

townships in northern Rakhine State hinders the ability of additional children to access basic government services, marry, or acquire property and restricts the rights of women, sometimes resulting in serious health consequences due to illegal and unsafe abortions;

Whereas persecution, including arbitrary arrest, detention, and extortion of Rohingya and other Muslim communities, continues to be widespread;

Whereas violence targeting Rohingya in Maungdaw, Buthidaung, and Sittwe in June and July 2012 resulted in the deaths of at least 57 Muslims and the destruction of 1,336 Rohingya homes and left thousands displaced;

Whereas, between October 21–30, 2012, numerous people were killed, and a village in Mrauk-U township was destroyed during deadly ethnic violence between the Rakhine and Rohingya communities;

Whereas the lack of a credible independent investigation has resulted in persistent questions about violence that may have resulted in the death of Rohingya in a village in Maungdaw township in January 2014, and human rights groups reported mass arrests and arbitrary detention of Rohingya in the aftermath of this violence;

Whereas local, state, and national security police and border officers have failed to protect those vulnerable to attack and, in some cases, participated in violence against Rohingya and other Muslims;

Whereas the Government of Burma has relocated displaced Rohingya into displacement camps where they have limited access to adequate shelter, clean water, food, sanitation, health care, livelihoods, or basic education for their children;

Whereas thousands of Rohingya are entirely reliant on international assistance for food, clean water, and health care because they are not permitted to move for work and therefore cannot provide for their families;

Whereas, in February 2014, the Government of Burma suspended the activities of Nobel Laureate Médecins Sans Frontières, the primary provider of healthcare to hundreds of thousands in Rakhine State;

Whereas the Government of Burma entered into a Memorandum of Agreement with the Médecins Sans Frontières in September 2014 but all services have not resumed;

Whereas attacks on organizations and their property in Sittwe, the capital of Rakhine State, in March 2014 caused over 300 international aid workers to evacuate the area, and while many of these aid workers have now returned, they have not yet been able to resume full operations, leaving many more people vulnerable, particularly in the area of health care;

Whereas the denial of unhindered humanitarian assistance when populations are in need of such services is a severe breach of a government's responsibility to protect and support its residents and suggests disregard for individuals who suffer the effects of disease and malnourishment as a result of a lack of assistance;

Whereas hundreds of thousands of Rohingya have fled to neighboring countries, including 34,000 that have registered in official camps in Bangladesh, plus another 300,000 to 500,000 that are unregistered in Bangladesh, and at least 35,000 in Malaysia, plus many thousands more in Thailand and Indonesia;

Whereas, according to the United Nations High Commissioner for Refugees, approximately 100,000 Rohingya have fled from Rakhine State, and up to 2,000 Rohingya who fled Burma by boat are presumed dead or are missing at sea since 2012;

Whereas up to 200,000 Rohingya, who fled persecution from Burma up to 20 years ago

and sought refugee protection in Bangladesh, continue to face discrimination, statelessness, and other hurdles to accessing necessary services in their country of refuge;

Whereas, according to the Department of State's 2014 Trafficking in Persons Report, the Rohingya community in Bangladesh is especially vulnerable to human trafficking, and unregistered Rohingya who were trafficking victims may have been detained indefinitely in Bangladesh due to lack of documentation;

Whereas the Government of Bangladesh has banned marriage registrars from officiating marriages involving Rohingyas attempting to wed one another and those seeking unions with Bangladeshi nationals; and

Whereas, in Thailand, according to the United States Department of State's 2014 Trafficking in Persons Report, corrupt civilian and military officials are alleged to have profited from the smuggling of Rohingya asylum seekers from Burma and Bangladesh and allegedly have been complicit in their sale into forced labor on commercial fishing vessels: Now, therefore, be it

Resolved, That the Senate—

(1) calls on the Government of Burma to develop a non-discriminatory and comprehensive solution that addresses Rakhine State's needs for peace, security, harmony, and development under equitable and just application of the rule of law;

(2) welcomes the Government of Burma's announcement that Médecins Sans Frontières has been invited back to work in Rakhine State and encourages the Government of Burma to ensure that the organization is able to resume operations alongside other humanitarian organizations without undue restrictions on their humanitarian operations;

(3) calls on the Government of Burma to end all forms of persecution and discrimination, including freedom of movement restrictions, of the Rohingya people and ensure respect for internationally recognized human rights for all ethnic and religious minority groups within Burma;

