

9/5/95  
World Health  
Organization Forum

PHOTOCOPY  
PRESERVATION

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

September 5, 1995

**Remarks by First Lady Hillary Rodham Clinton  
to the World Health Organization Colloquium  
"Women and Health Security"  
Beijing, China**

MRS. CLINTON: Thank you, Dr. Nakajima. Dr. Nakajima, Dr. Sadik, Gertrude Mongella, delegates to the U.N. Fourth World Conference on Women, and guests from all corners of the world, I am honored to be here this morning among women and men who are committed to improving the health of women and girls everywhere.

I commend the World Health Organization for making women's health a top priority and for establishing the Global Commission on Women's Health.

I am proud that in the preparatory meetings for this Fourth World Conference on Women, the United States took the lead in highlighting the importance of a comprehensive approach to women's health. That approach builds on actions taken at previous women's conferences and the recent conferences at Cairo and Copenhagen, whose goals to promote the health and well-being of all people were endorsed by 180 nations.

Cairo was particularly significant as governmental and non-governmental participants worked together to craft a Platform for Action which, among other things, calls for universal access to good quality reproductive health care services, including safe, effective, voluntary family planning; greater access to education and health care; more responsibility on the part of men in sexual and reproductive health and childbearing; and reduction of wasteful resource consumption.

Here at this Conference, improving girls and women's health is a priority of the draft Platform for Action. It includes such goals as: access to universal primary health care for all people—a goal not yet achieved in many countries, including my own; the promotion of breast feeding; the provision of safe drinking water and sanitation; research in and attention to women's health issues, including: environmental hazards, prevention of HIV/AIDS and other sexually transmitted diseases, encouragement for adolescents to postpone sexual activity and childbearing, and discouragement of cultural traditions and customs that deny food and health care to girls and women.

Goals such as these illustrate a new commitment to the well-being of girls and women and a belief in their rights to live up to their own God-given potentials.

At long last, people and their governments everywhere are

beginning to understand that investing in the health of women and girls is as important to the prosperity of nations as investing in the development of open markets and trade. The health of women and girls cannot be divorced from progress on other economic and social issues.

Scientists, doctors, nurses, community leaders and women themselves are working to improve and safeguard the health of women and families all over the world. If we join together as a global community, we can lift up the health and dignity of all women and their families in the remaining years of the 20th century and on into the next millennium.

Yet, for all the promise the future holds, we also know that many barriers lie in our way. For too long, women have been denied access to health care, education, economic opportunities, legal protection and human rights—all of which are used as building blocks for a healthy and productive life.

In too many places today, the health of women and families is compromised by inadequate, inaccessible and unaffordable medical care, lack of sanitation, unsafe drinking water, poor nutrition, insufficient research and education about women's health issues, and coercive and abusive sexual practices.

In too many places, the status of women's health is a picture of human suffering and pain. The faces in that picture are of girls and women who, but for the grace of God or the accident of birth, could be us or one of our sisters, mothers or daughters.

Today, at least fifteen percent of pregnant women suffer life-threatening complications and each year more than one-half million women around the world die in childbirth. Most of those deaths could be prevented with basic primary, reproductive and emergency obstetric health care.

In some places, there are 175,000 motherless children for every one million families. Many of those children don't survive. And of those who do, many are recruited into a life of exploitation on the streets of our world's cities, subjected daily to abuse, indignity, disease, and the specter of early death.

There must be a renewed commitment to improving maternal health. The WHO launched in 1987 a Safe Motherhood Initiative to halve maternal mortality by the year 2000. To reach that goal, more attention must be paid to emergency medical care as well as primary prenatal care. Providing emergency obstetric care is a relatively cheap way of saving lives—and along with family planning services is among the most cost-effective interventions in even the poorest of countries.

The commitment of the WHO and its Global Commission on Women's Health to make childbearing and childbirth a safe and healthy period of every woman's life deserves action on the part of every nation represented here.

One hundred million women cannot obtain or are not using family planning services because they are poor, uneducated or lack access to care. Twenty million of these women 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. As we know, when children have children, the chance of schooling, jobs, and good health is reduced for both parent and child—and our progress as a human family takes another step back.

The Cairo document recognizes “the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so.” Women should have the right to health care that will enable them to go safely through pregnancy and childbirth and provide them with the best chance of having a healthy infant.

Women and men must also have the right to make those most intimate of all decisions free of discrimination, coercion and violence, particularly any coercive practices that force women into abortions or sterilizations.

