Immunization

IMMUNIZATION

Immunizations

1993

6/28 Meeting with American Academy of Pediatrics – White House

10/21 Mile Square Health Center – Chicago, IL

1994

4/13 Video for Forum on Children's Issues – "Achieving the Dream: Health Care – Healthy Kids"

4/20 Immunization Week Event w/POTUS – White House

1995

4/21 Mary's Center for Maternal and Child Health Care – Immunization Event - Washington DC

10/17 Measles Announcement – Fifth Conference of Wives of Heads of State and of Governments of the Americas – Asuncion, Paraguay

1997

7/22 Column on Immunizations

Immunizations

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1997

7/22 Column on Immunizations

6/28/93

President's Park
& Penn. Ave. Plan

June 25, 1993

AMERICAN ACADEMY OF PEDIATRICS MEETING

DATE: June 28th
LOCATION: HRC Office
TIME: 11:00 a.m.
FROM: Kim Tilley, Candice Waldron

I. PURPOSE

To quiet the concerns of the American Academy of Pediatrics' and enlist their support of the health reform plan.

II. BACKGROUND

The American Academy of Pediatrics (AAP) is an organization dedicated to the health, safety and well-being of infants, children, and young adults. Founded in Detroit in 1930 by a group of 35 pediatricians, they established the AAP as an "independent pediatric forum" in which to focus on the health care needs of children. The Academy was foremost in recognizing the idea that children have special developmental and health needs, such as immunization and regular health exams. The Academy has approximately 44,000 members in the U.S., Canada, and Latin America.

Issues

According to Mike Lux, unlike most physician organizations, the AAP emphasize a very different set of issues, because their focus is on children. Overall, they are satisfied and view the Administration's health care plan as a positive effort. They believe, however, children's coverage should be phased in immediately, before universal coverage is ensured. Other issues they emphasize are: providing universal coverage as soon as possible, providing a comprehensive benefits package, specifically preventive coverage, and folding Medicaid into the health alliances. These are the most prominent issues likely to surface during the meeting.

Irwin Redlener further identified those issues of concern to AAP's membership:

- equitable reimbursement for a "very comprehensive" (i.e., EPSDT-like") children's benefit package;
- full availability of vaccine for all children, while still being able to capture a vaccine "administration fee";

- support for funds to ensure logistic and functional access to private practice pediatric settings for all children;
- limiting statute of liability for pediatric malpractice situation;
- easing of some CLIA regulations;
- limiting role of "alternative providers" of primary care for children (i.e, nurse practitioners, PAs should be under supervision of pediatrician, etc.);

Additional information on Dr. Redlener's view of their concerns follows.

III. PARTICIPANTS

Howard Pearson, MD - President
Betty Lowe, MD - Vice-President
George Comerci, MD - Vice-President Elect
E. Stephen Edwards, MD - Chairperson, Government Affairs
James Strain - Executive Director
Joe Sanders, MD - Associate Executive Director
Elizabeth Noyes - Director, Government Liaison
Graham Newson - Assistant Director, Government Liaison

IV. PRESS PLAN

Closed.

V. SEQUENCE OF EVENTS

Informal.

VI. REMARKS

Mike Lux recommended the following point be emphasized:

- the inclusion of child/preventive care in the benefits packages;
- the folding of Medicare into the health alliances;
- universal coverage will be provided sooner rather than later;
- the strong emphasis on primary care and less micro-management of doctors.

AAP MEETING: 6/28/93
Redlener
[redacted]

Political situation:

AAP was originally (i.e., April-May) very encouraged about what they heard about plan and benefits package for children. We had met extensively with them in a number of settings and were looking forward to active support from this organization. Support could include aggressive campaign to involve local peds and AAP chapters to talk up plan, to have materials available in their offices, etc. (Again, pediatricians make excellent and credible spokespersons).

At this time, however, there are some **concerns:**

1. AAP leadership may not necessarily reflect exactly where membership is on health reform in general. My experience in speaking with practicing pediatrician groups is that there is considerable anxiety about the notion of working in AHPs as currently conceived; there is serious expression of skepticism about the entire concept of Plans and Alliances from private pediatricians "on the ground".

2. AAP feels there is still hope for a fee-for-service, Matsui-like, "Children First" plan as a way of making rapid progress on access for children in a comprehensive and relatively low-cost demonstration by the government of (a) genuine reform effort and (b) real focus on children.

3. Academic pediatricians (not necessarily the AAP) are deeply concerned that "insufficient thought, planning and attention" has been paid to the role of academic centers and academic departments of pediatrics in the process of reform proposal development. Issues expressed to me highlighted lack of attention to the role of these centers in training and research as well as concern about what would happen to regionalized programs (like neonatal intensive care) and health services for poor and vulnerable special populations.

4. AAP leadership is concerned that simply articulating a "good" benefits array for children is not enough to get "active and enthusiastic" support from the Academy. Pediatricians and the AAP should be among the strongest and most vocal supporters of the Clinton Health Plan. Lack of active support would clearly be noticed.

The Associated Press

June 9, 1993, Wednesday, PM cycle

SECTION: Domestic News

LENGTH: 757 words

HEADLINE: Preventive Health Care Said Worth the Cost

BYLINE: By CAROLE FELDMAN, Associated Press Writer

DATELINE: HYATTSVILLE, Md.

KEYWORD: An Ounce of Prevention

BODY:

Daniel Cruz, 11 months old and crying vigorously, is a good example of why children should visit their doctors for regular checkups. Often something unexpected turns up.

Daniel was found to have an ear infection, a fairly common childhood ailment. But it just as well could have been something more serious - or could have developed into something worse.

On that point pediatricians can agree: Preventive health care pays off.

"If we get children immunized, we could expect to see a virtual elimination of a number of preventable diseases," said Dr. Robert F. St. Peter, coordinator of children and school programs for the U.S. Public Health Service's Office of Disease Prevention and Health Promotion.

"In the long run, we can look at changes in children's behavior that would reduce injuries, intentional and unintentional," he said. "Even further down the road, we could see significant reductions in cancer rates, heart disease rates, stroke."

President Clinton and Hillary Rodham Clinton have said their health care reform package will include some form of preventive care as a basic benefit. Still to be determined are things like the patient's share of the cost.

The promise of insurance coverage for well-child care is sure to be one of

the selling points of the Clinton plan.

Less than half of private insurance plans now cover regular checkups or immunizations for children, St. Peter said. Those that do sometimes have big deductibles and co-payments that act as a deterrent for parents.

There's no dispute that a dollar spent now on preventive care will be several dollars saved in the long run.

Dr. Howard A. Pearson, president of the American Academy of Pediatrics, ticks off the statistics compiled by the group:

-$ 1 spent on immunizations saves $ 10 in treatment for childhood diseases.

-$ 1 spent on prenatal care saves more than $ 3 in caring for low birth-weight babies.

-$ 1 spent to educate parents on ways to keep their children healthy provides "untold dividends" in preventing illness.

At the Belcrest Road Clinic in Prince Georges County, Md., a steady stream of parents and their children arrive for immunizations and pediatric checkups.

Barbara and Oscar De Aza, new to the area, saw something about the clinic on television and brought in their 10 -month-old daughter Janine. "She needs a checkup, and I thought she would need shots," Mrs. De Aza said.

The clinic was an inexpensive option for the De Aza family - fees are on a sliding scale based on a person's ability to pay.

The clinic concentrates on well-child care. But sometimes children brought in for a regular checkup or immunizations are ill.

During a routine exam, Daniel Cruz's mother reported that her son had a stuffy nose and cough and had not eaten the day before.

Dr. Nasim Sarwar, a clinic pediatrician, examined the crying toddler and discovered he had an ear infection and his chest was congested. She took a throat culture, prescribed an antibiotic and asked Mrs. Cruz to bring Daniel back in two weeks.

There also was some practical advice. Sarwar told Mrs. Cruz not to give Daniel a bottle of milk in the middle of the night, showing her a picture of decayed teeth for emphasis. She also said the necklace that Daniel was wearing was a safety hazard and should be removed.

"I emphasize everything," Sarwar said afterward. That includes a talk on how immunization prevents disease, the dangers of lead poisoning and the benefits of good nutrition.

"These days, every parent knows the child is going to need shots to go to school," she said. But not every parent gets them for their children.

Education, perhaps through public service ads, is needed, she said.

But it will take more than ads and guarantees of low-cost - even free - checkups and immunizations to get all of America's children into a doctor's examining room.

"People seem to think that all you have to do is pay for this and all the problems will go away," St. Peter said.

As it turns out, he said, "paying for it will be the easiest part." There are other substantial obstacles to overcome, most importantly educating parents and making the care accessible.

That means bringing doctors to neighborhoods that don't have them and providing better office hours.

"Every parent wants to do well by his or her children," said Dr. Julius B. Richmond, a professor of health policy emeritus at Harvard who served as surgeon general in the Carter administration. "If they don't know how, we have a societal obligation to try to help them learn how."

10/21/95

Youth

October 20, 1993

MILE SQUARE HEALTH CENTER

DATE: October 21, 1993
LOCATION: Mile Square Health Center
TIME: 10:05 am
FROM: Kim Tilley, Amy Nemko

I. PURPOSE

To support Rep. Cardiss Collins and to focus on women's health, preventive care, and responsibility.

II. BACKGROUND

Mile Square Health Center is a Federally Qualified Health Center and a joint venture of the Chicago Department of Health and the University of Illinois. Mile Square is located in one of the most needy communities in Chicago, situated among several public housing projects on Chicago's near west side. Once one of the nation's largest Section 330 Community Health Centers, Mile Square was closed but subsequently reborn with the help of Congresswoman Collins. Mile Square is well known throughout the West side, and provides a whole range of Maternal and Child Health services with a strong focus on education and prevention. Mile Square currently operates the REACH-futures program, a program which trains community residents as health advocates to empower women to take control of their own health. Neighborhood residents are recruited and trained in preventative health and then employed to go back into the neighborhood to educate their peers and neighbors. Your visit underscores the themes of prevention and responsibility. REACH-Futures is a five-year program supported by HHS's Bureau of Child and Maternal Health and the American Academy of Pediatrics, and is coordinated by the University of Illinois Hospital and Clinics and the Chicago Department of Health.

What You Will See

Your visit coincides with Mile Square's Child Health Week. An immunization initiative will be in progress during your visit, and the clinic will be busy. You will be in the conference room where mothers will bring their babies for immunizations, and will be positioned at the second of three stations, where babies will actually receive their shots. Some of the community advocates will be present in the room, as well. The clinic director noted that your visit will be very inspiring to the community workers, and will be one of the best things to happen to the west side of Chicago in years.

Position on Health Care Reform

Mile Square is in support of the plan, but is waiting to see how some of the practical details evolve. The center sits in the shadow of a huge medical complex (University of Illinois Hospital), and is hoping that the reform plan will put into place more centers like this one.

Sister Sheila Lyne

Sister Sheila Lyne is a good friend of Rep. Rostenkowski; he has had a close affinity with her for years. He thinks so highly of her that he has been known to leave a meeting to take a call from her. Sister Sheila is now the public health commissioner of Chicago, after serving as the Administrator of Mercy Hospital and Medical Center, which serves an inner city population.

One of the wings at Mercy is named after Rostenkowski.

III. PARTICIPANTS

Approximately 14 community advocates to attend.

Rep. Cardiss Collins
Dr. Cynthia Barnes-Boyd, PhD, RN, Executive Director
Dr. Javette Orgain, Medical Director
Sister Sheila Lyne, Commissioner of Health for the City of Chicago

State Politicians

St. Sen. and Committeeman Ricky Hendon
St. Rep. Arthur Turner
Alderman Dexter Watson

IV. SEQUENCE OF EVENTS

- Greeted by Sen. Hendon, Rep. Turner, and Alderman Watson; [NOTE: They have no formal role in this event];
- Proceed to conference room;
- HRC and Rep. Collins observe and interact as mothers bring their babies in to three separate stations: blood pressure, immunization, temperature;
- Work ropeline.

V. PRESS PLAN

Expanded pool press.

VI. REMARKS

Comments about how the health plan will affect community health centers and programs like this one would be welcome.

CITY OF CHICAGO DEPARTMENT OF HEALTH
THE UNIVERSITY OF ILLINOIS AT CHICAGO
ILE SQUARE HEALTH CENTER

2045 West Washington Boulevard
Chicago, Illinois 60612-2494
(312) 413-1789 Fax: (312) 413-7812

March 8, 1993

Mrs. Hillary Clinton
Health Care Reform
White House
1600 Pennsylvania Ave.
Washington, DC 20500

Dear Mrs. Clinton:

Accompanying this correspondence is an important informational video about a program in Chicago, Illinois. REACH-Future is a federal demonstration project currently funded under the Healthy Tomorrows Partnership for Children's Program. Major goals of the program include: 1) reduction of infant morbidity and mortality; 2) increasing immunization rates and 3) increasing client involvement in preventive health services.

Why am I writing? As I indicated, this project has been partially supported by federal dollars since 1986. Like many demonstration projects, REACH Future has made important discoveries about effective strategies for reaching underserved populations. Yet, to date, opportunities to disseminate information to the general public have been limited.

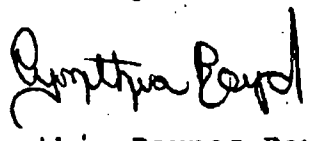
What do I want you to know? Only the following....

- The program retention rate in this project ranges from 76-83% in selected evaluation samples.
- The current immunization rate is 92%.
- The Infant Mortality Rate among REACH patients is 4.7 deaths/1000 live births.

What do I want you to do? In considering solutions to improve health systems in America, learn from demonstration projects that have been supported by federal dollars. There is a wealth of knowledge at your disposal. I would like to believe that our work has not been in vain. Thank you for the opportunity to share this information.

If you would like additional information about this project, please feel free to contact me at (312) 413-7810.

Sincerely,



Cynthia Barnes-Boyd, PhD,RN,FAAN
Executive Director
Mile Square Health Center
Clinical Assistant Professor
University of Illinois at Chicago

CBB/bew

cc: Congresswoman Cardiss Collins
Senator Carol Moseley Braun
Senator Paul Simon

Enclosures (2): REACH Information Video
REACH Fact Sheet

SENATOR PAUL SIMON

c. **How will Federally Qualified Health Centers be protected and people be assured of their services? (Federally Qualified Health Centers are organizations like community health centers that now get cost reimbursement under Medicaid and Medicare.)**

- For many in urban and rural areas, federally qualified health centers, community and migrant health centers provide the only access to health care services today. They play a critical role that we want to preserve.

- Under reform, health plans will contract with "essential community providers" so that all Americans – – regardless of where they live, what their income is, or what race or ethnicity – – will be guaranteed access to quality care.

- And, because everyone will be covered under our proposal, the patients that come to these clinics will now be paying patients – – at the same reimbursement rate as everyone else. This will provide a substantial boost in funding for these centers.

- Finally, we're increasing funding so that these centers can link up with other clinics in their area and with centers of excellence so that they can build their own community-based plans.

MISSION POSSIBLE

A Grass Roots Effort Fights For Survival Of West Side Infants

Cynthia Barnes-Boyd has a mission: reduce the high infant mortality rate on Chicago's Near West Side.

In 1988, the rate was a dismal 24.6 deaths in each 1,000 live births, higher than many poor countries. That compares unfavorably with a citywide rate of 15.2 and a national rate of 10.6. Since it serves as a measure of the overall health status of the community, the West Side's high infant mortality rate is a sad irony in the backyard of the city's renowned Medical Center District.

Barnes-Boyd, assistant director of nursing at the University of Illinois Hospital, is determined to improve neighborhood conditions. She directs a community-based health program for low-income women and infants living on the Near West Side.

The program relies on face-to-face contact. Nurses from the Hospital's Division of Parent and Child Health team up with community women who are trained to be local "health advocates." Together, they provide home-based health education to several-hundred pregnant women and their babies.

"Our goal is healthy pregnancies and healthy infants," said Barnes-Boyd.

The five-year program, called Reach Future, is supported by the U.S. Department of Health and Human Services Bureau of Child and Maternal Health and the American Academy of Pediatrics. Reach Future codirectors are Karla Nacion and Kathleen Norr, both faculty members of the UIC College of Nursing.

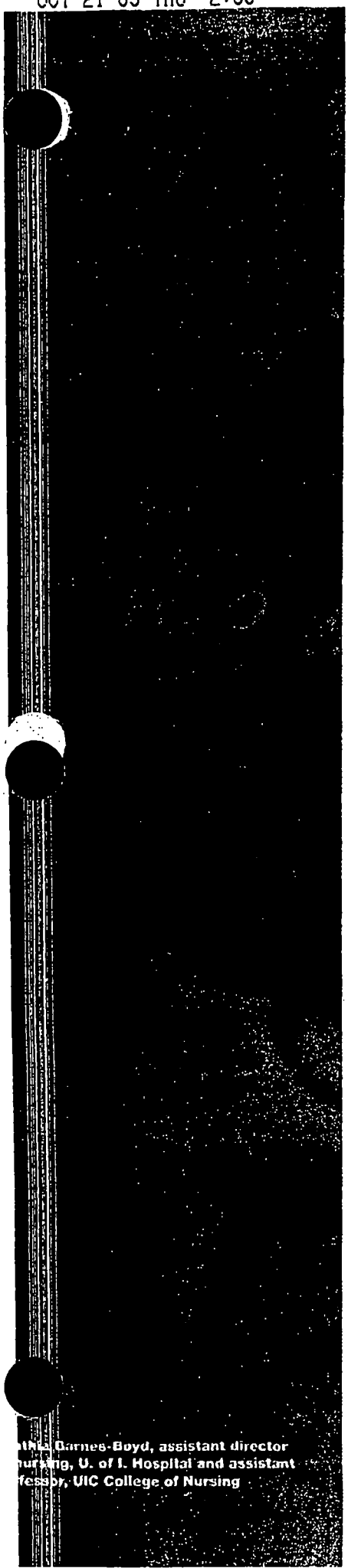
The program strives to save the high number of Near West Side infants who die before their first birthday.

"We approach this problem in two ways that differ from the traditional approach," said Barnes-Boyd. "First, we address not only the medical factors, but the socioeconomic factors that affect infant mortality, including poor maternal education, single parenting, parenting at an early age, and poverty.

"Second, we use trusted community residents who make actual home visits. Our experience shows that continuity and frequent contacts with clients are essential, but providing this level of service with doctors or nurses is costly.

"Our program brings the services of registered, professional nurses together with those of Near West Side residents who are specially trained by our staff to promote health and wellness," she said.

Like the women they serve, nearly all of the advocates live in low-income



...Barnes-Boyd, assistant director ...ursing, U. of I. Hospital and assistant ...fessor, UIC College of Nursing

. . . the West Side's high infant mortality rate is a sad irony in the backyard of the city's renowned Medical Center District.

The Reach Future program relies on face-to-face contact.

housing projects. They receive three months of training in nutrition, first aid, exercise, substance abuse and AIDS education, domestic violence, and other areas that affect the health of young mothers.

"Someone has to care," said advocate Alicia McDonald. "It's our community, too. You look around at the pain, and you know we have a whole lot of work to do."

Reach Future emphasizes frequent patient contact and close ties to community health and social service agencies. From the time a mother learns she is pregnant until the time her baby is two years old, she is visited at home by the same professional nurse and the same community health advocate.

The first step is enrolling the pregnant woman in a good prenatal care program, either at a nearby hospital or a Chicago Department of Health clinic.

"People ask why a woman who lives six blocks from a major medical center would not seek prenatal care on her own," Barnes-Boyd said. "There are many answers to that question, including no money, no transportation, no child care, and no insurance.

"In fact, these women are very concerned about their own health and their baby's health. But prenatal care is considered preventive care — and seeking preventive care when they're 'not sick' is the lowest priority for women who are dealing with issues of

Community health advocates Alicia McDonald (left) and Gail Dixon offer health care tips and support to new parents at the U. of I. Hospital.

basic survival."

The complexity of large urban medical centers is another obstacle, Barnes-Boyd said.

