in family planning use from 1989-94 contributed significantly to these declines. However, as the attached data show, infant and maternal mortality rates are still unacceptably high.

Given these successes and the challenges that remain, I also want to share my concern over recent budget cuts and the funding delays that threaten further progress. For the last two budget years, FY96 and FY97, Congress has cut the budget to the U.S. Government's international population assistance program. These actions were taken to reduce abortions overseas. However, as the Bolivian experience suggests, the cuts will have the opposite effect. This is consistent with findings from a recent analysis by 5 population organizations including PRB. This analysis shows that the cuts alone, which amount to nearly a third of FY95 funding, will result in an increase of 1.6 million abortions, over 8,000 maternal deaths and 134,000 infant deaths in developing countries (see AGI memorandum attached). The funding delays that have been imposed will add further to these effects.

I understand that the program in Bolivia is one of the most severely threatened. The effects of these budget actions will, of course, be felt most keenly among poor women and their children. We know from research around the world, and Bolivia and the rest of Latin America are no exception, that the poorest and least educated women experience the highest infant and child mortality and the greatest risks to their own health through their patterns of childbearing, i.e., they experience the largest number of high-risk births. For example, in Nicaragua, another country in which I have worked in recent years, nearly 60 percent of uneducated teenagers have experienced pregnancy or childbirth compared to only 15 percent of teenagers with a secondary education.

I wish you every success on your trip. I am very proud that you will be representing the United States at the Conference and want to thank you for all you have done and continue to do on behalf of women and children. Because of your commitment to these issues, I felt strongly about sharing this information with you and hope you find it useful. If there is any additional information I can provide, please let me know.

Sincerely yours,



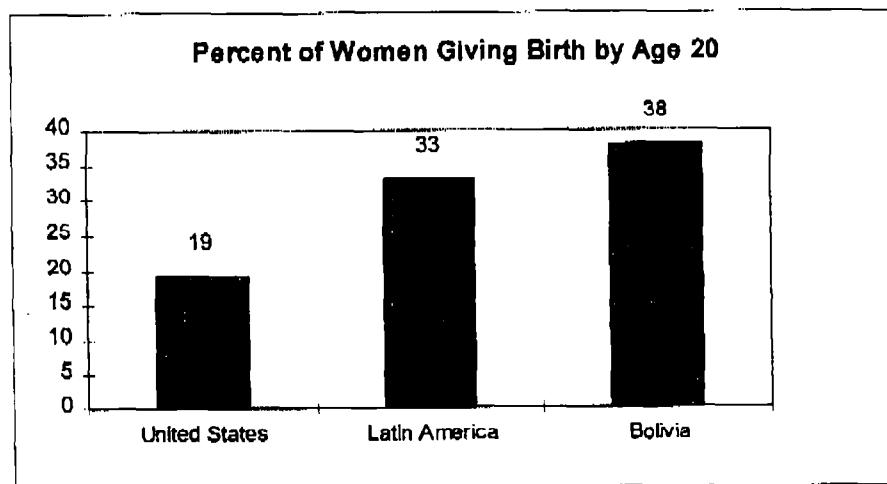
Alene H. Gelbard, Ph.D.
Director, International Programs

Enclosures

Selected Indicators of Health Status for Women and Children in Latin America, Bolivia, and the United States

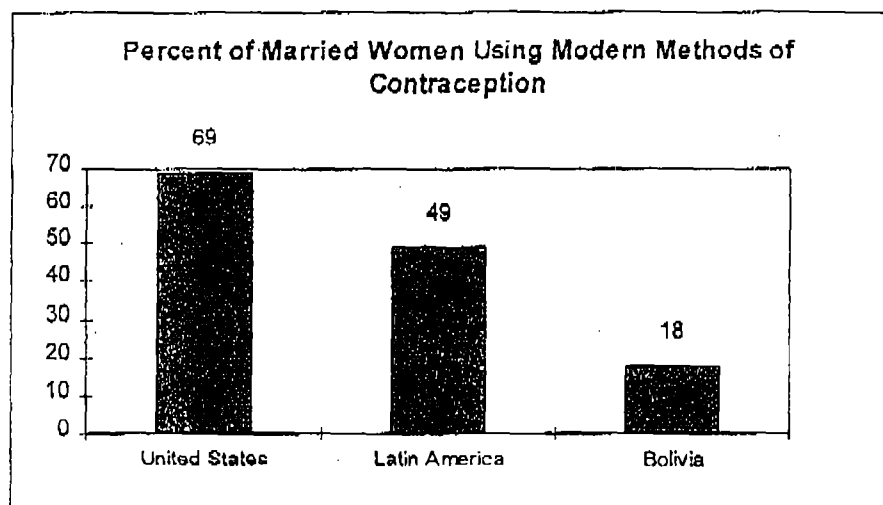
Data are from the Population Reference Bureau's *1996 World Population Data Sheet*, *The PRB Media Guide*, and *The 1996 Youth Data Sheet*, and the 1994 Demographic and Health Survey in Bolivia.

- ◆ **Infant Mortality.** In the United States, an average of 7.5 infants dies before age 1 for every 1,000 live births. For Latin America as a whole, this figure jumps to 43. In Bolivia, infant mortality is nearly ten times higher than in the U.S., at 71 infant deaths per 1000 live births.
- ◆ **Maternal Mortality.** The number of deaths of women from pregnancy or childbirth-related causes remains hugely disparate between the industrialized and the developing worlds. In Bolivia, an estimated 380 women die for every 100,000 live births. This is twice the number as for Latin America. In the United States, maternal mortality is estimated at 12 women per 100,000 live births (WHO and UNICEF estimates for 1990).
- ◆ **Age at Childbirth.** An important factor in determining the risk of pregnancy and childbirth is the age of the mother. Young women in their teens who give birth are considered to be in a "high risk" category - both for their own health and the health of their children.

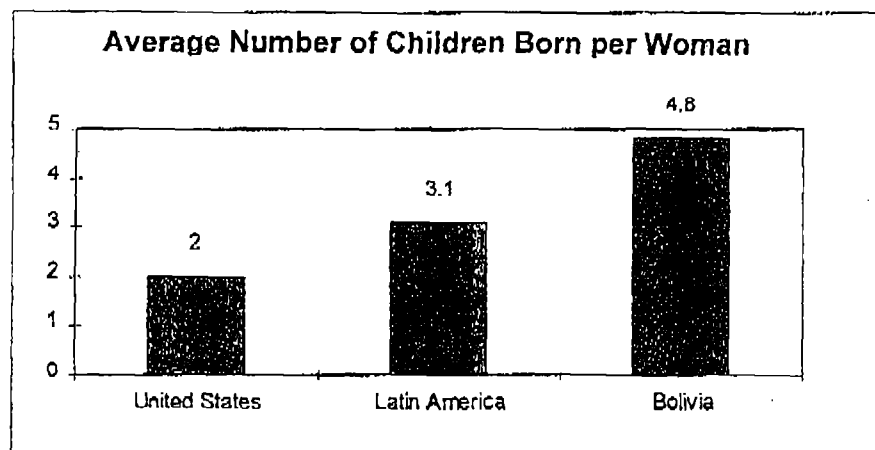


- ◆ **Attended Births.** Almost all women in the United States - 99 % - receive medical attention during birth. In Latin America, it is slightly fewer, at 81 %. In Bolivia, only 51 % of women giving birth receive medical attention.

- ◆ **Family Planning.** The use of contraception to space or limit births is one way that women can ensure health childbearing. Women who use modern methods of contraception are more successful, in general, than women who rely on traditional or "folk" methods.



- ◆ **Total Fertility Rate.** The average number of children a woman will have in her lifetime depends on a combination of social, economic, and health factors. In general, women who give birth to more than 4 children increase their health risks with each subsequent pregnancy.



November 1996

OFFICE OF THE FIRST LADY

TO

Donna McLarty

FROM

Nicole Rabner

FAX #**PHONE**

OF PAGES (including cover)

COMMENTS

OFFICE OF THE FIRST LADY

TO

FROM

FAX /**PHONE** 1

OF PAGES (including cover)

COMMENTS

OFFICE OF THE FIRST LADY

TO

FROM

FAX

PHONE /

OF PAGES (including cover)

COMMENTS

THE WHITE HOUSE
WASHINGTON

20 November, 1996

MEMORANDUM FOR WHITE HOUSE ADVANCE OFFICE AND TRAVELING STAFF
WHITE HOUSE MILITARY OFFICE
UNITED STATES SECRET SERVICE

FROM LCDR(s) JAMES C. BRENNAN, MSC, USN
WHITE HOUSE PHYSICIAN ASSISTANT
WHITE HOUSE MEDICAL UNIT



SUBJECT Travel Advisory For La Paz, Bolivia

The White House Medical Unit recommends the following for all traveling to La Paz, Bolivia.

IMMUNIZATIONS

All routine immunizations (i.e. **Tetanus**) should be current including influenza vaccine.

Typhoid: Immunization should be current within the past 3-5 years depending on the route of administration (oral vs intramuscular) and is recommended for those required to travel to rural areas.

Hepatitis A: If Gamma Globulin has not been received within the last 90 days then Hepatitis A vaccine is recommended 1 week prior to travel.

Anti-Malarial Medication: Malaria is present in Bolivia, but it is largely confined to rural areas. Risk is higher between dusk and dawn. For individuals required to travel outside of La Paz after dusk, please see the White House Medical Unit Staff regarding oral anti-malarial medication. Additionally, the use of insect repellent (e.g. OFF), and proper clothing (long sleeves and pants) is recommended.

Yellow Fever: Yellow Fever is present in Bolivia, but it is largely confined to the tropical and rural areas. Immunization is not required unless you are returning from a country where Yellow Fever is endemic. Vaccination is recommended for travelers going out of urban areas.

GENERAL PRECAUTIONS

Food and Water considerations: The usual sanitary precautions concerning food and water should be observed. The local water system is contaminated. Bottled water is highly recommended. In restaurants, remember not to drink beverages with ice. Brush teeth using bottled water. There are no set standards for sanitary food preparation. The choice of restaurants is yours, but careful observation of areas such as the restroom and the cleanliness of the workers are usually good indicators of kitchen standards. The general guidelines are to use only recommended tourist restaurants.

Summary:

- ◆ Do not drink tap water or have ice with drinks
- ◆ Avoid ordering anything that would be eaten uncooked such as salads or peeled fruit.
- ◆ Order meats well done
- ◆ Avoid desserts with cream or custard fillings
- ◆ Be sure food is served hot (to help prevent contamination by food handlers)
- ◆ Bottled and boiled beverages are usually acceptable choices.

In case you develop symptoms despite adhering to precautions, bring a supply of Pepto-Bismol tablets. Two tablets chewed four times daily can prevent up to 60% of traveler's diarrhea (do not use if you are aspirin-allergic).

Altitude: The altitude of La Paz (12,001 ft./3,810 M) can have a deleterious effect on the health of people with pre-existing medical problems. Individuals with respiratory conditions (colds, asthma, pneumonia, or bronchitis), should delay travel until they have fully recovered. Any chronic disease (hypertension, diabetes, coronary artery disease, immunosuppression, chronic lung disease) or any other recent illness or heart problems should have a thorough medical evaluation by a physician prior to traveling to La Paz. Interestingly, high altitude sickness (Acute Mountain Sickness, AMS) affects people in good physical conditioning as well as those who are not. Because of the rate at which people experience AMS at altitudes such as La Paz, The White House Medical Unit recommends the following: One day prior to and during travel, increase oral fluid intake and avoid alcohol and caffeine for the first 72 hours, while your body adjusts to the altitude. Upon arrival do not engage in any form of physical exercise for the first 72 hours. Medication will be available in the form of Diamox which may be taken 24 hours prior to travel and then each day for the first several days while in La Paz. Please see the Medical Officer prior to travel for a prescription. Tylenol (acetaminophen) can be taken for mild headaches, a common symptom of AMS. **Warning:** Do not use any local treatments such as "cerochi pills" (coramine), which may cause an increase in symptoms and can be dangerous. Upon arrival expect some increase in pulse rate and respirations.

