

"So he strapped a pile of cash to a belt and flew out to Lithuania to go look at an airplane," says Cliff.

Since George didn't speak Lithuanian, and all the instrumentation was in Russian, the sellers taught him how to fly the plane. Convinced it was worth the investment, the Coys hired a Russian pilot and a farmer from Shelburne to help fly the An-2 back to Vermont.

Like many aviation adventures, Cliff Coy says, theirs began with a mechanical malfunction: The plane lost all of its oil above the clouds during a night crossing of the North Sea.* As he recalls, "The Russian pilot knew very few words of English, and two of them were 'Very bad!'"

The An-2 managed to run for another half hour without oil before landing safely. Despite the mishap, the trip stoked the Coys' interest in importing more Russian and Eastern European planes—such as two aerobatic trainer planes called Yakovlev Yak-52s that they'd seen in Lithuania. Sensing a business opportunity, the Coys began importing Russian and Eastern Bloc planes to the U.S. for American buyers.

Since 1989, Border Air has imported more than 300 such aircraft, including a Yak-55, which is currently under repair in the hangar in Swanton. With only about 250 Yak-52s still actively flying in the United States, Coy has loyal clients who fly to Swanton from as far west as Chicago to get their planes serviced.

What's the plane's appeal? For one thing, Coy points out, Yak-52s closely resemble World War II fighter planes. And, given the Soviets' efficient engineering, he adds, "You're basically able to maintain it out in a farmer's field with a flathead screwdriver and a wrench. So they're incredibly rugged and inexpensive."

The Coys pretty much stopped importing Russian aircraft in 2005, when the dollar-to-Euro exchange rate made them prohibitively expensive. The sale price of the Yak-52, for example, jumped from \$120,000 to \$380,000.

In 2007, Coy bought Border Air from his father. These days, much of his business has reversed direction—it involves moving planes and pilots from the U.S. to Russia instead of vice versa.

In the Soviet era, the only Russians who flew planes were military pilots; when the country opened up civil aviation, many Russians became interested in flying American aircraft. Until the Russian ruble crashed last year, Border Air was exporting about two containers of American-made planes to Russia every three months.

Recent changes overseas have brought a whole new crop of flyers to Swanton. In 2011, a wave of bad aviation accidents in Russia killed scores of people. Putting the blame on pilots who had obtained their licenses fraudulently, the Russian government closed flight schools across the country.

The virtual shutdown of civil aviation in Russia could have sent Coy's business into a tailspin. But then Russians began coming to the United States—including the flight school in Swanton—to obtain pilot's licenses. Apparently placing greater trust in American flight schools than in its own, the Russian government converts U.S. pilots' licenses into Russian ones, Coy says.

Just as Coy is explaining the process, two Russian men with crew cuts and black coats pass en route to a small trainer plane to begin their flight lessons. According to Coy, they're former Russian fighter pilots who are logging flight time and learning to fly in U.S. airspace. "There's a bit of a mind shift when you go from flying something at 300 miles per hour to flying something at 60 miles per hour," he says.

Of course, not all of Coy's work involves Russians and Russian planes. As an FAA-li-

censed inspector, he ensures that the aircraft he encounters are flightworthy. By law, every aircraft, from a commercial Boeing 777 to the one-seat Ultralight hanging from the hangar rafters, must be inspected annually.

"I've seen things where you wonder how these people even made it here alive," Coy says. "Unbelievably scary stuff."

For example, he recalls encountering a pilot who reported that his plane was flying funny. When Coy checked it out, he noticed that the bottom of the fuselage was blue—from the dye used to identify aircraft fuel. Coy instantly spotted the problem: The fuel line wasn't hooked up. When he went to adjust the propeller control, it broke off in his hand. Next, he discovered that the starboard engine wasn't bolted onto the frame and the landing gear wasn't installed correctly. The result: a 60-page report to the FAA.

Getting people passionate and up in the air is Coy's mission. And, notwithstanding the back issues of Cigar Aficionado in the airport waiting room, he says he meets a diverse cross-section of people who are aviation enthusiasts.

Granted, it's not a cheap hobby: The costs of purchasing and maintaining airplanes may seem daunting enough to dissuade anyone without a seven-figure trust fund. But, Coy points out, most people who fly these days rent their planes. (Coy himself doesn't own one.) And enthusiasts who decide to take the next step can buy a plane for as little as \$15,000, on par with the price of a boat.

Coy does a lot of outreach to local schools, hoping to get the next generation interested in flying. Sometimes that means showing the kids his various "museum pieces"—the historic aircraft parked in various hangars on the airfield. Or he'll invite students from nearby Missisquoi Valley Union High School to watch his mechanic, Marcotte, practice his air-show maneuvers during his lunch hour. (Burlingtonians know Marcotte as the pilot who flies acrobatic stunts over the waterfront before the annual July 3 fireworks show.)

