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**FIRST LADY HILLARY RODHAM CLINTON'S
ADDRESS TO THE PAN-AMERICAN HEALTH ORGANIZATION
SANTIAGO, CHILE**

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- As Delivered -

Thank you very much. I am delighted to be here, especially on the occasion of my husband's and my visit to Chile and also for the Summit of the Americas. I want to say special words of appreciation to Mrs. Frei for her gracious hospitality on this occasion and on my previous visit and for the great work she has done not only here in Chile but around our hemisphere on behalf of issues that affect the lives of women, children and families. I also believe that this morning we have heard two very important speeches and certainly fitting for an occasion such as this.

Doctor Alleyne has been a superb leader of PAHO and he has challenged all of us as he did again this morning to think hard about who we are, where we are going, and what our obligations are to one another. This discussion that he has kicked off really is a continuation of his powerful voice throughout our hemisphere on behalf of improving the health and welfare of all people. I want to thank Dr. Alleyne for being a particularly forceful advocate for women, calling for an end to discrimination against women not only in health but in other areas such as violence and in justice. At the first Summit of the Americas four years ago in Miami, he provided a brilliant assessment of the state of children's health in our hemisphere, and today he has challenged us with two very different visions of where we will go in the twenty-first century. I also want to thank Dr. Macedo, the Director Emeritus of PAHO for his work and also Dr. Klinger for your role in this discussion.

I was also very pleased to hear your Minister of Health speak so passionately about the commitment of this government in this country to equity in health care for all people. This is one of the greatest issues that we will face and I was particularly impressed, Mr. Minister, at the way you made the linkage between equity in services such as health care and the reinforcement of democratic institutions. That is a critical argument that all of us who care about the future of democracy must pay greater attention to. If we do not work out the means to provide services that will give opportunities to all people then we will see democracy under renewed criticism and attack in the twenty first century. This is certainly one of the great challenges before all of our governments in the Americas and it is my hope that this second Summit will be a great success not only in terms of today's problems but in charting the kind of future that both Dr. Alleyne and the Minister referred to.

I also want to commend Chile for the strong leadership that you have here in this country in the three sectors that Dr. Alleyne referred to. Certainly in the public sector under the leadership of President Frei, the Cabinet and other political leaders. The leadership in the private sector and the leadership in the third sector, the not-for-profit sector has certainly proven successful as anyone with eyes to see, can see for him or herself. You have set an example and given great leadership to the rest of the world in the way that you have firmly implanted the seeds of democracy and prosperity in your nation. That is the challenge for all of us, big countries and

small, rich nations and poor. We should stop for a minute particularly here at this occasion sponsored by PAHO to celebrate what we have done together.

The second point of the Minister's speech: How do we work together, how do we create joint efforts both within our society and as Dr. Alleyne pointed out, internationally, to meet common problems. While we have some good examples of success right here in this hemisphere: working together we have stopped the spread of polio, we have almost ended the scourge of measles and together we responded to the recent onslaught of cholera. But most importantly, through our joint efforts, we have placed health at the very center of our struggles for greater equality and equity for all people thanks to the courageous voices that you hear from the platform, also many voices in this audience and the tireless work of countless people on the frontlines of delivering health care and other services across the lines of income and race and ethnicity.

There is a growing global awareness that investments in health, particularly investments in the health of women, children and families, are critical to human development and economical prosperity. When our leaders meet at the second Summit of the Americas to build on the work that was done at the Miami Summit, they will be meeting with the goals of strengthening democracy, economy stability and social justice throughout our region. I think we would all agree that it is a significant sign of progress that the proposed declaration as well as the plan of action for this Summit includes health as a very important component of the effort to end poverty and ensure economic growth and prosperity.

As we gather on the brink of a new century and a new millennium, I think it would be wise for us to look back with some pride on the progress that has been made in health and well-being of people from one end of our hemisphere to the other. It was almost one hundred years ago in 1902 when a small band of visionary health leaders who had a positive vision like the one Dr. Alleyne posited gathered together in Washington D.C. to found what would become the Pan-American Health Organization.