"For many poor and uneducated women, seeking health care in such a large system is very difficult. Registering and handling reimbursement matters can be intimidating and exhausting. The kinds of questions medical personnel are required to ask often are intrusive. Ultimately, the experience alienates many women, and they don't come back."

To overcome these hurdles, UIC teams help women apply for aid to pay for prenatal programs. They also help make appointments and arrange for transportation and child care so the women can keep their appointments. They help women understand prenatal health care instructions, especially about proper diet and the dangers of drugs and alcohol. Equally important, UIC teams help women understand the importance of taking time to take care of themselves as they cope with the demands of a job or caring for other children.

Once the babies are born, UIC nurses and health advocates visit patients' homes frequently to give physical checkups. They teach mothers the proper way to feed, clothe, and bathe their babies. And they help mothers learn how to play with their babies, assist development, and recognize signs of illness.

"We emphasize the importance of accepting and working with the resources a mother has," said Barnes-Boyd.

"If a mother has no crib, but she has a serviceable chest of drawers, we help her make a proper bed for the baby in a drawer."

Above all, program staff are trained to respect the cultural traditions of the black and Hispanic women they serve.

"We teach women to care for their babies within the dictates of their culture," said Barnes-Boyd. "If we say 'no' to cultural traditions, the door closes."

Such traditions may include cod liver oil teas, and other home remedies.

"If a traditional remedy is ineffective but also harmless to the baby, we respect the mother's cultural reasons for using it," she added.

"But if the remedy is harmful, we teach the mother a healthy alternative."

Community advocates also help mothers tap into YMCAs, local churches, and other community resources for help getting housing, utilities, and public aid. They include West Side Future, a network of state-supported social services that promote maternal and child health.

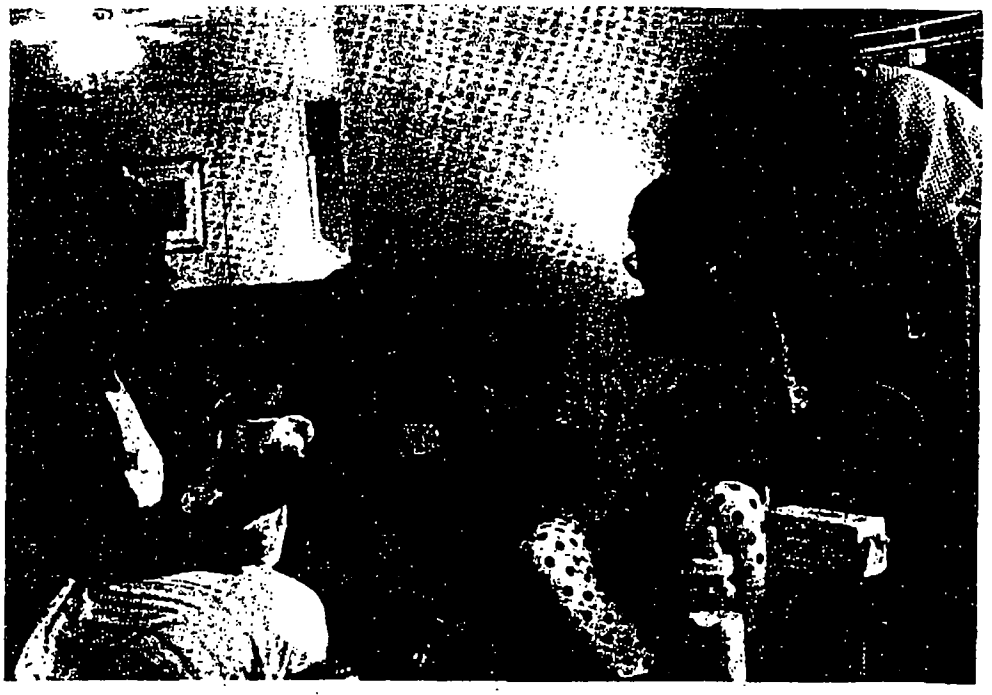
Barnes-Boyd recently completed her doctoral dissertation on how consistent follow-up care improves the survival rate, health, and development of infants in low-income black families. She believes the potential for the Reach Future approach to benefit other urban neighborhoods across the country is good, even in communities where professional resources are limited.

"This is a cost-effective alternative to traditional programs," she said. "It's more likely to succeed because it emphasizes community involvement."

Barnes-Boyd believes an urban university such as UIC is the ideal partner in such a program.

"Working together, university health centers and urban communities can tackle and reduce infant mortality," she said.

On Chicago's Near West Side, that message carries new hope. ◆



Glenda Burnett, Reach Future operations coordinator (left), and community health advocates visit a West Side mother at home.

"You look around at the pain, and you know we have a whole lot of work to do."

Biographical Sketch
Dr. Cynthia Boyd

Dr. Cynthia Boyd began her health professional career in 1973 as a diploma prepared registered nurse. She went on to complete her BSN and MSN at the University of Illinois. As a certified critical care nurse, she held a variety of administrative and advanced practice roles prior to completing her PhD in 1990. For 11 years, she held the position of Clinical Director of Nursing for the Parent/Child Health Division of the University of Illinois at Chicago.

Dr. Cynthia Boyd is currently the Executive Director of the Mile Square Health Center, a collaborative project between the University of Illinois and the City of Chicago Department of Health. In addition to the activities described, she has extensive clinical and research experience in multicultural and multiethnic environments.

Dr. Boyd is an Assistant Clinical Professor in the Department of Maternal/Child Nursing for the University of Illinois College of Nursing. Most often she serves as a mentor for graduate students who are embarking on careers in the health professions.

Dr. Boyd also directs the REACH-Futures program, a community based infant mortality reduction program, funded by the Department of Health and Human Services, the University of Illinois and the Harris Foundation. Through this program, women from low income communities are recruited, trained and employed as health advocates who assist families with new infants, women with substance abuse problems and teen parents among others. Dr. Boyd's research has included studies addressing utilization barriers, cultural alienation and health problems of importance to ethnic minorities.

Dr. Boyd is active on numerous health and social service committees and currently chairs the City of Chicago Mayor's Advisory Committee on Infant Mortality.

She has dedicated her career to improving access to health care and the health and well being of America's children. She has published, consulted and lectured extensively nationally and internationally on issues related to health, cultural diversity and management. She is listed in Who's Who of America's Women and in Who's Who in American Nursing. She has received numerous honors and awards including the:

Perinatal Association of Illinois "Award of Merit"

American Academy of Pediatrics "Bronze Award" for Clinical Research

"Excellence Award" from the Academy of Black Women in the Health Professions

March of Dimes "Outstanding Nurse Award"

Metropolitan Health Care Council "Outstanding Woman Health Care Manager"

In 1992, Dr. Boyd was inducted as a Fellow in the American Academy of Nursing for outstanding contributions to this field.

Despite her exhaustive list of accomplishments, Dr. Boyd does most things between the necessary burst of energy needed to care for her one year old daughter.

4/13/94

Women

FIRST LADY HILLARY RODHAM CLINTON
VIDEOTAPE REMARKS TO CHILDREN'S HEALTH FORUM
APRIL 15, 1994

[Acknowledgments: Eileen Norton]

Today we live in an age of great promise for our nation's children. For the first time in 60 years, we are poised at a moment in history when real health care reform is within our reach.

No one will benefit more from reform than the youngest among us.

Over the past 30 years, children have become unintended victims of a social and demographic revolution that has reshaped our most basic institutions. The result is a disturbing -- and ongoing -- pattern of neglect that is robbing more and more children of the physical, intellectual and emotional nurturing they need.

Just this week, the Carnegie Corporation issued a long-awaited report outlining the problems facing children aged zero to three. This comprehensive study illustrated the grim circumstances confronting millions of children across our nation today.

Too many American children grow up in poverty, without proper nutrition and health care. Too many American children live in families shattered by violence, substance abuse, or emotional instability. Too many children lack adequate child care. Too many children are deprived of the basic love and affection necessary for them to grow into healthy, functioning adults.

Of course, there is no single answer, no simple cure for all of these social ills. But there are opportunities for progress that we must not squander.

Foremost among those is health care reform. Because after all, good health affects almost every other facet of a child's life.

Today, 9.5 million children do not have health insurance. About 60 percent of children under two have not been fully immunized. One in five children had no contact with a doctor in 1992.

Now we have a chance to change that.

The President's approach to reform reflects his belief that

every American needs health security -- particularly children.

It guarantees private insurance with comprehensive benefits for every American and every family. The standard benefits package includes prenatal care, immunizations, well-baby exams, and preventive services for children, including vision and dental care.

The President's approach offers a comprehensive health education program for children from kindergarten through secondary school. It increases investments in school-based clinics. And it supports specific services targeted at high-risk communities.

Finally, under the President's approach, the National Institutes of Health will receive additional funding for new research aimed at improving preventive medicine, particularly for children.

You all know that a child's earliest experiences usually lay the foundation for later years. If we can guarantee children a healthy start in life, we will dramatically improve their chances of flourishing in school, of contributing positively to their communities, and of succeeding professionally when they are adults.

That's why health care reform is so important. It's not only about giving hope and opportunity to the next generation; it's about who we are, and what we stand for, as a nation.

Thank you for your concern, your ideas, and your help as we work to achieve this important goal.

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4/20/94

Convention on the
Rights of Women

THE WHITE HOUSE

WASHINGTON

TO: THE PRESIDENT
THE VICE PRESIDENT
THE FIRST LADY
MRS. GORE

DATE: April 20, 1994

RE: IMMUNIZATION WEEK EVENT

TIME: 11:00 a.m.

LOCATION: Rose Garden

NO. OF GUESTS: 200/Open Press

FROM: Ann Stock

==========

10:00 a.m. East Visitor's Gate opens for guest arrival. Guests proceed to Rose Garden.

10:45 a.m. THE PRESIDENT, THE VICE PRESIDENT, THE FIRST LADY, MRS. GORE and Secretary Shalala receive event briefing in the Oval Office.

11:00 a.m. THE PRESIDENT, THE VICE PRESIDENT, THE FIRST LADY, MRS. GORE, Secretary Shalala and Dr. Robert Johnson are announced from the Oval Office into the Rose Garden.

PROGRAM BEGINS:

-- MRS. GORE welcomes guests and introduces THE FIRST LADY.
-- THE FIRST LADY makes brief remarks and introduces Dr. Johnson.
-- Dr. Johnson makes remarks and introduces THE VICE PRESIDENT.
-- THE VICE PRESIDENT makes brief remarks and introduces Sec. Shalala.
-- Sec. Shalala makes remarks and introduces THE PRESIDENT.
-- THE PRESIDENT makes remarks.
-- Upon conclusion of remarks, THE PRESIDENT proceeds to signing table on stage and signs proclamation.

Program concludes and principals depart.

View Related Topics

APRIL 20, 1994, WEDNESDAY

SECTION: WHITE HOUSE BRIEFING

LENGTH: 4313 words

HEADLINE: REMARKS BY:
PRESIDENT BILL **CLINTON**
VICE **PRESIDENT** ALBERT GORE
HILLARY RODHAM **CLINTON**
TIPPER GORE
DONNA SHALALA, SECRETARY OF HEALTH AND HUMAN SERVICES
DR. ROBERT JOHNSON
IMMUNIZATION WEEK PROGRAM
THE WHITE HOUSE ROSE GARDEN

BODY:

MRS. GORE: (Applause.) We'll let everybody get settled. Would everyone take their seat, please.
Well, it's my pleasure to welcome you all today to the White House. It is encouraging to see so many friendly and enthusiastic faces, and we've all come together because we are united in our concern about children and giving them a very healthy start in life. And that is what this morning is about.
Immunization is a giant step in ensuring the health and well-being of our nation's children.
You know, in 1994 it's really outrageous to think that less than two-thirds of our nation's kids are immunized, particularly when we're talking about **immunizations** concerning illnesses that are preventable. I have worked for a number of years with Every Child By Two. I see Betty Bumpers is here, and she and Rosalynn Carter for years went around to educate parents and health departments about how important it was that parents take their children in for regular **immunization.**
Now, our children have a true friend in this administration. We're dedicated to helping them get that very healthy start, physically and emotionally. And one person who has fought tirelessly toward forming a society in which children and families will live healthier lives is our first lady, and I am very proud to introduce her, a child advocate, a true friend of our nation's families, a tireless volunteer for better health, our first lady, **Hillary** Rodham **Clinton.**
MRS. CLINTON: (Applause.) Thank you very much, Tipper, and thank all of you for being here. I'm pleased that Tipper mentioned Betty Bumpers. When my husband was elected governor of Arkansas, Betty came to me and said, "You've got to continue the work that was started on **immunization,**" and she has been a tireless champion and advocate for **immunization,** and Dr. Elders, when she was the head of our state health department, and many of you who have worked on the front lines to try to bring about **immunization** over the years. This is a very welcome day, indeed.
Last week the Carnegie Corporation issued a comprehensive report about American children, their condition, what was happening to them between the ages of zero and three. It was a stunning report in its analysis of the problems that we face, and I must say it was a depressing report because it outlined in unmistakable terms how we have failed our children in so many ways. And among the ways that were pointed out is our failure to ensure that every child has a healthy start in life.
What could be more important to a family, to a country, than ensuring that small children have the opportunity to grow into healthy and responsible adults? It is so obvious to those of us who are here today that children need to be a priority, that I am pleased we are facing up to the statistics that demonstrate they have not been.
Today only 64 percent of American children are fully immunized by the time they are two. The rate is worse for children in poor, underserved communities where as many as 50 percent do not receive their **immunizations** before the age of two, and I have visited the hospitals and the communities where the failure to immunize has lead to measles epidemics, for example, where we have paid millions and

millions of dollars in health care to try to ameliorate and cure a problem we could have prevented. Many parents are not even aware that 80 percent of **immunizations** are needed by the age of two. We have no standardized system for monitoring vaccinations or notifying parents when vaccinations are due, and often health care professionals do not track their own patients to make sure vaccinations are up to date. There are not enough clinics and practitioners to serve the children who need **immunizations.**
Our failure to immunize is not only wrong; it is expensive. We save more than $21 for every dollar spent on the measles, mumps, Rubella vaccine. We save more than $30 for every dollar spent on DPT -- diphtheria, pertussis and tetanus. We save more than $6 for every one dollar spent on polio vaccines.
Vaccinating children is not rocket science. The United States has the third-worst rate of **immunization** in the Western Hemisphere. Countries that are much poorer than we, countries with a far less developed health care system and far fewer practitioners, somehow manage to get their children immunized. And it is a very important day today when we finally acknowledge that we can do that as well in our country.
I want to introduce now someone who is on the front lines of the health care system and knows firsthand the cost of denying our children the health care they need. Dr. Robert Johnson is a pediatrician from Newark, New Jersey. He witnesses daily the unfortunate effects of children not receiving adequate and full **immunizations.** He sees children of all ages at the Children's Hospital of New Jersey. He also attends to children on a regular basis at the adolescent health center called The Door in New York City which he co-founded.
In addition to his clinical work, Dr. Johnson is a professor of clinical pediatrics and director of adolescent and young adult medicine at the University of Medicine of New Jersey. In 1976, he founded that institution's Division of Adolescent Medicine, and it's important to stress adolescence and even college-age students because the failure to be immunized by the age of two has led to many of the outbreaks that we see on our college campuses in the last years.
We are very pleased to have Dr. Johnson with us today, and look forward to hearing his message. (Applause.)
DR. ROBERT JOHNSON, PEDIATRICIAN: Thank you, Mrs. Clinton, for that very kind introduction. I'd like, first of all, to thank the president and his administration for giving me this opportunity to talk about what our commitment should be in our country to our children -- an opportunity to make sure that every child in this nation has a healthy start.
In the last 50 years, **immunization** has proven to be one of the most important advances that we have been able to make to ensure the health of the American public. Now, the immediate goal of **immunization** is the prevention of disease for a particular individual. The ultimate goal is the eradication of disease for the entire population -- that is, a particular disease.
In October of 1977, we had apparently won the battle with small pox, and a year later, we were able to predict that by 1982, we would equally win the battle with measles. Measles would no longer exist. It is a disgrace that, as I stand here before you, a measles epidemic rages in many of the larger cities in my home state. Indeed, since 1986, New Jersey has experienced five major measles outbreaks -- and this may be the sixth. And in many of these outbreaks, the focus of infection was found in un-vaccinated, pre-school children.
Now, this trend mirrors what's occurring to children all over the country, especially -- as we've heard -- children in inner-cities and in areas where poverty and lack of access prevents the achievement of **immunization** goals. As a nation, we are far from achieving the goal of 90 percent **immunization** by age two. In most states, this goal is not only not achieved in inner-city populations, but all populations as well. In New Jersey, again, in our most affluent areas, only 70 percent of children are immunized by age two, and in our inner-city areas, as few as 19 percent of children are immunized by two years of age.
Now, let's put some meat on those statistics. What does this actually mean? Well, in the last measles epidemic in Jersey City, 66 percent of all cases occurred among children under the age of two years of age. Eighty percent of those children were individuals who were in minority groups and groups where there is a lack of access to health care. Forty percent of those children required hospitalization. Hospitalization because they were so sick for a disease that many of us think as a childhood disease is not very serious. Nationally, during that epidemic which ran from 1989 to 1981 (sic), there were 55,000 cases of measles, 11,000 individuals had to be hospitalized. That translates into 42,000 hospital a day and 166 deaths -- deaths from an illness that is completely preventable.
Indeed, it is mysterious why such a well-recognized and effective preventive measure is still inaccessible to children in our country. Medicaid and many health care plans cover recommended childhood **immunizations,** but as many as 50 percent of commercial health plans don't provide coverage for this needed health care measure. Those families are required to either come out of their pockets for these

expenses or go to public clinics that are many times inconvenient, especially for working families, and as a result, **immunization** is denied. And **immunization** that is delayed and denied is a potential disaster that's brewing among our childhood population, especially in pediatrics where disease spreads so rapidly.

These low **immunization** rates and increasing outbreaks of preventable diseases like measles are symptomatic of a larger problem which allows so many of America's children to fall through the cracks, failing to reach the full potential which should be equally accessible to all children in our country. One of the most notable aspects of this administration has been the value it has placed on the protection of the health of our children. The Vaccines for Children program and the high priority placed on children in the president's health care reform plan have been an impressive and an important beginning.

Surely the success of health care reform must be measured against our youngest citizens. If we fail to give them our best, we will miserable imperil our future. Ultimately, parents, health care providers, public health officials, politicians must take responsibility to ensure a bright future for all of our children. First and foremost, this includes making sure that every child in America has equal access to **immunizations** against preventable diseases.

This proclamation that will be signed today is a bold step in that direction. Mr. President, I wish to thank you and congratulate you for the tireless efforts that you are making on behalf of America's children.

And now it is my pleasure -- (applause) -- and now it is my pleasure and honor to introduce the vice president of the United States, Al Gore. (Applause.)

VICE PRESIDENT GORE: Thank you. Thank you very much, Dr. Johnson. I was asked to say some words about how our efforts here relate to and fit into the global battle for **immunization.**

Before doing that, I'd like to acknowledge a couple of other people. In addition to those who are here on the podium, I would also like to acknowledge Senator Ted Kennedy, who has been a leading advocate in the Congress, along with Senator Tom Harkin, who chairs the subcommittee on these matters. Also, Senator Arlen Specter who is here, Representative Tony Hall, who is present, and Representative Eva Clayton, Representative Louise Slaughter, and Representative Ron Wyden.

I'd also like to acknowledge Mrs. Lori Riegle, who has worked with Tipper and Betty Bumpers and others in the Every Child Under Two program, and Don has been a real advocate on these issue as well.

From the administration, I'd like to also acknowledged Dr. David Satcher, who is my fellow Tennesseean and heading up the Center for Disease Control; Surgeon General Joycelyn Elders, who has been such a tireless advocate for these matters; and Secretary Dick Riley, who as governor, and now a member of the Cabinet, has been very active; Carol Bellamy, director of the Peace Corps, who is playing a key role in the international effort and the U.S. efforts to lead our worldwide struggle; and Eli Segal, president of the National Service Corporation; Dr. Mohammed Achter (sp), the DC commissioner of public health; and Roger Johnson from the GSA.

