

affection the community of Little Italy feels for this native son.

Mr. Pica's love, understanding and compassion for others have earned him the loyalty and admiration of many friends. It is said by his friend that if you look up the meaning of the word kindness in the dictionary, you find John Pica. His list of friends have included such names as Truman, Kennedy, Schaefer, Nixon, Reagan, D'Alesandro, McKeldin, and Schmoke.

Mr. Speaker, I am pleased to salute John Pica for the honor he has brought to the Italian-American community by his many accomplishments and commitment. He deserves this award for the contributions he has made in the spirit and tradition of its namesake, Thomas D'Alesandro.

MEDICARE MEDICALLY NECESSARY DENTAL CARE ACT

HON. STENY H. HOYER

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 10, 1997

Mr. HOYER. Mr. Speaker, I am pleased to introduce today, along with Congressmen CARDIN and STARK, the Medicare Medically Necessary Dental Care Act. This bill will improve health care for thousands of senior citizens and save the Nation millions of dollars in Medicare costs.

Under current law, Medicare cannot pay for outpatient dental work. However, untreated dental problems can lead to expensive complications when other unrelated procedures are performed. The failure to treat these conditions has both a high cost in suffering for seniors and a high price tag for Medicare.

The Medically Necessary Dental Care Act would permit Medicare to pay for dental care when it is necessary to prevent complications in valvular heart disease, cancer of the head or neck, lymphoma, leukemia, and organ transplants. While expanding dental coverage in these areas is estimated to cost nearly \$17 million, the act would save Medicare about \$117 million by preventing further complications. The bill would also give the Secretary of the Department of Health and Human Services the authority to expand coverage of medically necessary oral health care in connection with other medical problems if the Health Care Finance Administration determines that the dental coverage will result in cost savings to Medicare.

Take the case of Alma, a senior citizen in Baltimore who underwent a heart valve replacement surgery. Not long ago, she went to the University of Maryland medical system emergency room with a racing heart, fever, chills, and pain in her mouth. Alma was diagnosed with an acute abscess over her upper front teeth which had led to a systemic infection. She was hospitalized, and will have to undergo 6 weeks of intravenous antibiotics to knock out the infection. In addition, she will probably have to have her heart valves replaced again.

In many ways, Alma is lucky. Dental infection is a common cause of complications in heart valve replacement patients, and some die before their infection can be stabilized. Medicare covered the cost of Alma's hospitalization, and will pay the \$20,000 to

\$40,000 bill if her heart valves have to be replaced again. But all of this could have been avoided by a simple dental checkup and treatment before her first surgery.

A few years ago, James, another Maryland senior, was diagnosed with neck cancer and treated with radiation therapy to his head and neck. Over time, James started to feel pain in his lower jaw, and to have difficulty opening his mouth. His doctor diagnosed a jaw fracture, caused by radiation-related complications of previously infected teeth. To cure the problem, James underwent three surgeries, including removal of a portion of his jaw and a hip graft to replace it. Removal of James's infected teeth before radiation would have cost less than \$300, but Medicare covered the actual cost of \$27,950.

This bill is supported by the American Association of Hospital Dentists, the American Society for Geriatric Dentistry, the Academy of Dentistry for Persons With Disabilities, the American Association of Dental Research, the American Academy of Pediatric Dentistry, the American Association of Dental Schools, and the American Association of Public Health Dentistry. More importantly, it will save taxpayers millions, while improving the quality of life for senior citizens. I urge my colleagues to join me in supporting this important legislation.

DETERIORATION OF HUMAN RIGHTS IN BELARUS

HON. CHRISTOPHER H. SMITH

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 10, 1997

Mr. SMITH of New Jersey. Mr. Speaker, over the last year, we have witnessed a steady deterioration in the human rights situation in Belarus. Belarusian President Alyaksandr Lukashenka has flouted international commitments by infringing on the human rights of the citizens of Belarus. He has violated elementary human rights and freedoms, such as freedom of speech, assembly and association, and has stifled democracy by clamping down on the media, on the democratic opposition, and on fledgling nongovernmental organizations. Lukashenka has amassed near-dictatorial powers, using an illegitimate constitutional referendum held last November to extend his power, disbanding the Parliament and creating a new legislature and constitutional court subservient to him.

