

S. 2371

At the request of Mr. RUBIO, the name of the Senator from North Dakota (Mr. HOEVEN) was added as a cosponsor of S. 2371, a bill to amend the National Labor Relations Act to permit employers to pay higher wages to their employees.

S. 2620

At the request of Mr. GRASSLEY, the name of the Senator from Maine (Ms. COLLINS) was added as a cosponsor of S. 2620, a bill to amend title XVIII of the Social Security Act to provide for an extension of the Medicare-dependent hospital (MDH) program and the increased payments under the Medicare low-volume hospital program.

S. 3204

At the request of Mr. JOHANNIS, the name of the Senator from Oregon (Mr. WYDEN) was added as a cosponsor of S. 3204, a bill to address fee disclosure requirements under the Electronic Fund Transfer Act, and for other purposes.

S. 3221

At the request of Mr. RUBIO, the name of the Senator from North Dakota (Mr. HOEVEN) was added as a cosponsor of S. 3221, a bill to amend the National Labor Relations Act to permit employers to pay higher wages to their employees.

S. 3237

At the request of Mr. WHITEHOUSE, the names of the Senator from New Jersey (Mr. MENENDEZ) and the Senator from Alaska (Mr. BEGICH) were added as cosponsors of S. 3237, a bill to provide for the establishment of a Commission to Accelerate the End of Breast Cancer.

S. 3263

At the request of Mrs. BOXER, the name of the Senator from New York (Mr. SCHUMER) was added as a cosponsor of S. 3263, a bill to require the Secretary of Transportation to modify the final rule relating to flightcrew member duty and rest requirements for passenger operations of air carriers to apply to all-cargo operations of air carriers, and for other purposes.

S. 3274

At the request of Mr. KERRY, the name of the Senator from Missouri (Mr. BLUNT) was added as a cosponsor of S. 3274, a bill to direct the Secretary of Commerce, in coordination with the heads of other relevant Federal departments and agencies, to produce a report on enhancing the competitiveness of the United States in attracting foreign direct investment, and for other purposes.

S. 3308

At the request of Mr. HELLER, the name of the Senator from Massachusetts (Mr. BROWN) was added as a cosponsor of S. 3308, a bill to amend title 38, United States Code, to improve the furnishing of benefits for homeless veterans who are women or who have dependents, and for other purposes.

S. 3318

At the request of Mrs. BOXER, the name of the Senator from South Da-

kota (Mr. JOHNSON) was added as a cosponsor of S. 3318, a bill to amend title 38, United States Code, to prohibit the use of the phrases GI Bill and Post-9/11 GI Bill to give a false impression of approval or endorsement by the Department of Veterans Affairs, and for other purposes.

S. 3322

At the request of Mr. BROWN of Ohio, the name of the Senator from Minnesota (Ms. KLOBUCHAR) was added as a cosponsor of S. 3322, a bill to strengthen enforcement and clarify certain provisions of the Servicemembers Civil Relief Act, the Uniformed and Overseas Citizens Absentee Voting Act, and chapter 43 of title 38, United States Code, and to reconcile, restore, clarify, and conform similar provisions in other related civil rights statutes, and for other purposes.

S. 3326

At the request of Mr. BAUCUS, the names of the Senator from Massachusetts (Mr. KERRY), the Senator from Mississippi (Mr. WICKER) and the Senator from California (Mrs. FEINSTEIN) were added as cosponsors of S. 3326, a bill to amend the African Growth and Opportunity Act to extend the third-country fabric program and to add South Sudan to the list of countries eligible for designation under that Act, to make technical corrections to the Harmonized Tariff Schedule of the United States relating to the textile and apparel rules of origin for the Dominican Republic-Central America-United States Free Trade Agreement, to approve the renewal of import restrictions contained in the Burmese Freedom and Democracy Act of 2003, and for other purposes.

S. 3328

At the request of Mr. LAUTENBERG, the name of the Senator from Hawaii (Mr. INOUE) was added as a cosponsor of S. 3328, a bill to provide grants for juvenile mentoring.