(4) calls on the Government of Burma to respect the Rohingya's right to self-identification, redraft the Citizenship Law of 1982 so that it conforms to internationally recognized legal standards, and include both Rakhine and Rohingya leaders and community members in the redrafting process;

(5) calls on the Government of Burma to support an international and independent investigation into the violence that has occurred in Rakhine State since June 2012, implement the recommendations put forth, and prosecute the perpetrators of violence consistent with due process;

(6) calls on the Government of Burma to conform to international norms on the provision of unrestricted humanitarian access by international organizations to all in need, without discrimination based on nationality, race, ethnicity, gender, religious belief, or political opinion;

(7) calls on the regional governments to protect the rights of Rohingya asylum seekers and refugees, as well as respect the international legal principle of non-refoulement; and

(8) calls on the United States Government and the international community to call on the Government of Burma to take all necessary measures to end the persecution and discrimination of the Rohingya population and to protect the fundamental rights of all ethnic and religious minority groups in Burma.

SENATE RESOLUTION 587—ENCOURAGING REUNIONS OF KOREAN-AMERICANS WHO WERE DIVIDED BY THE KOREAN WAR FROM THEIR RELATIVES IN NORTH KOREA

Mr. KIRK (for himself and Mr. WARNER) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 587

Whereas the division of the Korean Peninsula into the Republic of Korea (referred to in this Resolution as "South Korea") and the Democratic People's Republic of Korea (referred to in this Resolution as "North Korea") separated more than 10,000,000 Koreans from their family members;

Whereas since the signing of the Korean War armistice agreement on July 27, 1953, there has been little to no contact between Korean Americans and their family members who remain in North Korea;

Whereas North and South Korea first agreed to divided family reunions in 1985 and have since held 19 face-to-face reunions and 7 video-link reunions;

Whereas the aforementioned reunions have subsequently given approximately 22,000 Koreans the opportunity to briefly reunite with their loved ones;

Whereas the most recent family reunions between North Korea and South Korea took place in February 2014 after a suspension of more than 3 years;

Whereas the United States and North Korea do not maintain diplomatic relations, and certain limitations exist for Korean Americans to participate in inter-Korean family reunions;

Whereas more than 1,700,000 Americans are of Korean descent;

Whereas the number of first generation Korean and Korean American divided family members is rapidly diminishing given their advanced age;

Whereas many Korean Americans with family members in North Korea have not seen or communicated with their relatives in more than 60 years;

Whereas Korean Americans and North Koreans both continue to suffer from the tragedy of being divided from their loved ones;

Whereas the inclusion of Korean American families in the reunion process would constitute a positive humanitarian gesture by North Korea and contribute to the long-term goal of peace on the Korean Peninsula shared by the Governments of North Korea, of South Korea, and of the United States;

Whereas the National Defense Authorization Act for Fiscal Year 2008 (Public Law 110-181) requires the President to submit a report to Congress every 180 days on "efforts, if any, of the United States Government to facilitate family reunions between United States citizens and their relatives in North Korea";

Whereas in the Continuing Appropriations Act of 2011 (Public Law 111-242), Congress urged "the Special Representative on North Korea Policy, as the senior official handling North Korea issues, to prioritize the issues involving Korean divided families and, if necessary, to appoint a coordinator for such families";

Now, therefore, be it

Resolved, That the Senate:

(1) recognizes the significance of North Korea's past willingness to resume reunions of divided family members between North Korea and South Korea;

(2) acknowledges North Korea's release in November 2014 of incarcerated American citizens Kenneth Bae and Matthew Miller;

(3) encourages North Korea to permit reunions between Korean Americans and their relatives still living in North Korea;

(4) calls on the Department of State to further prioritize efforts to reunite Korean Americans with their divided family members;

(5) acknowledges the efforts of the American Red Cross to open channels of communication between Korean Americans and their family members who remain in North Korea;

(6) encourages the Government of South Korea to include United States citizens in future family reunions planned with North Korea; and

(7) praises humanitarian efforts to reunite all individuals of Korean descent with their relatives and engender a lasting peace on the Korean Peninsula.

