TEA

2 hosts:

Peggy Barry - wife of U.S. Ambassador

Barbara Harvey —
Deputy Chief of Mission

All of the guests here

Local flavor.

FIRST LADY

Jakharta – tea w/ prom. Indonesian women & APEC spouses

jiggling roles
work for women's eco, health security
fulfill roles
families / prof. life
making progress. children
learn from each other
worn. all over the world
have literate, prenatal care
praise their accompl. –

THE WHITE HOUSE
WASHINGTON

TALKING POINTS

① Embassy greeting

② Kelly – Alaska

→ by Thursday morning

1 message:

Melanie Verveer
6:30 pm Nov 8
return
re: Anchorage

we'll need to check on this one

I think that's more of a thank-you kind of thing

W/respect to embassy ... thank them for their everyday work + intro POTUS

THE WHITE HOUSE
WASHINGTON

Dept Week
Women leaders of America
- Nov 21
- State Dept.

WOMEN AND CHILDREN IN INDONESIA

Since the Republic of Indonesia gained independence in 1949, the condition of women and children has improved substantially. Much of this is due to overall improvements in health and education which have come with the rapid economic growth of the last 30 years. Life expectancy has increased from 42.6 years to 63 years for women and almost 60 years for men. The Government of Indonesia has a successful national family planning program, and expects to reach "replacement level" fertility by 2005. Indonesia's family planning efforts have been so successful that it will play a key role in training other developing countries in this field as part of the partnership initiative launched at the Cairo Conference.

Indonesia experiences a high maternal mortality rate (MMR) of 425 per 100,000 live births, the highest MMR among ASEAN countries. To address key health problems related to maternal mortality, the National Development Plan for 1994-99 includes doctor and midwife training in long term contraceptive methods to reduce the number of high risk pregnancies among older women and increased prenatal care for high risk pregnancies.

At independence only 10% of the population had ever attended school. The literacy rate for women has increased to 75%. Female enrollment in primary education equals male enrollment; the numbers are fast becoming equal in secondary education. Almost 25% of college graduates are women. Female participation in the labor force is at 40%, but the majority is in the rural sector. Women are under-represented in upper ranks of both private and public sectors. Women still find it difficult to exercise their legal rights in some cases. Domestic violence exists and is under-reported. Female genital mutilation is practiced in Indonesia.

Efforts are being made to improve child welfare by alleviating poverty and improving primary education, maternity services and family planning. Infant mortality decreased from 132 per 1,000 in 1971 to 68 per 1,000 in 1991. There is no significant difference between the sexes with respect to infant mortality. The Indonesian government estimates that there are thousands of street children in Jakarta and other large cities. The government estimates that 2.2 million children work between the ages of 10 to 14 years. While indicators regarding health, education and general welfare of women and children are moving in a positive direction, more needs to be done. Some of the statistics are most impressive on the more densely populated island of Java. On some of the smaller, more remote islands, the statistics are quite different, and attitudes towards and roles of women vary across the islands and cultures.

The U.S. government, through USAID and USAID-funded NGOs, is supporting empowerment and economic betterment of Indonesian women and children through a variety of programs. These include activities to improve women's literacy and knowledge of their rights, to help street children in Jakarta, and to increase women's access to credit to support enterprise development. USAID projects total more than $500,000 in this sector.

W&C mats

ETIQUETTE AND CUSTOMS IN INDONESIA

Indonesia's 180 million people are spread across a vast archipelago, giving rise to rich cultural diversity displayed in the creative and artistic accomplishments for which Indonesia is famous. This heritage is reflected in tolerance for religious and cultural differences, and an emphasis on courteous social interaction. Aggressive or confrontational behavior is considered very rude.

Social interaction should be conducted quietly and calmly, and always with a smile. Some specific guidelines are:

- Indonesians consider the soles of the feet and shoes unclean; pointing your toes or the sole of your shoes at someone is impolite. It's safest when sitting to refrain from crossing the legs and to keep both feet on the floor.

- During calls on Indonesians, drinks are invariably served. One should always wait for the host to initiate drinking, which is usually a sign that the call is almost over. It is impolite to drain the cup or glass, better to take only a sip.

- It is especially important to remember that the left hand is considered unclean. Be sure to use only the right hand for eating or exchanging objects with others.