The international community has widely censured Lukashenka for his blatant disregard for international commitments. The Organization for Security and Cooperation in Europe [OSCE] has repeatedly called upon the Government of Belarus to respect human rights and democratic principles, to enter into dialog with the opposition and to ensure freedom of the media. The chairman in office of the OSCE has stated that neither the preparations for the November 1996 referendum nor the new constitution comply with OSCE norms, principles, and commitments. The OSCE hopes to send a mission to Belarus this month if it receives assurances that the mission can meet with members of the opposition.

Mr. Speaker, unfortunately, the human rights situation in Belarus has taken a turn for the worse in recent weeks. Last week, on April 3, the leadership of the Commission on Secu-

rity and Cooperation in Europe—Helsinki Commission—wrote to President Lukashenka expressing our dismay at recent developments in Belarus and urging President Lukashenka to reverse the deterioration of human rights in his country and live up to obligations freely undertaken as an OSCE member.

Mr. Speaker, I request that the letter be included in the RECORD.

COMMISSION ON SECURITY AND
COOPERATION IN EUROPE,
Washington, DC, April 3, 1997.

His Excellency ALYAKSANDR LUKASHENKA,
President, Republic of Belarus,
Minsk, Belarus.

DEAR PRESIDENT LUKASHENKA: We are writing to express our heightened concern about the further deterioration in the human rights situation in your country and to protest a series of actions by your government in blatant violation of OSCE principles and norms.

Within the last few weeks, two American citizens, including a U.S. diplomat, have been expelled from Belarus. First Secretary Serge Alexandrov was unjustly and illegally detained and expelled for observing an opposition rally, a routine practice of diplomats. A few days earlier, on March 16, Belarusian Soros Foundation Executive Director Peter G. Byrne was prevented from reentering Belarus, detained, held incommunicado for over 12 hours in flagrant violation of diplomatic and consular conventions in effect between the United States and Belarus, and forcibly expelled the next day. Mr. Byrne ostensibly was expelled for illegal activity, but in reality, was expelled for supporting efforts to develop Belarus' fledgling civil society.

These expulsions come on the heels of other repressive actions, including arrests and beatings of demonstrators who have been protesting your policies over the last few months. Organizers of these rallies, such as former Chairman of Parliament Mechyslau Hryh have received stiff fines or have been arrested and jailed for up to 15 days. We are alarmed by reports of beatings that resulted in injuries and detentions of several hundred protestors and journalist during yesterday's demonstrations in Minsk.

We are deeply concerned about the Belarusian Government's restrictions on the right to freedom of speech and assembly—as manifested by your March 5 decree which also bans the display of Belarusian national symbols at rallies—and the arrest of peaceful protestors, as well as journalists, at a number of these rallies. We are also alarmed by the political intimidation of leading opposition figures, as illustrated by police visits to their homes demanding they admit they violated a presidential edict that restricts demonstrations, and by police searches of various political party headquarters. In February, two opposition leaders were attacked in Minsk in separate incidents by unidentified assailants under suspicious circumstances. Also, we have received reports of the intimidation of university professors and other examples of crude threats by police against democratic activists.

We are especially troubled by the plight of Henadz Karpenka, Deputy Chairman of the 1996 parliament and chair of the opposition shadow cabinet, who was on a hunger strike to protest the special police guard placed outside his ward in a hospital where he is currently a patient.

Another example of apparent intimidation is the March 10 decree calling into question important tax exemptions granted to the Belarusian Soros Foundation and other nongovernmental organizations and the March 18 announcement that all nongovernmental

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 Stuart 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