Imagine if you will how insurmountable the problems they faced must have seemed at that time. They were confronting a century and a place and time where there was so much that we had to worry about in terms of health. An epidemic of yellow fever in the late 1800's had swept from Brazil across the Southern Cone resulting in more than 15,000 deaths in Buenos Aires alone. By the turn of the century that same epidemic had reached the United States, the Mississippi Delta, resulting in one hundred cases and 20,000 deaths in my country. There were terrible sanitary conditions throughout the hemisphere, lack of education, horribly inadequate health services. Most people who lived in our hemisphere did not reach their 50th birthday. So there was a great sense of urgency and thankfully a new era of American cooperation began.

The history of PAHO is filled with the stories of courageous men and women who sought solutions to health problems beyond their own boundaries. Among them were Dr. Edward Moore of Chile, and Minister Felipe Carbo of Ecuador who helped develop the structure and mission of this organization. A Cuban physician, Carlos J. Finley, first identified the mosquito as the transmitter of yellow fever and helped set in motion a process in which that disease has now been virtually eradicated.

A century ago, what did these health visionaries of public health see as the threats to the health of all people in the new century, the twentieth century? Well of course they already knew that no nation was safe from epidemics that could travel across national boundaries. Diseases like yellow fever, cholera and malaria were respecters of no nation. But there was so much that they did not know about, like the causes of infant mortality. Diseases like measles and diarrhea and acute respiratory infections, nor did they have the tools to prevent these diseases. There were very few if any really good remedies, no immunizations or antibiotics or oral rehydration therapies or adequate pre- and post-natal care.

Think how far we have come since the turn of the last century. As a result of coordinated efforts by groups such as PAHO, with partners like UNICEF and USAID and health ministries in every country. In the last thirty years alone in Latin America and the Caribbean infant mortality has fallen 59% and death among children under five have dropped 65%. Life expectancy throughout the hemisphere has increased by eleven years.

We are making steady progress. There is a great commitment now to dealing all of these challenges in health care. In Honduras, 95% of the children have received vaccines for polio, diphtheria and tetanus. In Bolivia the use of contraceptives has increased almost fifty percent. In El Salvador diarrhea among children under five has decreased by 25% and in Jamaica, the number of syphilis cases, an important factor in the spread of diseases like aids is thankfully going down.

We now know that if we apply simple technologies, primary and public health care techniques we can save vast number of lives and ameliorate the effects of disease, but we also know that despite our capacity to deal with such problems, far too many people in my country and every other country still fall outside the reach of health services. Too many women, men, children all die and suffer because they do not have access to simple and emergency health care. In the last few years I have been privileged to travel throughout our hemisphere and I have seen the faces of health and the faces of sickness, and I have seen what people accomplish working together when they set their minds to it, when they develop the political will to make decisions and when they master the resources both public and private to bring that capacity we have into the lives of individuals.

Two years ago in La Paz, Bolivia I visited with expectant mothers at a primary health center run by an NGO. That NGO had created a safe place for very poor women to come to receive the health care that they needed. Those women, with their ruddy faces and their bowler hats, were not only receiving pre-natal check-ups and having their infants immunized, they were also learning about family planning and the value of breast feeding, and the reality that spacing births could mean the difference not only between their infants living or dying, not only as to their own survival, but to the success of raising their children to become full participants in the society.

I visited communities in Brazil which have much higher than average levels of poverty and health indicators. But again, I met committed physicians and nurses and other health care workers and I met with citizen groups that were determined to bring street children back from drugs and the risk of AIDS and who were also determined that even poor women would have the

access to family planning that middle class and rich women always have.

