

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

working families who don't get health insurance for their children as part of their employee benefits and don't earn enough money to buy insurance on their own. They also earn too much to be eligible for Medicaid. Under the Pennsylvania program, a family of four earning \$28,860—185 percent above the \$15,600 poverty line—qualifies for free health insurance for their children.

In western Pennsylvania, 92 percent of newly enrolled children have parents who work full or part time. This reflects the national profile of the uninsured. A UCLA study found that nine of 10 uninsured children in California come from a working family and 60 percent of the uninsured children come from families with at least one full-time working parent. The Children's Defense Fund found similar figures in a national sampling, as a growing number of parents are working for employers who no longer offer health insurance for children as a benefit.

A new study released last week by Families USA Foundation, based on federal census data, reported that an estimated 23 million American children were without health insurance coverage for at least one month during a two-year period.

"America's uninsured children live in families where the breadwinners work hard, pay taxes and play by the rules. But they don't get health coverage on the job, for themselves or their children. And they can't afford to pay for it out-of-pocket," said Ron Pollack, executive director of Families USA.

AVOIDING TRIPS TO THE DOCTOR

A typical situation is that of Susan Din, executive director of the Ligonier Valley Chamber of Commerce.

"I almost called for help," said the mother of two teenage daughters.

"My husband has been out of work for two years, and I was taking care of a family of four on my chamber salary of about \$20,000 a year. We had no insurance for the kids or ourselves. There was no way we could have afforded insurance. It was just food on the table and mortgage payments," Din said.

"I just kept saying to the kids, 'Don't get sick.'"

Without insurance, Din also avoided going to the doctor. The family was lucky. There were no injuries or major illnesses. Her husband, Angie, now has a job with an axle manufacturing company in Michigan, where the family will move after the school year is over.

"I can't wait until we get insurance [from her husband's new job]," she said. "I haven't seen a doctor in three years."

She explained that she didn't sign her children up for the Caring Program because her family was not destitute. "We had a nice house and investments we could tap into. We are not like people who don't have anything. There's a lot we could have gone through before we got to the place where a lot of people already are," Din said.

"But I still was afraid to go to the doctor in case he found something wrong. That could wipe us out."

That is a common fear among parents with no health insurance for their children. A survey taken for the Caring Program by the University of Pittsburgh health economists Judith R. Lave and Edmund Ricci found that three out of four parents of uninsured children postpone going to the doctor, preferring to save that cost to pay for medical care for their children.

Because they can't afford it, many parents also put off getting needed treatment for their children.

As a result many of the children who come into the Caring Program have unmet medical needs. The Pittsburgh study found that

one in four new enrollees needed to see a doctor for untreated ailments such as asthma, bronchitis, bruised kidneys, depression, diabetes and sprained ankles. The illnesses were caught before they caused permanent damage, and the researchers said treating them meant the children grew up to be healthier adults.

More than four of every 10 children enrolled in the Caring Program needed dental care and almost two in 10 needed glasses.

The lack of health coverage also affected the family's lifestyle. In the study, about 12 percent of the children were forced to restrict activities such as bike riding and ball playing because parents feared their children would get hurt.

"They wouldn't let their children engage in a sport that they feared would lead to an accident and a need for emergency medical care they couldn't afford. I was surprised. It had never occurred to me that lacking health insurance would keep children away from playgrounds and out of sports," Ricci said.

But this was no surprise to social workers in the community. "I can't tell you how many parents say, 'Now he can play baseball again,'" said Kimberly Rodd, an outreach coordinator for St. Michael's of the Valley Episcopal Church in Ligonier. The church both raises money and seeks out children for the program.

"Schools require physicals before a child can participate in organized sports. They can't afford physicals if they don't have health insurance," added Amy Salay, a counselor for the Ligonier schools who steers children into the Caring Program.

FOUNDED AFTER LAYOFFS

The Western Pennsylvania Caring Program was born after massive layoffs hit the steel mills that had been the bedrock of the region's economy. Teams of ministers asking about the needs of thousands of formerly well-paid laid-off steelworkers were told:

"Don't worry about us. Do something for our kids," recalls LaVallee, who was studying for the ministry at the time.

