

Withdrawal/Redaction Sheet

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	NSC Memorandum to Patty Solis (1 page)	1/27/93	P1/b(1)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Liz Bowyer
OA/Box Number: 5432

FOLDER TITLE:

[HRC Daily File] Wednesday January 27 [1993]

2014-0483-S

sb316

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
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- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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ROYAL NORWEGIAN EMBASSY, WASHINGTON, D.C.

Telefax: 1 (202) 337 0870
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URGENT

TO: Director Tony Wayne
National Security Council

Fax: (202) 395-1180

DATE: 27 January 1993

RE: A possible meeting between First Lady Hillary
Clinton and Prime Minister Gro Harlem Brundtland.

Dear Mr. Wayne,

With reference to our recent phone conversation,
please find enclosed a biography of Prime Minister Brundtland,
as well as fact sheets describing Norway's Public Health
Service and Social Security System.

Sincerely yours,



Geir Westgaard
First Secretary

Page 1 of // pages

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GRO HARLEM BRUNDTLAND
Prime Minister of Norway

Gro Harlem Brundtland formed her third Norwegian Government on 3 November 1990. She has previously served as Prime Minister of Norway from February to October 1981, and from May 1986 to October 1989. She was the first woman to have held this position in Norwegian history and - at 42 - the youngest ever Prime Minister of Norway.

Mrs. Brundtland has been leader of the Norwegian Labour Party since April 1981. She is Vice President of the Socialist International. She is chairman of the World Commission on Environment and Development and served as a member of the Independent Commission on Disarmament and Security Issues.

* * *

Gro Harlem Brundtland was born on 20 April 1939. She is married to Arne Olav Brundtland. They have four children. She is the daughter of dr. Gudmund Harlem, who was Norwegian Minister of Social Affairs in 1955-61 and Minister of Defense in 1961-63 and 1963-65.

Gro Harlem Brundtland graduated from the Medical School of the University of Oslo in 1963 and took a Master's Degree in Public Health at Harvard University in 1965. From 1966 to 1968 she served as medical officer in the Norwegian Directorate of Health. From 1969 to 1974 she was Assistant Medical Director at the Board of Health in the City of Oslo.

Mrs. Brundtland became involved in political work at an early age, and was active within the youth movement of the Norwegian Labour Party.

She was appointed Minister of the Environment in May 1974, and served in this position until October 1979.

She served as Deputy leader of the Norwegian Labour Party from 1975 until she was elected leader of the Party in April 1981.

She has been a member of the Norwegian Parliament (Storting)

as representative from the City of Oslo since 1977. She became Deputy Leader of Labour's Parliamentary Group in 1979, and was Parliamentary Leader of the Labour Party in 1981-86 and 1989-90.

In Parliament, Mrs. Brundtland has served on the standing committees on finance and on foreign relations. She was Leader of the Committee on Foreign and Constitutional Affairs from 1980 to 1981, from 1981 to 1986 and again from 1989 to 1990.

Gro Harlem Brundtland has been a pioneer in promoting equal rights and women's role in the political process in Norway. Her second Government - formed in 1986 - included eight women in an 18-member cabinet. In her 19-member Government formed in 1990, nine cabinet ministers were women.

After having served on the Independent Commission on Disarmament and Security (the Palme Commission), which published its report on "Common Security" in 1982, Mrs. Brundtland was asked in 1983 by UN Secretary-General Perez de Cuellar to chair the World Commission on Environment and Development. After more than three years of work, basing itself on the best scientific advice available and on public hearings in all parts of the world, the World Commission published its report on "Our Common Future" in April 1987.

Mrs. Brundtland is the recipient of many international prizes and awards, i.e. the Third World Prize for 1988, and the Indira Gandhi Prize for Peace, Disarmament and Development for 1988 (prize ceremony in 1990).

Mrs. Brundtland is the author of numerous articles on political, environmental and development issues.

