

of her life and most of her daughter's life, and how once my daughter had published this article in the Mandan school newspaper, it changed the outcome. It changed the way her daughter went to school every day because she knew she wasn't alone. She knew someone was there in that school who understood her challenges and supported her family. So where it may not move big issues—and it may not be a big, moving example like Hazelwood—it can, in fact, change outcomes. The ability to express yourself, the ability to be part of a community where we have open ideas is absolutely instrumental and critical to the future of our country.

When you look at the restrictions that still today are put on student press and student newspapers, we know we have to do better.

I applaud the new voices of North Dakota organization and its founder, Professor Steven Listopad of Valley City State University and those teachers, professors, and students around the country who engage in similar efforts for helping shine the Nation's attention on the urgent need to protect meaningful and candid journalism so that young people have an opportunity to participate and drive the civic dialogue about the world in which they live and they will eventually lead.

The skills learned and developed by student journalists and the roles they can play in driving public conversation among their peers speak to the indispensable role that journalism can play—if adequately supported by our schools—in educating the next generation for the careers of the future and for preparing our children to discuss, debate, and lead on important and controversial issues.

I think that, as we are moving forward and taking a look at what can be done, it is important that we all appreciate that the First Amendment is not something that you should just learn in school books. It is something that you must exercise. And the sooner you exercise that First Amendment right to speech, the sooner we recognize that young voices in this country are as critical as older voices and no student should be restricted or prevented from expressing an opinion and the stronger we will grow in our democracy.

I look forward to continuing to work on this issue. I look forward to taking on the difficult task of talking about what we can do nationally to advance this, but I mainly came to the floor to applaud the great State of North Dakota for recognizing the importance of students' First Amendment rights.

I encourage all Members in this Chamber to examine what happens at home with students' First Amendment rights, to provide leadership, to promote those rights in their State, and to potentially look at how we can reverse the Hazelwood decision so that we can grow a more confident, a more educated, and a more diverse population for our future.

With that, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. SASSE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

REMEMBERING DOCTOR QUENTIN YOUNG

Mr. DURBIN. Mr. President, I would like to take a few minutes to talk about an extraordinary person who passed away on Monday, March 7, at the age of 92. Dr. Quentin Young was a dedicated physician and an advocate for civil rights in Chicago.

Some of Dr. Quentin's patients included the Rev. Martin Luther King, Jr., the Beatles, Studs Terkel, the late Mayor Harold Washington, and even President Obama.

Dr. Young's commitment to the common good is what makes him a legend. He spent 35 years at Cook County Hospital and 56 years of private practice in Hyde Park improving health care while fighting for social justice and racial equality. His autobiography is titled, "Everybody In, Nobody Out: Memoirs of a Rebel Without a Pause." And he meant it.

Doctor Quentin Young grew up in Hyde Park in Chicago's Southside. And when America entered World War II, he enlisted in the Army and served his country honorably.

After returning from the war, Dr. Young graduated from medical school at Northwestern University and would go on to spend 35 years at Cook County Hospital treating patients and becoming a moral voice during the Civil Rights era. When people outside of Chicago hear the words Cook County and hospital, people think about the show "ER" and doctors resembling George Clooney. For the people in Chicago, they think of Dr. Quentin Young.

Dr. Young's experience at Cook County Hospital and his efforts during the Civil Rights movement were intertwined. In 1951, he was a founder of the Committee to End Discrimination in Chicago Medical Institutions, which focused on ending racist practices in Chicago's hospitals and clinics.

By 1960, the Cook County Hospital was serving the Black community and immigrant Mexican community almost exclusively. Eighty percent of Chicago's Black births and nearly half of all Black deaths were at Cook County Hospital. This place was one of the frontlines of social inequality and Dr. Young and his family fought to change that. His efforts were not limited to the Chicagoland area. Dr. Young was a founder and national chairman of the Medical Committee for Human Rights or MCHR, which formed in June 1964 to offer support and medical care for civil rights workers, community activists,

and summer volunteers working in Mississippi during the Freedom Summer.

It was the MCHR that provided help and emergency medical care to anti-war protesters at the 1968 Democratic National Convention in Chicago. In October of that year, Dr. Young received a summons by the House Un-American Activities Committee for his involvement in MCHR. He valiantly defended the MCHR's work.