Personal Medications:

- ◆ Ensure that you bring an adequate supply of any prescription medicine (twice the amount you expect you would normally need).
- ◆ Bring a small supply of over the counter cold remedies (Tylenol, decongestants and supply of band-aids).
- ◆ Bring your own supply of insect repellent, sun-screen and Pepto-Bismol tablets.
- ◆ Don't forget any additional personal items such as contact lens supplies, personal hygiene products and an extra pair of glasses (WHMU personnel do not carry these items). These items are not always easily found or replaceable in underdeveloped countries.

Conclusion:

As with all foreign travel, be cautious and use common sense. There will be Medical Officers traveling with both the First Lady and the advance team. The White House Medical Unit is available for any questions you may have before, during, and after your trip. If you have any other concerns or questions please do not hesitate to contact the White House Medical Unit at 757-2476.

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I. Children and Social Services in LAC

- regional comparisons
- the past 15 years
- private sector role

II. Children in Poverty

- problems despite progress
- urban/rural differences
- new sources of inequality

III. Policy Matters

IV. Future Prospects

V. Bank Lending

Access: Enrollment and Retention

Percentage

100

80

60

40

20

0

Africa

Middle East

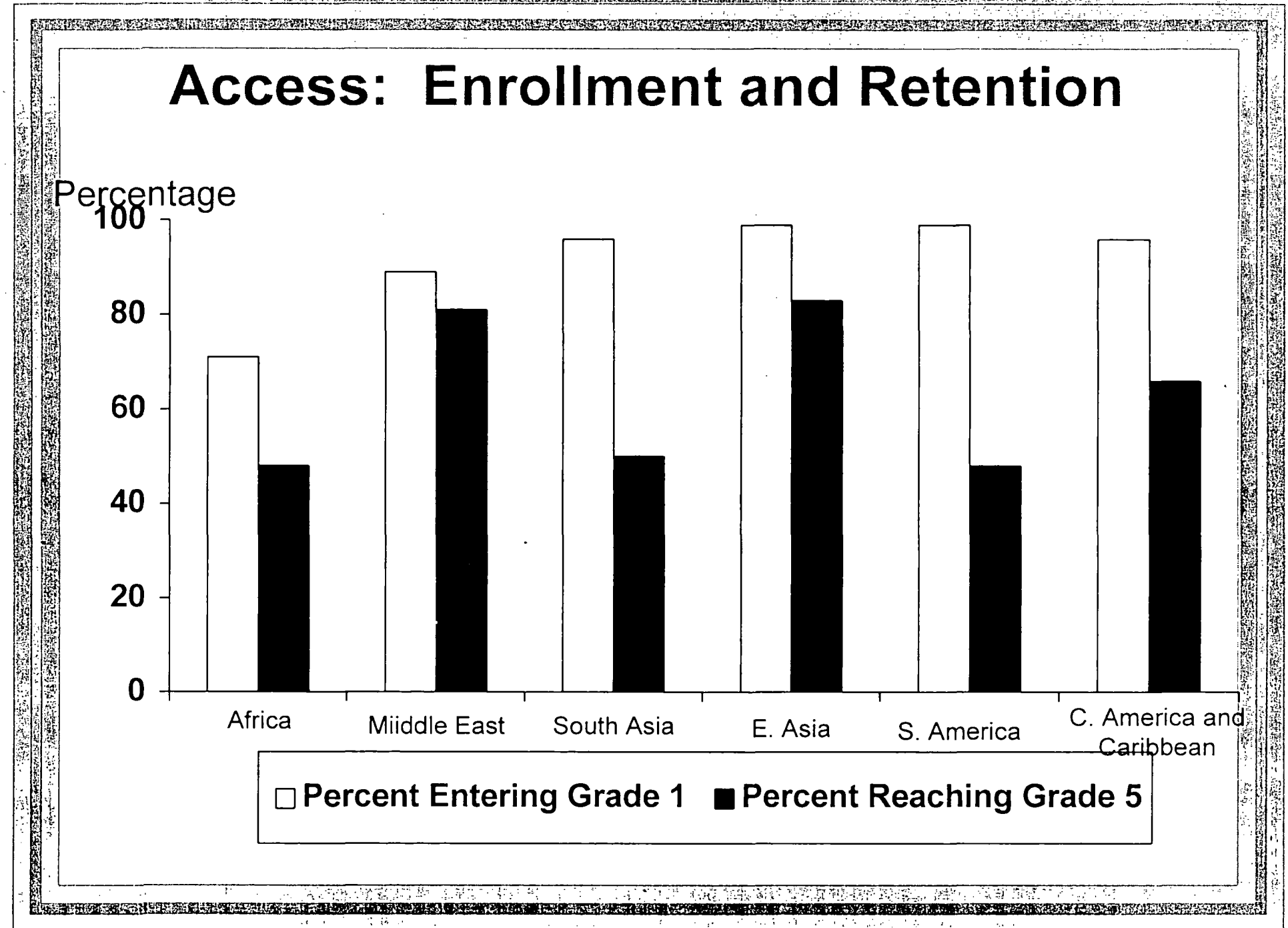
South Asia

E. Asia

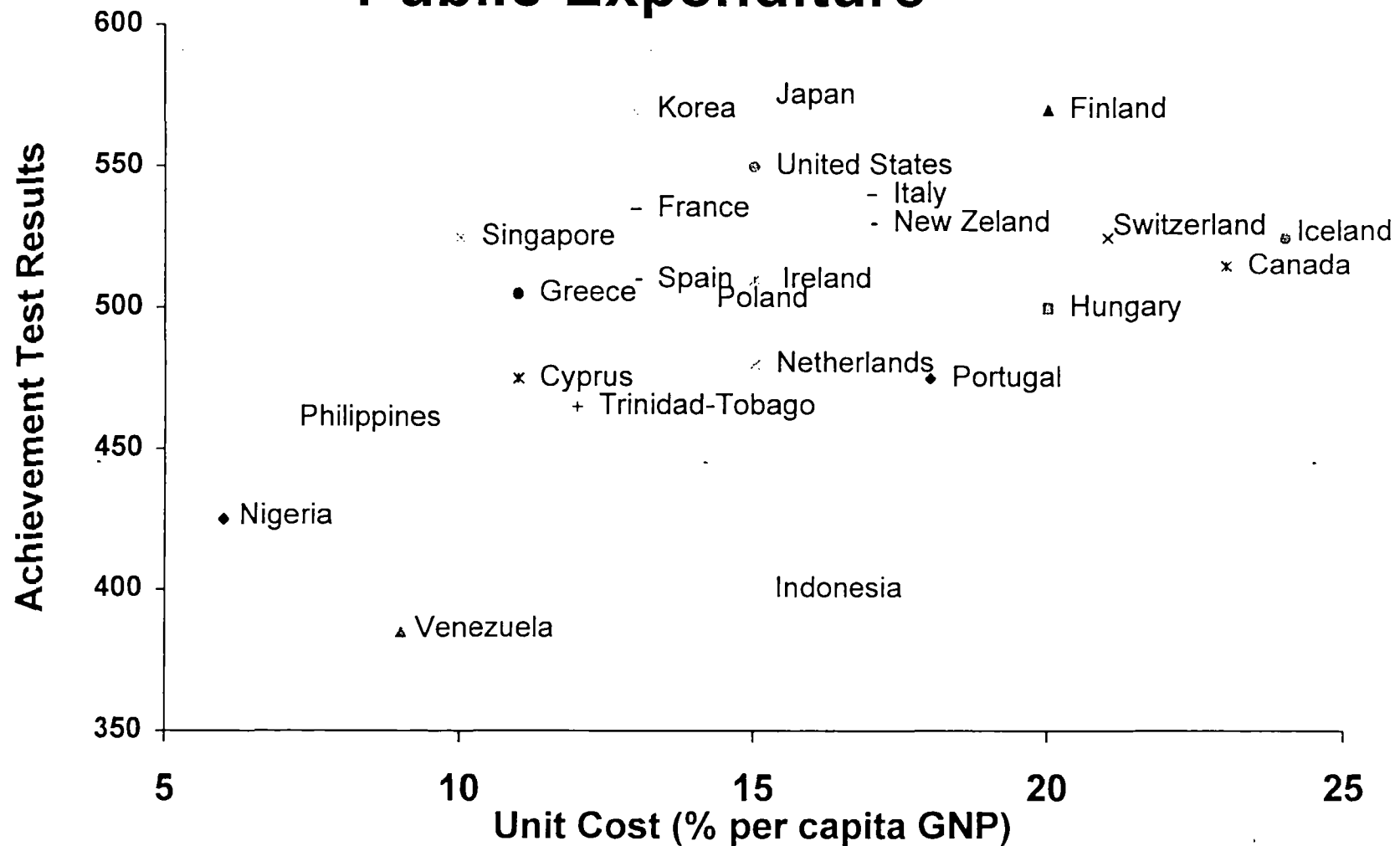
S. America

C. America and
Caribbean

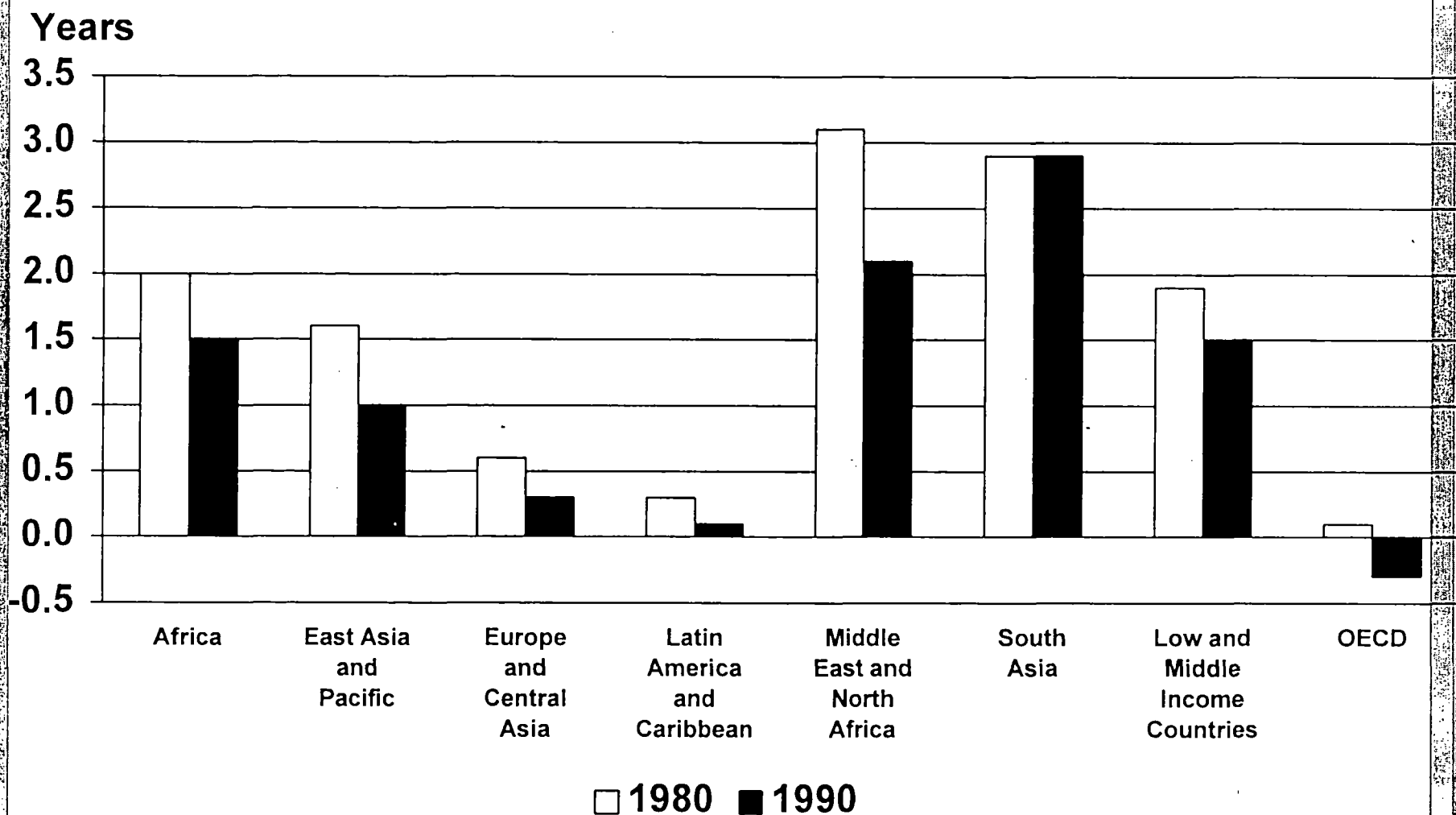
□ Percent Entering Grade 1 ■ Percent Reaching Grade 5