"Look, if you have any interest in flying, we'll take you for a ride in an airplane," Coy says. "That's what we do, because we want to get people interested in flying."

Correction, April 14, 2016: An earlier version of this story misreported Coy's age—it is 46. The body of water over which Coy's plane experienced engine trouble was the North Sea, not the Black Sea. Additionally, aviation enthusiasts can buy a plane for \$15,000, not the higher number originally reported.

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

VOTE EXPLANATION

• Mr. BOOKER. Mr. President, today I was unable to vote on the motion to invoke cloture on the substitute to H.R. 2028, the Energy and Water Development Appropriations bill, due to a funeral I attended for a neighbor in Newark, NJ. Had I been present in the Senate today, I would have voted against cloture.●

ZIKA VIRUS

Mrs. FEINSTEIN. Mr. President, today I wish to speak about the urgent need for Congress to approve emergency funds to fight the Zika virus.

The Zika virus is a rapidly growing public health threat, and the stakes for

women are particularly high. The virus is carried by two species of mosquito. They are found in 40 States in this country.

There have been 388 travel-related cases in the United States—meaning an individual was infected during a trip to Latin America, South America, or the Caribbean, where the virus is widespread. There have not yet been any reported cases of local transmission in the continental United States, although more than 500 cases have been reported in Puerto Rico. It is a matter of when, not if, that happens—particularly as we approach the summer season when mosquitos are most active.

Scientists are still working to understand the effects of the Zika virus, but we do know that Zika causes severe, brain-related birth defects in babies when women are infected during pregnancy.

Microcephaly, one of the most serious effects of Zika, causes babies' heads to be much smaller than normal. In severe cases, you will also see seizures, developmental delays, intellectual disabilities, feeding problems, hearing loss, and vision problems.

The CDC continues to research the virus, and it could be several years before the full-range of health effects is known.

One of the most concerning gaps in our scientific knowledge is how the disease is transmitted from person to person. The most common way people contract the disease is through mosquito bites, but there have been documented cases of the virus being spread from men to women through sexual contact.

Zika symptoms are mild—fever, rash, and joint pain—meaning that many people may become infected and spread with disease without knowing they have it. Unless we act now, we could end up with a significant number of Zika carriers who don't know they are infected.

The administration has asked Congress for \$1.9 billion in emergency funding to stop the spread of the Zika virus. I fully support this funding request. The Federal Government needs this money for a number of reasons, including controlling mosquito populations, researching the virus, educating the public, and developing a vaccine.

As the weather warms, Zika will spread faster, particularly in States with persistent mosquito issues. We simply can't ignore public health threats of this magnitude, hoping they will go away.

In closing, Congress cannot afford to delay. I strongly urge the Senate to approve the administration's sensible request to fight this growing public health threat.

NATIONAL PRESCRIPTION DRUG TAKE BACK DAY

Mr. GRASSLEY. Mr. President, this Saturday, April 30, from 10 a.m. to 2 p.m., the Drug Enforcement Administration, DEA, is coordinating the latest National Prescription Drug Take

Back Day. Take back days are nationwide efforts to remove old or unused prescription drugs from medicine cabinets so they don't fall into the wrong hands and lead to substance abuse and addiction. I am proud to have helped encourage take back days a few years ago by working with Senators KLOBUCHAR, CORNYN, and BROWN to pass the Secure and Responsible Drug Disposal Act.

According to the Centers for Disease Control and Prevention, health care providers wrote almost a quarter of a billion opioid prescriptions in 2013, enough for every American adult to have his or her own bottle of pills. The accumulation of these medicines in our homes creates a public health risk, since they can be accidentally ingested, abused, stolen, and passed on to others. According to the 2014 National Survey on Drug Use and Health, 6.5 million Americans abused controlled prescription drugs that year. According to that same study, a majority of abused prescription drugs are obtained from family and friends, including from the home medicine cabinet.

Obviously, the consequences of this prescription drug abuse can be dangerous and even deadly. Prescription drug abuse may lead to abuse of other drugs like heroin, which is cheaper and more readily available. In 2014, more than 47,000 drug overdose deaths occurred in the United States, an alltime high. Incredibly, more than half of those deaths involved prescription opioids or heroin.

So raising public awareness about the dangers of abuse and reducing the availability of unused medications are important components of preventing prescription drug abuse and addiction. The take back day initiative is a great way to make progress on both fronts.

Beginning in September 2010, the DEA has coordinated these days twice a year, with fantastic results. At the most recent event last September, Americans turned in 350 tons of prescription drugs at more than 5,000 sites operated by the DEA and more than 3,800 of its State and local law enforcement partners. Overall, in its 10 previous take back events, DEA and its partners have taken in more than 2,750 tons of pills. It is not an exaggeration to say that take back events have probably saved lives.