After Rev. Martin Luther King, Jr., was struck in the head by a rock while marching through a White neighborhood, Dr. Young was there to patch him up. He was not only Dr. King's physician but a fellow marcher during the Marquette Park protest in 1966.

Dr. Young and the late Dr. Jorge Prieto, former head of the Chicago Board of Health, became the primary force behind the movement to found neighborhood medical clinics in the late 1960s. These clinics gave medical help to countless people when they couldn't afford to go to the doctor.

From 1972 to 1981, he served as chairman of Medicine at Cook County Hospital. His example helped bring many dedicated people back to the hospital, but it wasn't without challenges. The staff went on strike because of the lack of resources in 1975. Dr. Young sided with the young doctors, and the governing commission fired him for it. With loyalty, the striking staff took his office door off its hinges so management couldn't change the locks and held a 24-hour vigil outside his office until he regained his position after a court fight.

In 1980, Dr. Young founded the Chicago-based and Illinois-focused Health & Medicine Policy Research Group, which conducts research, education, policy development, and advocacy for policies that impact health systems to improve the health status of all people. He would go on to serve as Mayor Harold Washington's appointment as president to the Chicago Board of Health.

Dr. Quentin Young never lost his passion for providing equal access to health care for the people of Illinois. Since retiring from private practice in 2008, he fought hard for a single-payer system.

In 2001, at the age of 78, he walked 167 miles across Illinois, from Mississippi River to Lake Michigan, with former Governor Pat Quinn to promote access to health care.

He never wavered in his belief in humanity's ability and responsibility to make a more equal and just nation. My prayers and thoughts go out to his family, Michael, Ethan, Nancy, Polly, Barbara, William, Karen, and his nine grandchildren.

COMPREHENSIVE ADDICTION AND RECOVERY BILL

Mr. LEAHY. Madam President, 8 years ago, I convened the first in a series of hearings in Vermont where the Senate Judiciary Committee examined

the growing problem of drug addiction in rural communities. As we gathered in Rutland in March 2008, the mayor noted in his opening statement that there was a part of him that wished that the committee did not have to be there in his city that day. He wished that his community was not facing the scourge of drug abuse and addiction that was creeping across rural America.

But in true Vermont fashion, Mayor Louras and the other community leaders, law enforcement officials, and health professionals who gathered with us that day in March 2008 did not shy away from the problem. Instead, we had an honest discussion about how to fight this problem together and about how the Federal Government could help. Over the past 8 years, we have continued this important conversation at other hearings I convened in St. Albans, in Barre, and again in Rutland. We have heard testimony from community leaders and officials throughout Vermont about the growing problem of opioid addiction. In St. Albans, for example, Dr. Fred Holmes told us tragic stories about teenagers getting hooked on OxyContin and other opioids and then committing crimes to support their habits. These stories have been heartbreaking.

Despite these difficult circumstances, I am struck by the determination of Vermonters to come together to address this crisis—and to do so not just through law enforcement and locking people up, but through comprehensive prevention, treatment, and recovery programs.

In Rutland, for example, Project VISION brings together city officials, law enforcement, and social services to work together, all in the same office, to confront the problems of drug abuse and related crime. What they have found is that something as simple as sharing office space improves communication and coordination and begins to turn the tide.

Mary Alice McKenzie, executive director of the Boys & Girls Club, testified at the most recent hearing in Rutland about children who are neglected because their parents are opioid addicts and how there is sometimes no money for food because parents have spent it on drugs. Kids are also becoming addicts at younger and younger ages. The Boys & Girls Club has responded by extending evening hours and staying open on Saturdays. They now serve dinner 6 nights a week and drive kids home after dark. They provide safety for these children. They are also working with schools and public health officials to provide education and prevent them from getting swept up in that world.

At that same hearing, Vermont's health department commissioner, Harry Chen, described to us Vermont's innovative and successful "hub and spoke" treatment model. This system has two levels of care, with the patients' needs determining the appro-

priate level. Although challenges remain and waiting lists are still too long, I believe this system can be a model for the Nation's response to the opioid crisis.