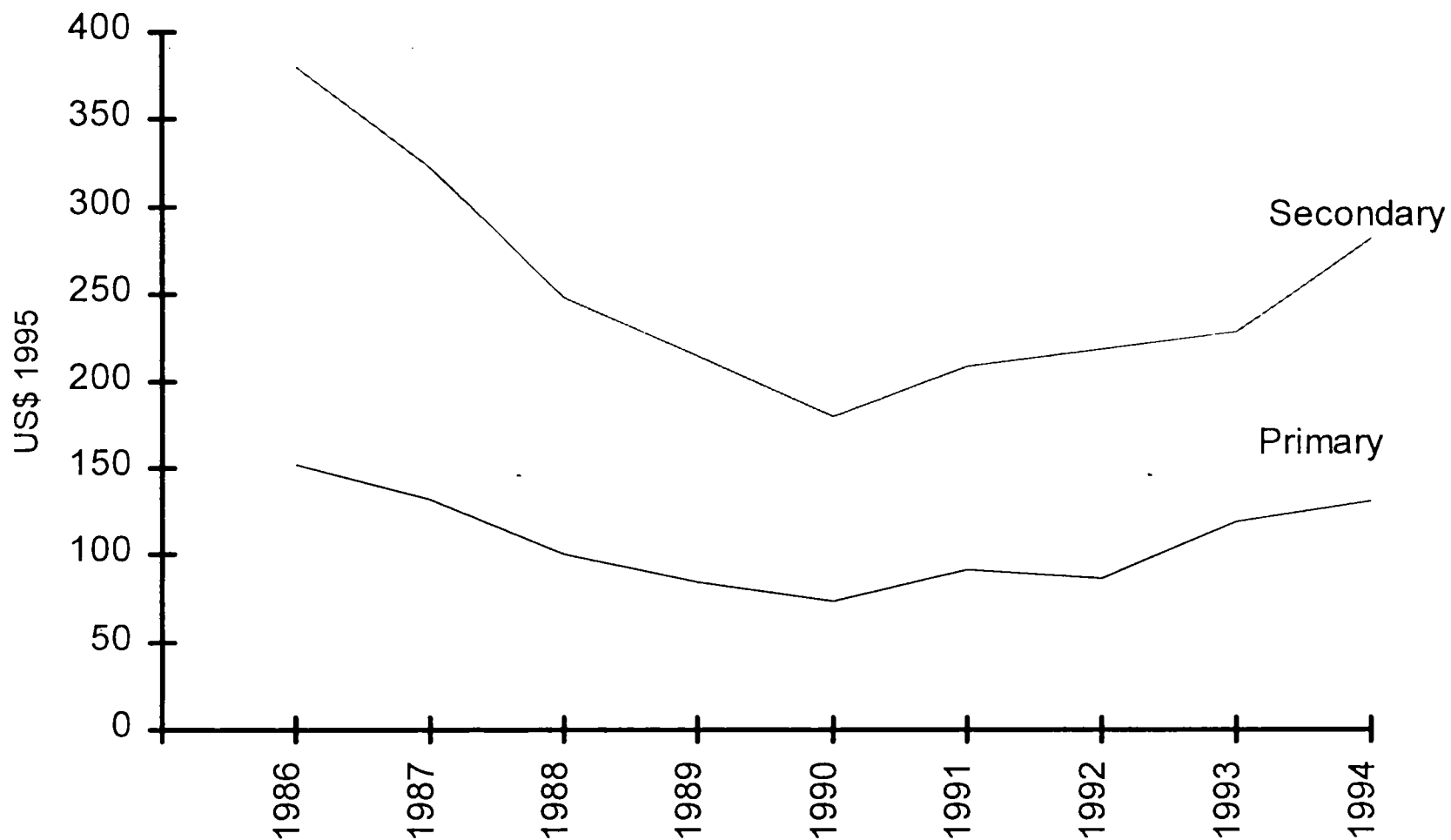
Achievement Test Results and Public Expenditure



Access/Equity: Gender Differences in Years of Schooling, 1980 and 1990

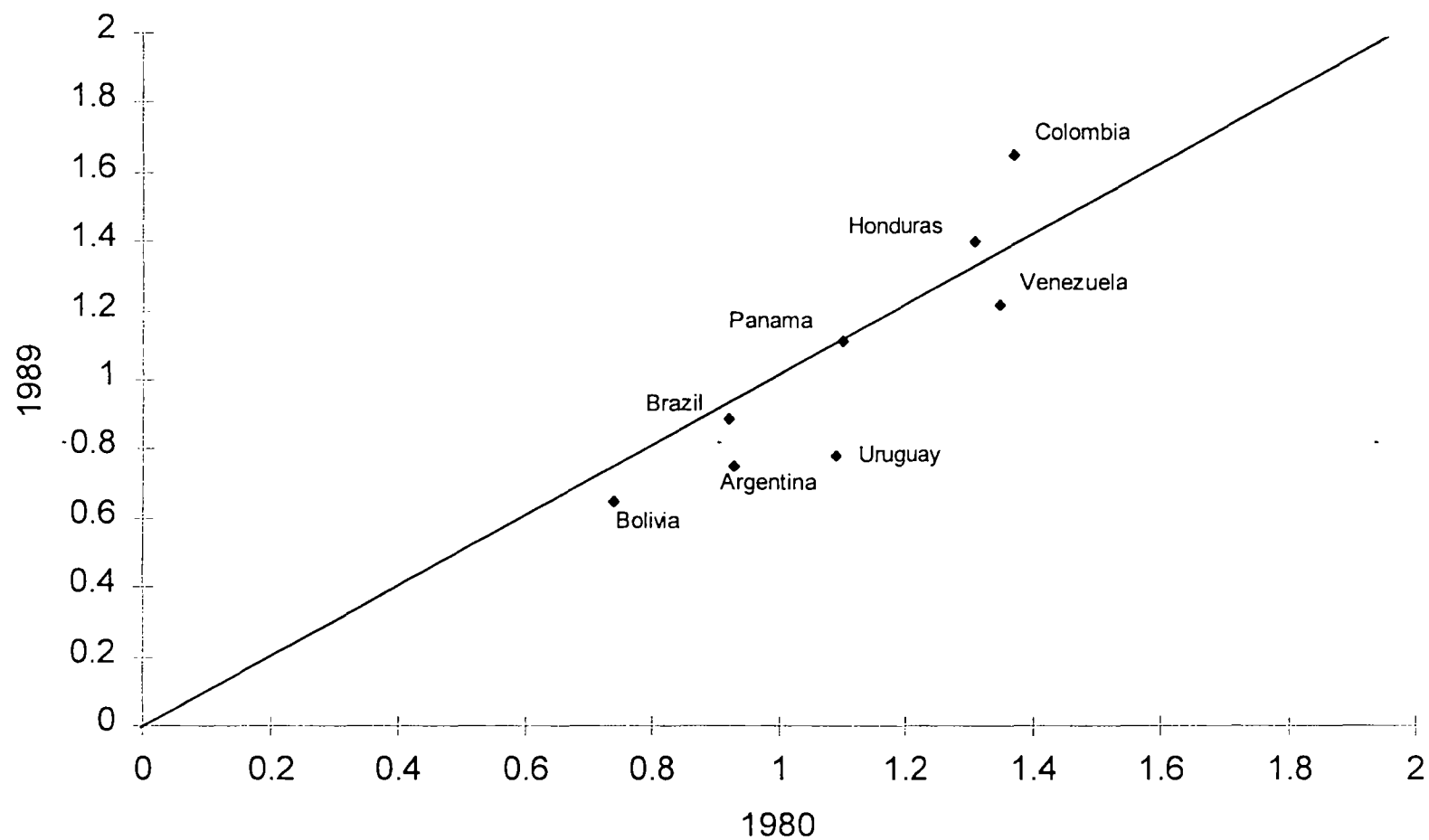


Ecuador: Evolution of Unit Cost According to Education Level



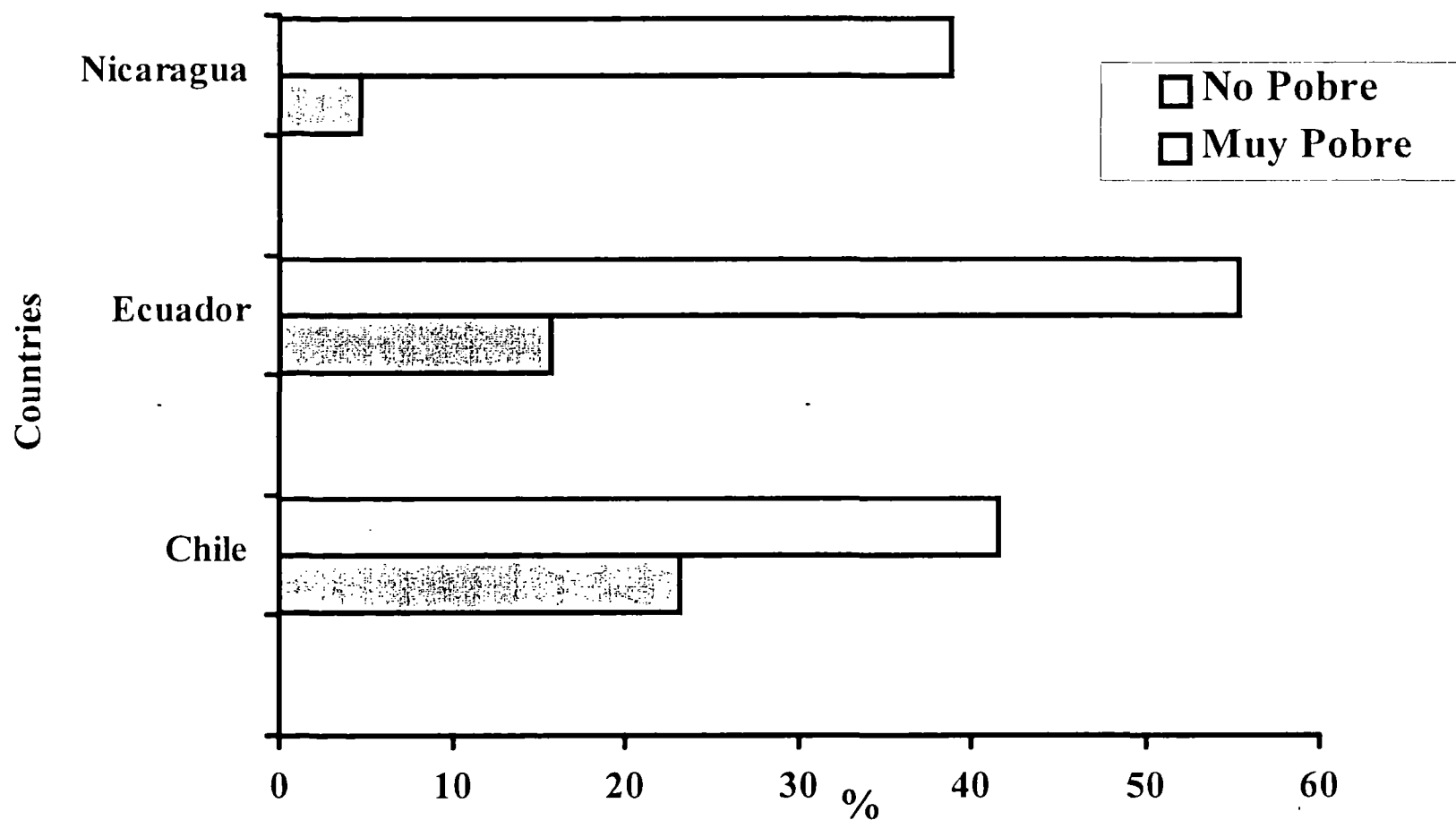
Source: *Ecuador Education Finance Study*,
World Bank, 1996.