- It is usual to refrain from touching those other than close friends or family. One should not touch or pat the heads or backs of others, even children. A gentle touch at the elbow is more appropriate.

- Muslims, who comprise approximately 90 percent of the Indonesian population, have a strict dietary system, which stipulates that no pork products can be eaten. Muslims also usually refrain from drinking alcohol.

Useful expressions:

-- Thank you -- Terima kasih (tree-ma KAH-see)
-- You're welcome -- Terima kasih kembali (tree-ma KAH-see kem-BA-lee)
-- Good morning -- Selamat pagi (seh-LA-mott PA-ghee)
-- Good afternoon -- Selamat siang (seh-LA-mott see-YONG)
-- Good evening -- Selamat malam (seh-LA-mott MAH-lom)

POPULATION IN INDONESIA

Indonesia, with 200 million people, is the fourth largest country in the world and the world's largest Islamic nation. Since 1968, the U.S. government, through USAID, has provided over $250 million to public and private sector family planning programs. The largest recipient has been BKKBN (Bay Ka Ka Bay En), the Government of Indonesia's Family Planning Coordination Board. Since the 1970s, the Contraceptive Prevalence Rate (CPR) has increased from 10 percent to 50 percent (almost all using modern methods of contraception). Over the same period, the Total Fertility Rate (TFR - the average number of births to a woman) has decreased from 5.6 to 3.0, and the population growth rate has decreased from 2.3 percent to 1.6 percent per year.

The Government of Indonesia began supporting family planning in 1971 and has achieved worldwide recognition for its successful program. Factors contributing to this success include a strong national population policy, sustained political support, creative leadership, strategic planning, Islamic religious support, socioeconomic development, and adequate funding. Because of the sophistication and success of Indonesia's programs, it is a leader in the effort to share technical assistance among developing countries (South-South collaboration).

Donors presently cover only about 30 percent of the family planning program's costs. Contraceptives are produced and procured locally.

Two factors affecting greater contraceptive acceptance are being addressed by the new USAID-supported family planning program. First, the once-rising contraceptive prevalence rate has leveled off over the last four years. Second, the contraceptive method mix is dominated by a single method - oral contraceptives.

The new program has three strategic elements:

Provide increased access to family planning services and information to hard-to-reach people in seven big provinces.

Broaden the range of methods available to users to decrease the predominance of oral contraceptive use.

Increase the availability of family planning services through the private sector to increase access and improve sustainability.

Indonesia played a significant role in the negotiations at the recent International Conference on Population and Development in Cairo. As a member of the working group on Chapter VII (Reproductive Rights and Reproductive Health) their participation was instrumental in modifying the Program of Action to address the concerns of Islamic countries. Their leadership in the initiative to increase South-South collaboration was also given prominent attention.

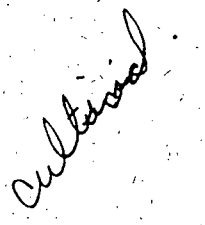
INDONESIAN CULTURE

By the 15th century, as the Renaissance was spreading across Europe, the islands of Java and Sumatra had already enjoyed a 1,000 year heritage of advanced civilization, spanning two major empires. During the 7th-14th centuries, the Buddhist kingdom of Srivijaya flourished on Sumatra. At its peak, the Indianized Srivijaya Empire reached as far as West Java and the Malay Peninsula. Also by the 14th century, the Hindu Kingdom of Majapahit had risen in eastern Java. Gadjah Mada, the empire's chief minister from 1331 to 1364, succeeded in gaining allegiance from most of what is now modern Indonesia and much of the Malay archipelago as well. Legacies from Gadjah Mada's time include a codification of law and an epic poem.

Indonesia includes numerous related but distinct cultural and linguistic groups, many of which are ethnically Malay. Since independence, Indonesian (the national language, a form of Malay) has spread throughout the archipelago and has become the language of all written communication, education, government, and business. Local languages are still important in many areas, however. English is the most widely spoken foreign language.

Islam apparently arrived in Indonesia some time during the 12th century and, principally through gradual assimilation, had almost wholly supplanted Hinduism by the end of the 16th century in Java and Sumatra. Bali, however, remains overwhelmingly Hindu. In the eastern archipelago, both Christian and Islamic proselytizing took place in the 16th and 17th centuries and currently there are large communities of both religions on these islands.