And may I also acknowledge former surgeon general Antonia Novello, who did an outstanding job in this area as well.

Several people have made the point that our efforts here in the United States will over the long run come to naught unless there is progress in the world as whole. Luckily there is progress in the world as a whole. Last week Tipper and I were in Morocco for the GATT conference. Actually, we were in the airplane more than we were in Morocco. You know the old line about airplane travel being nature's way of making you look like your passport photo. (Laughter.) But all that time on the airplane did give us some time to think and talk. And in Morocco we found that it is a success story when it comes to **immunizations.** Child deaths there have dropped by over 50,000 and they're still falling, mostly due to increased **immunizations.** And of course Morocco is not alone. China, Vietnam and Oman have all immunized over 90 percent of their children under the age of one. These are dramatic success stories. Even in Somalia, a country whose civil strife has dominated the headlines, the amount of children who receive vaccinations has been rapidly rising.

It is a positive and optimistic trend. The proportion of the world's children vaccinated against the six major vaccine-preventable diseases increased from 20 percent in 1980 to 80 percent in 1990. Today vaccination programs prevent close to three million deaths per year from measles, neo-natal tetanus and pertussis.

But we're not done, of course. The other day, as others have noted, I saw that only 64 percent of two-year-olds here in the United States were fully immunized against preventable childhood disease. How should it make us feel as Americans if we look at these optimistic trends worldwide and then look at our own country and see that we're nowhere near to where we should be? We ought to be leading the way and demonstrating success, making our country an example for the rest of the world, protecting our

kids in the process, and that's what -- well, really that's why we're here today, to help change that, to build on the progress that has taken place but to acknowledge among ourselves as Americans how much more we have to do. We've got to do better. The group under two might just be the most important group to immunize, and we will do better.

I'm happy to see that this administration has been demonstrating such progress. May I also say that I have been paying attention to this mainly because of Tipper for several years. We know what it's like to stay up all night with a child who has the chickenpox, and I know what it's like to see the progress made in the programs that Tipper's been involved in, as the first lady, as Tipper mentioned, has been for many years.

Our children are simply too important not to divert all our energies to making sure that every single child is fully vaccinated. That's why we're so committed to this event. At the World Summit for Children in 1990, over 150 countries pledged to improve the lives of our children by setting realistic goals. The world's goals are eliminating poliomyelitis by the year 2000, eliminating neonatal tetanus by 1995, dramatically reducing measles cases. We won't stop until these goals are met. We will do it one child at a time. And that's what we're doing today, a little bit later, with two parents and one beautiful child.

And to talk about how we're going to do this in every state, it's my privilege to introduce someone who has been tireless and boundlessly enthusiastic. I'll tell you, when I saw her -- when the president and I saw Donna Shalala the day after Wisconsin won the Rose Bowl -- (laughter) -- the only thing I could think of was the last time I had heard her talk about childhood **immunization.** (Laughter.) It was basically the same enthusiasm and dedication and spirit, and if you don't think she is serious about getting this done, you just listen to her.

Ladies and gentlemen, Donna Shalala. (Applause.)

SEC. SHALALA: Thank you very much, Mr. Vice President. I appreciate the nice words and the stool. I was actually a foot higher before I came to Washington. (Laughter.) Mr. President, we're here today because we care about our future, and our children are our future. The future of our country, though, is in jeopardy if we don't do something about childhood vaccinations, because the future of our country is today a 16-month old baby in New Mexico who has birth defects because of German measles; the future of our country is a two-year old girl in New York who has brain damage because of meningitis; the future of our country is a four-year old in Washington, DC who got measles in the 1991 epidemic and is now in special education.

The initiative that we're announcing today is going to build a better future for all of our children. The president is really taking a bulldozer and knocking down all of the barriers that parents face in immunizing their children before they're two -- barriers like a lack of information, like lack of access to a doctor, like the high cost of vaccines. Science has told us that we need to get our babies immunized. We need to make **immunization** a routine part of a child's life up to the age of two. Our goal is to immunize 90 percent of all pre-school age children with the most important doses by the year 1996. And by the end of the decade, 90 percent of young children must receive all of their doses if we're to meet our international goals.

And this is how we're going to do it. First, this administration and the Congress have established the Vaccines for Children program. This program provides free vaccines for the neediest children in our country in both public and private health clinics and in private doctors' offices throughout this country. Second, together we've tripled funding to cities and states so they can keep clinics open later in the evening, so they can enhance services in under-served rural and urban areas. We're giving money to the states to develop computerized reminders so that parents are notified to bring their children back for shots. And finally, we've launched a major national outreach effort to get the message to every parent. We've come up with new public service announcements -- initially in English and Spanish, and eventually in many languages -- to shower parents with the information that they need. We're taking every creative opportunity that we have to stamp our message about **immunization** on products sold for infants and toddlers, on everything from baby food to diaper boxes.

We've also teamed up with local health departments, with pediatricians and with nurses, with civic and religious organizations, and with thousands of volunteers. Together, we've mobilized grassroots efforts for Infant **Immunization** Week and really beyond. Together, our efforts are going to reach to every town and community in America. And I think our work will show again the spirit of national service that has taken root in the 1990s.

Mr. President, this initiative has more friends than Barney. (Laughter.) Everyone from major league baseball to Sesame Street, from Telemundo (ph) Television to the Congress of the National Black Churches. American business has adopted America's children. Together, these uniquely American voices

demonstrate that America has heard the timeless message of the famous African proverb that it takes an entire village to raise healthy children.
Thank you very much. (Applause.)
And now it's my honor and great pleasure to introduce America's children's best friend, the president of the United States. (Applause.)
PRESIDENT CLINTON: Thank you very much. Thank you. I want to thank all the people who have participated in this wonderful program today and all of you who worked to put it together. I want to say a special word of appreciation to Secretary Shalala, who is the owner of a current Mustang. (Laughter.) You know, when we have events like this, sometimes I think that the people who are on the stage ought to be out in the audience and the people who are in the audience should be up on the stage. Because by and large, by the time we have an event like this, what we're doing is announcing something that the rest of you have been trying to get us to do for five or 10 years. So I want to begin by just saying to all of you who have labored so long in this field -- the members of Congress, the people in our administration, to the citizens groups -- I'm sorry Mr. Carter couldn't be with us today, but I'm glad Mrs. Bumpers and Mrs. Riegle are here -- to the advocacy groups -- our friend Marian Wright Adelman, the head of the Children's Defense Fund -- and so many others who are here. You made this day possible, and we thank you all for it.
The second thing I'd like to do is to thank people like Dr. Johnson, who are actually out there doing something about all these poor kids that a lot of other people just talk about.
If you think about what the vice-president and what others said about the comparative global statistics in **immunization** and the trends and you think about how many other areas there are like that when our country, even though we have a very powerful economy and, thank goodness, a growing one with growing jobs, when we still have these continuing problems, we really, for reasons no one fully understands, continue to resist disciplined community-based organizations where we all look after one another without regard to our race or our income. We're just not as good at it as we ought to be, and we talk about it a lot better than we do it. And I think we all have to admit it.
But we are trying to do better, and this is a truly remarkable initiative. This gives us a chance to put all of our actions where our words are. Under our plan, everyone of the things we could ever think of to do to get kids immunized will be done. And I appreciate what Dr. Johnson said about our health care plan, because we also try in the health care plan to take care of the needs of our children and to do more primary and preventive work. And that goes along with the work that Senator Kennedy and others have spearheaded to try to expand the reach of Head Start to even younger children and to approve its quality. We have got to do a better job of dealing with the health, the nutrition, the educational and the emotional needs of our very youngest children if we expect to have the kind of future that American deserves.
Again let me say to all of you I am profoundly grateful for the work that has been done. I would be remiss if I didn't mention one of my pet projects, the national service program, Americorps. Last year, 87 of our national service participants in our very first summer of service helped to immunize over 100,000 children in Texas, and it was a pretty good investment. (Applause.) So we will keep doing that. We'll keep working at it. Dr. Satcher, Dr. Elders and others will keep spreading the word. But we know in the end our ability to succeed depends upon the ability of grass-roots-based community organizations to reach everybody in a disciplined way.
When I saw Secretary Riley sitting out here, I learned over to Hillary and I said -- you know, you would think that as long as we've been married we've asked and answered all the questions -- I said, "Did you ever get any shots in school?" (Laughter.) And she said, "Yeah, I did." And I got my shots in school. That's where I got them. And then I got to thinking, listening to everybody talk, that our generation, all of us baby boomers who are often known for other things, have a great debt to the **immunization** movement. We were the first generation of children in the very first year to be immunized against polio. My daughter cannot imagine what it's like to go to school as a first-grader and be terrified that your going to get polio and spend the rest of your life in a iron lung. But all of us grew up with that. Surely those of us who have tangible personal experience on the benefits of **immunization** can at long last solve this problem.
When I was a young man, I read a book by a Southern author named James Agee about the Great Depression called "Let Us Now Praise Famous Men." Some of you may have seen it. It also has some of the most astonishing photographs ever taken by an American photographer, a man named Walker Evans. In this book, James Agee said something that I have carried with me for a long time now, and I'd like to close with these remarks and then get on with the business at hand. He said: "In every child who is born, no matter what circumstances and no matter what parents, the potentiality of the whole human race is

born again, and in him, too, once more, and of each of us, our terrific responsibility toward human life, toward the utmost idea of goodness of the horror of error and of God."
That is what we are here about today, and we are bound to do a better job.
I now want to sign a proclamation designating National Infant **Immunization** Week, and once we've done that, we're going to see an example of what it is we're all talking about. We're going to see the first infant of the week being immunized right up here by Dr. Mohammad Akhter, the public health commissioner of the District of Columbia, with -- the parents are Laura Love (sp) and Howard Morris (sp), right? And their wonderful little daughter Elizabeth. And for all of you who are squeamish, relax. She is not going to be immunized with a shot. (Laughter.) For all of us who had only shots in **immunization,** we sort of resent it, but -- (laughter) -- modern medical practice has permitted the public alleviation of pain.
So let me sign the proclamation, and then we'll have the **immunization.** (Applause.)
(The president signs the proclamation.)
END

LANGUAGE: ENGLISH

LOAD-DATE: April 20, 1994

Arkansas Democrat-Gazette

April 21, 1994, Thursday

SECTION: NEWS; Pg. 8A

LENGTH: 204 words

HEADLINE: CLINTONS INITIATE NEW DRIVE FOR VACCINATION OF CHILDREN

BYLINE: RANDY LILLESTON, Democrat-Gazette Washington Bureau

BODY:

WASHINGTON -- A renewed childhood **immunization** drive, long a goal of several Arkansas public figures, began Wednesday with the assistance of the first family.

President Clinton, first lady **Hillary** Rodham **Clinton** and dozens of community activists attended a Rose Garden ceremony to mark the start of what the administration claims will be the most sweeping **immunization** drive in U.S. history.

"My daughter cannot imagine what it's like to go to school as a first-grader and be terrified that you're going to get polio and spend the rest of your life in an iron lung," Clinton said. "Surely those of us who have tangible, personal experience from the benefits of **immunization** can at long last solve this problem."

The program seeks to raise the current 66 percent level of basic vaccinations for 2-year-olds to 90 percent by the year 2000.

The administration's budget proposal for next year includes $ 1.01 billion for vaccinations, up from $ 599 million in fiscal 1993 and $ 813 million in 1994.

An increase in vaccinations long has been a goal of Betty Bumpers, wife of Sen. Dale Bumpers, D-Ark. When her husband was governor (1971-74), she established a statewide **immunization** program that became a model for the nation.

LANGUAGE: ENGLISH

LOAD-DATE: August 28, 1996

The Times Union (Albany, NY)

April 21, 1994, Thursday, THREE STAR EDITION

SECTION: MAIN, Pg. A1

LENGTH: 819 words

HEADLINE: CLINTON UNVEILS PLAN TO IMMUNIZE CHILDREN ONLY TWO-THIRDS OF KIDS IN U.S. GET THE SHOTS THEY NEED THE INITIATIVE WILL FOCUS ON CITIES

BYLINE: ANGIE CANNON Knight-Ridder

DATELINE: WASHINGTON

BODY:

President Clinton on Wednesday unveiled an aggressive plan to immunize millions of young U.S. children particularly in cities where large numbers remain unprotected.

Only about two-thirds of children younger than 2 now receive all the **immunizations** they need. The record is far worse for inner cities, where recent research indicates that half of the children have not been immunized against preventable diseases.

"We've got to do a better job of dealing with the health, the nutrition, the educational and emotional needs of our very youngest children if we expect to have the kind of future that Americans deserve," Clinton said during a ceremony at the White House Rose Garden.

A recent report from the Carnegie Corp. of New York concluded that U.S. children are among the least likely in the world to be immunized.

Childhood vaccines prevent such infectious diseases as polio, measles, diphtheria, mumps, pertussis, rubella, tetanus and hepatitis-B.

A national measles epidemic from 1989 to 1991 resulted in more than 55,000 reported cases, 11,000 hospitalizations and 166 deaths, said Dr. Robert Johnson, a pediatrician in Newark, N.J.

Hillary Rodham **Clinton,** who has made childhood **immunization** a pet project, said: "Vaccinating children is not rocket science. The United States has the third worst rate of **immunization** in the Western Hemisphere."

The plan's two main goals are:

Increasing initial vaccination levels from 65 percent to 90 percent of all 2-year-olds by 1996.

Guaranteeing that 90 percent of all 2-year-olds get all required vaccines by 2000.

To accomplish that, the President proposes spending $ 1 billion on childhood **immunization** in fiscal year 1995, which begins Oct. 1, up from $ 813 million in the current budget and $ 599 million in the 1993 budget.

The fiscal 1995 budget also calls for spending $ 209 million to improve delivery of vaccines. That's five times the amount spent in 1993.

"We are taking every creative opportunity we have to stamp our message on everything from baby food

to diaper boxes," said Health and Human Services Secretary Donna Shalala.

"This initiative has more friends than Barney," she said, referring to television's purple dinosaur popular with toddlers.

To achieve his **immunization** goals, Clinton is proposing:

Free vaccines for needy children. About 9.5 million children have no health insurance.

Increased funding for cities and states to improve delivery of vaccines, such as opening new public health clinics and expanding staff at current clinics.

Grants for states to develop systems to remind parents when vaccinations are due.

Getting the word out to parents via print and broadcast public service announcements.

Part of the reason so many youngsters don't get their **immunizations** is that there are too few clinics and inconvenient clinic hours and locations. The vaccinations are also expensive a full series costs $ 280, up from $ 15 in 1980. And many parents don't know that 80 percent of **immunizations** are needed by age 2.

In a report made public Tuesday, the Institute of Medicine, part of the National Academy of Sciences, said data from the federal Centers for Disease Control and Prevention show that vaccination problems involve not only the poor but also all racial, ethnic and economic groups.

In 1992, for example. 75 percent of all 2-year-olds not immunized against measles were white, and 72 percent were in families with incomes at or above the poverty line.

According to the New York Times, the panel recommended that states, which bear primary responsibility for assuring public health, should mount campaigns to vaccinate younger children, including the use of computerized tracking systems of **immunization** records that could be used for as a follow-up for individual children.

Doctors and clinics also have to do a better job of tracking the **immunization** status of children and reminding parents when their children need each inoculation in the series of 15 or so shots required from birth to 2 years of age. the report said.

Doctors also need to re-examine such practices as only giving vaccinations on specially scheduled visits, which can be inconvenient. This can lead to missing opportunities to give shots during other office visits, the panel said.

In addition, health agencies need to establish programs that remove barriers to proper vaccination, the panelists said, including plans to keep clinics open at night and on weekends for working parents, and multicultural programs to reach ethnic groups about the importance of **immunization.**

The panel said more than 90 percent of the children in the United States are properly vaccinated before the age of 5 because it is required for school attendance.

For more information, parents can call 1-800-232-2522 or 1-800-232-0233 (in Spanish) to find out about **immunization** services in their communities.

GRAPHIC: Associated Press **PRESIDENT CLINTON** holds up a bib Wednesday whilepromoting a children's **immunization** plan in the White House Rose Garden.,

LOAD-DATE: December 1, 1994

The Washington Times

View Related Topics

April 21, 1994, Thursday, Final Edition

SECTION: Part A; NATION; Pg. A4

LENGTH: 495 words

HEADLINE: Baby pops Clinton's PR pill for vaccines

BYLINE: Frank J. Murray; THE WASHINGTON TIMES

BODY:

For perhaps the first time in his administration, **President Clinton** yesterday didn't have to share the pain of someone he met.

Mr. **Clinton, Hillary** Rodham **Clinton,** who was sporting a $17 spring hairdo, and other top administration newsmakers were upstaged by a baby girl at a Rose Garden event dramatizing public relations initiatives to increase childhood **immunization.**

"We talk about it a lot better than we do it. . . . This gives us a chance to put all of our actions where our words are," Mr. Clinton said just before 11-month-old Elizabeth Morse peacefully accepted a dose of polio vaccine from D.C. Public Health Commissioner Dr. Mohammed Akhter.

"For all of you here who are squeamish, relax. She is not going to be immunized with a shot," Mr. Clinton joked. "Modern medical practice has permitted the public alleviation of pain."

Elizabeth is the daughter of Washington lawyers Howard Morse and Laura Loeb, both 34, who live in Potomac.

She was selected through "a friend of a friend," in her father's words, to humanize an effort to increase early **immunizations**. Her mother is in private practice at Hogan & Hartson and her dad is a career official at the Federal Trade Commission, where he is assistant director of the bureau of competition.

"She's hoping to have her meeting with the president this morning do for her career what his meeting with Jack Kennedy did for his," Mr. Morse said after returning to his FTC office.

The **immunization** with oral vaccine was the pictorial highlight of a ceremony largely devoted to unfavorable comparisons of U.S. vaccination rates with those of other countries. Also attending were Vice President Al Gore, Tipper Gore, Health and Human Services Secretary Donna Shalala, Education Secretary Richard Riley, several senators and Childrens' Defense Fund President Marion Wright Edelman.

"The campaign aims to increase from 65 percent to at least 90 percent the number of 2-year-olds completely vaccinated by the year 2000," a White House statement said.

"We really, for reasons no one fully understands, continue to resist disciplined, community-based organizations where we all look after one another without regard to our race or our income," Mr. Clinton said.

Mrs. Clinton said there was little effort spent on tracking **immunizations.**

"Vaccinating children is not rocket science," Mrs. Clinton said.

Although the administration's original plan was to have the government provide free vaccines to all, a more limited plan was passed that will cost $585 million over five years.

It includes mandatory spending to cover 11 million children beginning Oct. 1, when children on Medicaid also would be covered for vaccinations. Vaccine prices will be controlled, and children whose health insurance does not cover **immunizations** could get free vaccine at federally funded community health centers.

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1994

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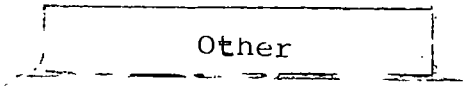
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April 20, 1995

MEMORANDUM FOR HILLARY RODHAM CLINTON

FROM: **Liz Bowyer**
SUBJECT: **Briefings for Friday, April 21**

Immunization Event
-Briefing
-Profiles of discussion participants
-Fact sheets on National Infant Immunization Week and childhood immunization

Videos
-Briefing

Reception for the Financial Women's Association of New York
-Briefing
-"Hillary Clinton Fights Back with Punch Lines," New York Times, 9/92
-Guest list

Remarks
-Immunization event
-Videos (final remarks will be forwarded Friday morning)
-Financial Women's Association

April 20, 1995

IMMUNIZATION EVENT
AT MARY'S CENTER FOR MATERNAL AND CHILD CARE

DATE:	**Friday, April 21**
TIME:	**10:00 am**
LOCATION:	**Mary's Center for Maternal and Child Care**
FROM:	**Liz Bowyer, Jennifer Klein**

I. PURPOSE

To promote the importance of early immunization and recognize National Infant Immunization Week by visiting Mary's Center for Maternal and Child Care with Secretary Shalala, Dr. Henry Foster and Eleanor Holmes Norton.