Comparison of Teacher Salaries with Other Salaries, 1980 & 1989

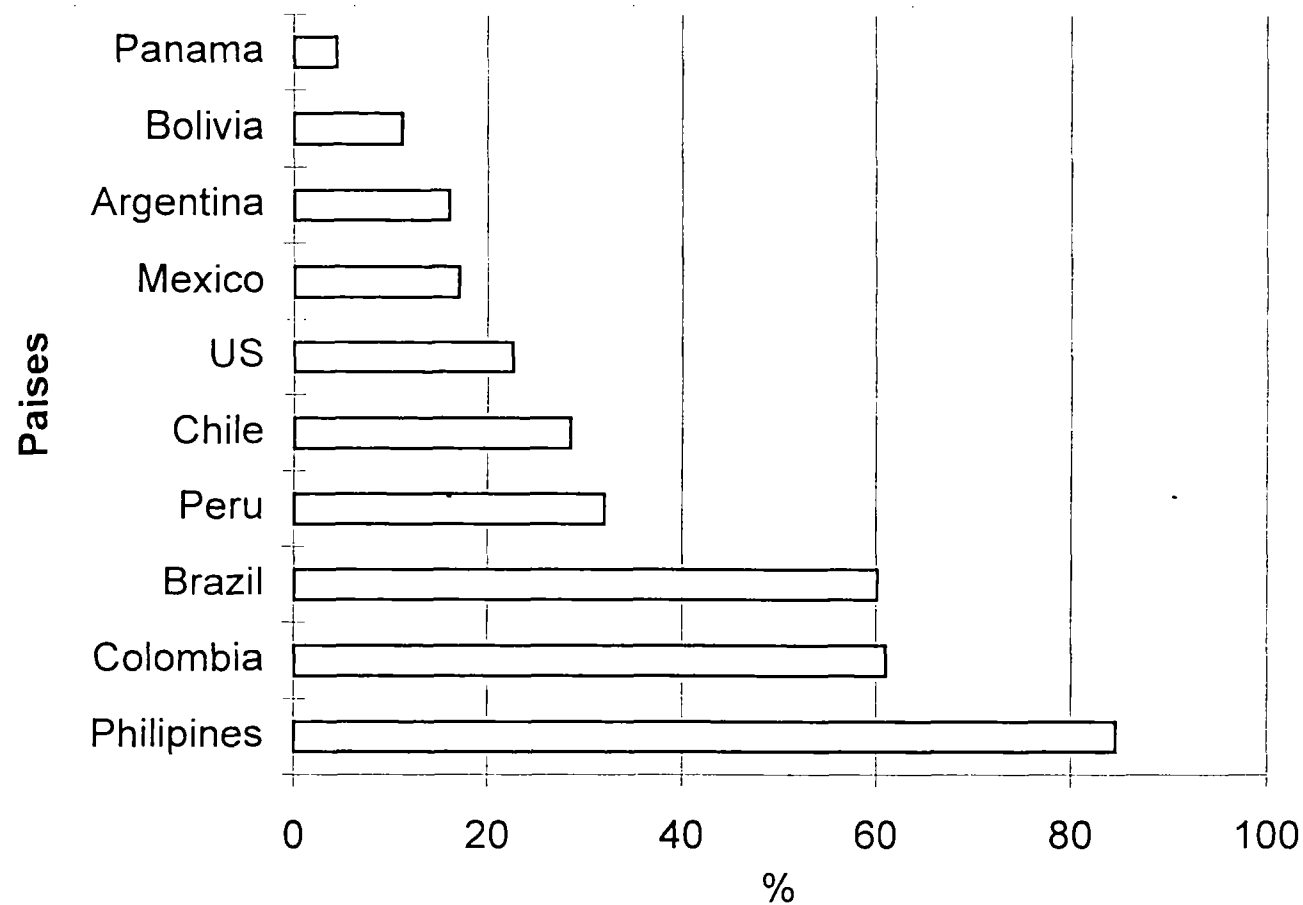


Source: Psacharopoulos, Valenzuela, and Arends, 1993.

Pre-School Enrollment in Private Institutions, According to Poverty Level



Matricula de educacion superior en establecimientos privados



UNICEF QUOTE

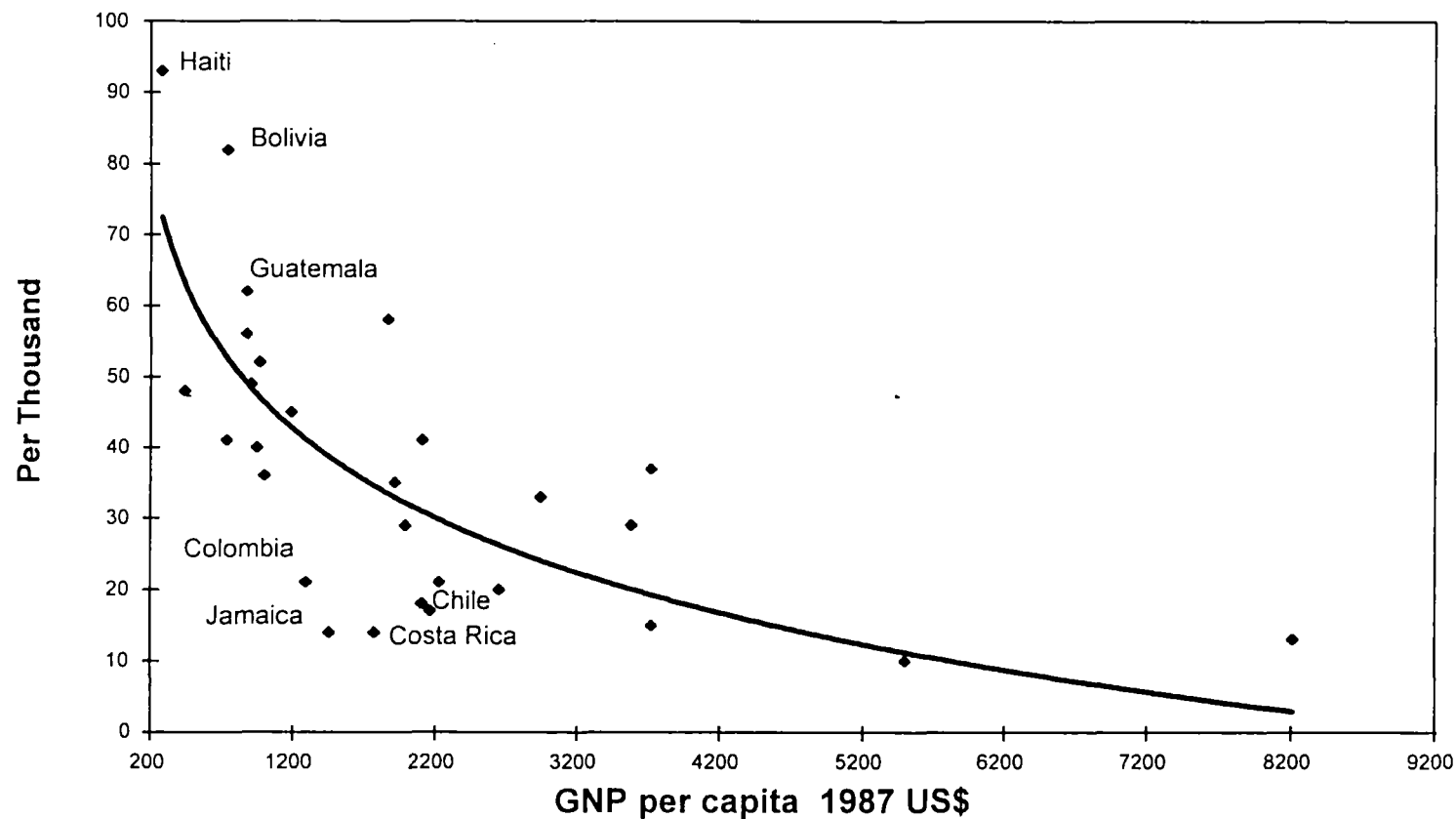
***The majority of the poor are children
and the majority of children are poor.***

(Children of the Americas, UNICEF, 1992)

MAIN POINTS

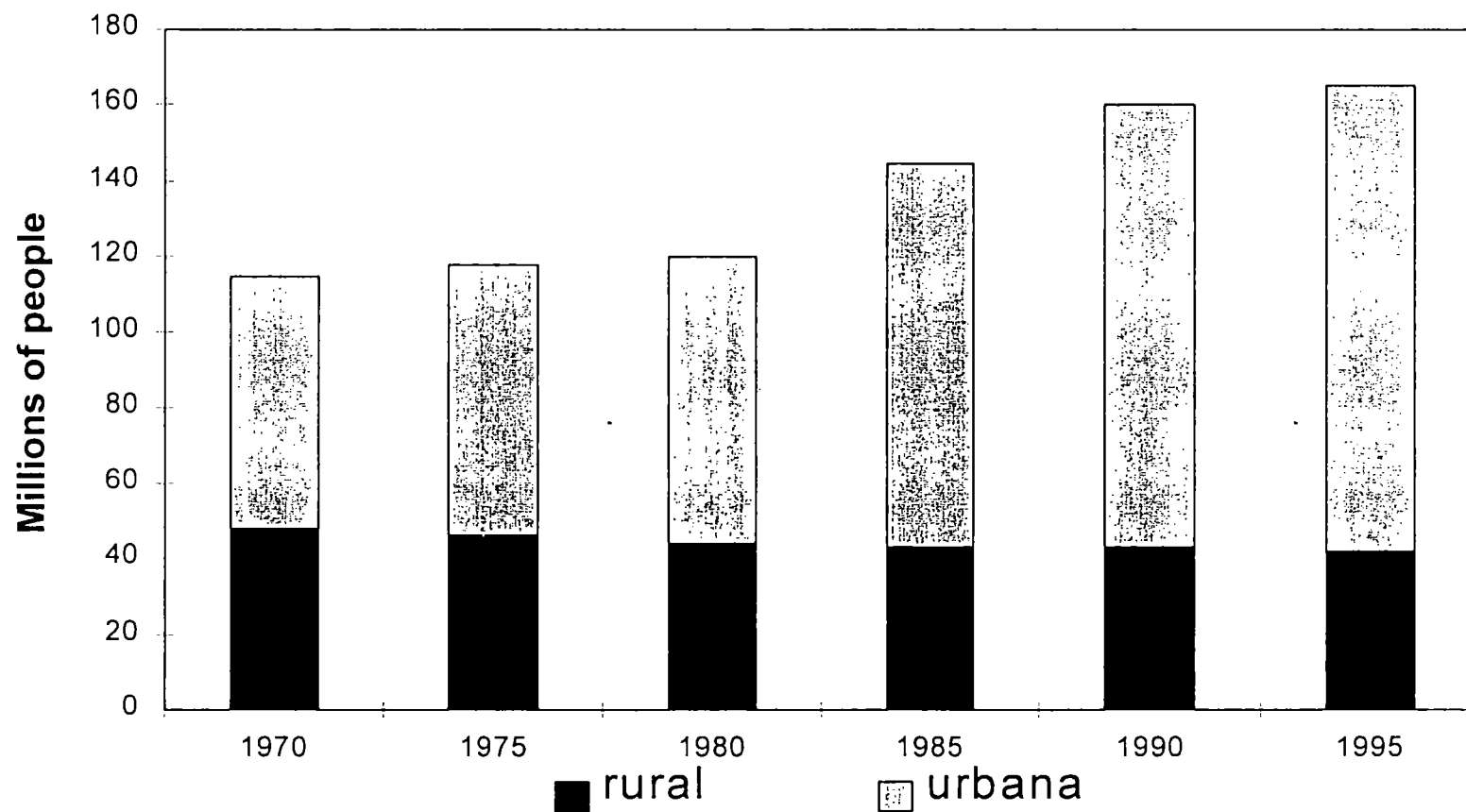
- Significant social progress in recent decades
- Large inequality in the access to services between poor and non-poor children
- To reduce poverty it is necessary to improve access and quality of social services

