if there was something I could have done. I don't understand why Scott and Gary had to die at such a young age, but my life will go on. I have to come to terms with this senseless loss. But lately, it seems the school has forgotten what happened just a month ago. three days of extra counselors because of Scott's death. Is that what his life was worth? Three days?

I will never forget what happened during my senior year, but soon this school will. In four years, nobody will know Scott or Gary's name, and if they do, they won't understand what happened to them or those around then. It bothers me, because people should remember. Events like this should never be forgotten, because if they are history will repeat itself and more people will die.

Even if Scott and Gary's deaths were accidents, schools should teach about depression, and provide a way for students to get help for themselves. I know each school has guidance counselors. But who wants to talk to somebody who might not even know your name?

All my life, I've had to deal with depression. And most people don't truly understand. I'm only 17. But already I have had at least seven of my best friends attempt suicide, and a couple have succeeded. People need to know where and how to find help, and if they're finding help for a friend, they need to know that their friend is not going to hate them, and if they do, they're still alive, and that's the point.

If people don't know or don't want to admit that they may be depressed, there is a bigger chance that they will take matters into their own hands. Depression is not a dirty or a bad word, and people who are depressed aren't any different from anyone else, they just need a little more support.

When it comes down to life and death, I've always opted for life. Life may be tough, but death is so final. Once the trigger is pulled or the plunge is taken, there is no turning back. No matter how hard life is, it will always get better.

DRUG TREATMENT

(On behalf of Lucas Gockley and Aaron Gerhardt)

Lucas Gockley: We are here today to talk to you about the methadone maintenance treatment for heroin addicts. Heroin a highly addictive drug derived from morphine. Some of the long-term diseases stemming from heroin use are weight loss, heart disease, AIDS, and death, eventually.

In Vermont, heroin use is increasing dramatically. In 1994, 118 people in a state-run treatment center said they used heroin. In 1996, 154 people said they were addicts. There has been a 50-percent increase in heroin use in the Rutland area alone. In 1997 in the Rutland area, there have been two drug store robberies and one bank robbery by heroin addicts looking for money to fund their habit. There have also been eight deaths due to heroin overdose in just Rutland County in 1996 and 1997.

State police figures show that crime due to heroin addiction has almost tripled in this state in a period between 1996 and 1997. Here at the university, there is a federally-funded detox center run by UVM's Dr. Warren Diggle, and the figures show that 60 percent of the heroin addicts he sees are repeat visitors.

Heroin use is on the rise in Vermont, and help for addicts is virtually nonexistent. The only effective treatment is the methadone maintenance treatment.

Aaron Gerhardt: Vermont has no real treatment facilities which addicts who have a desire to get off of heroin can use.

One question to ask about methadone maintenance treatment is, Does it work? In the European Archives of Psychiatry and Clinical Neurosciences, researchers found that ''MMT''—or methadone maintenance treatment—''centers have a real efficiency, not only to reduce illicit opiate abuse between 50 and 80 percent, but also to reduce criminality, HIV risk, and mortality, and also to improve social rehabilitation without introducing other alternative substance abuse.'' Another study published in the American Journal of Drug and Alcohol Abuse found that heroin addicts who go through methadone treatment are less likely to use cocaine, amphetamines, tranquilizers and marijuana. It is clear that MMT does work.

The reason that MMI facilities need to be government-funded is because, currently, Medicare and Medicaid do not cover methadone maintenance treatments, and, frankly, the treatment is too expensive for the average addict to pay for. So it is much easier for them to stay home, using the welfare, and continue using heroin, which just contributes to the cultural stereotype of the free-loading drug addict. Government funding can help ease the burden for the addict, and it shows a concern on the part of the government to help the individual. Instead of condemning them as criminals, it just makes them seem more that they have a problem, instead of being bad people.

