moving money to pay for its nuclear and ballistic missile programs and makes arms smuggling and proliferation more difficult. The sanctions will only be successful if all countries rigorously implement and enforce them.

The international community, including the U.S., must sustain sanctions and continue systematic pressure. We hope that China will be sincere in implementing these sanctions and reduce its economic support of North Korea.

New sanctions alone, however, cannot halt the pattern of North Korean provocations and broken promises. The United States will not reward bad behavior. We must use all of the diplomatic, military, financial, and multilateral tools at our disposal in a newly coordinated effort to move beyond the current stalemate.

Along with Senators MENENDEZ, CORKER, and others, I have cosponsored the North Korea Nonproliferation and Accountability Act of 2013, which would direct the Department of State to undertake a comprehensive review of our North Korea policy to look for creative ways to re-engage. If North Korea shows a serious intent to denuclearize, halt its proliferation activities and improve human rights, we should be open to bilateral talks, as Secretary Kerry stated on his April trip to the region. We must continue to prepare for the worst while hoping for the best. We stand by Japan, South Korea, and other allies in providing extended nuclear deterrence under our ''nuclear umbrella.'' And the international community stands with us in condemning North Korean aggression and belligerent actions.

At the same time, we should separate humanitarian concerns from politics. New ROK President Park Geun-hye has launched a policy of de-linking humanitarian aid to North Korea from diplomatic developments. Previously, the U.S. has done the same, funding food aid to North Korea from 2008 to 2009. We should consider reinstating such food aid to North Korea based on demonstrated need and our ability to verify that the food will reach the intended recipients. Congress and the administration must track the delivery of aid to make sure it reaches the people who so desperately need it.

American development workers now provide humanitarian assistance in North Korea without U.S. Government assistance, giving North Koreans an opportunity to encounter the goodwill of the American people. In June 2012, a United Nations evaluation team confirmed that over 60 percent of the population continues to suffer from chronic food insecurity. Hungry people can focus only on survival and have no additional energy to direct toward bettering their lives or changing the environment or regime around them. So we must extend our hand to the North Korean people by supporting the NGO community's basic humanitarian efforts to provide lifesaving services such as supplemental school feeding, increased agricultural production, clean water, and medical assistance programs.

The humanitarian crisis is further compounded by gross human rights violations. People are trying to cross the border in search of food and then being imprisoned in forced labor camps when they are caught leaving the country. Reports indicate that approximately 138,000 people were being held in detention centers in 2011, where they are beaten, tortured, and starved. These human rights violations merit international condemnation and accountability. I urge UN High Commissioner for Human Rights Pillay and Special Rapporteur Darusman to establish a mechanism of inquiry through the UN Human Rights Council to document these egregious human rights violations expeditiously.

I have great concerns about North Korea's political trajectory, but I believe that a broader humanitarian engagement holds a long-term promise of enhancing regional peace and security. President Park Geun-hye has taken a similar approach. I applaud her tremendous courage and welcome her visit on this historic occasion.

## MENTAL HEALTH AWARENESS MONTH

Mr. CARDIN. Mr. President, May is Mental Health Awareness Month. The Mental Health America organization began this campaign in 1949 in an effort to raise awareness of mental health conditions and mental wellness. Even after more than 60 years, however, we are still fighting against the stigma of mental illness and for greater access to mental health services for all Americans.

I would like to call particular attention to mental health issues affecting our Active-Duty service men and women, our veterans, and the impact of these issues on thousands of military families.

The protracted military operations in Afghanistan and Iraq have made mental health disorders some of the ''signature'' wounds our military members experience upon returning from these conflicts. A comprehensive study by RAND found that approximately 18.5 percent of those returning from deployment reported symptoms consistent with a diagnosis of post-traumatic stress disorder, PTSD, or depression. And up to 30 percent of troops returning home from combat develop serious mental health problems within 3 to 4 months. Unfortunately, due to the stigma associated with seeking help and the fear of risking their careers, our service men and women often do not seek the care they desperately need and are entitled to receive.

In fact, according to a recent Department of Defense, DoD, report, mental health disorders are the leading cause of disability among U.S. military members. Recent studies illustrate that out of the 1.4 million Active-Duty servicemembers, mental health disorders are the leading cause of hospitalization among men and the second leading cause for women, only after pregnancy-related conditions.