II. BACKGROUND

This visit to Mary's Center, a maternal and pediatric health clinic in Adams Morgan, will serve as the kick-off event for National Infant Immunization Week (April 22 - 29). Your visit will include a tour of the center's immunization facilities and a roundtable discussion with parents, Dr. Foster, Secretary Shalala and Eleanor Holmes Norton. The primary purpose of this event is to:

- Promote the importance of age-appropriate immunization (with a particular emphasis on parent education);
- Highlight a successful, community-based immunization effort in the District;
- Emphasize the Clinton Administration's commitment to children's health and the President's goal to eliminate vaccine-preventable diseases in children nationwide.

This event is also an opportunity to show the Administration's support for Dr. Foster before his nomination hearings begin on May 2nd. The event will allow the public to see Dr. Foster as a doctor and educator, participating in an initiative that he would be involved in as Surgeon General.

National Infant Immunization Week

As you know, President Clinton signed a proclamation recognizing National Infant Immunization Week at a Rose Garden ceremony last April, as part of the Administration's outreach campaign to promote early immunization.

Discussion

After a brief tour of the center's immunization facilities, you will proceed to a roundtable discussion with Dr. Foster, Secretary Shalala, Eleanor Holmes Norton and approximately eight mothers with small children. Maria Gomez, executive director of the center, will open up the discussion and introduce Dr. Foster. Each of you will make brief opening remarks, followed by a discussion with the parents, all of whom are regular clients at Mary's Center and have had their children immunized there. The remarks have been divided into the following topics:

Del. Norton: Brief remarks about Mary's Center

Dr. Foster: The importance of preventive health, particularly early immunization

Sec. Shalala: Overview of the Childhood Immunization Initiative and National Infant Immunization Week

HRC: The immunization effort as part of the Administration's larger commitment to investing in America's children

The discussion will focus on the importance of preventive health in general and immunization in particular. The parents will talk about the preventive and primary care services they have received at Mary's Center, and discuss barriers to proper immunization, including lack of parental education, language barriers, limited access to primary health care, overburdened public health clinics and inconvenient clinic hours.

III. PARTICIPANTS

Tour
HRC
Dr. Foster
Secretary Shalala
Del. Norton
Maria Gomez, executive director, Mary's Center

Discussion
Tour participants and approx. eight women (see attached list)

Note: The list currently includes 10 mothers, but will be narrowed down to about six or eight on Thursday night. A seating chart will be provided Friday morning.

Note: Secretary Shalala will be accompanied by her cousins, Hugh and Ellen Maher.

The slogan of this year's National Infant Immunization Week is "At Least Eleven Shots by Two: How Sure Are You?". The week is built around a "seven days of immunization" theme, with each day aimed at encouraging a particular sector of society -- including volunteer, community and business groups, religious and service organizations, schools, the media and others -- to participate in community-based immunization efforts (see attached outline).

Mary's Center for Maternal and Child Care

Mary's Center provides a range of maternal and pediatric health services -- including primary pediatric care, preventive health programs, family planning and midwifery-based prenatal care and deliveries -- to a low-income, predominantly Hispanic population in Adams Morgan. Mary's Center has a reputation for providing high-quality, cost-effective care in an atmosphere that is sensitive to the cultural and linguistic needs of Spanish-speaking families.

According to the center, most clients have an annual income of $18,000 or less, and at least 90% lack private health insurance or Medicaid coverage. In addition to health services, the center also provides various social services, including case management and referrals, and assistance in applying to Medicaid and other entitlement programs.

Immunization Efforts at Mary's Center

Mary's Center has an aggressive immunization program and has achieved remarkable success. The center has an immunization rate of 95%, as compared to a national average of 67% and a citywide rate of 45%. This success is due, in large part, to an approach to immunization that mirrors the Administration's goals in the VFC program -- to immunize children where they get other health care services and when they come in for these services. Mary's Center checks a child's immunization record every time he or she enters the clinic -- even if the scheduled appointment is for a prenatal visit for the child's mother -- and immunizes the child then and there, if it is medically indicated.

Mary's Center is a private, non-profit health center that receives free vaccine from the District of Columbia through the VFC program. That means that the center is guaranteed a steady supply of federally purchased vaccine -- even as D.C. faces a budget crisis and may be forced to cut essential services. In addition, the center participates in the computerized registry supported by the Administration's Childhood Immunization Initiative that allows any doctor across the country to access a child's immunization record (thereby ensuring that even if a family moves or loses a child's records, an accurate immunization record is available).

The center also uses a number of innovative strategies to educate parents about the importance of age-appropriate immunization and get children immunized. For example, the center congratulates parents whose children have received all recommended vaccines in a local Spanish-language newspaper.

IV. SEQUENCE OF EVENTS

- HRC arrives and proceeds to tour of Mary's Center
- Maria Gomez gives overview of the Center's services in waiting area
- Maria Gomez escorts HRC, Sec. Shalala, Dr. Foster and Del. Norton from waiting area to immunization room
- Group views examining rooms and proceeds to conference room for discussion
- HRC intros Maria Gomez
- Gomez gives brief welcoming remarks and intros Dr. Foster
- Dr. Foster gives brief remarks and intros Sec. Shalala
- Sec. Shalala gives brief remarks and intros HRC
- HRC gives brief remarks and opens discussion
- Discussion with parents
- Maria Gomez closes discussion
- HRC pauses for photo op with clinic staff upon departure

V. PRESS

Tour: Closed press
Discussion: Pool press

VI. REMARKS

Prepared by Lissa Muscatine.

PROFILES OF DISCUSSION PARTICPANTS

APRIL 21, 1995

A Latina young woman, **Maria Paz (Poz)** brings her four year old daughter, **Suleyma (Soolema)** Mary's Center for Pediatric care and is proud that Maria is fully immunized. Maria says that she loves gentle, personalized care and attention provided by the pediatric nursing staff, physician, physician's assistant and social worker. Suleyma is in pre-kindergarten at Emory school and Maria is a full-time loving mother.

Enrolled in Mary's Center's pediatric program , Jonathan Sun is the son of a Chinese couple studying in the United States. His mother, **Ruoli (Rooli)** is an engineer and his father, **Qingping (Chingping)** is a biochemistry graduate at American University.

A Latina woman, **Delmee Reys (Delmee Reyes)** has a five year old daughter, Diana, who routinely comes to Mary's Center for pediatric care, including well-baby visits and vaccinations. She loves that the Center is conveniently located in the neighborhood, the Spanish-speaking staff and her feeling of being able to freely express concerns and ask questions.

Originally from the United States, **Paula Yando (Yando)** just arrived in Washington D. C. one week before entering the prenatal program. Throughout her pregnancy, she held a job. Paula's husband participated actively in her prenatal care and now in health care and vaccinations for the baby which are provided through the pediatric program. They both hold jobs and share child care responsibilities.

Oscar Jiminez (Himinez) was born to **Melina Jiminez (Himinez)**, a bicultural (African Latino) when she was fourteen in 1990. Our pediatric social worker was able to secure child care for Oscar so that Melina could return to Upper Cardozo High School. Oscar is now five years old and doing well in school. The pediatric team continues to work with Melina to assist her in learning constructive methods of discipline for Oscar.

A Medicaid recipient, Brittany was born to **Helen Dye**, an African-American woman in 1989 and is presently enrolled in Mary's Center's pediatric program. During Brittany's last pediatric visit, her Denver screening and nutritional assessment yielded good results while her physical exam was completely normal. She is fully up to date on her immunizations and always looks forward to her visits with the pediatric assistants.

Aisha (Ayeesha) Holgate is a sixteen year old African-American mother who delivered her baby through Mary's Center's adolescent program. Through her participation in the Latin American Youth

Center's Teen Parents Program, Aisha returned to high school and is now on the honor roll. Her baby continues to come to Mary's Center for preventive and primary pediatric care and is up to date on immunizations.

A married woman from the island of Dominica, **Curly Edwards** has two children born through Mary's Center's prenatal program and is the patient representative on Mary's Center Board of Directors. Curly's children love to come to Mary's Center, even on days when they receive their shots.

Maria Selces is a Bolivian child care worker who brings her young son to Mary's Center for pediatric care, including timely immunizations. Although separated, both father and mother share the care of the little boy.

Elba Varela and her husband, both Latino, delivered a healthy daughter through our prenatal program. During her second pregnancy, she was expecting Siamese twins and therefore was hospitalized as the University of Maryland in Baltimore until delivery. Post-delivery, her babies were surgically separated. The twins are now pediatric patients at Mary's Center.

Maria Ramirez gave birth on August 17, 1995.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control and Prevention

National Infant Immunization Week
April 22-29, 1995

THE SEVEN DAYS OF IMMUNIZATION
"At Least Eleven Shots by Two: How Sure are You?"

The immunization rates for children under two years of age are far too low, and all members of our communities can play a role in making sure that all of our youngest children are properly immunized. Thousands of lives are jeopardized by preventable diseases, and hundreds of thousands of dollars have been spent on the care of stricken children whose illnesses could have been avoided. National Infant Immunization Week (NIIW) offers an opportunity to reach audiences who can help make certain that our nation's children are fully immunized by the age of two.

The slogan for NIIW 1995 is "At Least Eleven Shots by Two: How Sure Are You?", supported by the theme: "We need **you** to get all our babies shots by two." This theme reinforces the need to get all members of our communities involved in appropriately immunizing our children. The "Seven Days of Immunization" provides a guideline for community activities during NIIW. Each of the seven days focuses on a particular sector of the community and helps to demonstrate that everyone can play a role in making certain that all of our children are protected against vaccine-preventable diseases.

April 22 and 23 - Religious Leaders Lead the Way

Religious leaders play an important role in the community and reach a loyal audience every week. By incorporating immunization messages into their weekly service, religious leaders can potentially affect a large audience.

April 24 - Elected Officials Voice Their Support

Elected officials, such as governors, mayors, members of Congress, state legislators, and city council members, have the ability to reach and mobilize broad cross-sections of the population. On this day, elected officials could highlight the importance of disease prevention and identify childhood immunization goals for their respective state, district or city. Their participation can illustrate the entire community's commitment to our youngest children, and reinforce the message that disease prevention can be measured in both economic terms and health benefits.

April 25 - Community Partnerships: A Key Element

Public-private partnerships, including health care providers, community-based organizations, businesses, civic and service groups, the media and numerous others, play crucial roles in state and community-based immunization efforts. This day of the week provides an opportunity to

highlight some of these pre-existing partnerships. Through the attention focused on the partnership activities, it is hoped that new partners will be encouraged to join these efforts.

April 26 - Disease Prevention: The Children's Perspective

For this day of the week, we are suggesting use of a school setting to focus on children's understanding of disease prevention. Teachers and children can provide a direct link to parents and younger siblings. The days' activities present an opportunity for teachers and children to educate parents and peers. As a long-term benefit, schools may incorporate disease prevention education as an ongoing part of their curriculum.

April 27 - Provider Spotlight: Innovative Strategies

Health care providers play the central role in immunizing children. In addition to administering vaccine, many health care providers participate in community-based partnerships and undertake innovative efforts to increase immunization coverage rates. These efforts include extending office hours to accommodate working parents, making reminder phone calls, and auditing their own patient records to check the immunization status of all children under their care. This day of the week provides an opportunity to acknowledge these activities and encourage others to adopt similar efforts.

April 28 - Childhood Immunization Across the Nation

One barrier to raising childhood immunization rates is the public's lack of awareness that the problem is so serious and wide-spread. Friday's activities are designed to demonstrate that under-immunization is a national issue that affects all of us. In addition, this day's activities provides an opportunity to highlight the different strategies used by states and communities to address the under-immunization problem.

April 29 - Community Mobilization: Reaching out for Children

Having built up momentum throughout the week, the final day of NIIW will focus on bringing together existing partners for a "grand finale" event – highlighting the fact that everyone has a role to play in raising immunization rates. One suggested activity includes volunteers, community groups and health care providers combining forces to organize phone banks or canvassing efforts to reach as many parents as possible to discuss the importance and specific timing of the necessary immunizations. Reminding parents of the specific timing for needed immunization has proven to be an effective method for raising infant immunization rates. The community mobilization activities provide a vehicle to recognize existing efforts, recruit more volunteers to these pre-existing efforts, increase public awareness, highlight effective ways to raise immunization rates, and possibly make the reminder/recall effort an ongoing activity in the community.

FIRST LADY HILLARY RODHAM CLINTON
NATIONAL INFANT IMMUNIZATION WEEK KICK-OFF
MARY'S CENTER FOR MATERNAL AND CHILD CARE
WASHINGTON, D.C.
APRIL 21, 1995

TALKING POINTS

[Acknowledgements: Secretary Donna Shalala, Dr. Foster, and Maria Gomez, Executive Director of Mary's Center]

- Thank you all so much for coming out here today to kick-off National Infant Immunization Week. Nothing is more important than the current and future well-being of our children, and that is why I am especially pleased to join in this effort to ensure that our nation's children are immunized by age two.

- My husband often remarks that children are the greatest resource of every nation. And the best way to build up that resource is to invest in children, especially their health.

- We live in the most advanced, most civilized nation on earth. We have the technology, the knowledge and the experience to prevent children from acquiring most major childhood diseases. And yet only 67% of American children -- and only 40% of inner city children -- will receive their immunizations this year, a lower percentage than in many less developed countries.

- Clearly, what we need along with our technology and our medical know-how is a commitment to do better when it comes to children...and especially to children's health. And Mary's Center for Maternal and Child Care offers an example for all of us.

- Focusing on underserved, inner-city families, most of whom are without health insurance, Mary's Center provides the kind of preventive health and medical care that clinics and health centers throughout this nation must try to emulate. One of the most important features of their program...which is also a centerpiece of our national immunization campaign...is to immunize children <u>where</u> they get other health care services <u>when</u> they come in for these services. Mary's Center checks a child's immunization record every time he or she enters the clinic and immunizes the child then and there, if it is medically indicated. Not surprisingly, Mary's Center's child immunization rate is 95% compared to a citywide rate of 45%.

- Because of the commitment of the health care professionals here today, there is hope for the future of disadvantaged and underserved children throughout this city.

- I am so proud that the President has made childhood immunization a central part of his health care agenda. With the shared commitment of all sectors of the community -- from private businesses putting immunization messages on product packaging, to Americorps and other volunteer organizations reaching out to parents in underserved communities, and to clinics like this that have done so much to deliver free vaccine and other desperately needed health services and to educate parents and communities about the importance of childhood immunization -- this Administration is determined to see every child fully immunized by age two. There is no better way to demonstrate our commitment to the future of this country.

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10/17/95

INTERNATIONAL

UNCLASSIFIED

Paraguay: Health of the Child -- Conference of the Spouses of Heads of State of the Americas

Context of Event

After the previous evening's opening ceremony and reception, this will be the first working session of the conference. This session, will focus on children, including three topics: a) your comments on the results of the Miami symposium; b) elimination of measles in the Americas; and c) drug prevention among street children.

For this session you will be seated at the head of the table. Mrs. Wasmosy will be seated to your right and the First Lady from St. Lucia on your left. As past President of the Summit, the First Lady from St. Lucia will briefly introduce the subject. Next Mrs. Wasmosy will welcome the delegates and introduce the session. You will then be asked to speak on the "Results of the Miami Symposium." After your comments PAHO will make a short presentation to introduce the topic of immunizations. The First Ladies from Guatemala, Honduras, and Panama. will follow up with presentations on this topic.

After the first two topics are given, there will be a break. During the break, there will be the launching of Paraguay's elimination of measles campaign, an official photograph will be taken; a visit to the Paraguay Cultural Exposition; and a coffee break--all taking place at the Conference site.

The third topic of the session will then be presented in plenary, after which the floor will be opened for questions and answers from the delegates on all three topics presented during the session. The question/answer period will be approximately one half hour.

It will be important for you to introduce Madeleine Kunin, Deputy Secretary of Education, to the delegates as the person that will represent you after your departure for the remainder of the conference. The Deputy Secreatary will be given the authority to sign the Paraguay Declaration for you at the end of the Summit, if required.

Your Objectives

- Highlight the substantive topics on the Summit agenda and express USG support for the Summit.
- Present Madeleine Kunin to the other delegates as the person who will represent you for the remainder of the Conference.

Talking points

To be provided separately.

DRAFT

5TH CONFERENCE OF WIVES OF HEADS OF STATE AND OF GOVERNMENT OF THE AMERICAS

THE HEALTH AND EDUCATION OF WOMEN AND CHILDREN

ASUNCION PARAGUAY
OCTOBER 16-20, 1995

PROGRAM

MONDAY, OCTOBER 16

Morning and Afternoon

Arrival of First Ladies, Special Envoys and Delegations

Site : Silvio Pettirossi International Airport
Presidential Pavilion

. Arrival Protocol

Transportation to the Paraguayan Yacht and Golf Club Casino Hotel

Registration of Delegations and distribution of working documents of the 5th Conference

7:05 to 7:20 pm — Arrival of First Ladies and Special Envoys at the Paraguayan Central Bank

His Excellency, the President of the Republic of Paraguay and Mrs.Wasmosy will be greeted according to Protocol

7:30 pm — **Inaugural Session of the 5th Conference of Wives of Heads of State and of Government of the Americas**

Site : Paraguayan Central Bank
Cultural Center Convention Hall

- Paraguayan National Anthem
- Remarks by the First Lady of the Republic of Paraguay, Mrs. María Teresa Carrasco de Wasmosy
- Remarks by the First Lady of Saint Lucia, Mrs. Janice Compton
- Remarks by the First Lady of the United States of America, Mrs. Hillary Rodham Clinton
- Remarks by His Excellency the President of the Republic of Paraguay, Mr. Juan Carlos Wasmosy

. Performance of Berta Rojas, Paraguayan Concert Guitarist

8:30 pm **Official Reception**

Site : Palacio de López

10:00 pm Transportation to the ParaguayanYacht and Golf Club Casino Hotel

TUESDAY, OCTOBER 17

9:00 am **Inauguration of the Conference**

Site : Paraguayan Yacht and Golf Club Casino Hotel
"Salón Galas"

FIRST WORKING SESSION

Topic: **"CHILDREN'S HEALTH"**

1. Results from the **"Children's Symposium"**:

. Mrs. Hillary Rodham Clinton
First Lady of the United States of America

2. **Measles Elimination and Children's Immunizations in the Americas**

a. Introduction by Dr. Ciro de Quadros
Director
Special Vaccination and Immunization Program
PAHO

b. Presentation by:

. Mrs. María Eugenia Morales de De León
First Lady of Guatemala

. Mrs. Bessie Watson de Reina
First Lady of Honduras

. Mrs. Dora Boyd de Pérez Balladares
First Lady of Panama

10:00 am **Launching of the "Measles Elimination" Campaign**

10:30 am **Official Photograph**

Visit to the Exhibition "Paraguay Cultural"

11:00 am **Coffee break**

11:30 am 3. **Program on "Substance Abuse and Street Children of the Americas"**

Q and A: Measles in the Americas

Q. How will measles be eliminated from the Americas by the year 2000?

A: The success of polio eradication gave impetus to the overall vaccination program in Latin America and the Caribbean. We are at the point of taking the last steps of a combined effort to eliminate measles transmission in the Americas. The strategy being used is already proving effective. Since the initial national campaigns to vaccinate and re-vaccinate all children from 9 months to 14 years of age were conducted in the countries of Latin America and the Caribbean, reported cases of measles in the Western Hemisphere have plummeted to an all-time low: less than five thousand cases in 1995, compared with over 300,000 just five or six years ago. Half of the cases for 1995 are reported from Canada alone, which is starting a major drive against measles now. It is believed that transmission may have been already interrupted in several countries, such as those in the English speaking Caribbean, Chile, Cuba, Honduras and El Salvador, for example.

By estimating carefully for each country the number of susceptibles and by using those estimates to determine when to carry out periodic campaigns (approximately every four years on average) to vaccinate all children ages 1-4 years old as a supplement to routine vaccinations, the number of susceptibles can be maintained at a very low level and transmission halted in the hemisphere.

