

organizations in the country will be investigated. We understand that these investigations by government security officials have commenced.

Furthermore, freedom of the media in your country continues to be assailed, most recently by the withdrawal of press accreditation from and the expulsion of Russian NTV reporter, Alexander Stupnikov, the March 23 decree banning of several Russian television networks from broadcasting footage from Belarus, and the recent announcement by your government that all foreign journalists must obtain new accreditation.

Earlier this year, OSCE Chairman-in-Office and Danish Foreign Minister Helveg-Petersen, urged your government to take action to respect fully OSCE norms, principles and commitments, to enter into dialogue with the opposition and to ensure freedom of media. Unfortunately, actions since that time have only further called into question your government's commitments under the Helsinki Final Act and subsequent OSCE agreements. We urge you to take to heart the concerns of the OSCE and other international entities, as well as individual countries, including the United States, and to begin to reverse the serious deterioration of human rights that has occurred in your country during the last year.

Mr. President, last week you spoke to your countrymen about the international isolation that Belarus is now facing. The best way that you can prevent this international isolation, if you so desire, is to live up to obligations you have freely undertaken as an OSCE member.

Sincerely,

CHRISTOPHER H. SMITH,  
*Co-Chairman.*  
STENY H. HOYER,  
*Ranking Member.*  
ALFONSE D'AMATO,  
*Chairman.*  
FRANK LAUTENBERG,  
*Ranking Member.*

CHARLES DEDERICH, SR.,  
FOUNDER OF SYNANON

**HON. RONALD V. DELLUMS**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, April 10, 1997*

Mr. DELLUMS. Mr. Speaker, I rise today to salute the efforts of the now deceased Charles Dederich, Sr., founder of Synanon, a drug rehabilitation organization that reformed the lives of thousands of people. Dederich distinguished himself in the area of drug rehabilitation and amassed great wealth before his organization was associated with violence and tax problems. Because of the continuing negative social impact of substance abuse in our society, it is appropriate to pause to reflect on the positive contribution made by Mr. Dederich to create a treatment regime to solve this problem at the individual level.

Charles Dederich, Sr., was himself a reformed alcoholic, who founded Synanon in 1958 with a \$33 unemployment check in Ocean Park, CA. His approach to rehabilitating drug addicts has become a major paradigm for drug recovery and therapeutic communities the world over. He believed that relief for addicts would come when they realized they must admit and face their addictions head-on. Much of the rehabilitation involved teaching a strong work ethic. Synanon was a new kind of group therapy; an effective ap-

proach to racial integration; an unusual kind of communication; and an exciting, fresh approach to the cultural arts and philosophy.

His organization created a new social movement and approach to life that provided a structured community-type living atmosphere for treatment of medical problems—persons, including narcotic and other drug addicts, alcoholics, former criminals, and juvenile delinquents were all the beneficiaries. Participants in the Synanon movement moved from the gutters, prisons, brothels, and back rooms of society into positions of moral leadership and more importantly regained hope and control over their lives.

REGARDING THE WESTERN PENNSYLVANIA CARING PROGRAM FOR CHILDREN

**HON. WILLIAM J. COYNE**

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, April 10, 1997*

Mr. COYNE. Mr. Speaker, in 1995–96, there were 23 million American children who did not have health insurance for all or part of that 2 year period. This is one out of three children. Further, recent research suggests that the number of children who have access to privately sponsored employer-provided health insurance benefits is declining.

I would like to highlight an important program in my State of Pennsylvania that is providing a critical point of entry to the health care system for thousands of children. The Western Pennsylvania Caring Program for Children, administered by the Highmark Blue Cross Blue Shield Program and financed by a State tobacco tax and private donations, has succeeded in providing health insurance to nearly 60,000 children in Pennsylvania. In Pennsylvania, nearly 92 percent of newly enrolled children in the Caring Program have parents who work full time—they simply cannot afford the high cost of health insurance.