Infant Mortality Rate and GNP per Capita in Latin America and the Caribbean, 1992



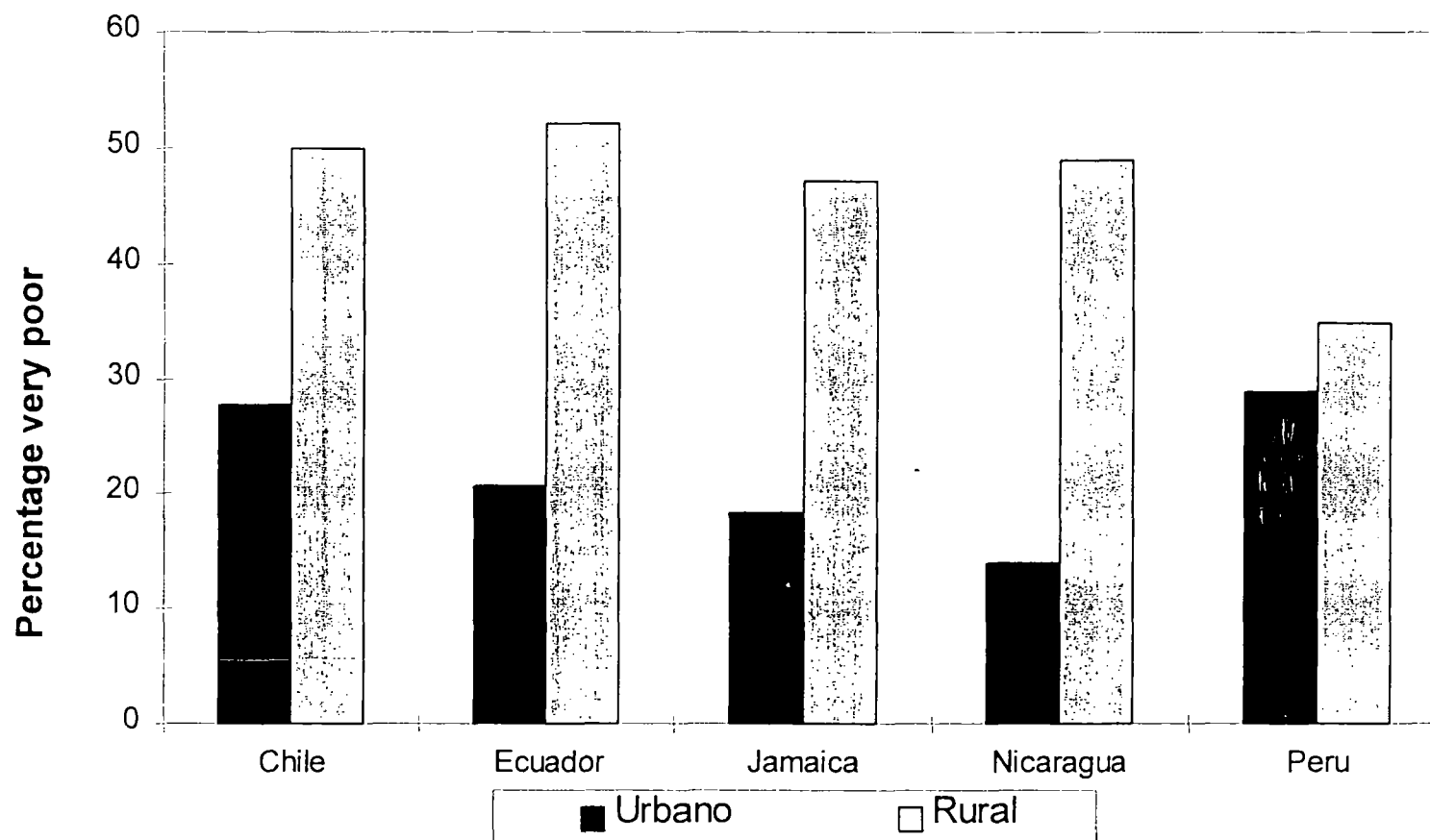
Source: World Bank

Growth in Urban Poverty in Latin America, 1970-1995



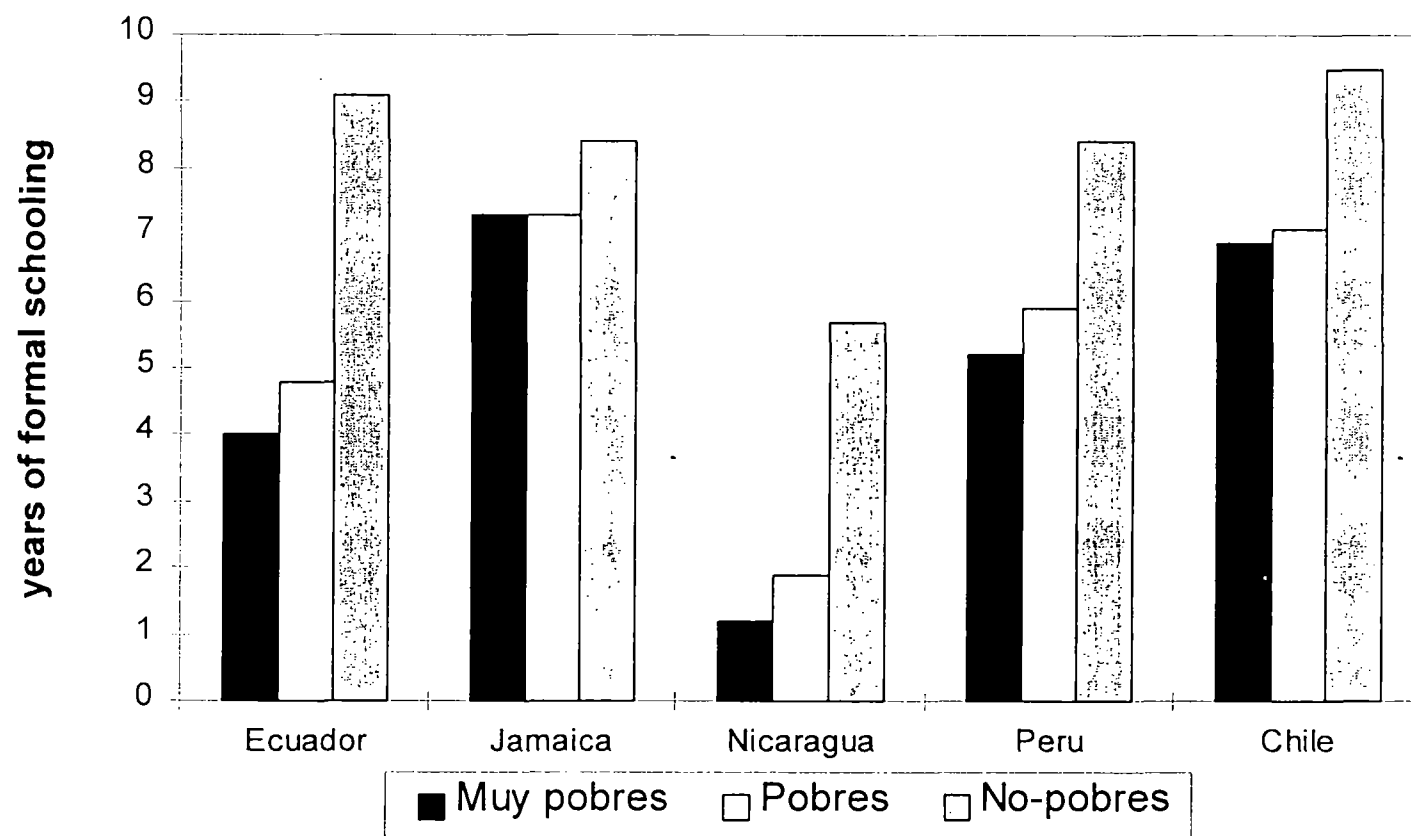
Source: J.L. Londoño, 1996

Percentage of Very Poor Children in Rural and Urban Areas



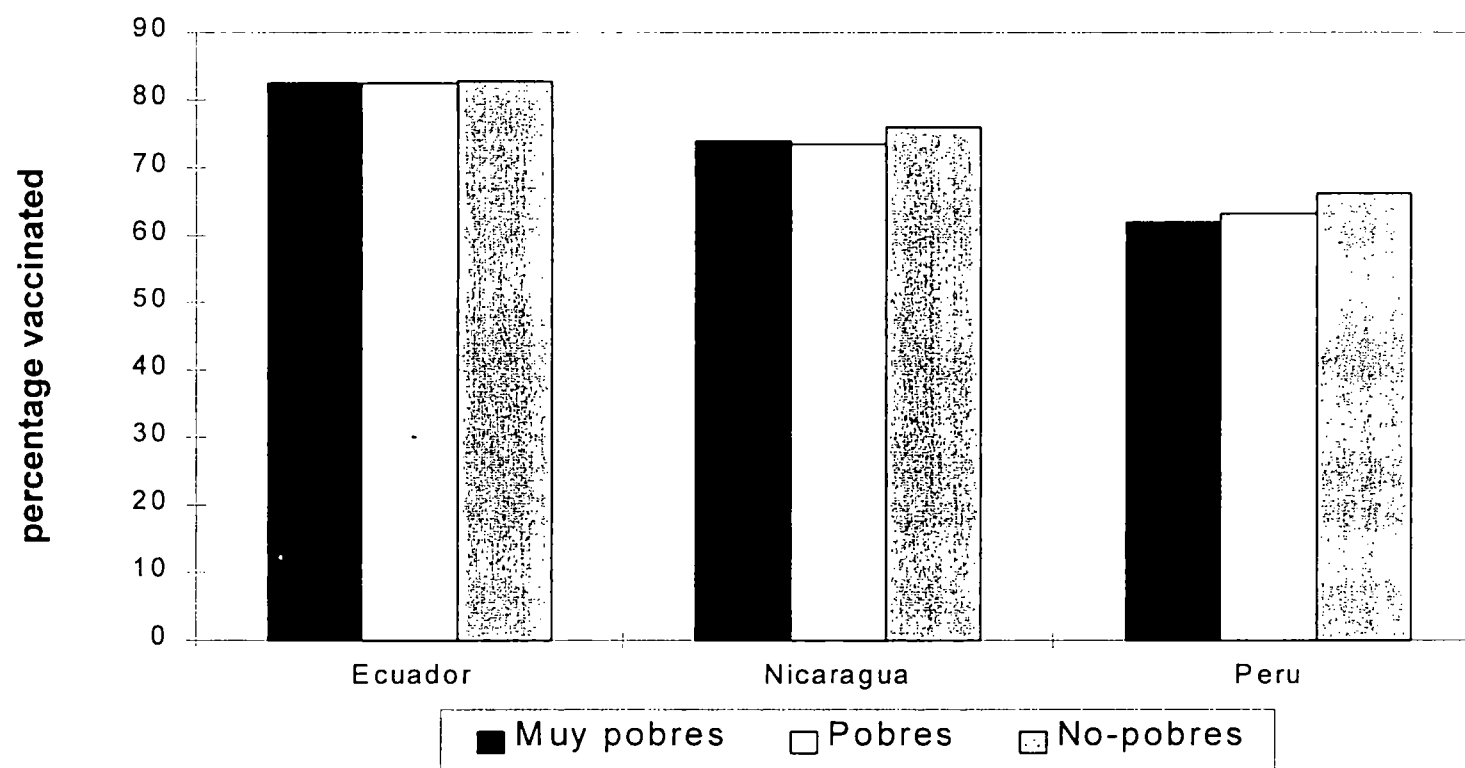
Source: CASEN-Chile (1992), EMNV-Ecuador (1994), Jamaica (1991), Nicaragua (1993), Perú (1991)