Also, within these facilities, the need for confidentiality is imperative. Addicts have to have a place where they can go to and not feel threatened by the threat of prosecution, persecution, and shame. The MMT centers need to have flexible hours so that addicts who are trying to stay productive members of society can go to them. A nine-to-five day for a center being open is not that feasible for an addict who is trying to hold a day job. Simply put, the best time for the clinical centers to be open would be 24 hours a day, which, granted, would be a little bit inconvenient for people, but for the addict, it helps.

It is also very important that these centers have counseling facilities available, and counselors available. The chances of success in methadone maintenance treatment greatly increases with psychotherapy. According to a 1995 study published in The Journal of Psychiatry, addicts who underwent psychotherapy were much more likely to complete the treatment and become well-rounded, productive members of society once more, and stay off the heroin.

So, over all, the benefits to Vermont are clear: MMT helps to lower crime, HIV risk, and death. Also, through MMI, addicts are more likely to stay off drugs for the rest of their lives and become productive members of society.

Congressman Sanders: Thanks. It sounds like you did some good research.

A TRIBUTE TO THE LATE DR. GENO SACCOMANNO

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 13, 1999

Mr. McINNIS. Mr. Speaker, it is with a heavy and saddened heart that I now rise to honor the incomparable life of a man who gave immeasurably to his community, state, nation and all of humanity: Dr. Geno Saccomanno. During the course of his distinguished life, Dr. Saccomanno performed seemingly infinite acts of compassion, care, and kindness that impacted, very literally, many hundreds of thousands of people. Today, Mr. Speaker, as family and friends remember the remarkable life of this great American, I too would like to pay tribute to Dr. Geno Saccomanno and thank him for the remarkable life of service that he led.

Beginning in 1948 and continuing until the last days of his life, Dr. Saccomanno served with widely acclaimed distinction as a medical researcher at St. Mary's Hospital in Grand Junction, Colorado. In his time there, he would quickly become a driving force behind the transformation of St. Mary's from a small rural hospital to a regional hub of medical service. Ultimately, the rise of St. Mary's Hospital to the position of stature it now enjoys is irrevocably tied to the extraordinary work that Dr. Saccomanno did on its behalf.

Beyond bringing great renown to St. Mary's Hospital, Dr. Saccomanno's tireless efforts in the field of lung cancer research—the cause to which he devoted his life, also earned him great personal acclaim as a leading figure within his profession. His exhaustive research of cancer within uranium miners, which witnessed his testing of nearly 18,000 uranium miners, was internationally lauded for the medical breakthroughs it produced. Dr. Saccomanno's sputum cytology method for lung cancer screening, one of the many offshoots of his research in this area, is still used by hospitals both in the United States and Japan.

In addition to these professional achievements, Dr. Saccomanno also published a medical textbook, 80 research papers and invented medical instruments—including a brush to take cervical samples for Pap smears and a tube used in lung cancer screening.

While medical history will long remember him for his research prowess, the Grand Junction community will always proudly recall Dr. Saccomanno as a philanthropist of unmatched generosity. A statement offered by Dr. Saccomanno several years ago embodies this notion: ''To help people, in our opinion, is a privilege. There is no endeavor that gives more pleasure than helping those in need.'' More than a superficial credo, his statement appears to be the foundation upon which he led his life. In all, Dr. Saccomanno gave beyond measure to causes too many to list. Most notably, Dr. Saccomanno and his family established the Saccomanno Higher Education Foundation, a $2.5 million endowment supporting high school graduates in need of financial support for college.

It is with this humble gesture, Mr. Speaker, that I say thank you and good-bye to a man that I am proud to have called a friend. Although no words or tribute could ever adequately express the depth of his life accomplishments, nor communicate the level of sadness we feel at his passing, I am hopeful that Dr. Saccomanno's wife, Virginia, daughters Carol, Linda, and Lenna, and all of his grandchildren will take solace in the knowledge that the world is a better place for having known Geno Saccomanno.

PERSONAL EXPLANATION

HON. RONNIE SHOWS

OF MISSISSIPPI

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 13, 1999

Mr. SHOWS. Mr. Speaker, because inclement weather delayed my connecting flight from