The following is an article on this highly successful program that appeared in the Washington Post on April 1, 1997. I commend the Caring Program and the Highmark Blue Cross Blue Shield Corp. for the determination and perseverance in helping the families of Pennsylvania provide their children with the opportunity to lead healthy lives. It is my hope that the 105th Congress can look to the example set by the Caring Program and the Commonwealth of Pennsylvania and pass legislation that will provide every child in America the same opportunity to receive needed health care services that Pennsylvania's children have.

[From the Washington Post, Apr. 1, 1997]

INSURING CHILDREN

(By Steuart Auerback)

IRWIN, PA.—Jodie Gavin's serene middle-class lifestyle ended in the wreckage of a car crash that killed her husband, Larry, and his brother 3½ years ago on what she now ruefully describes as a "chance-of-a-life family vacation" to see relatives in Ireland.

The vibrant young wife and mother of two young sons was transformed into a 28-year-old widow who was forced to cope without her husband's paycheck and benefits to pay for all the normal trappings of life: mortgage payments on a neat one-story home, health insurance, money for food, clothing and recreation.

"We came home and the kids were crying. They asked me, 'Will we have to move from our house, Mom?'" Gavin recalled.

Another big worry was health coverage. Her youngest son, Philip, now 6, suffers from congenital heart disease that so far has required three operations. The family had been covered through the husband's job as a maintenance supervisor at the University of Pittsburgh. Although Gavin could have continued her husband's policy, the \$650-a-month price tag was beyond her income of \$1,476 a month in Social Security benefits.

"It was either food on the table or health insurance or pay the mortgage or health insurance. Social Security meant I was too rich for medical assistance, and I couldn't afford to buy insurance myself," she said.

"Those were really hard times. I didn't know what to do. I was afraid we'd all end up on the street somewhere."

Her most immediate health concern was Philip's heart problem.

A relative told Gavin about the Western Pennsylvania Caring Program for Children, a private community initiative, administered by the local Blue Cross Blue Shield organizations, to provide health insurance to children of parents who can't afford to buy it themselves but whose income is too high to qualify for federal-state Medicaid.

Gavin was able to enroll Philip and Larry, 9, without a waiting period. Once enrolled they had their own Blue Cross Blue Shield card; as far as any doctor or hospital knew, they were members of the health care plan. But the cost of the insurance was borne not by the Gavin family or a private employer, but by the Caring Program, which is funded through charitable donations and state funds.

While the Caring Program only covers children from 1 to 19, Blue Cross Blue Shield offers low cost coverage to parents of children in the Caring Program for \$730 a year. "I was devastated by my husband's death. But because of the Caring Program, I knew that my children could stay in this house and that I could clothe them, that I could feed them and that I could love them," Gavin said.

The Pennsylvania program is gaining attention as a national model for covering the growing ranks of uninsured children, estimated as totaling 10 million across the nation.

A FULL RANGE OF BENEFITS

The 12-year-old program, now expanded to the entire state and financed largely through a two-cent-a-pack tax on cigarettes, provides health insurance for 60,000 Pennsylvania children 26,000 in the 29 counties of western Pennsylvania. The program provides a full range of health care benefits including visits to doctor's offices, immunizations, diagnostic tests, emergency care, outpatient surgery, dental treatments, vision and hearing care, prescription drugs (with a \$5 co-payment), mental health care and hospitalizations.

While the coverage is free for eligible children, Charles P. LaVallee, vice president and executive director of the Caring Program, calculated the cost of the insurance at \$850 a year for each enrolled child.

"Covering kids is relatively cheap. Extending coverage to more children should not be a big financial burden," said E. Richard Brown, director of the University of California at Los Angeles Center for Health Policy Research, which studied uninsured children in California.

The Western Pennsylvania Caring Program has been replicated in 26 states by Blue Cross Blue Shield. In some states, including Massachusetts, the program is financed by increases in the cigarette tax.

Pennsylvania's children health insurance program is targeted largely to middle-class