Today, constitutional guarantees of religious freedom apply to the five religions recognized by the state: Islam, Catholicism, Protestantism, Buddhism, and Hinduism. The Indonesian population is predominantly Muslim (87%). Some 10% of the people are Christian. This island of Bali retains its Hindu heritage. In some remote areas, animism is still practiced.



HEALTH CARE IN INDONESIA

Indonesia has made great gains in life expectancy over the past 25 years. Life expectancy has increased from 42 years to nearly 60 years for men, and from 47 years to 63 years for women. The infant mortality rate has fallen from 132 in 1971 to 68 in 1991. Acute respiratory infections, diarrhea and vaccine-preventable diseases remain the foremost killers, causing 42% of all deaths, with these deaths disproportionally affecting children under age 15 and rural residents.

The emergence of HIV/AIDS poses a new threat to Indonesia as it has already begun to spread from high risk groups to the general population. At present there may be as many as 50,000 individuals infected with HIV. Even if an effective national AIDS prevention program is mounted, the number infected is projected to increase to close to 500,000 by the year 2000.

The Indonesian Government is attempting to further reduce the impact of these diseases through a nation-wide primary preventive health care approach, as well as development of a more effective referral system among district and provincial hospitals, and community health centers know as "puskesmas" (poohs-kess-mahs). The backbone of the preventive element of this delivery system is a community-based integrated health services site, known as the "posyandu." Mrs. Clinton will visit one health service site during her trip to Indonesia.

Using volunteer cadres as well as trained medical personnel, there are monthly community gatherings in over 200,000 sites to provide health education on how to prevent the causes of mortality, as well as key interventions such as vitamin A supplementation, immunization of infants and pregnant women for neonatal tetanus prevention, oral rehydration salts for diarrhea and family planning contraceptives. Both the posyandu and puskesmas are partially staffed by recent medical graduates, who must complete a 2 - 3 year internship.

As Indonesia moves into the 1990's, chronic and degenerative diseases are now adding to the demands of the health care system for financial and human resources from both public and private sectors. The sum of health care expenditures in Indonesia is low in comparison with other Asian countries, at 2% of total government expenditures. By 1990 the Ministry of Health was forced to consider how to maintain the momentum of the infant and child mortality reductions, while facing the growing demands for chronic care.

The GOI is currently beginning to implement more efficient resource allocation plans and to mobilize additional financing through social insurance, private sector and community involvement. Most important of these are hospital reform and a program of managed care. The planned government hospital reform will shift a greater proportion of hospital support from the government budget to users through the establishment of cost recovery mechanisms. The managed health care program is based on the principles of social equity, capitated payment, prevention, quality assurance and involvement of both government and private sector.

INDONESIA'S EDUCATION SYSTEM

The literacy rates in Indonesia are 85 percent for men and 75 percent for women. Elementary schools (grades 1-6) currently enroll approximately 27 million pupils (public and private schools) in all 28 provinces. Approximately 95 percent of all Indonesian children of elementary school age are enrolled in school. Nearly half of elementary school pupils are girls. Fifty-one percent of elementary school teachers are women.

Indonesia's secondary school (grades 7-9) enroll about 7 million pupils (public and private) in all 28 provinces. This represents approximately 55 percent of all secondary school age children. Forty percent of secondary school pupils are girls. Forty-four percent of secondary school teachers are women. Sixty percent of elementary school pupils continue on to secondary school. In 1994, national compulsory education was extended from six to nine years, although it will take the Indonesian government several years to build the necessary schools, train the teachers, and provide the learning materials to make this possible throughout the country.

Senior secondary school (grades 10-12) enroll four million students (public and private) in all 28 provinces, representing a 35 percent enrollment rate. Thirty percent of senior secondary school pupils are girls. Forty percent of senior secondary school teachers are women. Senior secondary schools are divided into general academic programs and vocational programs (such as agricultural, arts, and handicrafts). There are many (over 30,000 institutions) private schools, most of which are religious institutions.

There are modest programs in pre-school education, out-of-school education, and education for the handicapped.

Educational Use

FIRST LADY HILLARY RODHAM CLINTON
BRUNCH WITH PROMINENT POLISH WOMEN
WARSAW, POLAND
JULY 7, 1994

DRAFT

[Acknowledgements: Mrs. Rey, hostess; Mrs. Walensa; Mrs. Olechowska [o-la-HOVE-ska]

It's a privilege for me to be with you in this magnificent Palace, so rich with Polish history, and filled today with the sounds of Mr. Paleczny's [Pah-LETCH-ny] piano.