S.J. RES. 45

At the request of Mrs. HUTCHISON, the name of the Senator from Arkansas (Mr. PRYOR) was added as a cosponsor of S.J. Res. 45, a joint resolution amending title 36, United States Code, to designate June 19 as "Juneteenth Independence Day".

S. CON. RES. 48

At the request of Mr. LEAHY, the name of the Senator from Ohio (Mr. BROWN) was added as a cosponsor of S. Con. Res. 48, a concurrent resolution recognizing 375 years of service of the National Guard and affirming congressional support for a permanent Operational Reserve as a component of the Armed Forces.

S. RES. 489

At the request of Mr. JOHANNIS, his name was added as a cosponsor of S. Res. 489, a resolution expressing the sense of the Senate on the appointment by the Attorney General of an outside special counsel to investigate certain recent leaks of apparently classified and highly sensitive information on

United States military and intelligence plans, programs, and operations.

S. RES. 490

At the request of Mrs. BOXER, the name of the Senator from Connecticut (Mr. BLUMENTHAL) was added as a cosponsor of S. Res. 490, a resolution designating the week of September 16, 2012, as "Mitochondrial Disease Awareness Week", reaffirming the importance of an enhanced and coordinated research effort on mitochondrial diseases, and commending the National Institutes of Health for its efforts to improve the understanding of mitochondrial diseases.

S. RES. 494

At the request of Mr. CORNYN, the name of the Senator from Arkansas (Mr. BOOZMAN) was added as a cosponsor of S. Res. 494, a resolution condemning the Government of the Russian Federation for providing weapons to the regime of President Bashar al-Assad of Syria.

AMENDMENT NO. 2310

At the request of Mr. SANDERS, the name of the Senator from Alaska (Mr. BEGICH) was added as a cosponsor of amendment No. 2310 proposed to S. 3240, an original bill to reauthorize agricultural programs through 2017, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mrs. MURRAY:

S. 3340. A bill to improve and enhance the programs and activities of the Department of Defense and the Department of Veterans Affairs regarding suicide prevention and resilience and behavioral health disorders for members of the Armed Forces and veterans, and for other purposes; to the Committee on Veterans' Affairs.

Mrs. MURRAY. Madam President, last February, in my office in Seattle, I sat down with an Iraq and Afghanistan war veteran named Stephen Davis and his wife Kim. Stephen and Kim were there to talk to me about their experiences since he returned home and about the invisible wounds of war they were struggling with together every single day.

At the meeting Kim did most of the talking. She told me about the nightmares. She told me about the lack of sleep. She talked about the confusion and the anxiety that was now a constant in their lives. But it was the way she summed up her experience since Stephen returned home that struck me hardest.

She said her husband still hadn't returned home. She said the husband she had been married to for nearly two decades—although he was sitting directly next to her—was still not back from the war.

Do you know what. Despite the fact that we often refer to these wounds as invisible, you could see it. When it came time for Stephen to describe to me his experiences, he shook as he explained how difficult the transition

home has been for him, his wife, and for their family.

The Davis family's story is no different than what thousands of other families have faced. But their story does have a tragic and frustrating twist. You see, Sergeant Davis knew when he returned home that he had a problem with post-traumatic stress, and he was courageous enough to reach out for help. He sought care and he was diagnosed with PTSD.

But just a few months later, after a visit to Madigan Army Medical Base in my State of Washington, he was told something that shocked and appalled him and his wife. After just a 10-minute meeting and a written questionnaire, Sergeant Davis was told he was exaggerating his symptoms and he didn't have PTSD. He was told, in effect, that despite serving in two war zones, despite being involved in three separate IED incidents, and despite his repeated deployments, he was making it all up.

He was then sent home with a diagnosis of adjustment disorder and told his disability rating would be lowered and that the benefits he and his family would receive would ultimately be diminished. If this sounds like an isolated, shocking incident, here is something you will find even more shocking. Sergeant Davis was one of literally hundreds of patients at that Army hospital who were told the exact same thing.

Soldiers who had been diagnosed with PTSD—not just once but several times—had their diagnosis taken away. In many instances these soldiers were told they were embellishing or even outright lying about their symptoms. In fact, so many soldiers were being accused of making up symptoms by doctors at that hospital I began to get letters and phone calls from them to my office.