The five most common mental disorders our military members face are post-traumatic stress disorder, PTSD, major depression, bipolar disorder, alcohol dependence, and substance dependence. These disorders are likely to be chronic in nature or long-lasting in duration.

Since mental health issues often aren't immediately addressed on Active Duty, we see even higher numbers of mental illness diagnoses among our veterans. According to the Department of Veteran Affairs, VA, the number of veterans receiving specialized mental health treatment from the VA has risen each year, from 927,052 in fiscal year 2006 to more than 1.3 million in fiscal year 2012.

One major reason for this increase is the VA's proactive screening of all veterans to identify those who may have symptoms of depression, PTSD, or problem use of alcohol or drugs. As we anticipate a growing number of incoming veterans with this need for care, increasing availability of qualified mental health professionals is absolutely imperative.

I commend VA Secretary Shinseki's recent decision to hire an additional 1,600 mental health staff at the VA. We know our veterans need these services and we must do everything we can to provide them with the care they need.

The invisible wounds of war are not new—they were called ''shell shock'' or ''combat fatigue'' after World War I and World War II, or ''post-Vietnam syndrome'' after Vietnam. But there are unique features stemming from our prolonged engagement in Iraq and Afghanistan.

First, our troops have experienced more frequent deployments of longer duration while having shorter ''dwell time,'' creating a more stressful environment.

Second, we have the highest rate of survivability in history for serious injuries such as amputations, severe burns, and spinal cord damage, leading to greater need for mental health care.

Third, the prevalence of traumatic brain injury, TBI, from improvised explosive devices, IEDs, and other blasts have increased the number of combat veterans with mild to severe diagnoses, which are linked to other psychological comorbidities.

It took the DoD and the VA too long, unfortunately, to realize that their medical care system must provide the same level of expertise, resources, and dedication to address the psychological wounds of war as they do for physical ones.

Although the DoD and the VA have made progress in the past 5 years, there is still a great gap between the mental health needs of our military members and their access to quality care.

This is an epidemic that needs to be resolved. Recent reports indicate that nearly 22 veterans commit suicide every day. In 2012, more than 349 Active-Duty service men and women across the four branches took their own lives. That is an average of 1 every 25 hours, the highest suicide rate ever in the DoD.

It is not just about resources. In fact, having an adequate number of mental health professionals is just one component of ensuring access to care.

Former Secretary of Defense Leon Panetta testified in a hearing the Senate Appropriations Subcommittee on Defense held last year that he was unsatisfied with the Pentagon's current approach to combating military suicides and admitted that the DoD needs to review its procedures for handling mental health cases. Secretary Panetta said that there are still huge gaps in the way a mental health diagnosis is determined. Furthermore, Secretary Panetta acknowledged that the greatest obstacle to service men and women receiving necessary mental health treatment is the stigma that continues to be associated with seeking help for psychological injuries.

Throughout Maryland, I hear from service men and women who believe that seeking mental health services will hurt their military careers. We must overcome these real and perceived barriers to care by changing the policies that govern how we provide mental health care to our military members. Those who are hurting in silence will seek treatment only when they can truly speak freely and off the record. As more and more of these individuals go untreated, we will continue to see a rise in suicides and other tragic incidents among our military members and veterans.

Even as we wind down our combat operations in Afghanistan over the next year, I fear that we will continue to see an increasing number of our military members and veterans needing mental health care in the near future.

Yet the DoD now is facing looming furloughs and unnecessary funding cuts, which could force the DoD to lose many of the highly valued mental health and behavioral professionals who were hired to help treat soaring rates of PTSD. Recently, Dr. Jonathan Woodson, the Assistant Secretary of Defense for Health Affairs, stated his concerns over the DoD's long-term capability to provide mental health care to the force, to counter the effects of PTSD. More than one-half of the mental health specialists serving the military are civilians, and they have options to seek employment elsewhere. I worry about sustaining this valuable workforce under constant threat from sequesters.

Mr. President, we need to ensure that we have the personnel, resources, and policies in place to guarantee access to quality mental health care for our men and women in uniform, our veterans, and their families. Active-Duty service men and women especially need access to such care without fear of being stigmatized of suffering career-damaging consequences. Providing such care isn't just a good idea to maintain the well-being and readiness of our troops; it is our solemn moral obligation to those who have sacrificed so much for our great Nation. It is important for us to remember that—especially during Mental Health Awareness Month and as we approach Memorial Day.