Now, for some unexplained reason, the Obama administration decided to discontinue this program a few years ago, but in May 2015, I was a member of a bipartisan group of Senators that wrote to the Department of Justice, urging that it be reinstated. A few months later, DEA Acting Administrator Rosenberg did so. I am grateful for that decision.

In fact, I support expanding take back opportunities, by creating additional permanent, convenient disposal sites for the public. Expansion of the program along these lines is explicitly authorized in the Comprehensive Addiction and Recovery Act, a bill I guid-

ed through the Judiciary Committee in February. It subsequently passed the Senate by a vote of 94-1.

So I urge everyone in Iowa and across the country to check your homes for unneeded or expired medicines. If you find any, please take part in this year's National Prescription Drug Take Back Day on Saturday. Participating locations typically include neighborhood pharmacies and local fire and police departments. You can locate a specific collection site near you on the DEA's website. This is one small way we can each do our part to reduce the risk of drug abuse and addiction for our families and communities.

DUCHENNE MUSCULAR DYSTROPHY

Ms. COLLINS. Mr. President, I wish to raise awareness about Duchenne muscular dystrophy and the boys and young men who suffer from this devastating disease.

Duchenne muscular dystrophy was first brought to my attention 15 years ago, when I met Brian and Alice Denger of Biddeford, ME. The Dengers had two wonderful sons, Matthew and Patrick, who were both born with Duchenne muscular dystrophy. Patrick, now 19, is a student at the University of New England. He recently received his driver's license and enjoys driving in Maine. His brother Matthew was a 20-year-old student at UNE when he died from the disease about 3 years ago. The Dengers also have a daughter, Rachel, with juvenile diabetes. They are a loving and courageous family whose strength and spirit directly inspired me to become involved in the fight for research funding to combat muscular dystrophy.

Brian Denger was the first to tell me of the terrible progression of this type of muscular dystrophy. Symptoms begin in early childhood, and boys quickly experience severe and rapidly progressing muscle degeneration, which often results in their losing the ability to walk. Tragically, most die prematurely as a result of muscle-related cardiac and respiratory problems.

In 2001, what really caught my attention was that the treatment options for boys with Duchenne muscular dystrophy were incredibly limited and aimed at managing symptoms in an attempt to optimize quality of life for the limited time that these children would have to share with us. Research had not yielded any meaningful way to extend the lifespan of children suffering from the disease. That is why I joined with the late Senator Paul Wellstone in introducing the MD CARE Act, to raise awareness and expand Federal support for research into this debilitating disease. It was signed into law and last reauthorized in 2014 and has resulted in dramatically improved and standardized clinical care for those with the disease. I have also fought diligently for increased funding for the Duchenne programs at the National In-

stitutes of Health and the Centers for Disease Control and Prevention.

Today there is some good news for the boys—and now—young men with Duchenne muscular dystrophy and their families. A number of therapeutic strategies are currently under development, and we have made dramatic progress to improve the quality and length of life for those who suffer from the disease. In fact, the average lifespan of Duchenne patients has increased by about a decade since the MD CARE Act became law.

Given our Nation's wealth of scientific expertise, however, we can and should do more for families like the Dengers. We are making progress, but this is no time to take our foot off the accelerator. The \$2 billion increase in funding for NIH that was included in the fiscal year 2016 funding bill will pay dividends for patients and their families. I urge my colleagues to continue to work collaboratively to sustain this commitment to biomedical research, which holds tremendous promise for finding better treatments and, ultimately, a cure for devastating diseases like Duchenne muscular dystrophy.

REMEMBERING JOHN HEINZ

Mr. CASEY. Mr. President, on April 4, we marked 25 years since Pennsylvania Senator John Heinz died in a plane crash. I am honored to serve in the Senate seat he held from 1977 to 1991.

Five years ago, I paid tribute to Senator Heinz for his public service as a Senator. Today, I am going to focus on his leadership on the Special Committee on Aging. Senator Heinz served as chairman of that committee from 1981 to 1987. Pennsylvania is one of the oldest States in the country, and through this position, Senator Heinz was a strong advocate for seniors. During his chairmanship, the Special Committee on Aging held 34 hearings in Washington, DC, and countless more around the Nation. The committee also produced over 60 reports and papers. Senator Heinz would often use what he learned through these investigations and reports to inform his work as a member of the Finance Committee, which has jurisdiction over the Social Security and Medicare programs.

John Heinz once said, "Working together, we can lay the groundwork for a society that respects age and the elderly and that truly realizes the benefits of the experience, wisdom, and judgement of older Americans." As chairman of the Aging Committee, his first responsibility was not to party or partisanship, but to older Americans whose interests the committee was created to support and protect. Frank McArdle, a member of Senator Heinz's staff once commented:

What Heinz brought to many issues . . . was a sense of outrage. He could channel that anger toward public policy that would correct the injustices that hurt vulnerable populations. When he seized upon a situation