Wanda Landowska [vanda lahn-DOV-ska] the late Polish harpsichordist and composer, once said that "the most beautiful thing in the world is, precisely, the conjunction of learning and inspiration." That is certainly my experience today being here with this extraordinary group of women. I know I will leave Poland with much greater knowledge and appreciation of this nation and its people; and with added inspiration about the potential of women everywhere to contribute to the betterment of society.

ACCOMPLISHMENTS OF LEADING POLISH WOMEN

No matter what country we live in, women share fundamental hopes and concerns: family, work, community. But here in Poland, you have faced challenges far greater than women in many other parts of the world. Even in the face of great social dislocation, Polish women have always managed to inject a sense of compassion and humanity into the world around them.

Whether it is having the courage to stand up for a particular economic policy [Mrs. Suchoka [Su-HOT-ska], or having the courage to write a book about Jewish Ghetto survivors [Mrs. Niezabitowska [nyay-za-bit-TOV-ska], or charting a nation's civil rights policies [Mrs. Letowska [went-TOV-ska], or building a business [Mrs. Piontek [pee-ON-tek], or working on AIDS issues [Mrs. Kuratowska [koo-rah-TOV-ska], or serving in government, in academe, the arts, or the media, or founding a program for handicapped children, as Mrs. Walensa has so admirably done, Polish women are at the forefront of progress and change.

And that is equally true of leading Polish-American women in the United States. As you know, Sen. Barbara Mikulski is a pioneer in the U.S. Senate -- one of only seven women in the Senate. She has been a courageous voice for women, children, and families. Now she is playing a critical role as we work toward

health care reform.

THE COMMON CHALLENGES OF AMERICAN AND POLISH WOMEN

It's no coincidence that the more women are involved in public life, the more we see programs geared toward improving health, nutrition, education, children, families, and community. That's because women tend to be the primary caregivers in every almost society. And women often have to juggle the responsibilities of caring for small children and aging parents along with the responsibilities of demanding professions.

On both sides of the Atlantic, women must continue the struggle to preserve family, to stem the alienation of young people, and to repair the fraying social fabric.

We should not view this as a burden, but an opportunity. Because of our special role in society -- as caregivers, and often as professionals as well -- we have a unique perspective on the world around us. And we have a unique capacity to enrich our nations culturally, intellectually, economically, politically, socially -- and morally.

The vast contributions that women in this room have made in the array of professions you represent is an inspiration to me and to women everywhere who share your hopes and your goals.

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FIRST LADY HILLARY RODHAM CLINTON
BREAKFAST WITH LEADING FRENCH WOMEN
PARIS, FRANCE
JUNE 7, 1994

TALKING POINTS

INTRODUCTION

Thank you, Madam Minister. It is wonderful to be back in Paris, although I always feel cheated here because I never have enough time to see all of this city's vast cultural treasures. But at least this week I'll visit L'Opera [Lo-pair-ah] and the Musee [Mew-zay] Rodin.

And hopefully on my next trip I'll be able to sample one of Chef Arabian's [Ah-rah-bee-yahn] dinners at Le Doyen.

COMMON BONDS AMONG WOMEN

* No matter what continent we live on, women are almost assuredly the primary caregivers in our societies. And we often juggle the responsibilities of caring for small children and aging parents along with the duties of demanding professions.

* These unique experiences give women a unique perspective on social policy.

* It's no coincidence that legislation involving children, families, health, nutrition, and education progressed further and faster once more women were elected to state and federal offices.

And here in France the leadership of women in all walks of life has helped produce an Equal Rights Amendment, a pay equity law, and even a Cabinet-level office that concentrates on women's issues.

THE COMMON CHALLENGES OF FRENCH AND AMERICAN WOMEN IN THE 1990S

* On both sides of the Atlantic, we are witnessing a dislocation of family life, an increase in violence and alienation among our youth, and a general fraying of the social fabric. In both the France and the United States, there is a temptation to blame working women for the escalating divorce rate, for the breakdown of families, and for many other social ills.

* But the fact is that while women continue to be the primary caregivers, we also enrich our nations economically, socially, culturally, intellectually, and politically through our careers.