Earlier this year, we heard powerful testimony from Governor Shumlin about the progress that Vermont has made because of this comprehensive approach—but also about the work that still remains to be done. Vermont's focused and persistent efforts are now drawing attention and replication in communities across the Nation.

In many ways, the Comprehensive Addiction and Recovery Act, or CARA, builds upon the work in Vermont.

To specifically address the opioid problem in Vermont and other rural areas, I made sure that CARA will help get the overdose-reversal drug naloxone into more of our rural communities. Getting naloxone into more hands will save lives. I also ensured that CARA includes a new Federal grant program to fund expanded treatment options for heroin and opioid abuse and Federal funding to expand State-led anti-heroin task forces.

I am proud to be a cosponsor of CARA, and I am glad to see the Senate pass this bill. This bill is historic because it marks the first time that we are treating addiction like the public health crisis that it is. We are not imposing harsh and arbitrary mandatory minimum sentences on those who abuse drugs. We are not condemning the poor and sick among us to be warehoused in our Nation's jails. Today I am hopeful that we have finally learned our lesson from the failed war on drugs.

But our work is not done. The Senate missed an opportunity to provide real funding for this effort when Republicans blocked Senator SHAHEEN's amendment that would have provided for emergency supplemental appropriations, so we need to keep fighting to ensure that we provide the necessary resources to support implementation of this bill. In Vermont and across this country, there are few issues more pressing than opioid and heroin addiction, and I will not stop working with people throughout our State to help fight this epidemic.

Mr. TESTER. Mr. President, earlier today the Senate overwhelming passed the Comprehensive Addiction and Recovery Act, which is a good first step toward combatting the opioid addiction epidemic facing our Nation. The bill authorizes expanded treatment options and empowers local health and law enforcement agencies to intensify efforts to combat opioid addiction. This bill is a good start, but there is a lot of work left to do to address this increasingly dire situation. This body needs to put real resources behind the initiatives we approved today and place a greater priority on investing in research for non-opioid alternatives to pain management.

The CDC estimated that, in 2014, overdose related to prescription pain

killers killed nearly 19,000 Americans. In Montana alone, according to the Montana Department of Public Health and Human Services, prescription drug overdoses led to at least 369 deaths and more than 7,200 hospital inpatient admissions and emergency department encounters statewide over a recent 3-year period. The effects of opioid addiction are undisputedly devastating.

It is also important to keep in mind that chronic pain is a very real problem that affects millions of Americans. When discussing the negative consequences of opioids, we must also remember that effective treatments for chronic pain are absolutely necessary for those struggling with long-term pain management.

That is why I believe it is time to devote more energy and funding to the development of non-opioid painkillers. Early stage research in my home State of Montana is demonstrating incredible promise in developing non-opioid drugs that could help treat both chronic and acute pain. I am confident that medical professionals will eventually be empowered to offer their patients effective pain management alternatives that may significantly reduce our society's reliance on opioids.

I look forward to working with my colleagues in the coming months to find ways to invest in the research and development of non-opioid painkillers. In the meantime, I encourage Federal agencies, such as the National Institutes of Health, to ramp up focus on finding alternative treatments for chronic pain to reduce our Nation's dependency on opioids. Thank you.

(At the request of Mr. REID, the following statement was ordered to be printed in the RECORD.)

VOTE EXPLANATION

● Mrs. MCCASKILL. Mr. President, I was necessarily absent for today's votes.

On S. 524, the Comprehensive Addiction and Recovery Act of 2015, I would have voted yea.

On the motion to table S.J. Res. 31, a joint resolution relating to the disapproval of the proposed foreign military sales to the Government of Pakistan of F-16 Block 52 aircraft, I would have voted yea.●

REMEMBERING JUSTICE ANTONIN SCALIA

Mr. INHOFE. Mr. President, on February 13, 2016, Supreme Court Justice Antonin Scalia passed away in his sleep. He was an enduring legacy of the Reagan administration and the conservative standard not only on the Supreme Court but for the entire American judicial community.

History will remember Scalia as a stalwart defender of the Constitution and a brilliant legal mind. He authored the majority opinion on countless rulings of the Court, preserving and protecting our Nation's founding principles. His intellectual honesty, as well as his humor, will be greatly missed.