Q: How much will it cost?

A: PAHO estimates that the total cost of the immunization programs for routine vaccinations and special efforts for measles elimination in Latin America and the Caribbean between now and the year 2000 will cost around $700 million. These programs will maintain high immunization level against all childhood diseases (diphtheria, pertussis, tetanus, polio, tuberculosis and measles) and will achieve the elimination of measles. External donor support needed is in the order of $53 million for regional actions, in addition to support for individual country programs.

Q: What will be the U.S. share of that cost?

A: The United States has planned a grant of $8 million to PAHO for regional actions towards that amount and PAHO will allocate $7 million from its regular funds. The Government of Spain has contributed $1 million and the Inter American Development Bank (IDB) has approved a grant to PAHO of approximately $2.2 million for this project. PAHO is actively seeking additional support for regional activities.

USAID missions are also collaborating bilaterally with governments in support of their national immunization program. Between 1992 and 1995, this support was approximately $5 million per year in Latin America and the Caribbean.

Q: What are the national governments contributing?

A: Over 90% of the projected costs would be investments from the countries themselves. It is important that national governments ensure the needed funds for purchase of vaccines and syringes and cold chain needs for vaccination programs.

PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION

525 TWENTY-THIRD STREET, N.W., WASHINGTON, D.C. 20037-2895, USA

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REPLY REFER TO:

DRAFT

ELIMINATION OF INDIGENOUS TRANSMISSION OF MEASLES IN THE AMERICAS 1996-2000

PLAN OF ACTION

FEBRUARY 1995

PREFACE

Resolution XVI, approved by the Ministers of Health of the Region of the Americas, during their meeting of the XXIV Pan American Sanitary Conference, that met in Washington, D.C. in September 1994, set the target of measles elimination from the Western Hemisphere by the year 2000.

This decision builds on the remarkable completion of the initiative to eradicate poliomyelitis from the Americas and several successful national or multi-country initiatives to eliminate measles.

In 1987 Cuba launched the first measles elimination initiative in the Hemisphere. This was followed in 1989 by the countries of the English Speaking Caribbean and subsequently by several other Latin American countries. United States and Canada also have national targets for measles elimination. By November 1994, all Latin American countries had implemented strategies to eliminate measles, either individually or in multi-country cooperation and more than 80% of the children (9 months to 15 years of age) in the Region had received a dose of measles vaccine regardless of their previous vaccination status. Measles incidence, therefore, reached an all time low in the Region.

In 1985, the Director of the Pan American Health Organization appointed a Technical Advisory Group (See Appendix V) to advise the Organization on the acceleration of the Expanded Program on Immunization and the eradication of the indigenous transmission of wild poliovirus in the Americas in 1985. This group is presently composed of the following seven members:

-Dr. José Manuel Borgono
Chief, Office of International Affairs
Ministry of Health
Santiago, Chile

-Dr. Donald A. Henderson
Science Advisor
Department of Health and Human Services
Washington, D.C., USA

-Dr. Alan Hinman
Director, Center for Prevention Services
Centers for Disease Control
Atlanta, Georgia

-Dr. Joao Baptista Risi, Jr.
Advisor on Science and Technology
Ministry of Health
Brasilia, Brazil

-Dr. Hilda Alcala
Department of Neurology
Children's Hospital
Mexico City, Mexico

1. INTRODUCTION

The Expanded Program on Immunization (EPI) has its basis in resolution WHA 27.57, adopted by the World Health Assembly in May 1974. General program policies, including the EPI goal of providing immunization services for all children of the world by 1990 (resolution WHA 30.53, 1977) were endorsed by resolution CD 25.27 of the Pan American Health Organization (PAHO) Directing Council in September 1977.

The long-term objectives of the EPI are to:

-reduce morbidity and mortality from diphtheria, whooping cough, tetanus, measles, tuberculosis and maintain the eradication of poliomyelitis by providing immunization services against these diseases for every child in the world by 1990 (other selected diseases may be included when and where applicable);

-promote countries' self-reliance in the delivery of immunization services within the context of comprehensive health services; and

-promote regional self-reliance in matters of vaccine production and quality control.

Supporting EPI long term objectives are goals set for in the Plan of Action for implementing the World Declaration on the Survival, Projection, and Development of Children on the 1990s. The EPI in the Americas has met the goals set forth in the World Summit for Children in relation to the goals of the elimination of Neo-natal Tetanus and morbidity/mortality due to measles.

2. EXECUTIVE SUMMARY

On September 29th, 1994 the International Commission for the Certification of Poliomyelitis Eradication declared that the Region of the Americas was certified as being polio-free. The last case of of poliomyelitis caused by the indigenous wild poliovirus was detected in Junin, Peru in August of 1991. The Region now has entered a new era: The maintenance phase, which requires the continuation of surveillance of all cases of Acute Flaccid Paralysis in children under 15 years of age and that vaccine coverage level with OPV(3) be kept at 80% or better.

The Region has already met the goal of the elimination of Neo- Natal Tetanus established by WHO of less than 1 case per 1000 live births.

Because of the measles initiatives undertaken by the different countries in the Region and the dramatic success that the strategy has had on the incidence of measles, the Ministers of Health of the Region voted to eliminate the transmission of measles by the year 2000.

The purpose of the project is to support elimination of the transmission of measles in the Western Hemisphere by the year 2000.

The strategy calls for: the expansion of the current surveillance system, used so successfully for the eradication of polio to include rash and fever surveillance for the detection of possible measles cases; aggressive outbreak response; the achievement and maintenance of 90% measles vaccine coverage; and

Figure 2. Annual number of reported cases of measles, Region of the Americas, 1960-1994

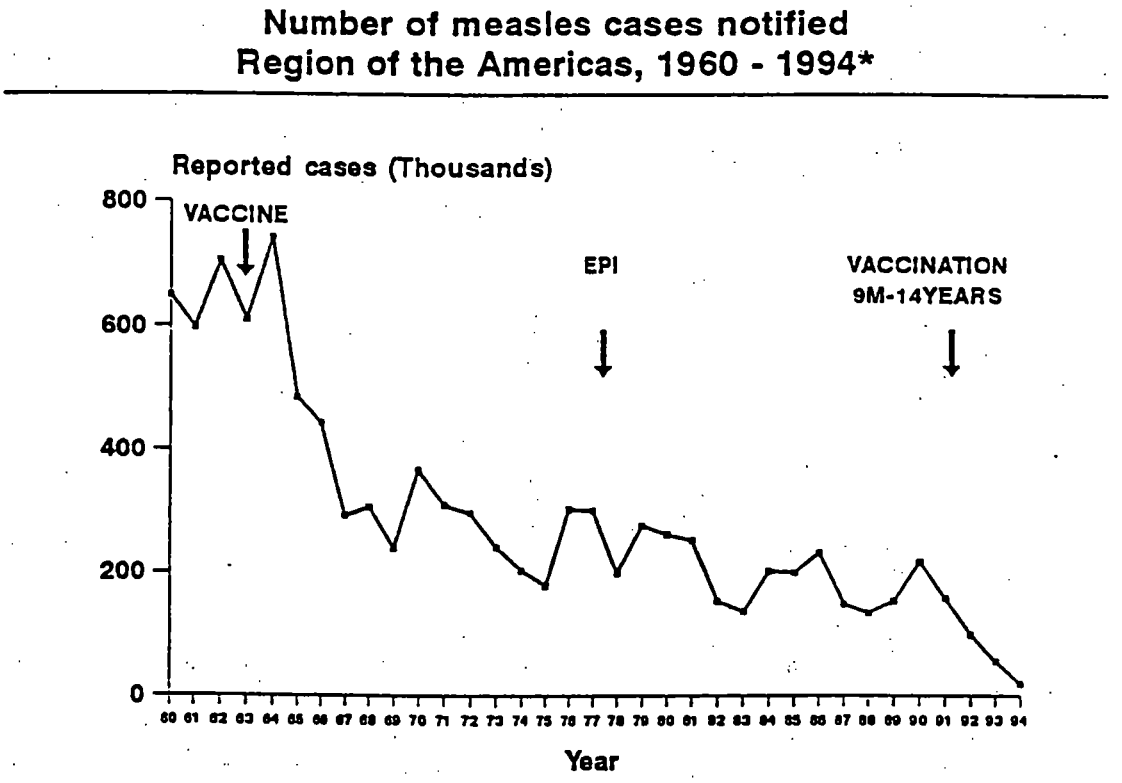

Table 1 gives a breakdown of the annual number of reported cases by country between 1977 and 1993. By November 1994, three years had elapsed without measles cases in Cuba and the English speaking Caribbean and two years with no confirmed cases in Chile. During 1994, no importation of

immunization must be considered within the context of the national immunization programs.

4. PROJECT GOAL

Therefore, the proposed Plan of Action has as it goal:

a) To promote the overall development of the Expanded Program on Immunization in the Region, to speed up the attainment of its objectives.

5. PROJECT PURPOSE

a) To eliminate indigenous transmission of measles in the American Region by the year 2000.

6. PROJECT OUTPUTS

The expected outputs for the project are:

6.1 Elimination of the indigenous transmission of measles by the year 2000.

6.2 Increase EPI vaccine coverage (DPT/Measles/OPV/BCG) to 95% in children < 1 year of age.

6.3 Catch-up campaign carried out in selected countries which have built up a large group of susceptible capable of sustaining measles transmission.

6.4 80% of women, in child bearing age living in high risks areas, will have been vaccinated with 2 doses of T.T. vaccine.

6.5 All countries will incorporate the weekly routine surveillance of fever and rash illnesses from at least 50% of all health establishments into their disease surveillance system.

6.6 Computerized Rash and Fever Illness surveillance software installed all countries for collecting, and analyzing suspect measles cases.

6.7 All countries will develop annual country work plans which show the cost of the different EPI activities by type of cost and source of funding.

6.8 Updated norms and manuals which reflect the development of new vaccine technologies and improved methods for disease control.

6.9 Regional laboratory network for supporting the processing of samples for measles diagnosis.

6.10 Laboratory training manual and trained staff at Regional laboratory network in the latest techniques for measles diagnostics.

9. Reduce missed opportunities in all countries that can provide DPT(1) to 90% of the target population but experience drop-out factor of 15% or more.

10. Evaluation of all on going program activities.

For each of the key strategies, a series of technical components/activities are recommended to ensure their success.

8. PROJECT ACTIVITIES

8.1 Mobilization of Country Resources

Recognizing the limited resources available within the Ministries of Health in many of the countries, it will be crucial to concentrate efforts on the mobilization of all country resources to complement those available.

To this end, inter-sectorial coordination and NGO collaboration will be essential to estimate the potential of existing resources and to mobilize the necessary additional resources. The education and agriculture sectors, social security and other organizations will be essential elements in this endeavor.

Finally, communities and community groups will be called on to collaborate and add their resources and talents towards the achievement of the objective. Private voluntary organizations, NGOs, religious groups, and mass media organizations will also be tapped to assist in promotional activities, distribution of supplies and personnel and participation in vaccination activities. Cooperative strategies will be developed for combined actions of several countries and technical cooperation between countries for purposes of planning, implementation and evaluation of programs, particularly in the areas of outbreak investigation and control, as well as laboratory support.

8.2 Immunization Activities

The first essential requirement of the strategy will be to achieve and maintain an immunization coverage among children of at least 95% with potent measles vaccine in every district of every country. Given that all countries have already implemented the mass vaccination with measles vaccine of all children between 9 months and 14 years of age, it is recommended that the age for primary vaccination be at 12 months of age, therefore the primary target age group will be children 12-15 months of age.

The second essential requirement of the strategy will be the identification of all districts with immunization coverage of less than 60% with the EPI antigens. These districts will be labeled as "high risk" districts and will be targeted in the National Work Plan for receiving additional resources.

The third essential requirement is to reduce missed opportunities to vaccinate children when they visit a health establishment for other health care purposes. Countries which can not achieve 90% percent coverage in the target population by 1998, will be ask to evaluate the districts which account for large proportion of the missed opportunities and develop the necessary interventions to correct the problems.

Because many of the cases are now occurring in school age children, countries will be urged to pass legislation making complete vaccination with DPT, Polio and Measles vaccines mandatory vaccination for school entry.

To guarantee that immunization activities will not be interrupted, a stockpile of vaccines will be maintained at the Regional level for use in case of emergency. Manufacturers will be requested to have 10 million doses on hand for emergency use t all times. PAHO will oversee the inventory of these emergency stocks and allocate distribution when needed. Countries are expected to order vaccine supplies as needed on a routine basis, either through the PAHO Revolving Fund for Vaccine Procurement or their own purchasing mechanisms.

PAHO will provide technical cooperation and will also use project funds to provide temporary consultants for assisting countries in identifying equipment needs for solving cold chain deficiencies. As each country prepares its National Work Plan, these cold chain deficiencies and needs will be identified in them. Cooperation from donor agencies should include the procurement and maintenance of necessary cold chain equipment. To address the recognized problems with cold chain equipment maintenance, countries will be encouraged to design cold chain systems that rely upon low-maintenance equipment.

8.4 Training

There will be a major emphasis on training personnel in the additional components of program operations critical for success. To assist in this endeavor, PAHO will ensure that the field guide on the technical basis of measles elimination is broadly available in all member countries. This field guide will serve as a prototype for countries to produce country-specific field guides adapted to local circumstances. PAHO will use project funds to provide temporary technical assistance to the countries for the adaptation of the field guide and for its production and distribution, as well as for the planning and execution of training courses as needed.

As new cold chain technologies become available, such as vaccine heat indicators that will permit that vaccines are taken out of the cold chain and transported without ice until used, PAHO will project funds to prepare materials for training health care workers in the use of these technologies in order to assure that vaccines remain potent.

8.5 Social Mobilization

In many of the countries, measles is still considered to be a normal childhood occurrence and when the diagnosis is suspected by the mother, the child is kept at home, without seeking the assistance of the health sector. In order to stimulate reporting of the disease, education of the population with respect to the importance of the health sector knowing the existence of measles as soon as possible will be a primary goal. The mass media will be used for this purpose. Families, neighbors and school teachers will be encouraged to report suspected cases to the health sector as early as possible. PAHO, therefore, will use project funds to develop prototype public service announcements, as well as written materials for distribution to the countries for them to adapt or use.

PAHO will also collaborate with all institution in the health sector and with NGOs in all countries to prepare local health education materials and to involve NGOs in social mobilization activities. PAHO will also work with local NGOs in each country to determine the different methods that the community can be mobilized to support disease surveillance and improve preventative health education messages regarding childhood immunizations.

can be issued.

PAHO will use project funds to contract international expert personnel are available to help strengthen epidemiological surveillance in the subregion. These personnel will be made available to assist countries in developing or improving surveillance activities in all countries, and to review case records of other diseases included in the differential diagnosis of measles, such as dengue, rubella and roseola.

Another key element in the reinforcement of measles surveillance will be to include key private sector medical doctors. They are often one of the first health related authorities to see a possible case of measles. This is important, as the private sector is a significant provider of health care in many countries of the Region. Therefore, obtaining their participation will be essential. The project will use meeting and direct mailing for contacting and informing them. To determine the best methods for incorporating the private medical doctors, PAHO will use project funds to conduct operational research on incorporating the private sector in public surveillance activities.

Laboratory surveillance of febrile rash illnesses will be a critical activity. PAHO personnel will be available to assist in confirming the validity of the reports. These personnel will also be available to assist in performing evaluations of facilities that are likely to see measles cases, following up reported febrile rash illnesses to ensure the appropriate collection of specimens for laboratory studies, and instituting the reward mechanism for cases found.

In countries where transmission appears to have been interrupted, monetary rewards may be offered to individuals finding a case of measles. PAHO personnel will be available to assist in confirming the validity of the reports. These personnel will also be available to assist in performing evaluations of facilities that are likely to see measles cases, following up diagnosed cases of measles and instituting the reward mechanism for cases found.

8.6.2 Outbreak investigation and control;

The good foundation of a proper surveillance system is the immediate investigation of suspect measles cases. This is one of the most critical components of the elimination effort, and for this purpose adequate means of communication and transport facilities will be provided for logistical support as subsistence allowance. Detailed standardized case investigation forms will be designed and implemented. For operational purposes, the definition of an outbreak is the occurrence of one probable or confirmed case of measles. Upon identification of a probable or confirmed case, the Ministry of Health should make an official announcement alerting all health personnel and the general population to the situation in order to increase public awareness of the need for immunization, and the need to report all suspected cases promptly. PAHO should also be notified immediately.

Once a case is identified prompt control action is needed which requires administrative decentralization of the decision-making process and of the monies. The project will provide at country level the funding necessary to carry out those activities in the most timely manner.

PAHO will offer technical assistance and when necessary use project funds to offer assistance in case investigation and outbreak control by providing investigation teams which will be mobilized within 24 to 48 hours of notification or a case to participate in the investigation of the outbreak, the search for additional (secondary) cases, and implementation of control measures. Thorough investigations into the source of the cases will be conducted.

8.7.3 Development of Regional Laboratory Network;

In keeping with the general PAHO policy of developing networks of national institutions for technical cooperation among developing countries, the Regional laboratory network created for the polio eradication effort will be strengthened to address the issues related to measles diagnosis. This will involve strengthening the necessary logistics system for both the transport of specimens and the distribution of necessary supplies such as reagents.

Therefore, PAHO will use project funds to provide a continual supply of standardized reagents for the serologic studies. The CDC in Atlanta and LCDC in Ottawa will be requested to assist in the strengthening of the laboratory network and to certify laboratories as reference centers.

For countries without laboratories, reference laboratories will be identified for their assistance. The reference laboratories will assist countries to develop in-country virology support. The reference laboratories will confirm the results of the country laboratories. A regional laboratory supervisory system, using project funds, will guarantee consistent, high quality testing and reliability of results.

As part of the development of the laboratory network, a manual will be produced covering: tests to be performed on all suspected cases, testing procedures, appropriate specimens, methods of collection of specimens, shipping procedures, handling of specimens, quality control procedures, data collection and data processing. This manual will be ready by July 1995 and will be distributed to all participating laboratories.

Almost all countries will require that their national staff in their laboratories be trained in measles diagnostic testing. With project funds, PAHO will address these training needs at the various levels through the development of a workshop for participating laboratory personnel in the network. The first course will be held by August 1995.

In addition, to the laboratory studies related to surveillance, there is a need to develop further laboratory support for potency testing of vaccines. This activity will be designated to the Vaccine Quality Control network laboratories designated by the Regional System for Vaccines (SIREVA), which will be used as reference centers for testing of vaccine potency.

8.8 Information Dissemination

8.8.1 Publications

At the Regional and sub-Regional levels, the PAHO EPI Newsletter and the CAREC Surveillance Report will contain a section on measles in all issues. This section will include information on the current epidemiology of measles in the Region; the number of cases reported in the interval since the previous issue, by week of reporting and by country; individual case studies of outbreaks and investigations; issues related to the elimination effort; and topics of interest in measles research. The section on measles activities in the CAREC Surveillance Report will be distributed monthly. It is expected that EPI Newsletter circulation will increase so that all health facilities in the sub-Region will receive copies. Information should also be disseminated through other PAHO publications.

In addition, to the reports on measles activity contained in the EPI Newsletter and CAREC Surveillance Report, the weekly measles report bulletin prepared by PAHO Washington will be widely distributed to all countries in the Region.

8.9.2 Possible areas for research

Some of the issues to be addressed immediately include:

-identification of additional target populations for catchup vaccination after the "measles mass elimination campaigns";

-strategies and tactics to achieve optimal coverage during routine vaccination activities;

-reasons for dropouts from vaccination programs and strategies to reduce dropouts (dropouts defined as those children who have had contact with the health sector for one or more doses of vaccine but have not completed the full recommended series);

-optimal surveillance techniques to detect all potential cases;

-reasons for non-reporting among private sector physicians;

-strategies to get the population to report suspected cases to the health sector when medical care is not sought;

-simpler diagnostic methods (such as the IgM Elisa allowing confirmation from a single rather than paired specimen); and

-improved inoculation procedures and equipment for injectable vaccine.