Soon after that, documents came to light showing that the doctors diagnosing these soldiers were being encouraged to consider not just the best diagnosis for their patients but also the cost of care. These revelations have led to a series of internal investigations that are still underway today. Even more important, they have led to these soldiers now, thankfully, being reevaluated, and today hundreds of these soldiers, including Sergeant Davis, have had their proper PTSD diagnosis restored.

This, too, could be viewed as an isolated incident. In fact, when I first raised concerns, the problems we saw at Madigan could be happening at other bases across the country, that is exactly what I was told—it was an isolated incident at one base, at one hospital. But I knew better.

I remembered back to this Salon article that ran a few years ago. In that article, a doctor from Fort Carson in Colorado talked about how he was "under a lot of pressure to not diagnose PTSD."

It went on to quote a former Army psychologist named David Rudd, who said:

Each diagnosis is an acknowledgement that psychiatric casualties are a huge price tag of this war. It is easiest to dismiss these casualties because you can't see the wounds. If they change the diagnosis, they can dismiss you at a substantially decreased rate.

Madam President, I also had my own staff launch an investigation into how the military and the VA were diagnosing mental health conditions at other bases across our country, and I was very troubled by what I found.

It became clear that there were other cases where doctors accused soldiers of exaggerating symptoms without any documentation of appropriate interview techniques. They encountered inadequate VA medical examinations, especially in relation to traumatic brain injury. They found that many VA rating decisions contained errors, which in some cases complicated the level of benefits that veterans should have received.

Now, to their credit, the Army did not run and hide as the questions about other bases continued to mount. In fact, they have now taken two important steps. First, in April, they issued a new policy for diagnosing PTSD that criticized the methods being used at Madigan and pointed out to health officials throughout the entire system that it was unlikely that soldiers were faking these symptoms. Then, in May, the Army went further and announced they would review all mental health diagnoses across the country dating back to 2001. That, in turn, has led Secretary Panetta to announce just last week that all branches of the military are now going to undergo a similar review.

Without question, these are historic steps in our efforts to right a decade of inconsistencies in how the invisible wounds of war have been evaluated. Servicemembers, veterans, and their families should never have to wade through an unending bureaucratic process. Because of this outcry from veterans and servicemembers alike, the Pentagon now has an extraordinary opportunity to go back and correct the mistakes of the past.

We have to make sure these mistakes are never repeated. We still need to fundamentally change a system that Secretary Panetta admitted to me last week has "huge gaps" in it.

That is why I am here this evening. Today, I am introducing the Mental Health ACCESS Act of 2012. It is a bill that seeks to make improvements to make sure that those who have served have access to consistent, quality behavioral health care.

It is a bill that strengthens oversight of military mental health care and improves the integrated disability evaluation system on which we rely. As anyone who understands these issues knows well, this is not an easy task. The mental health care, suicide prevention, and counseling programs we provide our servicemembers are spread

throughout this entire Department of Defense and the VA. Too often they are entangled in a web of bureaucracy and, frankly, too often this makes them difficult to address in legislation.

In crafting this bill I identified critical changes that need to be made at both the Department of Defense and the VA, and I set up a checklist of legislative changes needed to do just that. Some provisions in the bill will likely be addressed in my Veterans Committee. Others will need to be addressed through Defense bills and work with the chairs of those committees. But all of these provisions are critical, and today I want to share with you some of the most important ones.

High atop the list of changes this bill makes is addressing military suicides which, as we all know, is an epidemic that now outpaces combat deaths in this country. My bill will require the Pentagon to create comprehensive standardized suicide prevention programs. It would also require the Department to better oversee mental health services for servicemembers.

It will expand eligibility for a variety of VA mental health services to family members so we can help families and spouses to cope with the stress of deployment and strengthen the support network that is critical to servicemembers who are returning from deployment.

Third, my bill will improve training and education for our health care providers. Oftentimes our servicemembers seek out help from chaplains, medics, or others who may be unprepared to offer counseling. This bill will help prepare them through continuing education programs.

Fourth, my bill will create more peer-to-peer counseling opportunities. It would do it by requiring VA to offer peer support services at all medical centers and by supporting opportunities to train vets to provide peer services.