The ministers settled on offering a basic package of primary care health coverage for children, financed by community donations matched by Blue Cross of Western Pennsylvania and Pennsylvania Blue Shield, now merged into a single organization, Highmark Blue Cross Blue Shield. The Blue Cross Blue Shield organizations took an active interest in the program, donating the administrative services that keep it going.

In the beginning, the benefits were far from comprehensive—doctors' visits, immunizations, diagnostic tests, emergency care and outpatient surgery—but the cost was low, just \$13 a month for each child, which amounts to \$156 a year.

LaVallee and others raised the money from the community by holding bake sales and making the rounds of Kiwanis Clubs and church groups. They argued that every \$156 raised from the community would be matched by the Blues and thus would provide health insurance for two children.

Community fund drives remain a part of the Caring Program, accounting for \$500,000 to \$900,000 a year. But LaVallee said he quickly realized community support could go only so far. The explosive growth for the program came in 1993, after Democrat Harris Wofford won a U.S. Senate seat from Pennsylvania on a platform favoring national health insurance. He upset former governor and U.S. attorney general Dick Thornburgh, and helped put health insurance on the national agenda for the next three years.

In Pennsylvania, State Rep. Allen Kukovich had a bill to expand and enlarge the western Pennsylvania program, financ-

ing it with two cents from a 13-cent-a-pack cigarette tax, which added up to \$20 million for the program.

"I had the only serious health care bill around," recalled Kukovich, now a state senator. "It was languishing, but all of a sudden it moved to the front burner. It passed in five weeks and was signed in 1993."

"We had this Caring Program in western Pennsylvania providing primary care only for 6,000 children," recalled LaVallee. "All of a sudden we could provide comprehensive care for 25,000. We got more money in a month from the Commonwealth of Pennsylvania than we got in a year of fund-raising. For us that was a dream come true . . . and enabled us to take the next step."

The program has turned out to be a way station for families, 40 percent of whose children move off the program within a year—largely because their families got jobs. Thus the program becomes a bridge to mainstream coverage.

That is what happened with Maurine Ceidro, 41, who lives with her three children—Sarah, 11, Jason, 13, and Janean, 19—in nearby Greensburg. They were covered by the Caring Program for four years after her husband died in 1992. Although she has a college degree in theology, she was working low-paying, no-benefit jobs: part of a crew cleaning houses and offices after they had been damaged by fire and soot and as a caregiver at a home for disturbed children. Neither provided health insurance for herself or her children.

She saw a Caring Program brochure advertising free health care for children. "I thought this was too good to be true. This is not possible," she said.

"Once I knew we had health care coverage, I could think about steps I have to take, because obviously I was their sole support. If we kept on the way we were going, we would be putting out fires for the rest of our lives. It offered no future."

Ceidro went back to school for her master's degree in theology. "Having health coverage for the children gave me the opportunity to go back to school because I didn't have to worry about any bad mishaps devastating the family," she said. Unlike Gavin, she didn't worry about health insurance for herself.

In January, after her children had been covered for four years, Ceidro started work as director of pastoral care at Jeannette District Memorial Hospital.

That's how it works. It got us through that really awful period," she said. "But in January I called up and said, 'I don't need it any more make room for three new children.'"

The Gavins have been in the program for more than three years and it has proved its worth. After three operations at Pittsburgh Children's Hospital, covered by the Caring Program, Philip is behaving like any other rambunctious 6-year-old, chasing his older brother Larry, 9, a straight-A student who holds a second-degree red belt in karate.

"Without health insurance in no way could I treat Philip as normal, I have a hard time treating him normally now, but I let him go and I bite my nails. To me he is special, but to an insurance company he's just medical bills," Gavin said.

"When I am sure he is well, then I can figure out what I want to do when I grow up," said Gavin, who believes the best thing she can do now is be "a full-time mom."

"When that happens we won't need insurance from the Caring Program anymore and someone else can get it."