8.10 Evaluation and Certification Procedures

8.10.1 Evaluation

Recognizing the critical nature of evaluation for monitoring success and detecting and resolving problems, there will be a continued emphasis on the EPI evaluation component. The project will carry out a mid-term evaluation in at least one country in each of the sub-Regions in the Western Hemisphere (Andean, Southern Cone, Central America and either Mexico and/or Brazil. International observers will participate in all country evaluations and reports of findings will be widely distributed.

Because of the difficulties inherent in routine information systems, coverage surveys may be performed in some of the countries. Included in the coverage surveys will be questions on reasons for compliance and non-compliance. Knowledge, attitude and practice (KAP) studies related to measles disease and prevention will be part of these studies. Results of these surveys will be used as a basis for modifications of strategies to optimize the efficacy of interventions.

The project will evaluate the laboratory network in each country periodically, at a minimum of every 24 months, to guarantee that the high level of support needed is met. Part of the laboratory evaluation process will include a retesting of original specimens by the reference laboratories, as well as reference specimens sent by the reference laboratories to the country laboratories for testing. The project will send experts to visit both reference and country laboratories as needed or when a certain problem has been identified.

National Work Plan. The long-term technical advisors (previously deployed for the polio eradication effort) will continue to support the counties in the preparation of the National Work Plans.

It is critical that seed funding be available at the time of design of the plans of action and signing of agreements.

10.1.3 Organization of National EPI

The National EPI unit will: oversee the elimination activities at all levels; ensure that coordination with laboratories is a high priority, that training needs are identified, and that courses addressing these needs are organized. This office will serve as the focal point for identification of all external cooperation and coordination of extra-sectorial assistance.

A member of the central level National EPI unit will be appointed responsible for the national measles elimination activity. This individual, supervised by the EPI country program manager (or may be the same individual), will have full responsibility for all components of the measles elimination efforts, drawing upon resources made available to the EPI unit.

Within each country, all activities in the elimination effort should be under the guidance of the national EPI office to strengthen implementation of the activities and facilitate achievement of the overall EPI objectives. This office will oversee the elimination activities at all levels; ensure that coordination with laboratories is a high priority, that training needs are identified, ant that courses addressing these needs are organized. This office will serve as the focal point for identification of all external cooperation and coordination of extra-sectorial assistance.

10.2 External - International Participation

To assist in the guidance of the activities of the elimination effort the EPI Technical Advisory Group (TAG) originally formed with the initiation of polio eradication activities in the Region of the Americas, composed of experts in the field of immunizations, will assume the role of guidance of activities in the sub-Region. The TAG is presently composed of a core of six individuals, and will call on additional experts as needed to address special problem areas. The recommendations for vaccination activities will be reviewed on an annual basis. The TAG will assist in the identification of research needs and oversee the progress of the studies under way, review protocols and results. The TAG will review progress and problems encountered in the measles elimination effort at its regular meetings. Recommendations of the TAG will be published and distributed throughout the Region.

To ensure the Regional coordination of all international agency inputs, EPI Interagency Coordinating Committee (ICC) with representation from all of the international agencies collaborating with the effort(e.g. Spain, CARICOM, UNICEF, Rotary, USAID, IDB, World Bank, CIDA and the Task Force for Child Survival and Development) will follow up the elimination effort. Any additional agencies (such as the French, Swedish, Danish and Dutch cooperation agencies as well as the European Economic Community [EEC], JICA, and the Office for Development Assistance [ODA] of Great Britain), may provide assistance to the effort and will be included in the ICC.

The ICC will secure interagency participation in each country for the planning stage in order to guarantee the coordination of donor inputs into the countries. This Coordinating Committee was created for polio eradication activities and was instrumental in coordinating previous TAG recommended activities in each country. The ICC will assume the additional task of coordinating efforts towards the achievement of the goal of measles elimination.

The anticipated increase in data collection and processing and the development of a comperturized surveillance system will require a computer programmer.

Complementing the country and sub-regional level personnel, additional support personnel will be available to the EPI program office at the Regional level supported by PAHO/WHO.

The project financed administrative officer will assist in the planning, management and implementation of the project, including its budgetary and financial aspects.

The project will also fund the placement of 11 country epidemiologists/technical advisors (generally a host country national) in selected countries to assist the national program manager with planning and implementation of the country Work Plan and activities. These full time persons are responsible for all surveillance activities of the program, case investigation and outbreak control activities, training of national staff in all aspects of EPI, and "mop-up" activities in those districts where measles transmission is detected. Figure 1 (page 24) and Annex I provide the details on personnel assignments and requirements.

11 PROJECT IMPLEMENTATION

11.1 Management Structure

The overall Regional implementation, monitoring, and logistical support to the project will be managed and provided by PAHO/EPI staff, both central level and inter-country staff. For this purpose the project will enable the continuation of two inter-country technical advisors, as well as the continued two administrative/epidemiological posts at the central level for meeting the increased administrative demands expected from this country. PAHO will also provide increased technical support for developing the regional network of laboratory and another epidemiologist for supporting field activities in the countries.

To guide the implementation of the project and assist PAHO in the management of the project, PAHO will convene meetings of national immunization program managers for reviewing progress being made and to ensure that critical activities which necessary for assuring that the goal is met are included in their yearly National Work Plans. At these meetings PAHO will provide technical assistance to countries which request it.

Figure 1 contains an overview of the relationships among PAHO, potential donor(s) and organizational elements of the project. The elements are:

- PAHO's EPI Office in Washington, D.C., to coordinate and manage the program region-wide.
- A Technical Advisory Group.
- An Inter-Agency Coordinating Committee representing donors.
- National EPI offices in the Ministries of Health.
- Donor-Washington Office
- Country Offices
- PAHO Inter-Country Advisors
- PAHO Country Advisors
- Other Donors - Country level

PAHO serves as the Secretariat for both ICC and TAG Committees.

Assistance of expert consultants from outside the Organization will be coordinated by PAHO and provided as needs arise.

12. FUNDING AND FINANCIAL COMPONENTS

12.1 Levels of Funding

In order to meet the objective of measles elimination by the year 2000, it is expected that approximately US$46,000,000 million of extra-budgetary resources will be needed to support national programs. These resources should be managed by PAHO for the regional coordination of the initiative. Approximately US$9,500,000 is the cost of extra vaccine and syringes and needles needed for implementation of catch-up vaccination campaigns. This component is expected to be made available either by the countries themselves of by UNICEF.

Another US$7,000,000 will be made available by PAHO/WHO from regular sources for supporting personnel and other program activities. Therefore, the total cost of the project is estimated to be US$53,000,000. (See Appendix IV).

PROJECTED PLAN OF ACTION REQUIREMENTS
TO BE FULFILLED THROUGH INTERNATIONAL COOPERATION, 1996-2000
(Not including US$7,000,000 from PAHO)

Component	Total US$
Personnel	7,750,000
Documentation and Information	1,500,000
Vaccine and syringes	9,500,000
Meetings	1,650,000
Laboratories	2,500,000
Surveillance/Supervision	6,000,000
Social Mobilization/Promotion	4,000,000
Training	2,000,000
Cold Chain/Logistics	2,500,000
Evaluations	1,600,000
Research	2,000,000
Contingency Funds	5,000,000
Total	$46,000,000

A more detailed cost breakdown and preliminary financial analysis are presented in Appendices II, III AND IV.

APPENDIX I

PROPOSED SUB-REGIONALIZATION FOR MEASLES ELIMINATION EFFORT AND LOCATION OF SUBREGIONAL ADVISORS

Location of Advisor	Countries in Subregion
Guatemala	Guatemala El Salvador Nicaragua Panama Honduras Costa Rica
Venezuela	Dutch Caribbean Suriname
Haiti	Haiti Dominican Republic
Colombia	Colombia Ecuador Peru
Bolivia	Bolivia Argentina Chile
Brazil	Brazil Uruguay Paraguay
Trinidad and Tobago	English-speaking Caribbean

Appendix III External Costs by components and by year, 1996-2000. (In thousands)

BUDGET ITEM	YEAR					
PERSONNEL	1996	1997	1998	1999	2000	TOTAL
EPIDEMIOLOGIST- WASHINGTON D.C. (2)	291.8	302.0	313.0	327.2	346.0	1,580.0
EPIDEMIOLOGIST- BOLIVIA (1)	138.2	137.5	142.5	149.0	157.8	725.0
EPIDEMIOLOGIST- HAITI (1)	151.3	150.5	156.4	163.0	173.0	795.0
PROJECT ADMINISTRATOR- WASHINGTON D.C.	91.5	93.4	96.8	101.2	107.1	490.0
PROGRAMMER- Washington D.C.,	71.5	73.5	76.3	79.5	84.2	385.0
11 NATIONAL CONSULTANTS	330.0	330.0	330.0	330.0	330.0	1,650.0
SHORT TERM CONSULTANTS	425.0	425.0	425.0	425.0	425.0	2,125.0
SUB-TOTAL	1,499.3	1,512.2	1,540.0	1,575.4	1,623.1	7,750.0
Documentation/Information	300.0	300.0	300.0	300.0	300.0	1,500.0
Meetings:						1.650.0
TAG (1 x $120.0 x 5)	120.0	120.0	120.0	120.0	120.0	600.0
Sub-Regional (4 x $50.0 x 5)	200.0	200.0	200.0	200.0	200.0	1,000.0
ICC (1 x $10.0 x 5)	10.0	10.0	10.0	10.0	10.0	50.0
Laboratories/Diagnostics						2,500.0
Virology Labs (9 x $50.0 x 5)	450.0	450.0	450.0	450.0	450.0	2,250.0
Diagnostics (10.0 KITS)	50.0	50.0	50.0	50.0	50.0	250.0
Social Mobilization/Promotion	800.0	800.0	800.0	800.0	800.0	4,000.0
Surveillance/Supervision	1,200.0	1,200.0	1,200.0	1,200.0	1,200.0	6,000.0
Training	400.0	400.0	400.0	400.0	400.0	2,000.0
Cold Chain/Logistics	500.0	500.0	500.0	500.0	500.0	2,500.0
Evaluations	320.0	320.0	320.0	320.0	320.0	1,600.0
Research	400.0	400.0	400.0	400.0	400.0	2,000.0
Vaccines	2,000.0		2,000.0		2,0000	6,000.0
Syringes/Needles	1,170.0		1,170.0		1,160.0	3,500.0
Contingency	1000.0	1000.0	1000..0	1000 .0	1000.0	5,000.0
GRAND TOTAL	10,419.3	7,262.2	10,460.0	7,325.4	10,533.1	46,000.0

APPENDIX V

TERMS OF REFERENCE OF PAHO EPI TECHNICAL ADVISORY GROUP (TAG)

1. According to the Plan of Action for the eradication of indigenous transmission of wild poliovirus from the Americas by 1990, a Technical Advisory Group (TAG) should be formed in 1985 to help the PAHO Secretariat with its implementation.

2. To accomplish the above, an outstanding group of consultants was be appointed by the Director in 1985, to advise PAHO on the acceleration of the Expanded Program on Immunization in the Americas and on the efforts to eradicate the indigenous transmission of wild poliovirus from the Region by 1990.

   The Technical Advisory Group is composed of six individuals and are assisted by additional consultants and/or study panels for any specific purposes they may require.

3. The Technical Advisory Group:

   a) Advise the PAHO Secretariat with respect to program priorities of the program;

   b) Advise and guide the PAHO Secretariat concerning the optimal strategies and tactics to reach the overall goals of the EPI and the maintenance of polio free status in the Americas;

   c) Monitor the implementation of the Regional Plan of Action to accomplish the above-stated goals;

   d) Promote understanding and support for the program goals among technical institutions and bilateral, multilateral and private agencies, as well as political leaders; and

   e) Participate in missions at country level for program reviews and meetings

4. Members of the Technical Advisory Group are appointed by the Director for a period of one year, with extensions to be arranged at his discretion.

5. At least one member of the TAG should also be a member of the GPV Scientific Advisory Group of Experts (SAGE). At least one member of the TAG should also participate in meetings with other agencies and organizations to assure proper coordination and exchange of information.

6. TAG meetings will be convened as required, usually once a year, and a report on each meeting will be prepared and circulated as appropriate.

PROJECT LOG FRAME:
VERIFIABLE INDICATORS

Project Title: Accelerated Immunization Project, Phase III

Life of Project:
From FY 1995 to 2000
Total U.S. Funding $20.000.000
Date Prepared: 1/30/95

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Program or Sector Goal: The Broader objective to which this project contributes	Measures of Goal Achievement:		Assumptions for achieving goal targets:
To reduce morbidity and mortality among children and women of childbearing ages from immunopreventable diseases and eliminate indigenous transmission of measles by the year 2000.	Mortality Reduction	Country MOH reports to PAHO	1. There are an estimated 5,000 deaths due to Measles, 5,000 due to Pertussis and 5,000 due to Neonatal Tetanus per year in Latin America.
			2. CFR for Measles 4% and Pertussis 3%.
	Morbidity Reduction	Country MOH reports to PAHO	
			3. There are an estimated 100,000 cases of Measles, 200,000 cases of Pertussis 5,000 cases of Neonatal Tetanus occurring every year in Latin America.

	1990	2000
Measles	1.0	0.0
Neonatal tetanus	0.5	0
Pertussis	1.0	0.5
Polio	0	0

Measles	60.0	0.0
Neonatal	0.5	0
Pertussis	50.0	20.0
Polio	0	0

Note: Mortality:
Measles, Pertussis and Polio: Deaths per 100,000 population
Neonatal Tetanus: Deaths per 1,000 live births
Morbidity:
Measles, Pertussis and Polio: Cases per 100,000 population
Neonatal Tetanus: Cases per 1,000 live births.
No measles cases in the English-speaking Caribbean by 1995.

PROJECT LOG FRAME:
VERIFIABLE INDICATORS

Project Title: Accelerated Immunization Project, Phase III

Life of Project:
From FY 1995 to 2000
Total U.S. Funding $20.000.000
Date Prepared: 1/30/95

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS Conditions that will indicate purpose has been achieved: End-of-Project status.	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Project Purpose:			Assumptions for achieving purpose:
- Improving geographic access to immunization services	In 75% or more "municipios" DPT1 or OPV1 will increase to 95% by 2000.	Country MOH reports to PAHO Coverage surveys where conducted	1. Vaccinations will be reported by dose and district in children under one year of age and women of childbearing age.
Expand rash/fever surveillance system to include 50% of all health establishments in the Region.	Number of health units reporting cases of rash/fever including negative notification.	Weekly reports from MOH to PAHO.	2. Currently PAHO receives 21,500 reports weekly on the occurrence of AFP.

NOTE: The following is the level of missed opportunities for those countries that have conducted studies: Bolivia 32%, Colombia 73%, Ecuador 34%, El Salvador 45%, Guatemala 51%, Honduras 45%, Mexico 40%, Nicaragua 66%, Peru 48%, Paraguay 67% and Venezuela 52%.

PROJECT LOG FRAME:
VERIFIABLE INDICATORS

Project Title: Accelerated Immunization Project, Phase III

Life of Project:
From FY 1995 to 2000
Total U.S. Funding $20.000.000
Date Prepared: 1/30/95

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Project Outputs:	Magnitude of Outputs:		Assumptions for achieving outputs:
Improved targeting of immunization program resources.	All country Annual Work Plans show that districts which have lower than average Coverage or higher disease incidence will receive a proper and fair share of the resources, not necessarily proportional to the size of their population but proportional to the size of the problem.	Country Annual Work Plans and ICC monitoring of expenditures.	1. Countries will report vaccinations by age group, dose and district. 2. Surveillance will be decentralized to district level. 3. MOHs and ICC members will release periodic reports on disbursements.
Immunization Program is sustained.	National funds cover an increased proportion of recurrent costs of immunization programs in all countries in 1995 compared to 1990.	Country Annual Work Plans and ICC monitoring of expenditures	
	The number and variety of national organizations participating in ICCs meetings increases.	ICC minutes	
	The number of ICCs adopting and maintaining financial monitoring of Annual Plans increases.	ICC minutes	
	The number of ICCs increases with: - published schedules - open agendas - consultation on new actions - minutes published	ICC records	

Reported Cases of Selected Diseases

Number of reported cases of measles, poliomyelitis, tetanus, diphtheria, and whooping cough, from 1 January 1995 to date of last report, and the same epidemiological period in 1994, by country.

Subregion and country	Date of last Report	Measles				Poliomyelitis		Tetanus				Diphtheria		Whooping Cough	
		Reported		Confirmed				Non Neonatal		Neonatal					
		1995	1994	1995	1994	1995	1994	1995	1994	1995	1994	1995	1994	1995	1994
LATIN AMERICA															
Bolivia	22 Jul.	23	577	0	577	0	0	...	...	11	...	4	...	30	...
Colombia	15 Jul.	2 358	538	148	68	0	0	...	...	...	...	...	...	...	...
Ecuador	08 Jul.	679	830	...	380	0	0	...	..	28	13	124	165	133	148
Peru	22 Jul.	145	272	...	272	0	0	27	13	25	10	1	1	340	118
Venezuela	08 Jul.	398	10 812	28	10 812	0	0	...	...	8	3	0	0	128	346
Southern Cone															
Argentina	01 Apr.	57	88	8	88	0	0	16	6	5	9	3	3	702	439
Chile	22 Jul.	152	83	0	0	0	0	...	1	...	0	...	0	...	20
Paraguay	22 Jul.	31	52	3	52	0	0	...	19	...	8	...	1	...	26
Uruguay	07 Jan.	...	...	...	...	0	0	...	2	...	0	...	0	...	3
Brazil	22 Jul.	1 209	428	1	428	0	0	...	180	...	28	...	47	...	431
Central America															
Belize	22 Jul.	6	27	0	0	0	0	...	...	...	...	...	...	...	...
Costa Rica	22 Jul.	249	171	18	0	0	0	...	...	...	...	...	...	...	...
El Salvador	22 Jul.	200	7 913	0	0	0	0	3	...	3	...	0	...	4	...
Guatemala	08 Jul.	35	227	25	204	0	0	...	...	...	6	...	...	...	33
Honduras	22 Jul.	17	15	1	1	0	0	7	8	2	5	0	0	0	2
Nicaragua	22 Jul.	119	638	7	1	0	0	2	...	2	...	0	...	3	...
Panama	22 Jul.	73	21	3	2	0	0	0	1	0	2	0	0	3	48
Mexico	22 Jul.	629	758	17	103	0	0	0	64	0	39	0	0	0	115
Latin Caribbean															
Cuba	22 Jul.	42	0	0	0	0	0	...	2	...	0	...	0	...	0
Haiti	07 Jan.	...	...	...	....	0	0	...	...	...	...	...	...	...	...
Dominican Republic	22 Jul.	30	296	0	296	0	0	...	...	...	4	...	1	...	8
CARIBBEAN															
Antigua & Barbuda	22 Jul.	1	2	0	0	0	0	0	0	0	0	0	0	0	0
Bahamas	22 Jul.	5	6	0	0	0	0	0	0	0	0	0	0	0	0
Barbados	22 Jul.	11	28	0	0	0	0	0	0	0	0	0	0	0	0
Dominica	22 Jul.	20	5	0	0	0	0	...	...	...	...	...	...	...	...
Grenada	22 Jul.	3	16	0	0	0	0	...	...	...	...	...	...	...	...
Guyana	22 Jul.	15	5	0	0	0	0	...	...	...	...	...	...	...	...
Jamaica	22 Jul.	116	49	0	0	0	0	...	...	...	...	...	...	...	...
St. Kitts/Nevis	22 Jul.	1	3	0	0	0	0	...	...	...	...	...	...	...	...
St. Vincent	22 Jul.	0	2	0	0	0	0	...	...	...	...	...	...	...	...
Saint Lucia	22 Jul.	7	16	0	0	0	0	...	...	...	...	...	...	...	...
Suriname	22 Jul.	5	11	0	0	0	0	...	...	...	...	...	...	...	...
Trinidad & Tobago	22 Jul.	36	16	0	0	0	0	0	0	0	0	0	0	0	1
NORTH AMERICA															
Canada	22 Jul.	1708	185	1 708	185	0	0	...	1	...	...	1	0	459	1 878
United States	22 Jul.	215	701	215	701	0	0	4	21	...	...	0	0	625	1 703

... Data not available.