* It would be nice if solving all of our problems was simply a matter of women staying at home **OR** working. But as Simone Veil has said: "We must give women the possibilities to respond to both aspirations" -- work and motherhood. "We must give them choice."

* I know that Parliament has debated a government proposal to offer financial assistance to women wishing to leave the work place to raise children. [checking the status of this bill]

WOMEN AND HEALTH CARE

* My interest in health care stems in part from my role as a mother, as a wife, as a daughter -- in short, as a caregiver. And it also reflects a belief that individual good health is essential to the collective health of society.

* In working on health care reform at home, I've been interested to learn about the experiences in other countries, and I'm particularly struck by the emphasis "la Secu" [Say-coo] places on the health needs of children and women. As you know, universal coverage and a philosophy of preventive care are cornerstones of President Clinton's approach to reform.

WOMEN HAVE A HUGE STAKE IN THE GREAT ISSUES OF THE DAY

* Women must continue to participate, to speak out, to offer their unique perspectives, particularly at a time when our nations face new and complicated challenges.

* The positive contributions you have made in the vast array of professions you represent is an inspiration to women everywhere who share your hopes and goals.

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FIRST LADY HILLARY RODHAM CLINTON
BRUNCH WITH PROMINENT GERMAN WOMEN
BERLIN, GERMANY
JULY 12, 1994

DRAFT

[Acknowledgements: Mrs. Kohl]

It's a privilege to be in this magnificent palace, which is not only a monument to German history and culture, but also a monument to the enduring spirit of the German people. To see that a restoration of this magnitude can be accomplished and that such splendor can be reborn from total destruction is an important lesson to all of us.

Across the Atlantic, we have all marveled at the commitment and dedication of Germans to rise to new challenges of the post-Cold War era. And I know that women -- including many of you in this room -- have played a crucial role in helping smooth the process of reunification.

In the face of great social dislocation, German women have continually injected compassion and humanity into the world around them. And it's gratifying to see women finally rising to new levels in many fields that were formerly off-limits -- here and in the United States. Today a woman is chief justice of your Supreme Court, and I'd like to congratulate Jutta [yoo-ta] Limbach [LIM-bach] for that appointment.

Often while juggling family responsibilities, German women are making important contributions in the public realm, in business, in law, the arts, the academy, the media. And with one of my favorite tennis players here, Steffi Graf, I can't forget to mention that German women inspire women everywhere through their successes in sport. [Note: She lost in the first round at Wimbledon this year after winning the title three years in a row. That was a tremendous upset and a serious disappointment, so you might want to wish her well at the U.S. Open in August. She is a real heroine to the Germans and also a very thoughtful, albeit very shy, person].

No matter what continent we live on, women share some universal hopes and concerns: family, work, community. Sometimes we struggle to balance the demands and responsibilities placed on us. Yet we must not regard our role as a burden. We must view it as an opportunity -- an opportunity to use our unique perspectives of life to enrich our societies socially, intellectually, politically, economically, culturally, and morally.

Our perspective is particularly critical at this moment in history when, on both sides of the Atlantic, we are witnessing a breakdown of family life, an increase in violence and alienation among young people, and a erosion of the social fabric.

The great challenge for us as German and as American women is to figure out how to meet our own needs as individuals and to use our strength collectively to better the world around us.

My own interest in health care originated as much from my being a mother and a wife and a daughter as it did from my being a lawyer. And, by the way, I'm not the first woman to immerse herself in that subject. I understand that Anna of Saxony (ca. 1587) founded a school for midwives and wrote a book about medicine in the 16th century. So she was way ahead of me in thinking about health care in general, and about the health needs of women in particular.

The particular issue or cause we choose to engage in is not what matters most. What matters most is that we continue to participate, to speak out, and to offer our unique perspective as women.

One of my favorite American women, Eleanor Roosevelt, once said: "It isn't enough to talk about peace. One must believe in it. And it isn't enough to believe in it. One must work at it."

That notion holds true ewhatever our cause, and whether we are mothers, lawyers, politicians, lawyers, doctors, professors, writers, activists, world-famous musicians [Ann-Sophie Mutter -- pronounced MOO-ter, the violinist is a guest], or tennis champions.

The enormous contributions of women in this room -- and the array of experiences you represent -- inspire women everywhere who share your hopes and your goals.

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