Maternal Schooling in Households with Children, According to Poverty Level



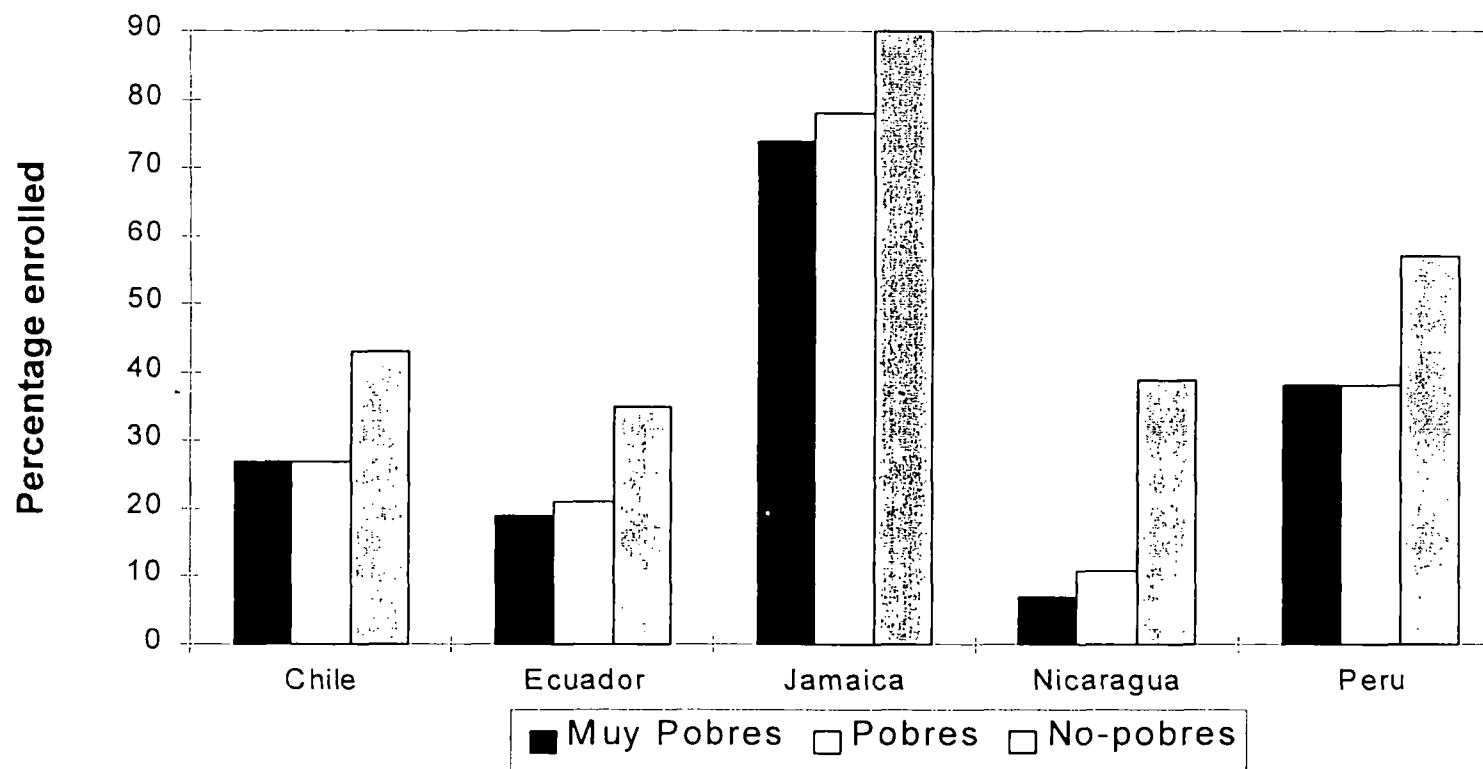
Source: EMNV-Ecuador (1994), Jamaica (1991), Nicaragua (1994), Perú (1991), Chile (CASEN, 1992)

Immunization Rates for Children Under 5



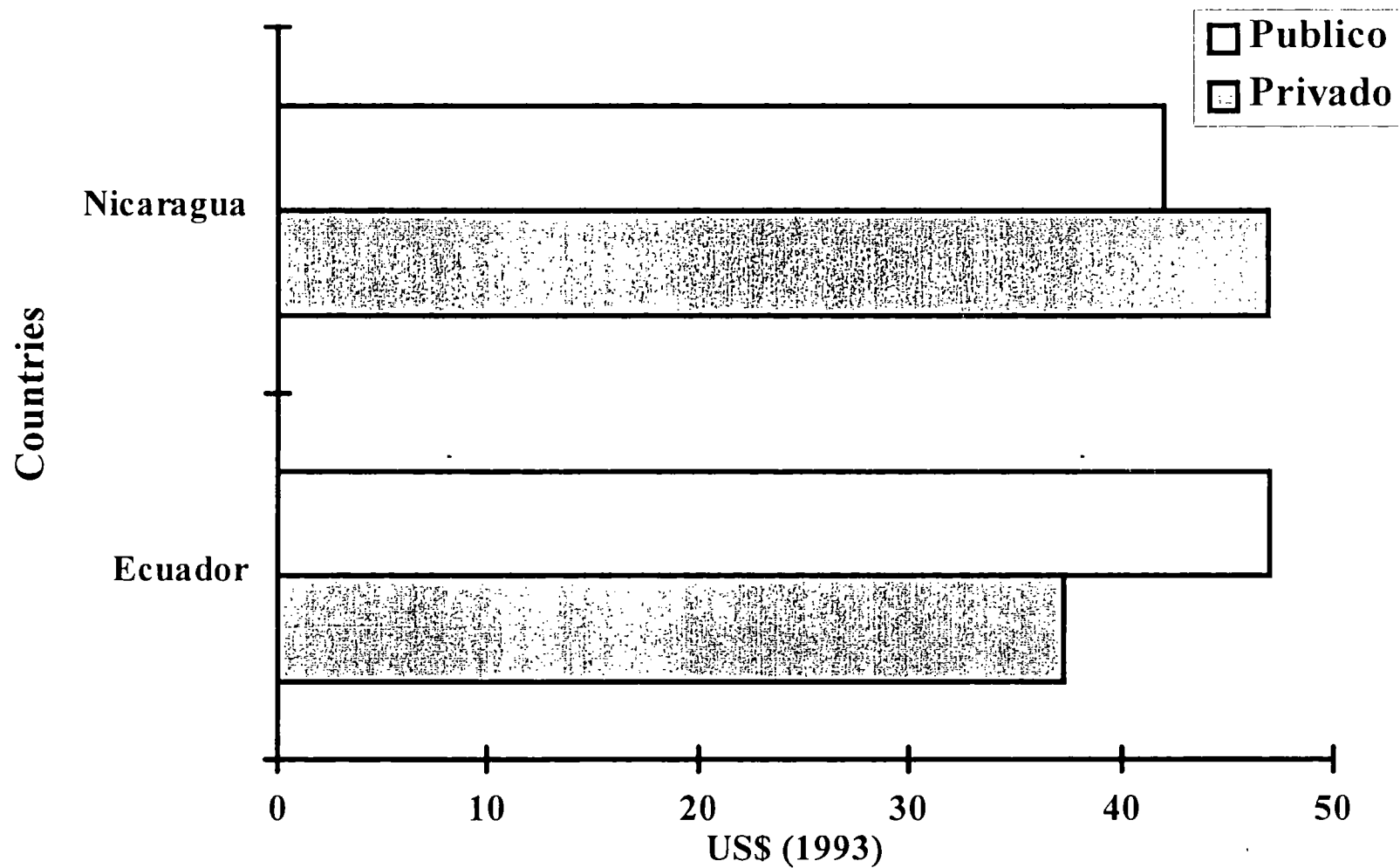
Source: EMNV-Ecuador (1994), Nicaragua (1993), Perú (1991)

Educational Coverage for Children Between the Ages of 3 and 5, According to Poverty Level

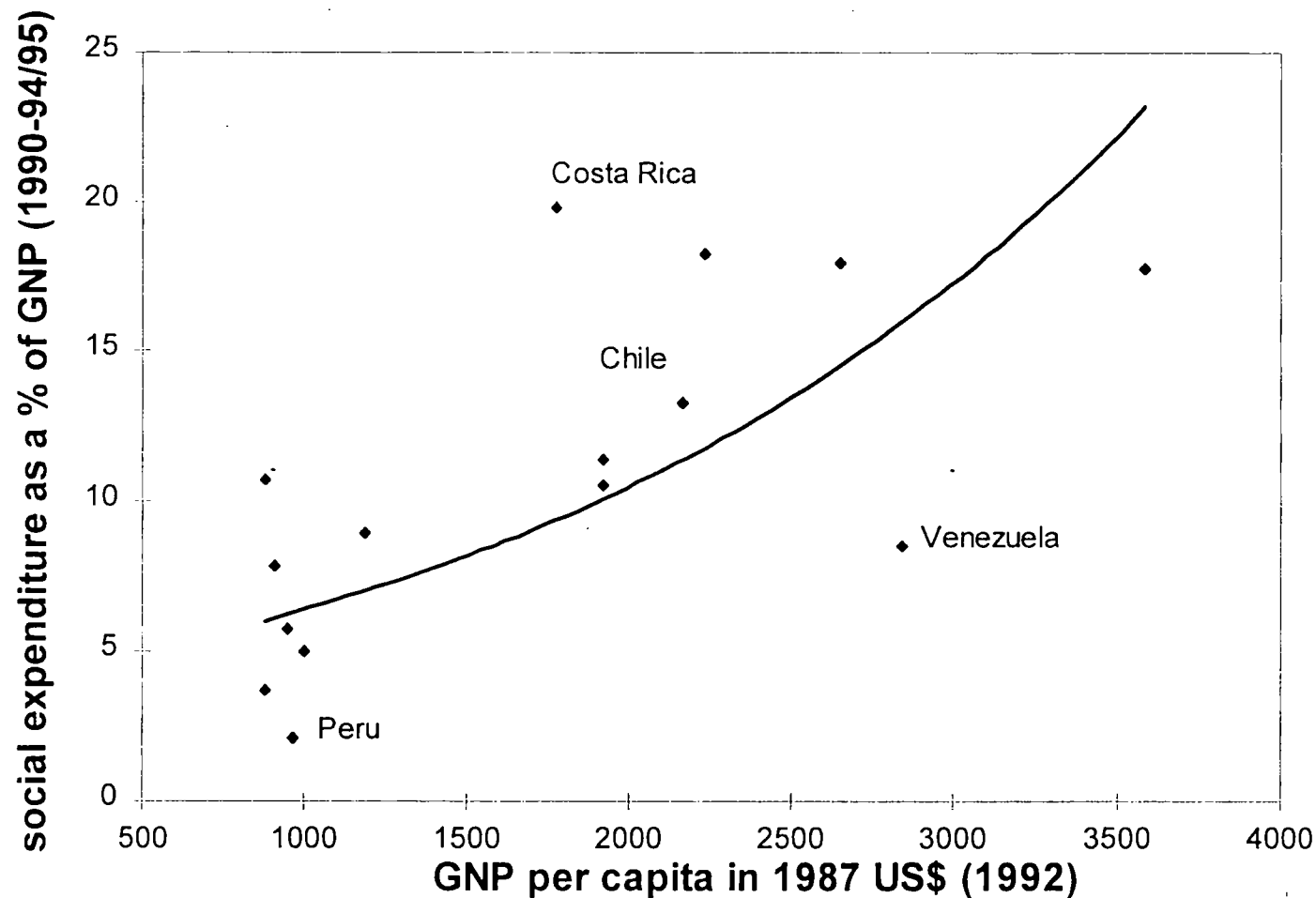


Source: CASEN-Chile(1992); EMNV-Ecuador (1994), Jamaica (1991), Nicaragua (1993), Perú (1991)