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release October 16, 1995

REMARKS BY FIRST LADY HILLARY RODHAM CLINTON AT THE FIFTH CONFERENCE OF WIVES OF HEADS OF STATE AND OF GOVERNMENTS OF THE AMERICAS ASUNCION, PARAGUAY

MRS. CLINTON: I am privileged to have the opportunity to represent my country, the United States, for the first time at this Fifth Conference of First Ladies from the Western Hemisphere. It is also a great honor for me to be here in Paraguay with all of you.

We have gathered together to discuss the futures of women and children in all of our countries. Whether we live in North, Central, or South America or the Caribbean region, we are united in our belief that women everywhere share common aspirations and concerns.

Yet, as we meet here in this beautiful hall this evening, we also know that a vast reservoir of human potential is now being wasted across the Americas.

No nation in our hemisphere can say that all of its children are fed, clothed, housed, schooled, and raised by loving parents. No nation in our hemisphere can say that all of its women are treated with dignity, respect, and given the chance to fulfill their God-given potentials. And no nation can say that each and every family within its borders is healthy, strong, and stable.

Our world, as we know, is far from perfect. But even though enormous challenges remain, we have come here hopeful about our future. Hopeful because, somewhere in our hemisphere right now, a baby in a local health clinic is being immunized against a serious disease. . . a little girl is going to school and is learning to read and write . . . a woman is taking out a small loan from a neighborhood bank that will enable her to start her own business in her home. We know that every problem we face in our hemisphere is being solved somewhere in our region at this very moment.

We are also hopeful because of the progress made at last year's Summit of the Americas in Miami, at the United Nations Conference on Social Development in Copenhagen earlier this year, and more recently at the United Nations Fourth World Conference on

Women in Beijing. I think it is very fitting that we meet after those three historic gatherings, which drew world attention to the plight of women and children and, in so doing, to the plight of families as well.

Since Miami, we have seen cooperation grow among our nations, and our political leaders. The Summit not only recognized every nation's duty to invest in its people, but also the special role that girls and women play in the economic and social development of the Western Hemisphere.

That theme was reiterated again in Copenhagen, which focused on the alleviation of poverty as an essential factor in political, social and economic progress.

Many of us also attended last month's women's conference in Beijing, where it was again made clear that democracy and prosperity cannot be attained or sustained in countries that do not value women as full and equal partners in society.

The conferences in Miami, Copenhagen and Beijing showed the world that issues involving children and women are not secondary issues. They are keys to building democratic institutions, strengthening market economies, and achieving social justice.

They are also among the hardest issues we face.

That is why the agreement reached in Miami last year was an historic first for countries of this hemisphere. For the first time, there was universal recognition that no nation can compete in the global economy if half its population cannot read or write, cannot find a job, or cannot rise out of poverty.

And that is why it is also heartening that, despite assurances from skeptics that nothing would be accomplished in Beijing, more than 180 nations endorsed a platform for action that lays out specific ways to expand the rights and opportunities of women around the world.

This is particularly critical today, given the growing gap between the rich and the poor, the educated and the uneducated, the skilled and the unskilled.

Those among us who enjoy the opportunities of education, health care, jobs, credit, legal and political rights are flourishing in the new global economy. Those without such opportunities are lagging farther and farther behind. And more often than not, those lagging behind are women and poor children.

This trend, if it continues, threatens to undermine the very institutions we are seeking to uphold: strong families, strong economies, and strong democracies. All will be in jeopardy if women

continue to be denied the opportunities they need to thrive and compete in the new century.

So, what must change?

First, values and attitudes.

In our everyday lives, we must begin to respect the dignity of each person, no matter where that person lives or what he or she looks like. To do that, we must be willing to overcome many assumptions, presumptions, prejudices and prejudgments.

Because, to truly respect a child means to respect every child in every family, boy or girl. To respect a child means to give that child the love, attention, and discipline he or she needs to grow up with confidence and competence. To respect a child means to nurture that child with the health care and schooling that he or she needs to get the right start in life.

Every time we dismiss the potential of a child because of skin color, parental income, or family background, we betray our own futures.

We must also appreciate the contributions of every woman, instead of pigeon-holing and categorizing women in ways that limit their potential. To truly respect a woman means to respect and protect her human rights; it means to respect the choices she makes for herself and her family; and it means to value the experience she brings to all facets of life.

Second, institutions must change, and so must the ways we go about our everyday business.

If programs and policies have outlived their usefulness, we should admit that they no longer solve the problems they were meant to solve. We must fix programs that don't work with reforms that are efficient and inexpensive. And we must insist that institutions -- whether government, schools, or health care systems -- overcome bureaucratic intransigence and put people first.

We must also take advantage of the many innovative programs that do exist throughout our hemisphere. Prior to arriving in Paraguay today, I was in Brasilia, where President and Mrs. Cardoso told me about Brazil's efforts to improve the quality of primary education.

I then traveled on to Salvador da Bahia, where an extraordinary effort is underway to channel the potential and energy of thousands of street children. One program I saw was a circus in which the performers were children, some as young as eight, who had been recruited off the streets where they lived.

They were not being trained for circus jobs; their performances were merely a vehicle for learning the value of discipline, teamwork, and hard work. Along the way, these children develop confidence, self-esteem, and pride in their accomplishments. Part of a program called Project Axe, they also receive schooling and vocational training, as well as counseling to reunite them with their families.

I asked one 15-year-old boy, who had been with the project since it began five years ago, whether it had made a difference in his life. If not for the project, he said, "I would be dead or in prison now."

Programs like this one, which receive support from the public and private sectors and some international organizations, can be replicated widely. But that requires us to share information, exchange ideas, discuss honestly our successes and failures, and learn as much as we can from each other.

Government has a vital role in all of this. But government is only effective if it listens to the voices of the people it serves, instead of making decisions based on political convenience or whim. And government must be held accountable for meeting human needs.

At the same time, government cannot address every problem alone. We must not look on government as a panacea, but as an able partner of business, non-governmental organizations, and other private institutions committed to investing in the promise of every person, including those who are poor, disadvantaged, and politically powerless. And one of the best things government can do is to make it easier for outside groups, non-governmental groups, to do the work they are willing to do.

Finally, as societies, we must be willing to move beyond inertia to action. And all of us -- individuals and institutions -- must heed that call to action.We must start by taking responsibility within our own families and then spreading that responsibility to the communities in which we live.

Every segment of society has a stake in this issue. And every segment of society can affect positive change.

Schools, for example, can be more flexible in responding to the needs of their students, young and old.

A few days ago, in Santiago, Mrs. Frei took me to a school that embodies the Chilean commitment to building an educational system for the future. I saw boys and girls busy working on computers hooked up to the Internet.

I learned from the Minister of Education that schools may begin to keep their doors open on Saturdays and Sundays to

accommodate the children of working parents who have no alternatives for child care, and for children who wish to acquire new skills for themselves.

I saw that Chile has not been content to stick with old methods that do not work. The government and people of that country are devising new ways of training teachers, involving parents and communities. All of this is happening now in many countries throughout the Americas and more can happen if we are willing to learn from each other's experiences.

Heeding the call to action also means that financial institutions must serve all people, even if they are poor, live in remote areas, or are women. How much more evidence do we need that women are a good credit risk? I have seen the proof myself at the Grameen Bank in Bangladesh, where the poorest of the poor in the world have transformed entire villages by taking out small loans for cows, rickshaws, and other items they use to earn an income.

I have even seen it in my own country, where poor women at a project called Mi Casa, in Denver, Colorado, have banded together to take out small loans to help themselves. And they told me very,very directly how difficult it is for women even in the United States to have access to credit. One woman said: "Too many great ideas die in the parking lots of banks."

But all over this hemisphere, women are overcoming these obstacles. In Nicaragua, which I visited at the beginning of my trip, I saw how hard President Chamorro has worked to strengthen democratic institutions and promote a market economy. And I met thirty women from a very poor barrio in Managua who run a bank in their neighborhood, borrowing small sums of money to start their own businesses, to start a bakery, to make mosquito netting, to be a seamstress.

Not only had these women organized themselves to improve their own circumstances, they were also improving the circumstances of their families and communities.

Furthermore, they have, like every bank I have ever visited, a high loan repayment rate. In that particular neighborhood bank, the repayment rate was 100 percent. And from what I know about banking, that would be the envy of many commercial lenders.

Individual men and women need to change attitudes and then act, just as every branch of society.

Businesses can initiate policies, such as flexible work schedules, child care,
and the use of modern technology, that enable employees to perform well on the job and continue to fulfill their family obligations. Businesses also can value women by paying women equal salaries for

equal work with their men employees.

The media can assume greater responsibility for the values it transmits by avoiding negative advertising and television programming that sensationalizes violence and glorifies the exploitation and degradation of women and children.

At this conference, we will examine these issues, and we will focus specifically on what can be done to address the pressing health and education of women and children.

We will discuss initiatives to ensure the elimination of diseases that primarily affect women and children, reduce maternal mortality and provide comprehensive health care to women throughout their lifetimes, including family planning. We will talk about what every nation must do to ensure that girls are guaranteed the right to an education and that all citiz
ens acquire the knowledge and skills they will all need in the new global economy.

And we will explore ways to end the problem of domestic violence, which has destroyed the lives of too many women and their families in every country represented here.

I would like to make one final point about our agenda. Because we are talking about the issues that matter most in the lives of women and children does not mean we are not talking about the lives of men and boys.

When I was in Nicaragua, I noticed billboards along the side of the road. They showed the face of a crying child with the caption: "My father has left the home." The problem of the absent father is as tragic as the problem of the undervalued mother and wife. It is a problem that, in the United States, we are urgently trying to address.

If, as a hemisphere, we truly care about strong families, strong communities, and strong societies, we have to recognize that men and women can and must complement each other inside and outside of the home. We should not be at opposite poles; we should be partners in a common enterprise for the good of all of us, and particularly our children.

Because of the roles that the women here and many of you in this hall have, we know we can help initiate the changes that must take place if we ever want to realize the great potential of this hemisphere.

Like the women I have met all over this hemisphere in Canada, in my country, in Mexico, in Nicaragua, in Chile, in Brazil and here in Paraguay, we come together to pool our experiences and

ideas to improve conditions for our individual families as well as our national family and the family of nations.

I was not present at the earlier conferences, but I want to thank and applaud all of the women who took part in those conferences and who have moved this agenda forward. I was privileged to host our meeting in Miami and I look forward to the work ahead of us. It is the most exciting and challenging work any of us can imagine or be engaged in. And it is work in which we can make a difference.

Thank you very much.

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FIRST LADY HILLARY RODHAM CLINTON
WORKING SESSION ON CHILDREN'S HEALTH AND EDUCATION
ASUNCION, PARAGUAY
OCTOBER 17, 1995

Thank you, Mrs. Wasmosy. I think I speak for all of us in thanking you for such an inspiring opening to our gathering last evening.

As we begin our working session on children's health and education, I want to reiterate what I said last night. During this conference, we will learn from each other and find new inspiration as we work on behalf of women and children throughout the hemisphere

At the Summit of the Americas, our leaders committed our nations to ongoing collaboration and open economic and democratic development. The Summit recognized the central role of investing in human resources in all dimensions of social, democratic, political and economic development. This historic Summit set forth an agenda to promote prosperity and democracy throughout the region by implementing trade initiatives, sustainable development and more effective government. The declaration our leaders signed included specific commitments in the areas of health and education.

At the same time, we came together for a one-day symposium to review the status of health and education of children in the Hemisphere, shared ideas of how we were addressing the major issues facing our children, and reached a general understanding of future challenges. We recognized that we have common needs in the region but we also recognized that progress has been made. We agreed that investment in human capital is vital to the broader goal of eradicating poverty and discrimination.

As a follow-up to the Summit, Mrs. Wasmosy and I sent each of you a letter earlier this year in which we proposed a three-point agenda to advance the health and education goals adopted by the leaders at the Summit of the Americas.

Elimination of Measles

The first initiative we proposed is the elimination of measles in the Americas by the year 2000.

I was very proud to be invited by Dr. George Alleyne, director of the Pan American Health Organization, to launch the measles elimination campaign in the Americas. Many of you have joined in launching measles initiatives in your own countries. And today we will join Mrs. Wasmosy as she begins a measles campaign here in Paraguay.

A regional plan of action that outlines the strategies and technical components to achieve elimination of measles has been prepared and funding is being sought to complement support already received. While some countries are still waiting for international support, they have already demonstrated their commitment to that effort. This has translated into further control of the disease, which was at its lowest level ever in the period between 1994 and 1995.

The United States has been a proud partner of past efforts to eliminate major childhood diseases in the hemisphere. Through the United States Agency for International Development, the United States plans to enter into a grant with PAHO to advance hemispheric health care priorities. Although the United States, like many other countries, is operating under severe budget constraints, our government is hoping to allocate $8 million under this new agreement. The funding would go directly to the Regional Expanded Program on Immunization, which includes support for the measles elimination campaign in our region.

Reduction of maternal mortality

The second critical initiative that we proposed for follow-up was the reduction of maternal mortality in the Americas, an issue we cannot separate from the well-being of our children.

One hundred million women cannot obtain or are not using family

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.

Most of these maternal deaths could have been prevented with basic primary, reproductive and emergency obstetric health care. In some cases, there are 175,000 motherless children for every one million families. Many of these children don't survive. 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 World Health Organization launched in 1987 a Safe Motherhood Initiative to halve maternal mortality by the year 2000. In Miami, the leaders of our hemisphere committed their governments to this same goal. To reach these important goals, more attention must be paid to emergency medical care, as well as primary pre-natal 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.

There has been progress, but many deficiencies exist. Maternal mortality rates in the Americas are still unacceptably high and progress in meeting the set targets has been extremely slow. We have the technologies and the national plans in place to end the conditions under which women continue to die from preventable diseases. There is no justification for the wide differences that we find country by country in the hemisphere in maternal mortality indicators. We need to encourage each other to give the necessary priority to reduce the disparities and assign necessary resources to implement national plans for maternal mortality reduction.

Education Reform

The third area we called to your attention in our letter is investing in

girls education in the context of improving overall quality of education. Nothing is more important to the region's future economic and social development than the education of its children. One of the Summit goals is to achieve a primary education completion rate of 100% and a secondary enrollment rate by the year 2010.

Over the past three decades, Latin America and the Caribbean have had a remarkable record of achievement in human development. A great distance still exists between our current knowledge and the quality of education services provided.

Because of the critical nature of education, an initiative was created at the Summit of the Americas to provide an ongoing consultative forum for governments, nongovernmental organizations, the business community, and international organizations of the Hemisphere to share experiences in education reform and showcase innovations in the hemisphere.

Today, I am pleased to formally launch the Partnership for Education Revitalization in the Americas (PERA) by pledging a commitment by the United States of 3.7 million dollars over 5 years which constitutes initial funding. As called for by the Plan of Action of the Summit of the Americas, PERA was created as a sustainable hemispheric partnership to promote the adoption and implementation of effective education policies. This initiative will institutionalize across the hemisphere the capacity to support and facilitate collaborative efforts to improve basic education opportunities for all children, including special emphasis on increased access to girls and women in those countries where this is still an issue.

Through PERA, countries will increase their knowledge of policy alternatives and successful practices for improving educational quality, efficiency and equity throughout the region leading to improved policies on human resources. It will create a broad membership representative of the key stakeholders in policy formulation and implementation and build a consensus on critical educational policy issues.

We have a unique opportunity to impact on the Summit targets. Because of our roles in our societies, we are in a privileged position to bring attention to these issues and help build upon approaches that are working. We can forge partnerships among governmental and nongovernmental organizations all aimed at meeting the same goals.

10/12/95
LEVEL 1 - 3 OF 12 STORIES

THE ARIZONA REPUBLIC

October 18, 1995 Wednesday, State

SECTION: FRONT; Pg. A20

LENGTH: 571 words

HEADLINE: FIRST LADY IN 'A BIND';
EVERY ACTION DRAWS CRITICISM, SHE SAYS

BYLINE: Knight-Ridder Newspapers

DATELINE: ASUNCION, Paraguay

BODY:

In a wide-ranging interview Tuesday that touched on her career and public standing, Hillary Rodham Clinton said she has "come to accept" that she faces "an inevitable double-bind" as she evolves in her role as first lady.

"No matter what I do, or really anyone who has ever been in this position . . . you are bound to be criticized if you don't fit some category or stereotype that people wish to impose on you," said Clinton, concluding the sixth and final day of a four-nation Latin American goodwill tour.

Appearing relaxed and introspective during a 40-minute session with seven American reporters, Clinton spoke broadly about her position as first lady, women's roles in society and her marriage.

The interview came at a time when polls show that Americans feel less warmly toward her than toward President Clinton. Indeed, Hillary Clinton has been criticized since the start of the administration.

When she oversaw the drafting of the administration's health - reform plan, she was criticized for being too hard and too political. Now that she is stressing women's and children's concerns, some critics are knocking her for

being too soft.

As a wife, a mother, an attorney and a political activist, the first lady said she faces the "inevitable balancing of all of the responsibilities that most women eventually confront. . . .

"I can only do what I think is right for me and to make whatever choices I make at whatever stage of my life I happen to be in," said Clinton, who chatted with reporters before flying back to the United States. She was in Paraguay attending an annual conference of wives of Latin American leaders.

Clinton attributed some of the criticism to her visibility as first lady. And some of it just goes with the territory, she said.

"Some of it is deflected criticism of their husbands," she said. "Some of it is a feeling of unaccountable power. You know, nobody elected her."

But she acknowledged being bothered sometimes by the nature of the complaints about her.

"If you don't like my health plan, criticize my health plan," she said. "But don't turn it into some huge attack on the role (of the first lady). . . . Let's take people and hold them accountable for what they do, not imbue them with all kinds of stereotypical representation, which may or may not have anything to do with reality."

Her trip to Nicaragua, Chile, Brazil and Paraguay has reflected the different roles assumed by Hillary Clinton. At times, she has forcefully pushed women's rights issues, as she did last month in China during the international women's conference. But Clinton has mixed the social activism with more traditional activities, such as teas with other first ladies, and visits to health clinics and schools.

10/17/95
LEVEL 1 - 9 OF 22 STORIES

THE DALLAS MORNING NEWS

<=1> View Related Topics

October 17, 1995, Tuesday, HOME FINAL EDITION

SECTION: NEWS; Pg. 12A

LENGTH: 527 words

HEADLINE: Hillary Clinton decries limits on women's roles

BYLINE: Kathy Lewis, Washington Bureau of The Dallas Morning News

DATELINE: ASUNCION, Paraguay

BODY:

ASUNCION, Paraguay - First lady Hillary Rodham Clinton on Monday warned that strong families, economies and democracies will be jeopardized if women continue to be denied the opportunities needed to do well in the next century.

"Those among us who enjoy the opportunities of education, health care, jobs, credit and legal and political rights are flourishing in the new global economy," Mrs. Clinton said.

"Those without such opportunities are lagging farther and farther behind. And, more often than not, those lagging behind are women and poor children."

Mrs. Clinton addressed the opening session of a conference of first ladies from the Americas that will focus on the health and education of women and children.

The 17 first ladies will discuss how to achieve the goals of eliminating measles in the hemisphere by the year 2000 and of reducing maternal deaths during childbirth by one-half. They also will emphasize the education of women and girls.

Additional sessions are planned on substance abuse and street children,
preventing teen pregnancies, violence against women and other issues.

In her address, Mrs. Clinton said that expanding the rights and opportunities
of women worldwide is particularly crucial given the growing gap between the
rich and poor, the educated and uneducated, the skilled and the unskilled.

"This trend, if it continues, threatens to undermine the very institutions we
are seeking to uphold: strong families, strong economies and strong democracies," she said.

"All will be in jeopardy if women continue to be denied the opportunities
they need to thrive and compete in the new century."

She said values and attitudes in every branch of society must change so that
every child, boy or girl, is respected and so that every woman's contributions
are appreciated.