Finally, this bill will require VA to establish accurate and reliable measures for mental health services. This will help ensure that the VA understands the problems they face so that veterans can get into the care we know they can provide.

All of these are critical steps at a pivotal time, because the truth is, right now the Department of Defense and the VA are losing the battle against the mental and behavioral wounds of these wars.

To see that, you don't need to look any farther than the tragic fact that already this year over 150 active-duty servicemembers have taken their own lives or the fact that one veteran commits suicide in this country every 80 minutes. And while we all know there are a number of factors that contribute to suicide—repeated deployments, lack of employment security, isolation in their communities, and difficulty transitioning back to their families—not having access to quality and timely mental health care is vital.

When our veterans cannot get the care they need, they often self-medicate. When they wait endlessly for a proper diagnosis, they lose hope. Last year at this time, I held a hearing in my veterans committee on the mental health disability system this bill seeks to strengthen, and I heard two stories that illustrate that despair.

Andrea Sawyer, the wife of Army SGT Lloyd Sawyer, testified about her husband, who is an Iraq veteran and spent years searching for care. Together, they hit barriers and they hit redtape so often that at one point, she said, he held a knife to his throat in front of both her and an Army psychiatrist before being talked out of it.

Later, in that very same hearing, Daniel Williams, an Iraq combat veteran, testified about how his struggle to find care led him to stick the gun in his mouth while his wife begged him to stop, only to see his gun misfire.

Those are the stories that define this problem. These are men and women we must be there for. They have served and sacrificed and done everything this country has asked of them. They have left their families, left their homes. They have served multiple times and protected our Nation's interests at home and abroad. This bill will make a difference for them, but we have to make these changes now.

Today I am asking Members of the Senate from both sides of the aisle to please join me in this effort. We owe our veterans a medical evaluation system that treats them fairly, that gives them the proper diagnosis, and that provides access to the mental health care they have earned and they deserve. We need to join together to get this legislation passed, and I ask every Member of the Senate to help me get this through. It is critical, as thousands of men and women come home today and thousands of them are waiting on care.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. BROWN of Ohio. Madam President, let me begin by thanking the chair of the Senate veterans committee for her incredible leadership on one of the most tragic issues of our times—the suicide rate among active-duty personnel in our Armed Forces, and especially among veterans.

Last week I spoke to the Disabled American Veterans in Columbus. I hear these same issues all the time, particularly among men and women who are sent for their second, third, fourth, and fifth deployments. One veteran, active in the DAV, told me about an Ohio soldier who has had a seventh deployment. That is not what we should be doing, and so I appreciate Senator MURRAY's leadership.

I am a member of that committee—the first Ohioan to ever serve on the veterans committee for a full term—and I am on this committee because of these problems. So I am thankful for the leadership we have on that com-

mittee and for what Senator MURRAY has done.

I remember when I was presiding some years ago, and she was talking on the Senate Floor about her dad, who is a veteran, and I know that is a big part of why she does what she does.

I thank the Senator from Washington State.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 503—DESIGNATING JUNE 2012 AS “NATIONAL APHASIA AWARENESS MONTH” AND SUPPORTING EFFORTS TO INCREASE AWARENESS OF APHASIA

Mr. JOHNSON of South Dakota (for himself and Mr. KIRK) submitted the following resolution; which was considered and agreed to:

S. RES. 503

Whereas aphasia is a communication impairment caused by brain damage that typically results from a stroke;

Whereas aphasia can also occur with other neurological disorders, such as a brain tumor;

Whereas many people with aphasia also have weakness or paralysis in the right leg and right arm, usually due to damage to the left hemisphere of the brain, which controls language and movement on the right side of the body;

Whereas the effects of aphasia may include a loss of, or reduction in, the ability to speak, comprehend, read, and write, but the intelligence of a person with aphasia remains intact;

Whereas, according to the National Institute of Neurological Disorders and Stroke (referred to in this preamble as the “NINDS”), strokes are the third-leading cause of death in the United States, ranking behind heart disease and cancer;

Whereas strokes are a leading cause of serious, long-term disability in the United States;