These public-private partnerships that I have seen are working. What we need to do is make more of them and give them greater support. Since the Summit of the Americas in Miami, the First Ladies of the hemisphere in their annual conferences have committed ourselves to promoting initiatives in health care. I was pleased in Paraguay to join PAHO in launching the hemisphere's campaign to eliminate measles by the year 2000, and we have cut the number of cases in every country from tens of thousands to just over two thousand. While there was an epidemic explosion last year in Brazil, we are now back on track in 1998 with fewer than four hundred cases reported throughout the hemisphere.

In La Paz, Bolivia, when we met, we committed ourselves to advancing the goal of reducing maternal mortality throughout the hemisphere. Particularly to end the disparity where in some countries the rates of maternal deaths are more than one hundred times that in other countries such as Canada. We also announced the USAID program with PAHO to advance the cause of bringing in a new kind of training to help identify and respond to high risk births.

In Panama at our last meeting we recognized the problems of violence against women and heard about the work being done by the Inter-American Institute of Human Rights to address that problem. In preparing for the Santiago Summit which Mrs. Frei will host there have been important hemispheric wide programs launched that explain how we can work at the root causes of violence and what solutions are working best throughout our hemisphere. PAHO, the IDB, USAID and others are putting resources directly into those programs and I would not be surprised to see a major initiative called for by the heads of state in this area.

On Saturday I will be privileged to visit a health clinic in Temuco run by Chileans and supported by PAHO, where doctors are providing health care to those who might otherwise not have access to it, and where they are also training workers in the area so that they can better serve their own communities' health needs. The doctors who are there also are learning about traditional healing practices so that we can expand our understanding on what works throughout the world and bring that knowledge to bear on health problems. I am very impressed with what I know Chile is doing to provide health care at the grass roots level and look forward to seeing it first-hand.

I want to commend Chile for its strong leadership in the area of public health. Thanks to the country's high level investments in health initiatives such as pre- and post-natal care, vaccinations, clean water and trained personnel during childbirth, Chileans live longer with a higher quality of life, and there is a lower infant mortality rate than in most countries in our region. Chile also deserves praise for its commitment to health care reform, including the establishment of a national health fund which uses taxes and payroll contributions to finance health care services. I intend to invite the Minister to come to the United States to explain how that reform effort came about and how it is being implemented.

Yet we know even with the success in countries such as Chile there is a great deal of work ahead of us and one of the areas that has already been mentioned this morning is perhaps the most compelling for us to address: that is the terrible inequity in the provision of services. There are

at least six times more physicians for every ten thousand people in high income countries than low. That is to be expected given their relative economic standing. But even within rich countries such as my own, there are pockets of despair that still exist where health indicators are worse than the national average.

It is important that when we talk about equity we not only talk about equity between countries but within countries as well. It is certainly true that if one looks at the challenges for the 21st century there is no denying that if we do not address the needs of our citizens we will not have the quality of life, the strength of our economies or democratic institutions that we would like to look toward. Our leaders must commit themselves as they will do here at Santiago to recognizing the crucial importance of health and family planning to the economic and social progress of the Americas. We must have our political leaders commit themselves to these health goals. They should be worried as much about reducing infant mortality as about trade. They should be as concerned about maternal mortality as they are about military might. And they should be focused on expanding the quality and access to health service, not only because it is an important step toward insuring the kind of equity that will guarantee democracy, but also because it is the right and moral position to take. If one looks at the differences that exist between those who are haves and haves-not when it comes to health care, it is very hard to argue that we do not have a moral obligation to insure greater equity in health. And we also have the added benefit of realizing that it is a practical necessity in this time of globalization.