Public and Private Expenditure in Basic Education

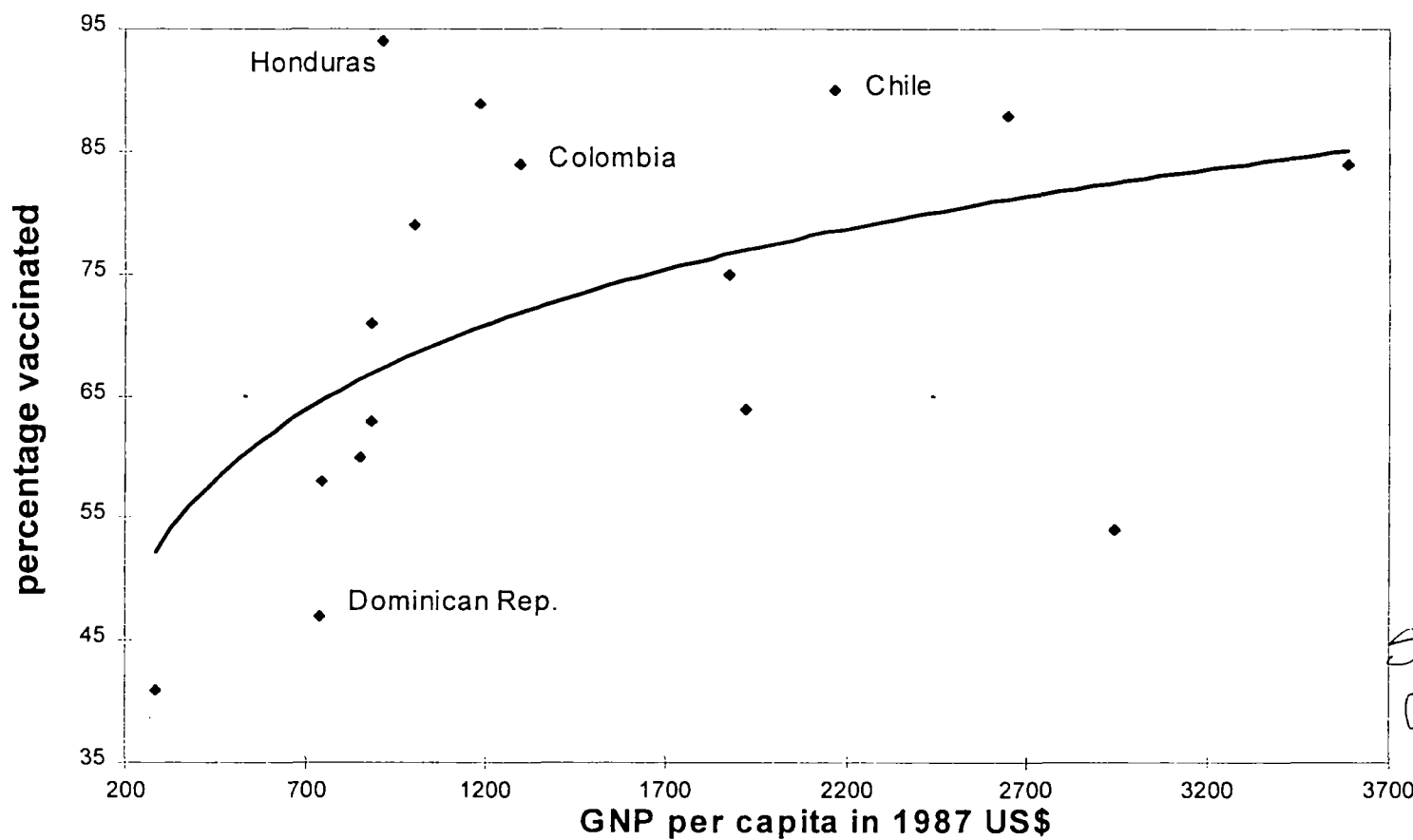


GNP per Capita and Social Expenditure as a Percentage of GNP in Latin America



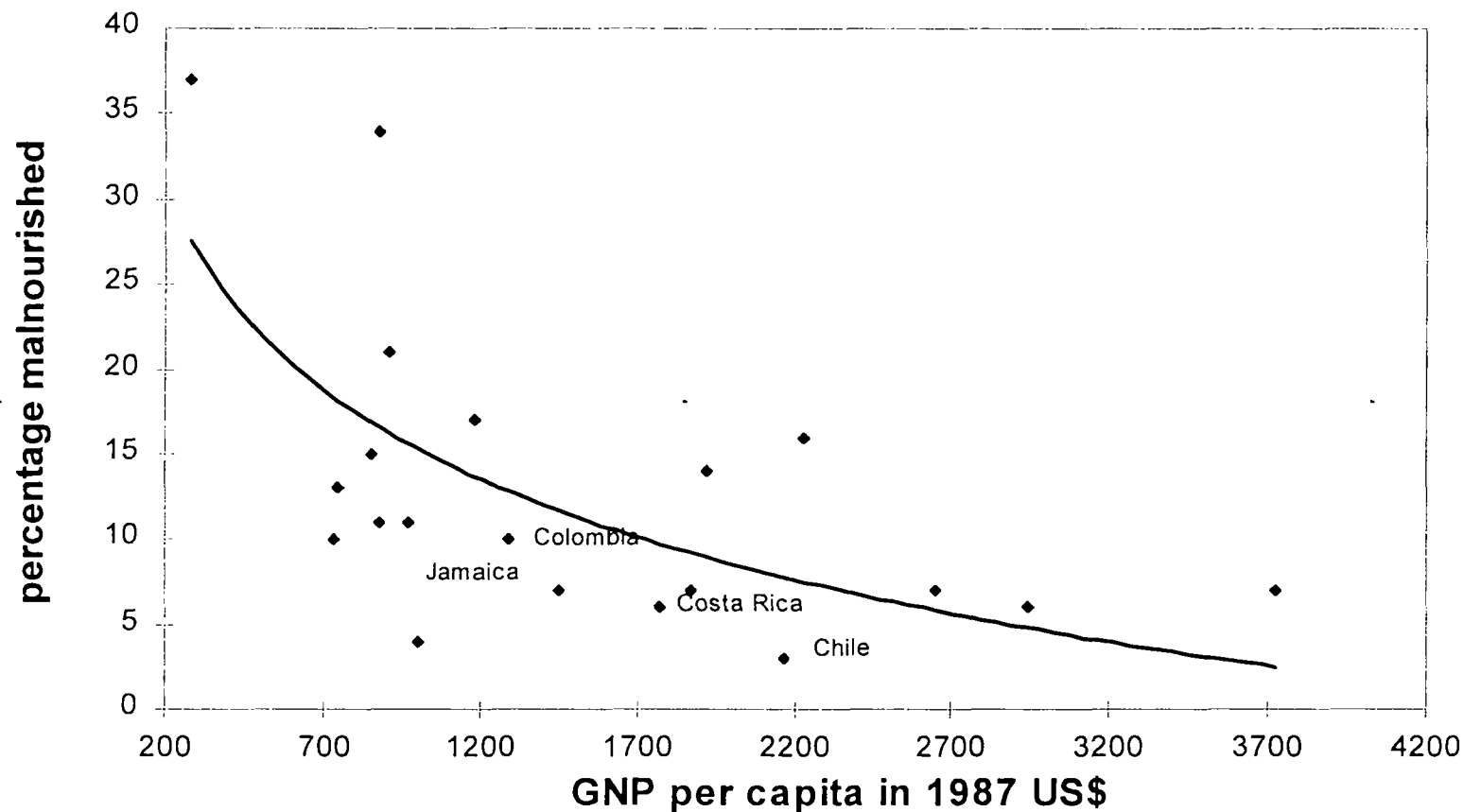
Source: World Bank and CEPAL (1996)

Immunization Rates for Children Under 5 and GNP per Capita in LAC, 1992



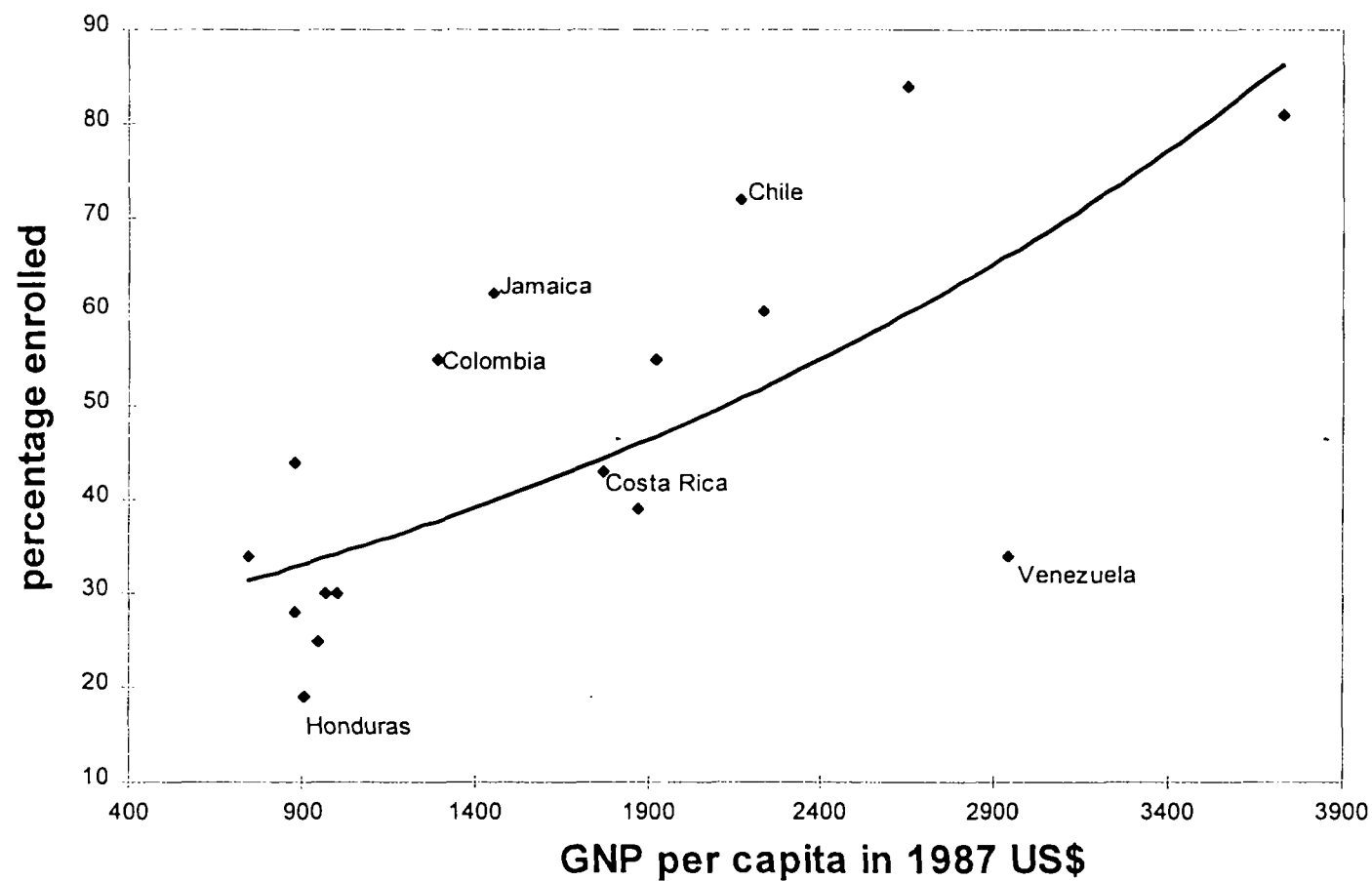
*Some countries
do consistently
better given
their level*

Malnutrition Rate for Children Under the Age of 5 and GNP per Capita in LAC, 1992



Source: World Bank

Secondary Education Coverage and GNP per Capita in Latin America and the Caribbean, 1992



Source: World Bank

Obstacles to Improving Education

- Weak capacity to manage the sector.