Whereas the NINDS estimates that there are approximately 5,000,000 stroke survivors in the United States;

Whereas the NINDS estimates that people in the United States suffer approximately 750,000 strokes per year, with about ⅓ of the strokes resulting in aphasia;

Whereas, according to the NINDS, aphasia affects at least 1,000,000 people in the United States;

Whereas the NINDS estimates that more than 200,000 people in the United States acquire aphasia each year;

Whereas the people of the United States should strive to learn more about aphasia and to promote research, rehabilitation, and support services for people with aphasia and aphasia caregivers throughout the United States; and

Whereas people with aphasia and their caregivers envision a world that recognizes the “silent” disability of aphasia and provides opportunity and fulfillment for people affected by aphasia: Now, therefore, be it

Resolved, That the Senate—

(1) designates June 2012 as “National Aphasia Awareness Month”;

(2) supports efforts to increase awareness of aphasia;

(3) recognizes that strokes, a primary cause of aphasia, are the third-largest cause of death and disability in the United States;

(4) acknowledges that aphasia deserves more attention and study to find new solu-

tions for people experiencing aphasia and their caregivers;

(5) supports efforts to make the voices of people with aphasia heard, because people with aphasia are often unable to communicate with others; and

(6) encourages all people in the United States to observe National Aphasia Awareness Month with appropriate events and activities.

SENATE RESOLUTION 504—EXPRESSING SUPPORT FOR THE INTERNATIONAL OLYMPIC COMMITTEE TO RECOGNIZE WITH A MINUTE OF SILENCE AT THE 2012 OLYMPICS OPENING CEREMONY THE ATHLETES AND OTHERS KILLED AT THE 1972 MUNICH OLYMPICS

Mrs. GILLIBRAND (for herself, Mr. RUBIO, Mr. BLUMENTHAL, Mr. KIRK, Mr. SCHUMER, Mr. MENENDEZ, Mr. INHOFE, Mr. KOHL, Mr. RISCH, Mr. LIEBERMAN, Mr. BROWN of Massachusetts, Mr. WYDEN, Mrs. BOXER, Mr. CARDIN, Ms. MIKULSKI, Mr. LEVIN, Mr. BEGICH, Ms. SNOWE, Mr. BROWN of Ohio, Mr. MORAN, Mrs. HUTCHISON, Mr. NELSON of Florida, Mr. GRASSLEY, Mr. LEE, Ms. LANDRIEU, Mr. BARRASSO, Mr. STABENOW, Mr. DURBIN, Mr. BLUNT, Mrs. FEINSTEIN, Ms. AYOTTE, Mr. ROBERTS, Mr. CASEY, and Mr. BOOZMAN) submitted the following resolution; which was considered and agreed to:

S. RES. 504

Whereas, in September 1972, in the midst of the Munich Olympics, the core spirit of the Olympics was violated when members of the Black September Palestinian terrorist group murdered eleven members of the Israeli Olympic Team consisting of athletes, coaches, and referees;

Whereas one West German police officer was also killed in the terrorist attack;

Whereas the international community was deeply touched by the brutal murders at the Munich Olympics and memorials have been placed around the world, including in Rockland County, New York, United States; Manchester, United Kingdom; Tel Aviv, Israel; and Munich, Germany;

Whereas the International Olympic Committee has an obligation and the ability to fully and publicly promote the ideals embodied in the Olympic Charter, which states, “The goal of Olympism is to place sport at the service of the harmonious development of humankind, with a view to promoting a peaceful society concerned with the preservation of human dignity.”

Whereas no opening ceremonies of any Olympics since 1972 have marked an official recognition of the terrorist attack that brutally betrayed the vision of the Olympic Games; and

Whereas the London Olympic Games in 2012 will mark four decades since this act of terror took place without a full and public commemoration of the gravity of this tragic event for all Olympians and all humankind: Now, therefore, be it

Resolved, That the Senate—

(1) should observe a minute of silence to commemorate the 40th anniversary of the 1972 Munich Olympics terrorist attack and remember those who lost their lives;

(2) urges the International Olympic Committee to take the opportunity afforded by the 40th anniversary of the 1972 Munich Olympics terrorist attack to remind the world that the Olympics were established to