So if we look from both the practical and the moral perspectives, and if we take a look back to see the founders of PAHO, then surely, when we face challenges less daunting than they did, we should be even more determined to meet them as we move in to our new century. After all, we have an opportunity to help make the 21st century what it should be, starting right now. We have an opportunity to ask ourselves the hard questions and to look for practical solutions. We also have the chance to ask ourselves what are the technologies like immunizations and antibiotics and clean water that will revolutionize life in the 21st century as they did in the 20th century? How will we nurture by investing in medical research and in training physicians and other health care providers so that we create the Finleys and the Sangers and the Moores and all of the other great names of our hemisphere who moved healthcare forward? How will we bring our resources to bear in multilateral, international ways to deal with all of the unmet needs, whether it is looking for an immunization that will work against terrible diseases like AIDS or malaria or thinking how we can make it clear that maternal mortality is not a luxury?

Looking for ways to use new health technology effectively, looking for ways to create those leaders in health who will show us how to meet our challenges, and keeping pressure on our political leaders to reduce the equity gap in health care will be among the fundamental challenges we must face in the years ahead.

Now we do have some advantages. The internet, for example, is an incredible tool for sharing information on disease and infection. Tele-medicine already permits surgeons in one country to participate in the operating rooms of another. And I believe that the Summit leaders will endorse the development of information systems that will connect us more closely in our hemisphere.

We certainly should use the promise of technology in every way possible and PAHO has led us the way here. The PAHO sponsored initiative for health technology linking the Americas has enormous potential to reduce the inequities that now exist.

And we will have to be honest in facing some of the dangers that lie ahead. Across the globe infectious diseases remain the world's leading cause of death. Many of these diseases are becoming resistant to traditional antibiotic treatment. In fact our National Institutes of Health recently reported that drug-resistant tuberculosis has been found in nearly every country surveyed. So we do have a mix of great promise and great challenge, but surveillance, research and training -- if we commit our resources to all three -- will make a critical difference.

Through PAHO and the World Health Organization we will continue our partnership on behalf of health in the next century. The United States through USAID, the Centers for Disease Control, the National Institutes of Health is supporting PAHO and WHO efforts to improve communication's networks and build regional centers for surveillance.

And yet I will end by saying that all the technology in the world will not necessarily guarantee equity. In my own country we have state of the art technology for health. People come from all over the globe to be treated in the great medical centers of the United States. And yet we have more than 41 million Americans who are uninsured, we have many millions more who are underinsured and although they may eventually be taken care of, through an emergency room or other treatment, it will often be after they should have received preventive and primary care when their disease or condition has already deteriorated.

So technology alone is not a guarantee of equity. Resources alone, even as Chile becomes a richer and richer country, just like the United States, is no guarantee of equity. So what we must commit ourselves to doing is making clear that we will use this new technology, we will use our economic progress, we will use the wonderful development that all but one nation in our hemisphere is now democratic, we will use the institutions that build and support democracy and we will call upon the private, public and not-for-profit sectors to join together to help lead the way to meet these challenges of the 21st century.

I would hope that in a hundred years or so, perhaps there will be another gathering in this auditorium, or perhaps it will be a virtual gathering where people are just connected through their computers, but I would like to imagine or envision as Dr. Alleyne asked us to do that instead of an apocalyptic 21st century, where all the difficulties of overpopulation and environmental degradation, where the spread of disease that is predicted by so many doomsayers could in fact occur, instead of that vision we will have instead the alternative vision that Dr. Alleyne posited and the Minister so eloquently described as well. And we will look back on this 21st century and we will say that for the first time in human history the vast majority of people lived under democratic governments, and through their democratic governments they did pursue the underlying fundamental values of democracy and respect for one another that led to using our resources and our political will to confront the problems that have bedeviled human beings since the beginning of time, and that we will see at the end of this upcoming century the progress and promise that so many of you are working so hard to achieve.

That is my hope for the 21st century, and it is my belief that the only thing which stands in the way of doing it is ourselves. We have the technology, we have the know-how, we now have the resources. So there will be no one to blame but us, the citizens and leaders of democracies throughout our hemisphere. I too am an optimist, and I believe that we will master the will and the effort and the commitment to meet the challenges of the 21st century.

Thank you all very much.