- * ● High turnover of ministers and key staff.
1st Ladies Realize the imp. of ministers of ed. & Health

- Frequent policy changes.
*6-8% turnover → problems w/ teachers union
Do not have basic info. / low status of teachers + low pay*

- Poor evaluation, research and data to guide policy.

- Teacher training, pay and prestige.

cost for parents relative to govt. also a factor

* *focus on community / parental involvement.*

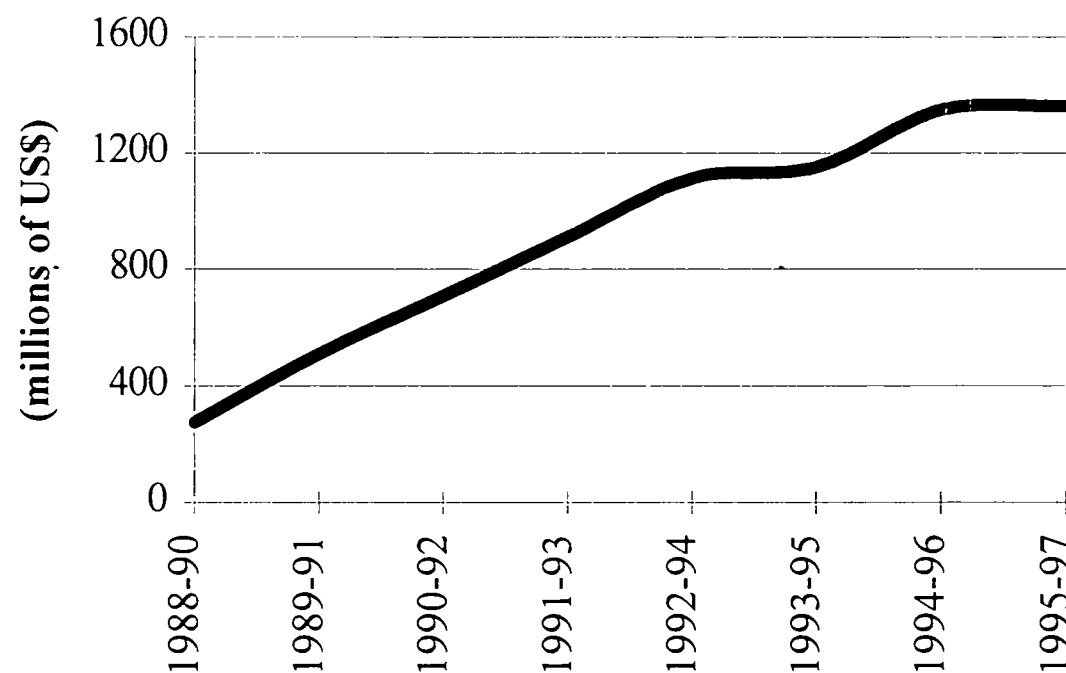
Reasons for Optimism

- New leadership
- Growing consensus
- Decentralization
- Economic growth
- Innovations in school management and finance

Innovations in the Delivery of Basic Education in Latin America

Innovations	Examples
Giving parents greater “voice.”	Decentralization of management decisions to local school managers and councils. Contracting to NGOs and local community organizations.
Giving parents greater “choice.”	Vouchers for use in publicly or privately managed schools.
Giving parents the information to hold schools accountable.	National testing and evaluation. Reliable and timely financial statements.

Latin America and the Caribbean: Lending Commitments (three-year moving average)



November 22, 1996

MEMORANDUM

TO: Patti, John
FROM: Nicole
RE: Travel to La Paz

I wanted to get this contact information to you about the two non-government employees who are travelling with HRC to La Paz. Maria Otero is a Presidential appointee to the Inter-American Foundation, and I'm not sure if that means that State will pay for her travel, hotel, etc. Would you please look into this and have someone get in touch with these two directly about billing?

Maria Otero
Presidential appointment: Chair of Board of the Inter-American Foundation
ph 202/393-5113
fax 202/393-5115
Attn: Vivian Azarcon, Special Asst.

Donna McLarty
ph 202/462-7219
fax 462-7226
OR call Molly Varney in Mack's office: ext. 61915

Wed more before
↓ hellos Conf.
→ Jeff Puryear
I.O.D.
→ meet

~~Excm. Señora~~
~~Betsy Watson de Reina~~
~~Primera Dama de la República de Honduras~~
~~Tegucigalpa, Honduras~~

dup

~~Excm. Señora~~
~~Lady I.S. Cooke~~
~~España del Gobernador~~
~~Kingston 10, Jamaica~~

dup

Excm. Señora
Da. Nilda Patricia Velasco de Zedillo
Primera Dama de la República
de los Estados Unidos Mexicanos
México, D.F.

Excm. Señora
Da. Dora Boyd de Pérez Balladares
Primera Dama de la República de Panamá
Panamá

Excm. Señora
Da. María Teresa Carrasco de Wasmosy
Primera Dama de la República de Paraguay
Asunción, Paraguay

Señora
Da. Martha Chávez de Ocampo
Representante de Gobierno
Lima, Perú

~~Excm. Señora~~
~~L.D. León~~
~~Representante de Gobierno~~
~~Suriname~~

THE WHITE HOUSE
WASHINGTON

20 November, 1996

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WHITE HOUSE MILITARY OFFICE
UNITED STATES SECRET SERVICE

FROM LCDR(s) JAMES C. BRENNAN, MSC, USN
WHITE HOUSE PHYSICIAN ASSISTANT
WHITE HOUSE MEDICAL UNIT



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Altitude: The altitude of La Paz (12,001ft./3,810M) can have a deleterious effect on the health of people with pre-existing medical problems. Individuals with respiratory conditions (colds, asthma, pneumonia, or bronchitis), should delay travel until they have fully recovered. Any chronic disease (hypertension, diabetes, coronary artery disease, immunosuppression, chronic lung disease) or any other recent illness or heart problems should have a thorough medical evaluation by a physician prior to traveling to La Paz. Interestingly, high altitude sickness (Acute Mountain Sickness, AMS) affects people in good physical conditioning as well as those who are not. Because of the rate at which people experience AMS at altitudes such as La Paz, The White House Medical Unit recommends the following: One day prior to and during travel, increase oral fluid intake and avoid alcohol and caffeine for the first 72 hours, while your body adjusts to the altitude. Upon arrival do not engage in any form of physical exercise for the first 72 hours. Medication will be available in the form of Diamox which may taken 24 hours prior to travel and then each day for the first several days while in La Paz. Please see the Medical Officer prior to travel for a prescription. Tylenol (acetaminophen) can be taken for mild headaches, a common symptom of AMS. **Warning:** Do not use any local treatments such as "cerochi pills" (coramine), which may cause an increase in symptoms and can be dangerous. Upon arrival expect some increase in pulse rate and respirations.

Personal Medications:

- ◆ Ensure that you bring an adequate supply of any prescription medicine (twice the amount you expect you would normally need).
- ◆ Bring a small supply of over the counter cold remedies (Tylenol, decongestants and supply of band-aids).
- ◆ Bring your own supply of insect repellent, sun-screen and Pepto-Bismol tablets.
- ◆ Don't forget any additional personal items such as contact lens supplies, personal hygiene products and an extra pair of glasses (WHMU personnel do not carry these items). These items are not always easily found or replaceable in underdeveloped countries.

Conclusion:

As with all foreign travel, be cautious and use common sense. There will be Medical Officers traveling with both the First Lady and the advance team. The White House Medical Unit is available for any questions you may have before, during, and after your trip. If you have any other concerns or questions please do not hesitate to contact the White House Medical Unit at 757-2476.

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6TH CONFERENCE OF WIVES OF HEADS OF
STATE AND GOVERNMENT OF THE AMERICAS

List of Participants

**** First Lady**

****ANTIGUA AND BARBUDA**

Mrs. Patricia Bird
Wife of the President

Addressed as: Mrs. Bird

ARGENTINA

Ambassador Zelmira Regazzoli
(Phonetic: ray-gah-ZOH-lee)
Director General for Human Rights and Women's Affairs, Ministry
of Foreign Affairs and Worship

Addressed as: Madame Ambassador

BELIZE

Ms. Elizabeth Arnold
Representative of the Government of Belize

Addressed as: Ms. Arnold

****BOLIVIA**

Mrs. Ximena Iturralde de Sánchez de Lozada
(Phonetic: SAHN-chez deh loh-SAH-dah)
Wife of the President

Addressed as: Mrs. Sánchez de Lozada

****BRAZIL**

Dr. Ruth Cardoso
(Phonetic: cahr-DOH-zoo)
Wife of the President

Addressed as: Dr. Cardoso

CANADA

Dr. Jean Augustine, M.P.
Government Representative, Member of Parliament

Addressed as: Dr. Augustine

****CHILE**

Dr. Marta Larraechea de Frei
(Phonetic: FRAY)
Wife of the President

Addressed as: Mrs. Frei

****COLOMBIA**

Mrs. Jacqueline ("Jacquin") Strouss de Samper
(Phonetic: sahm-PEHR)
Wife of the President

Addressed as: Mrs. Samper

****COSTA RICA**

Mrs. Josette Altmann de Figueres
(Phonetic: fee-GEH-rehs)
Wife of the President

Addressed as: Mrs. Figueres

CUBA

Ms. Yolanda Ferrer Gómez
(Phonetic: feh-RAYR)
Secretary General, Federation of Cuban Women

Addressed as: Ms. Ferrer

ECUADOR

Ms. Ximena Martinez
Representative of the Government of Ecuador

Addressed as: Ms. Martinez

****EL SALVADOR**

Mrs. Elizabeth Aguirre de Calderón Sol
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Wife of the President

Addressed as: Mrs. Calderón Sol

****GRENADA**

Mrs. Marietta Dian Mitchell
Wife of the President

Addressed as: Mrs. Mitchell

****HONDURAS**

Mrs. Bessie Watson de Reina
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Wife of the President

Addressed as: Mrs. Reina

****JAMAICA**

Lady Ivy Cooke
Wife of the Governor General

Addressed as: Lady Cooke

****PANAMÁ**

Mrs. Dora Boyd de Pérez Balladares
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Wife of the President

Addressed as: Mrs. Pérez Balladares

****PARAGUAY**

Mrs. María Teresa Carrasco de Wasmosy
(Phonetic: wahs-MOH-see)
Wife of the President

Addressed as: Mrs. Wasmosy

PERU

Dr. Martha Chávez de Ocampo
(Phonetic: CHA-vez)
Member of Congress

Addressed as: Dr. Chavez

SURINAME

Ms. Ismay D'Leon
Representative of the Government of Suriname

Addressed as: Ms. D'Leon

URUGUAY

Ms. Diana Saravia Olmos
Representative of the First Lady of Uruguay

Addressed as: Ms. Olmos

VENEZUELA

Mrs. Elsie Schmilinsky de Altimari
Representative of the Government of Venezuela

Addressed as: Ms. Schmilinsky

**BIOGRAPHIC HIGHLIGHTS**

COUNTRY: VENEZUELA

NAME: Elsie Teresa Schmilinski de ALTIMARI

PHONETIC: deh ahlteeMAHree

ADDRESSED AS: Dr. de Altimari

DATE OF BIRTH: 19 December 1948 in Maracaibo, Zulia State

CURRENT POSITION: Director of Family in the Ministry of Family in Zulia State

LANGUAGE: English and native Spanish

FAMILY: Schmilinski is married to Carlos Altimari, Minister of Family on President Rafael Caldera's Cabinet.

EDUCATION: Schmilinski attended the Ursulines of Brown County high school in Cincinnati, Ohio, from 1959-64, and received a bachelor's degree in economics from the University of Notre Dame in South Bend, Indiana, in 1971.

CAREER: Schmilinski has taken courses at the University of Zulia, including a self-esteem and assertiveness course and a social management course. She has also taken a financial management course at the Institute for Advanced Studies in Administration (IESA) and a production and sales course at the Chamber of Commerce in Maracaibo.