## REMEMBERING CHIEF MASTER SERGEANT ARDEN HASSENGER

Mr. MERKLEY. Mr. President, I rise today to remember an Oregon hero. CMSgt Arden Hassenger was a 29-year-old from Lebanon, OR, when he and five other airmen set out on Christmas Eve 1965 on a reconnaissance trip over the Ho Chi Minh Trail. Tragically, they never returned. What was even more tragic for Hassenger's friends and family, though, was that the plane could not be found. His wife and children lived in uncertainty for decades, not knowing whether Arden had been killed that day or whether he was alive in Laos.

Finally, the crash site was located, and in 2010 and 2011, remains of the missing men were at last recovered. Last year, they were buried with full honors in Arlington National Cemetery. This Sunday, Arden's ultimate sacrifice for our Nation will be honored once again at the Vietnam Memorial. The cross next to his name, which signified his status as missing in action, will be changed to a diamond, representing that he has returned home to rest after these many years. I hope that this final act of remembrance will help to bring closure to his family and all who loved him.

We honor Chief Master Sergeant Hassenger, and we thank him and his family for the tremendous sacrifice and service they have given to our Nation.

## REMEMBERING LIEUTENANT COLONEL ROBERT M. BROWN

Mr. KAINE. Mr. President, I rise today to honor a fallen airman who died in military service to this country. U.S. Air Force Lt. Col. Robert M. Brown, of Portsmouth, VA, was lost on Nov. 7, 1972 in his F–111 near Quang Binh Province, North Vietnam. The remains of Lieutenant Colonel Brown were located in North Vietnam and returned June 7, 1995. He was finally identified on December 14, 2011 and accounted for on February 25, 2012.

Robert Brown graduated from the US Naval Academy in the top 30 percent of his class and was given his choice of branch of service. He chose the US Air Force and trained as a pilot while adding to his bachelor of military science degree with an electrical engineering degree from the University of Michigan. Before his first deployment he was assigned to NASA and worked on the Mercury and Gemini Space programs. During his first tour of duty in Southeast Asia in 1966, Major Brown compiled an impressive record of 299 combat missions while flying the F100 Super Sabre. Upon returning to the United States, he went to work in Research and Development for America's Anti-Ballistic Missile Systems program as a project scientist. In 1972 he returned to Vietnam for his second tour as a highly decorated fighter pilot to fly the most advanced combat aircraft of its time—the F111A Aardvark.

On November 7, 1972, the F111A crew, call sign ''Whaler 57'' departed Takhli Airbase, Thailand on a single aircraft strike mission. Its target was the Luat Son Highway ferry and ford nestled in a populated and forested area where the highway crossed over the river approximately 24 miles south of the major port city of Dong Hoi. After reporting that its mission was proceeding normally, radio contact was lost after 0400 and by 0500 a 2 week long search and rescue effort was commenced.

Efforts to recover ''Whaler 57'' were unsuccessful, but the remains of Lieutenant Colonel Brown have finally been found and identified. Lieutenant Colonel Brown is survived by his sister Gail and his children Beverly, Margie, and Bruce. Today, I ask all Members of the Senate to join me as we honor the life and legacy Lt. Col. Robert M. Brown, and the other Americans in our Armed Forces who have made the ultimate sacrifice for their country. There are no words fitting enough to fully express our thanks.

## WINSTON-SALEM, NORTH CAROLINA

Mr. BURR. Mr. President, today I wish to pay tribute to Winston-Salem, NC, which I proudly call home. This year marks the 100th anniversary of the consolidation of the towns Winston and Salem. Before their consolidation, each town had a long and prosperous history. Salem was established in 1766 by members the Moravian Church. Today, Old Salem Museum and Garden still shows life as it was 200 years ago. It features the iconic 12-foot tall coffee pot first erected by Julius E. Mickey to attract customers to his tin shop in 1858 and the Moravian Easter Sunrise Service in God's Acres cemetery has been a yearly tradition since its inception in 1773. The town steadily increased in influence and commerce activity and was incorporated by the North Carolina General Assembly in 1857.

In 1849, Salem sold the land to its north to Forsyth County to serve as the county seat. The land was named Winston, in honor of local Revolutionary War hero, Joseph Winston. Ten years later the town was incorporated. In the 1870s the town was connected to the North Carolina Railroad. This gave way to many factories; Reynolds and Hanes being the largest. Their healthy competition helped Winston grow remarkably over the next three decades.