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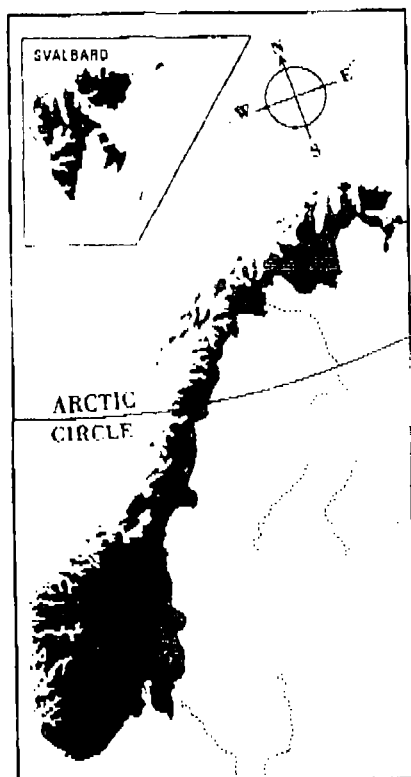
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Social security in Norway

Norway has a well developed social safety net. All those who are resident in Norway have a right to economic assistance and other forms of community support during illness, old age or unemployment. The political parties are in agreement on the main issues of Norwegian social policy. Two laws passed by the Storting, the national assembly, regulate the most important social rights: the National Insurance Act and the Social Care Act (from 1.1.1992).

By **HILDE HAUGSGJERD**

It is the government, through its Minister of Health and Social Affairs, and the Ministry of Health and Social Affairs who formulate the guidelines for the implementation of the laws and who ensure that these are observed. Every year, in the autumn, the Storting allocates money over the fiscal budget for putting the laws into practice. 37 per cent of state expenditure goes into the health and social security sector. The National Insurance Act has been in force for 25 years. The national insurance is a public insurance scheme to which all those who live in Norway automatically belong. It is administrated by state social security offices in all the municipalities. The benefits and allowances paid out, and other forms of assistance in accordance with current legislation, are therefore the same, regardless of where one lives in Norway.

All employees pay a certain percentage of their wage into the national insurance scheme. In addition, the employer makes a contribution. The self-employed must also make a corresponding contribution. Housewives, the unemployed, students and others, who for various reasons do not have an income and do not contribute towards the national insurance scheme are, nevertheless, entitled to its benefits. But the amounts they receive during unemployment, sickness or old age are linked to their income.

Sick pay — a universal right

All employees have the right to draw sickness benefits from the first day of their illness. In the first two weeks the employer pays the benefit, but after this it is taken from national insurance funds. Sickness benefit is the same as salary, with an upward limit corresponding to a good wage — rather above the average in Norway. State and municipal employees and those in many large companies have collective agreements stipulating that the employer is to make up the difference between the employee's wage and the sickness benefit. This ensures that the high-salaried also receive full pay during illness.

At the time of writing — summer 1991 — a political debate is in progress on the subject of sickness benefits. There is a general consensus that absenteeism due to illness is too high, and a tightening up of the regulations governing sickness benefits is being discussed, as a means of reducing absenteeism.

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"Unlimited" disability insurance

The social insurance office pays out sickness benefit for up to one year. In the case of chronic illness or injury which prevents the employee from working, other rules for economic assistance apply. These so-called rehabilitation allowances and disability pensions constitute 50 - 60 per cent of former income. But many employees have an agreement with their employer on a supplementary service pension in event of disability. Very many Norwegians also take out a private insurance policy against disability.

Those who have been disabled from an early age and who have never worked have the right to disability pension. This is granted on the basis of a doctor's certificate stating the medical reason for the application. If a disability pension has first been granted it will be paid out until the recipient receives an old age pension, unless his or her medical condition improves.

Disabled persons can receive grants towards alterations to their home if these are necessary for the applicant's continued residence there. The national insurance also grants financial aid towards medicaments, help and supervision in the home, and the purchase of technical aids. In some cases the national insurance will pay the costs of a car which is specially adapted to the needs of the disabled.

Too many disabled

More than eight per cent of all Norwegians of a working age are now living on partial or full disability pension. Their numbers have doubled in the course of the last 20 years, a period in which Norway's population has only slightly increased. In some parts of the older, working class districts of Oslo, about every third man or woman is on disability pension.

There is cross-party agreement that there are too many people drawing disability pensions in Norway. Both politicians, doctors and social workers admit that this must be a sign of deep-seated social problems in Norwegian society. For the first time since the 1930s, Norway is suffering from widespread unemployment. For many people, the diagnosis "disabled" conceals not only sickness, but also the inability to get a job. A large number of the disabled are granted disability pensions on the basis of mental problems. Alcohol and drug dependence are

also an ever-increasing diagnosis among those on disability pension. Many of these could have held jobs, but the community has not succeeded in rehabilitating them and putting them into suitable work.

Daily allowances during unemployment

At the time of writing around seven per cent of the Norwegian work force is unemployed. Particularly hard hit are the young people. For the first time since WWII, large numbers of these youngsters are going straight from school into the labour-exchange queue.

All those who have had a job, and received a certain minimum income before they became unemployed, have a right to a daily allowance from the national insurance scheme. To receive this, they must apply at the state employment exchanges which are found in all towns and major municipalities.