On these issues, the U.S. supports the provisions in the Beijing Platform for Action that reaffirm consensus language that was agreed to at the Cairo Conference about a year ago. It declared that “in no case should abortion be promoted as a method of family planning.” The Platform asks governments “to strengthen their commitment to women’s health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services.”

Violence against women remains a leading cause of death among girls and women between the ages of 14 and 44—violence from ethnic and religious conflicts, crime in the streets and brutality in the home. For women who survive the violence, what often awaits them is a life of unrelenting physical and emotional pain that destroys their capacity for mothering, homemaking or working and can lead to substance abuse, and even suicide.

Violence against girls and women goes beyond the beatings, rape, killings and forced prostitution that arise from poverty, wars and domestic conflicts. Every day, more than 5,000 young girls are forced to endure the brutal practice of genital mutilation. The procedure is painful and life-threatening. It is degrading and it is a violation of the physical integrity of a woman’s body, leaving a lifetime of physical and emotional scars.

HIV/AIDS, and sexually transmitted diseases threaten more and more women—and experts predict that by the end of this decade more than half of the people in the world with HIV will be women. AIDS, which threatens whole families and regions, demands the strongest possible response. Governments and the international community must address head-on the growing number of women who are being infected.

More than 700,000 women worldwide face breast cancer each year—and over 300,000 die of it. It’s the leading cause of death for women in their prime in the developed world. In the time I speak to you today, 25 women around the world will die of breast cancer. In my own country, it is hard to find a family, an

office, or a neighborhood that has not been touched by this disease. My mother-in-law struggled against breast cancer for four years before losing her battle.

Tobacco use is the number one preventable cause of death. Ninety percent of women who smoke began to smoke as adolescents—leading to high rates of heart disease, cancer, and chronic lung disease later in life.

As the WHO points out, we also need to recognize and effectively address the fact that women are far more likely to be exposed to work-related and environmental health hazards. Policies to alleviate and eliminate such health hazards associated with work in the home and in the workplace demand action.

Research also indicates that certain communicable diseases affect women in greater numbers. Tuberculosis, for example, is responsible for the deaths of one million women each year and those in their early and reproductive years are most vulnerable.

When health care systems around the world don't work for women; when our mothers, daughters, sisters, friends and co-workers are denied access to quality care because they are poor, do not have health insurance, or simply because they are women, it is not just their health that is put at risk. It is the health of their families and communities as well.

Like many nations, the United States brings to this conference a serious commitment to improving women's health. We bring with us a series of initiatives which represent the first steps to carrying out this Conference's Platform for Action.

We are continuing to work for health care reform to ensure that every citizen has access to affordable, quality care.

We are proposing a comprehensive and coordinated plan to reduce smoking by children and adolescents by 50 percent.

We are working to address the many factors that contribute to teenage pregnancy, our most serious social problem, by encouraging abstinence and personal responsibility on the part of young men and women; improving access to health care and family planning services; and supporting health education in our schools.

We are pursuing a public policy agenda on HIV/AIDS that is specific to women, adolescents, and children.

We are continuing to fund and conduct contraceptive research and development.

We are addressing the health needs of women through initiatives such as:

- The National Action Plan on Breast Cancer—a public, private partnership working with all agencies of government, the media, scientific organizations, advocacy groups and industry to advance breast health and eradicate breast cancer as a threat to the lives of American women.

- An Expansion of the National Breast and Cervical Cancer Early Detection Program—which will ensure that women who need regular screening and detection services have access to them, and that those services meet quality standards.

- The inclusion of women in clinical trials for research and testing of drugs or other interventions that probe specific differences between men and women in patterns of disease and reactions to therapy.

- The special health needs of older women will be addressed through educational campaigns about osteoporosis, cancer and other diseases.

- The U.S. is conducting the largest clinical research study ever undertaken to examine the major causes of death, disability and frailty in post-menopausal women.

Women's health security must be a priority of all people and governments working together. Without good health, a woman's God-given potential can never be realized. And without healthy women, the world's potential can never be realized.

So let us join together to ensure that every little boy and girl that comes into our world is healthy and wanted; that every young woman has the education and economic opportunity to live a healthy life; and that every woman has access to the health care she needs throughout her life to fulfill her potential in her family, her work, and her community.

If we care about the futures of our daughters, our sons, and the generations that will follow them, we can do nothing less.

Thank you for the work you do every day to bring better health to the women, children, and families of this world. Thank you for helping governments and citizens around the world understand that we cannot talk about equality and social development without also talking about health care.

Most of all, thank you for being part of this historic and vital discussion, which holds so much promise for our future.

###

T