Government, she said, has a vital role but should not be looked upon as the
panacea. It can, she said, be an "able partner" of business and private
institutions helping the poor, the disadvantaged and "the politically powerless."

Speaking specifically of hemispheric problems, she said "a vast reservoir of
human potential" is now being wasted.

"No nation in our hemisphere can say that all of its children are fed,
clothed, housed, schooled and raised by loving parents," she said.

"No nation in our hemisphere can say that all of its women are treated with
dignity, respect and given the chance to fulfill their God-given potentials.
And no nation can say that each and every family within its borders is healthy,
strong and stable."

But there is reason for hope, Mrs. Clinton said, because of the work being

done on these issues and because of the attention they have gotten at several
world conferences, including the Summit of the Americas last December in Miami.

She added that the "lives of men and boys" are not being ignored just because
the conference is dealing with issues that "matter most in the lives of women
and children."

"We have to recognize that men and women can and must complement each other
in and outside the home. We should not be at opposite poles. We should be
partners in a common enterprise," she said.

GRAPHIC: Hillary Clinton.

LANGUAGE: ENGLISH

LOAD-DATE: October 18, 1995

7/22/97

Chattanooga Free Press

July 27, 1997, Sunday

SECTION: LIFESTYLE; Pg. I5

LENGTH: 768 words

HEADLINE: Kids' Inoculations Are On The Upswing

BYLINE: By **HILLARY** R. **CLINTON**

BODY:

Some years ago, I met a woman who ran a dairy farm in Vermont with her husband. She was required by law to immunize her cattle against disease. Each year, she dutifully complied and inoculated her herd.

Immunizing her young children, however, was another story. After buying vaccines for her cows, she said, she couldn't afford vaccines for her children. "My cattle," she told me, "are receiving better health care than my children."

Although it may seem inconceivable to many Americans, our country for years lagged behind poorer, less advanced nations in **immunization** rates among children. As recently as 1994, we had the third-worst rate of **immunization** in the Western Hemisphere. Even as we led the world in new medical treatments and technologies, too many American infants and toddlers were going without simple vaccines that can prevent serious illnesses such as measles, mumps, rubella, diphtheria, tetanus, pertussis and chicken pox.

Today -- finally -- we have some good news about **immunizations.** The president announced at a White House ceremony this week that a greater percentage of American children are getting inoculated than ever before. Most diseases that can be prevented by vaccines are at historic lows. And our nation is on track to achieve an **immunization** rate of 90 percent of all 2-year-olds by 2000.

We wouldn't be where we are today without a renewed federal commitment to **immunizations** -- and without the work of countless individuals, organizations and corporations who appreciate that immunizing children is not only a health issue but a matter of sound economics. After all, every dollar spent on the measles-mumps-rubella vaccine saves $21 in later health-care costs, and even more for children who are protected against diphtheria, pertussis and tetanus.

The first serious effort to improve **immunization** rates began 20 years ago when President Carter set a national **immunization** goal of vaccinating 95 percent of the nation's children against diseases like measles, whooping cough and polio by the time they entered school.

He was encouraged by Sen. Dale Bumpers of Arkansas, who, along with his wife, Betty, made **immunizations** a personal crusade. When Bumpers was governor of the state, Betty visited every county and showed up at nearly every school to educate parents about the importance of **immunizations.** Not surprisingly, Arkansas became the first state to meet the **immunization** goal for school-age children set by President Carter.

When he moved to Washington, Bumpers continued his tireless advocacy for child **immunizations,** holding hearings and fighting for funding in Congress. Betty also kept the pressure on, joining forces with former First Lady Rosalynn Carter after a measles epidemic in 1989 to create a non-profit **immunization** education program called Every Child by Two. Together, they have traversed the country, meeting with community leaders, health providers and elected officials to establish and expand **immunization** programs around the country.

Even so, progress was not guaranteed, despite historically strong bipartisan support and cooperation among state and federal officials. By the time my husband took office in 1993, the federal government had stopped measuring **immunization** rates of 2-year-olds, the age by which children should receive 80 percent of their vaccines. Whenever a new, lifesaving vaccine was added to the schedule, there was a fierce battle to obtain the funding needed to buy and distribute it.

To renew the federal commitment to child **immunizations,** the president set new goals for 1996 and for 2000. As part of his effort to reform health care, he put in place the Child **Immunization** Initiative, which helped more families afford, gain access to and understand the importance of early childhood **immunization.** Having exceeded our goals for 1996, we must now redouble our efforts to achieve the same success in the two years ahead. That's why the president announced steps this week to ensure that millions of children in federally funded child care receive the **immunizations** they need. He also called on state and federal officials to explore how **immunization** registries can help doctors and parents maintain up-to-date information on the **immunization** status of their patients and children.

And, as part of his larger effort to promote better health care of America's children, he has urged Congress to earmark new tobacco tax revenues to fund health coverage for millions of uninsured children.

We know what our children need. If we keep working together, we can make sure their needs are met.

GRAPHIC: HILLARY CLINTON

LANGUAGE: ENGLISH

LOAD-DATE: July 30, 1997

Gannett News Service

July 25, 1997, Friday, FINAL EDITION

SECTION: Pg. arc

LENGTH: 1363 words

HEADLINE: It's time to start thinking about back-to-school vaccinations

BYLINE: LISA FAYE KAPLAN; Gannett News Service

BODY:

The war against childhood diseases, which is fought every day through **immunizations,** will get a boost in August when 6,800 McDonald's restaurants will distribute **immunization** schedules recommended by the American Academy of Pediatrics.

"We're doing very well at getting almost all children immunized," says Dr. Neal Halsey, chair of the AAP's committee on infectious diseases. But "everybody needs to be reminded. Even though we're doing better jobs, every parent needs to work hard to protect their children against these diseases."

Four million births are reported in the United States each year. And before they reach age 2, they should be vaccinated against 10 diseases including measles, tetanus and diphtheria.

Six years ago, **immunization** rates had fallen and measles epidemics had resumed in the United States, Halsey says. From 1989 through 1991, 55,000 cases of measles were reported; 11,000 children were hospitalized, and more than 100 preschoolers died from the disease.

Last year, fewer than 100 cases of measles were reported, Halsey says.

Wednesday, **President Clinton** announced that childhood **immunization** rates have reached an all-time high, with more than 90 percent of 2-year-olds in 1996 getting recommended vaccinations. He has proposed initiatives to require all children in federally funded child care programs to be immunized, and to explore setting up computer registries to track **immunizations.**

"We're doing a superb job," Halsey says. But "efforts have to be made every year to deal with concerns people have about vaccines."

During August, considered the natural back-to-school vaccination period, McDonald's will continue its "Immunize for Healthy Lives"

campaign. Participating restaurants will distribute the AAP's recommended **immunization** schedule in the form of trayliners and leaflets.

"It is a natural for us," says Rebecca Caruso, a McDonald's spokeswoman. "We serve a lot of parents and children in our restaurants."

LANGUAGE: ENGLISH

LOAD-DATE: July 29, 1997

Arkansas Democrat-Gazette

July 24, 1997, Thursday

SECTION: NEW; Pg. 3A

LENGTH: 495 words

HEADLINE: Clinton cites success on shots for kids, praises Bumperses

BYLINE: JANE FULLERTON, ARKANSAS DEMOCRAT-GAZETTE

BODY:

WASHINGTON -- **President Clinton,** announcing Wednesday that childhood **immunization** rates have reached an all-time high, attributed much of that success to a pair of fellow Arkansans who have made the issue their "personal crusade" -- Sen. Dale Bumpers and his wife, Betty.

In a White House ceremony punctuated by the cooing and crying of about a dozen babies in the audience, the president touted new statistics from the federal Centers for Disease Control and Prevention indicating that 90 percent or more of America's infants and toddlers are getting their shots for the most preventable diseases.

"We set a goal, and we're meeting it," Clinton told a crowd gathered in the East Room. "And all of you who have been part of it deserve a lot of the credit."

The president particularly singled out the longtime efforts of Bumpers, D-Ark., and his wife, praising them for "their personal inspiration to us."

First lady **Hillary** Rodham **Clinton** who detailed the involvement of the Bumperses who have worked for more than 20 years to increase funding for children's **immunization** and nutrition programs on the state and federal levels.

Mrs. Clinton noted the Bumperses persuaded President Jimmy Carter to first put the **immunization** issue on the presidential radar screen -- and did so again after Clinton took office in 1993. Betty Bumpers later teamed with Rosalynn Carter to start a childhood **immunization** campaign dubbed, "Every Child By Two."

Recalling that the pair began making the issue a priority when Dale Bumpers was Arkansas governor, Mrs. Clinton said the couple "have made and continue to make childhood **immunization** a personal crusade. I do not believe we would be here today were it not for Dale and Betty Bumpers."

Mrs. Clinton recounted the days when Betty Bumpers, as Arkansas' first lady, visited "every county and nearly every school" in the state to talk about **immunization.**While noting the increased number of vaccinations, the president outlined two more Clinton administration proposals aimed at further protecting children from diseases by:

m Requiring children in day-care centers that receive federal money to be immunized according to state standards.

m Studying the feasibility of state and local computer registries that would track **immunizations** given to specific children so records will stay up-to-date when families move or change physicians.

In 1993, the president set a goal of immunizing at least 90 percent of 2-year-olds with four vaccines: diphtheria, tetanus and pertussis (DTP); polio; measles; and Haemophilus influenzae type B. According

to the Centers for Disease Control report, those goals have been exceeded.

The percentage of 2-year-olds getting the DTP vaccine increased from 83 percent in 1992 to 95 percent in 1996. Polio **immunization** rates are up from 72 percent to 91 percent, while measles vaccines went from 83 percent to 91 percent.

LANGUAGE: ENGLISH

LOAD-DATE: July 24, 1997

The New York Times

View Related Topics

July 24, 1997, Thursday, Late Edition - Final

SECTION: Section B; Page 8; Column 6; National Desk

LENGTH: 499 words

HEADLINE: Immunization Of Children Rises Slightly

BYLINE: By JAMES BENNET

DATELINE: WASHINGTON, July 23

BODY:

After climbing sharply in the previous three years, **immunization** levels edged upward last year, to 78 percent of children from 75 percent in 1995.

But at a White House ceremony today, **President Clinton** announced that the Centers for Disease Control and Prevention had achieved its **immunization** goal for 1996: more than 90 percent of 2-year-olds received what the Government defines as the most critical doses of vaccines against preventable diseases.

"Now, record numbers of our children, our youngest and most vulnerable children, are actually safe from potentially deadly diseases," Mr. Clinton said.

The overall **immunization** level, which Mr. Clinton did not mention, was lower than 90 percent because many children did not receive a fourth dose of vaccine against diphtheria, tetanus and pertussis, or whooping cough. according to the Federal health agency. The Government considers that fourth dose less important than the previous three.

In 1992, the overall **immunization** level was 55 percent. And the results summarized at the White House today underscored the progress against particular preventable diseases. For polio, **immunization** rates among 2-year-olds climbed to 91 percent in 1996 from 72 percent in 1992. For diphtheria and tetanus over the same period, rates of those receiving three doses of vaccine rose to 95 percent from 83 percent; for measles, the vaccination rate rose to 91 percent from 83 percent.

Appearing with her husband, **Hillary** Rodham **Clinton** noted today that in 1991 the Government was not even tracking **immunization** rates nationally. It had stopped doing so in 1986 because of the cost.

Mr. Clinton has set the year 2000 as the goal for immunizing at least 90 percent of 2-year-olds against all 10 preventable diseases: chicken pox, diphtheria, hepatitis B, measles, mumps, polio, rubella, spinal meningitis, tetanus and whooping cough.

In 1993, Mr. Clinton made raising **immunization** rates a priority. He proposed that the Government buy up all childhood vaccine and distribute it. Congress rejected that plan, but approved regular annual increases in Federal spending for **immunization.**

From about $500 million in 1993, such spending increased to $840 million this year. Having decided last year that it had asked for more than necessary, the White House is seeking $794 million to spend on vaccinations in 1998.

Mr. Clinton announced two new measures today that he said would increase **immunization** rates. He proposed a regulation requiring that children in federally subsidized day care be immunized according to

state public health agency standards. That rule, which will not require Congressional approval, will affect up to to 1.5 million children, according to the Department of Health and Human Services.

Mr. Clinton also called on Donna E. Shalala, the Secretary of Health and Human Services, to convene a meeting of state officials and others to improve sharing of information nationally about which children have been vaccinated.

LANGUAGE: ENGLISH

LOAD-DATE: July 24, 1997

U.S. Newswire

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July 23, 1997 16:57 Eastern Time

SECTION: NATIONAL DESK, HEALTH WRITER

LENGTH: 308 words

HEADLINE: CDF Praises Clinton Administration Efforts on Child **Immunizations**

DATELINE: WASHINGTON, July 23

BODY:
The Children's Defense Fund today welcomed the news that childhood vaccination rates have reached an historic high, and praised **President Clinton** and the first lady for their long-standing commitment to children's **immunizations.**

The president and first lady **Hillary** Rodham **Clinton** announced that the Childhood **Immunization** Initiative, which included the hard fought Vaccines For Children (VFC) legislation, has been a public health triumph with **immunization** rates at a record high and incidents of vaccine preventable diseases at remarkably low levels.

"We are delighted that so many more American children are immunized and fewer American children are getting sick. This is truly a lifesaving effort," said Marian Wright Edelman, president of Children's Defense Fund.

"The president this afternoon generously credited the public health community, the Centers for Disease Control, children's advocates, and many others for this remarkable achievement. But the president and the first lady deserve a huge amount of credit as well for fighting for VFC and the **immunization** initiative in 1993. This is a wonderful day for America's children."

LANGUAGE: ENGLISH

LOAD-DATE: July 23, 1997

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The Washington Post

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July 24, 1997, Thursday, Final Edition

SECTION: A SECTION; Pg. A16

LENGTH: 565 words

HEADLINE: Child **Immunizations** Rise Sharply, U.S. Says

BYLINE: Peter Baker; Judith Havemann, Washington Post Staff Writers

BODY:

The number of young children being immunized for dangerous diseases has risen sharply the last four years, with three of four now receiving a full series of recommended shots by age 2, the government reported yesterday.

Since 1992, the **immunization** rate for toddlers has increased from 55 percent to an all-time high of 78 percent, and it exceeds 90 percent for such critical vaccines as polio, measles and tetanus, according to the federal Centers for Disease Control and Prevention.

"Now record numbers of our children -- our youngest and most vulnerable children -- are actually safe from potentially deadly diseases." **President Clinton** said. "We set a goal and we're meeting it."

The president and first lady **Hillary** Rodham **Clinton** announced the new statistics at a White House ceremony where they credited the administration's first-term health care initiatives for the improvement. To further boost the vaccination rates, Clinton unveiled two modest proposals to help meet his goal of ensuring that 90 percent of toddlers receive **immunizations** by the end of his second term in 2000.

With the first lady's encouragement, Clinton made child **immunizations** a key part of his agenda early in his presidency, launching a plan aimed at making vaccines more effective, affordable and widely available. Toward that end, federal vaccine funding has nearly doubled since 1993. However, some specialists said a variety of other factors also are behind the increasing **immunization,** including the growing number of states that now require children to be vaccinated before their parents can receive welfare.

Moreover, according to Senate aides familiar with the issue, the trend of increasing **immunizations** began in 1991 under then-President George Bush, who beefed up federal public education programs and increased clinic staffs and hours after a measles epidemic killed 89 people in 1990.

Clinton expanded on the effort in 1993 with a program promising free shots for every child, but it was widely criticized as overly broad and ill-conceived. Instead, a delayed and pared-down version of Clinton's plan went into effect only last year, Senate aides said, too recently to account for the full increase in **immunization.**

Since 1992, according to CDC figures, **immunization** rates for toddlers rose from 83 percent to 95 percent for diphtheria and tetanus; 72 percent to 91 percent for polio; and 83 percent to 91 percent for measles. Vaccines for hemophilus influenzae B, a bacteria that causes a form of meningitis, and hepatitis B, were not widely used four years ago, but now are given to 92 percent and 82 percent of toddlers, respectively.

Clinton's new proposals would require all children in federally subsidized day care to be immunized and

would set up a nationwide records system to track whether children are given vaccines on schedule. Although most child-care centers already require **immunizations,** White House officials said the new regulations would be aimed at less formal arrangements such as in-home providers who are exempt from state licensing requirements.

"The progress we've made in **immunization** is one our proudest achievements, and we have the opportunity this summer and fall to take even bolder steps," Clinton said. "But let us remember we have to finish this job. We are celebrating a milestone today, but we have not completed the job."

GRAPHIC: Chart, The Washington Post, SHOT IN THE ARM More toddlers than ever are receiving routinely recommended vaccines, **President Clinton** announced. Percentage of U.S. toddlers receiving **immunizations** Full series 1992 55% 1996 78% Hemophilus influenza type B* 1992 28% 1996 92% Measles 1992 83% 1996 91% Polio 1992 72% 1996 91% Diphtheria/tetanus 1992 83% 1996 95% *Major cause of meningitis. SOURCE: Centers for Disease Control and Prevention

LANGUAGE: ENGLISH

LOAD-DATE: July 24, 1997

The Associated Press

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July 23, 1997, Wednesday, AM cycle

SECTION: Washington Dateline

LENGTH: 529 words

HEADLINE: Clinton proposes plan to increase child **immunization** rates further

BYLINE: By SONYA ROSS, Associated Press Writer

DATELINE: WASHINGTON

BODY:

In a ceremony punctuated by the squeals of toddlers, **President Clinton** announced plans to increase the number of American children being immunized against childhood diseases.

A goal he set four years ago - immunizing at least 90 percent of 2-year-olds for four diseases - has been met, Clinton said Wednesday. About 78 percent of those children are fully immunized, but that is still short of his goal of 90 percent by 2000.

The president proposed tying federal money to state efforts to increase **immunization** rates further.

"We are celebrating a milestone today, but we have not completed the job," he said. "We have to look ahead to see what challenges are left for our children and their health."

He was joined by first lady **Hillary** Rodham **Clinton,** who praised the **immunization** rates as "a victory for our children and our nation," while four toddlers in the audience squirmed and cried. One little girl jabbered contentedly from her sister's lap, tugging on the older girl's braids.

The Centers for Disease Control told Clinton that the percentage of 2-year-olds vaccinated for diphtheria and tetanus increased from 83 percent in 1992 to 95 percent in 1996. Polio **immunization** rates were up from 72 percent to 91 percent, and measles inoculations rose to 91 percent from 83 percent.

Immunizations for a form of meningitis called Haemophilus B rose from 28 percent to 92 percent, largely because it was a new vaccine.

The goal of having 70 percent of the children taking Hepatitis B vaccines was exceeded. The rate was 82 percent in 1996.

Health and Human Services Secretary Donna Shalala credited a mixture of "cutting-edge science with old-fashioned team work" for getting out information on child vaccines. She said announcements urging parents to immunize their children were posted in nearly every form imaginable, "even on fliers at Bonnie Raitt's concerts."

The president recalled his own experience as a child getting a polio vaccine. "I screamed and squalled with the best of children," he said. "I remember being very conscious that some enormous burden was being lifted off of my life."

However, the president noted that too many children remain vulnerable to preventable disease because of spotty **immunization.** He announced two efforts by his administration to close that gap.

One would require states to ensure that **immunizations** are given to children who receive federal subsidies or who attend federally funded day-care centers. That would apply to virtually all day-care centers except legal, unlicensed, in-home operations.

The other would create a computer registry for **immunization** records, so that parents can still maintain them if they visit more than one clinic, relocate to another community or simply misplace them.

"That's the kind of thing most people can't remember, but it may have something to do with whether their children live or die," Clinton said. "We have to do it and do it right."

Clinton singled out for praise Sen. Dale Bumpers, D-Ark., and his wife, Betty, champions of childhood **immunizations** who put the issue on the agenda of President Carter in the 1970s and persuaded Clinton to take action in 1993.

LANGUAGE: ENGLISH

LOAD-DATE: July 23, 1997