The daily allowance is calculated as a certain percentage of the income earned in the period prior to unemployment, with a ceiling well below the average wage. The unemployed of today have great difficulty in meeting their economic obligations, such as home mortgages.

The condition for receiving unemployment insurance is that the applicant regularly registers as a work seeker at the employment exchange. The applicant is also under obligation to accept the work offered. The authorities attempt in various ways to provide work for as many of the unemployed as possible, through re-education and further training, in the caring professions, in the maintenance of public buildings and in other socially useful tasks.

As unemployed, one has the right to a daily allowance for a period of 80 weeks. If the applicant is still unemployed, the daily allowance is withheld for 13 weeks. But during this period economic support can be claimed through the Social Care Act.

Decentralized social care

The Social Care Act is the second pillar of Norway's social system. The bill was put before the Storting in the spring of 1991 and will be adopted by the Storting this autumn. This new law is primarily a coordination of different forms of legislation which previously regulated each its own sector of social

care. There is broad political agreement on the content of this law.

In contrast to the national insurance act, this is not a law governing the duties of the state, but it imposes on the 19 counties and 440 municipalities a set of social obligations towards the local populace. The Storting allocates basic transfers over the fiscal budget so that the counties and municipalities can fulfil their obligations. It is the county's responsibility to establish centres for drug addicts; while the municipalities are responsible for other tasks, in accordance with the Social Care Act.

In each municipality the municipal council appoints a municipal social welfare committee with members from the different political parties. This committee has the overall responsibility for the social services, though under the supervision of the Ministry of Health and Social Services.

There are variations in how the laws are practised from one municipality to another. Both the funds available and the form of assistance vary. This is partly because both funds and access to qualified personnel vary from one municipality to another and also because the interpretations of the law may differ. In contrast to the stipulations of the Social Care Act concern the rights of the individual. The allocation of aid — according to the Social Care Act — is largely based on the judgement of the municipal social welfare committee and of the health and social services personnel. All those who apply to the Social Welfare Office for aid on account of housing problems, economic problems or practical assistance are entitled to have their applications processed and a decision made.

Those in economic difficulties and who are not qualified to receive national insurance can be given economic support by the municipality. Typical cases are young people who cannot find work after leaving school, and those who after 80 weeks of unemployment have no right to a daily allowance. Also those who work, but whose earnings are insufficient to cover the present high cost of accommodation and other living costs, can be given economic aid. This applies to many single supporters.

There has been an explosive growth in the number of applicants for social aid and public expenditure on in the social sector in recent years. This has

sparked some discussion on whether the applicants should be required to carry out some form of community work, and whether those who refuse to do so should be denied social assistance.

Not enough help to go round

An important sector of municipal operations, according to the Social Care Act is practical assistance in the home. All the municipalities have nurses and home helps who carry out practical work in the home. The aged/infirm, the disabled and those caring for aged infirm or for handicapped children can apply for such help. A charge is made for some of the services but most expenses are covered by the municipality. These practical forms of aid are not so readily available that they cover the need. In many municipalities there are far more applicants than there are funds to go round.

The social services in the municipalities must also help those who are dependent on alcohol or drugs to overcome their problem. One way of doing this is to secure them treatment at special institutions. Most of these are run by the counties while some are private, but receive aid from public funds. There is a serious lack of places at such institutions. Present social legislation permits of committal to an institution for those with a considerable drugs problem, if they do not enter the institution voluntarily. According to the new Social Care Act those committed for treatment can be kept at the institution for a period of up to three months.

Security in old age

Pensionable age in Norway is 67 years. After this everyone is entitled to an old age pension. Even those who have been housewives all their lives, or for some other reason have not had paid work, receive a minimum pension. For many of these it is difficult to live off this one source of income. Elderly, single women, on minimum pension, have particular problems. They can afford the rent in pensioner's accommodation, and have enough left for their food. But for those on minimum pension new clothes, holidays or recreation are a rare treat.

Those who have been in paid employment receive a higher pension. Its size is dependent upon how long they have worked and what their income was. Today most male, and an increasing

number of female pensioners have a right to full supplementary pension. This equals about half of what they earned previously. Those on very high salaries receive no pension rights for the higher part of their salaries, and for them the drop in income when they become pensionists is more abrupt. Although taxation for pensioners is not quite so high, those who live only on the normal old age pension must usually lower their standard of living when they retire.

Many of the bigger companies set up agreements with their employees whereby the company and/or the employee pay into a special pensions fund so that when retirement age comes they receive an extra pension in addition to their basic one from the state. All civil servants have an arrangement of this sort. Their pension then corresponds to about two thirds of their previous wage, a level which is fairly common for private pension schemes too. An increasing number of people take out private, insurance policies to cover their retirement.

On account of smaller families and increasing life expectancy, Norway expects a high percentage of old people in the years to come. There will be far fewer in the work force compared to the number of pensionists, particularly after the year 2010. This means that fewer will be contributing to the national insurance scheme and more will be living off it. There is a general consensus among politicians that the present insurance scheme is too expensive for the community. The rules establishing the size of pensions are therefore being revised. Those who have earned high salaries will receive lower pensions.

Varying conditions for the old

Care of the elderly in Norway is the responsibility of the municipalities. Most old people in Norway lead a good life with an acceptable economy. Though their income is less than previously, they usually have fewer expenses as they are no longer paying mortgages.

Seven out of ten Norwegians over 70 years of age are in good health and can look after themselves. 20 per cent are dependent upon practical assistance in the home, and 10 per cent spend their final years in an old people's home. Up to a few years ago a large number of nursing homes for the elderly were being built. Nursing homes are health institutions for the elderly and infirm. Unlike the hospitals, the nursing

homes provide no medical treatment. Many of the patients have gone into the homes on account of mental infirmity. A large number of the old people and their families do not consider these institutions a good place to spend one's final years. The staff is too small and the atmosphere too impersonal.

Few new nursing homes are being built in Norway. The emphasis is now on improving care of the elderly outside the institutions. A number of old people receive medical care and supervision in their own homes. They can also attend day care centres and have alarm systems installed which enable them to live in their own homes for as long as possible. Nevertheless, in the future many old people will spend their last years in an institution. In Norway there is no strong tradition of the young caring for their old. In the modern, urban society the old and the young often live far apart, and most Norwegian women have jobs outside the home. The possibility for providing private care is therefore much less than it was a few decades ago.

Children protected by the law

The Norwegian government has a special minister to attend to issues concerning children and families. His sphere of responsibility embraces nursery schools, child care and sexual equality.

The government also appoints for a four-year period a special ombud for children, with the responsibility for safeguarding children's interests in society. The children's ombud is not authorized to impose punishments or adopt measures, but to act as the children's "advocate", to criticize official organs, to make proposals and to participate in public debate on behalf of the children. 37 per cent of all Norwegian children under the age of seven attend a nursery school, but the need for such schools is by no means met. In most families with small children the mother also goes out to work, and there is an unfulfilled need for good, safe activity centres both for small children and for the younger schoolchildren outside school hours. It is the government's goal that within the next five years there will be places in nursery schools and after school centres for all those who would like them. Corporal punishment of children is forbidden in Norway. It is also illegal to sell alcohol or tobacco to children below a certain age. And of course it is a punishable offence to

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have sexual relations with children. Film and video tapes which are sold or hired out in Norway are subject to censorship and there is an age limit for viewing.

The most important law affecting children throughout their childhood is the Child Welfare Act. The municipal social welfare committee is required to observe the living conditions of children and young people — also in their own homes. If the committee, or those working at the social welfare office are informed by a teacher, nursery school teacher or a neighbour that a child is possibly being ill treated at home, a social worker must investigate the conditions in the home. If the child is being neglected, through physical ill treatment, lack of care and supervision, undernourishment etc. the authorities are to intervene with

measures intended to improve conditions in the home. The family can be placed under observation by a social worker and guidance, economic support or practical help can be given.

If these measures do not improve matters, the social welfare committee can take over the care of the child and remove it to foster parents or to an institution. A foster home consists of a private family which is paid to take care of the child. Usually, arrangements such as this are effected after an agreement has been reached with the child's parents. But the authorities can also take over the care of the child by force if the natural parents oppose the removal of the child. Very few children are taken from their parents in this way and there are strict rules governing such a procedure.

In a similar way the child welfare authorities can intervene even if the parents are caring properly for the child but where the child or young adult has major problems such as drug abuse, alcoholism, crime or serious mental problems. There is today a serious lack of trained personnel in the child welfare sector. The flow of people in to the major cities, increasing divorce, women's entry into working life, the growing recourse to alcohol and drugs — all these factors mean that some children do not have the sound and stable conditions that they need. The lack of qualified help and too few foster homes and institution places often mean that the authorities are not able to render assistance in time. It is often a far cry from the letter of the law to the reality that many children experience.

The author of the article, HILDE HAUGSCJERD, is sub-editor of "Dagbladet", Oslo.

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