SENATE RESOLUTION 588—RECOGNIZING THAT ACCESS TO HOSPITALS AND OTHER HEALTH CARE PROVIDERS FOR PATIENTS IN RURAL AREAS OF THE UNITED STATES IS ESSENTIAL TO THE SURVIVAL AND SUCCESS OF COMMUNITIES IN THE UNITED STATES

Mr. MORAN (for himself, Ms. KLOBUCHAR, Mr. HOEVEN, Mr. BOOZMAN, Mr. ENZI, Mr. GRASSLEY, Mr. THUNE, Mr. WICKER, Mr. CRAPO, Mr. HELLER, Mr. COCHRAN, Ms. HEITKAMP, Mr. TESTER, Ms. BALDWIN, Mr. JOHNSON of South Dakota, Mr. DONNELLY, Mr. DURBIN, Mr. FRANKEN, and Ms. HIRONO) submitted the following resolution; which was considered and agreed to:

S. RES. 588

Whereas access to quality health care services determines whether individuals in the United States can remain in the communities they call home and whether their children will return to those communities to raise families of their own;

Whereas more than 60,000,000 individuals in rural areas of the United States rely on rural hospitals and other providers as critical access points to health care;

Whereas rural areas of the United States need quality health care services to attract and retain business and industry;

Whereas, to ensure that communities in the United States survive and flourish, Congress must address the unique health care needs of individuals in rural areas of the United States;

Whereas individuals in rural areas of the United States are, per capita, older, poorer, and sicker than individuals in urban areas of the United States;

Whereas, according to the Department of Health and Human Services, “rural areas have higher rates of poverty, chronic disease, and uninsurance, and millions of rural Americans have limited access to a primary care provider”;

Whereas, according to the Department of Agriculture, individuals in rural areas of the United States have higher rates of age-adjusted mortality, disability, and chronic disease than individuals in urban areas of the United States;

Whereas the 20 percent of the population of the United States that lives in rural areas is scattered over 90 percent of the landmass of the United States;

Whereas the geography and weather of rural areas of the United States can make accessing health care difficult, and cultural, social, and language barriers compound rural health challenges;

Whereas individuals in rural areas of the United States are more likely to be uninsured and less likely to receive coverage through an employer than individuals in urban areas of the United States;

Whereas access to health care continues to be a major challenge in rural areas of the United States, as—

(1) 77 percent of the 2,050 rural counties in the United States are designated as primary care Health Professional Shortage Areas (commonly referred to as “HPSAs”);

(2) rural areas of the United States have fewer than half as many primary care physicians per 100,000 people as urban areas of the United States; and

(3) more than 50 percent of patients in rural areas of the United States travel at least 20 miles to receive specialty medical care, compared to only 6 percent of patients in urban areas of the United States;

Whereas, because rural hospitals and other providers face unique challenges in administering care to patients, Congress has traditionally supported those providers by implementing—

(1) specific programs to address rural hospital closures that occurred in the 1980s by providing financial support to hospitals that are geographically isolated and in which Medicare patients make up a significant percentage of hospital inpatient days or discharges; and

(2) a program established in 1997 to support limited-service hospitals that, being located in rural areas of the United States that cannot support a full-service hospital, are critical access points to health care for rural patients;

Whereas hospitals in rural areas of the United States achieve high levels of performance, according to standards for quality, patient satisfaction, and operational efficiency, for the types of care most relevant to rural communities;

Whereas, in addition to the vital care that rural health care providers provide to patients, rural health care providers are critical to the local economies of their communities and are one of the largest types of employers in rural areas of the United States where, on average, 14 percent of total employment is attributed to the health sector;

Whereas a hospital in a rural area of the United States is typically one of the top 2 largest employers in that area;

Whereas 1 primary care physician in a rural community annually generates approximately \$1,500,000 in total revenue, and 1 general surgeon in a rural community annually generates approximately \$2,700,000 in total revenue;

Whereas the average Critical Access Hospital, a limited-service rural health care facility, creates 107 jobs and generates \$4,800,000 in annual payroll, and the wages, salaries, and benefits provided by a Critical Access Hospital can amount to 20 percent of the output of a rural community’s economy;

Whereas hospitals in rural communities play a vital role in caring for the residents of those communities and preserving the special way of life that communities in the United States foster; and

Whereas the closure of a hospital in a rural community often results in severe economic decline in the community and the departure of physicians, nurses, pharmacists, and other health providers from the community, and forces patients to travel long distances for care or to delay receiving care, leading to decreased health outcomes, higher costs, and added burden to patients: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes that access to hospitals and other health care providers for patients in rural areas of the United States is essential

to the survival and success of communities in the United States;

(2) recognizes that preserving and strengthening access to quality health care in rural areas of the United States is crucial to the success and prosperity of the United States;

(3) recognizes that strengthening access to hospitals and other health care providers for patients in rural areas of the United States makes Medicare more cost-effective and improves health outcomes for patients;

(4) recognizes that, in addition to the vital care that rural health care providers provide to patients, rural health care providers are integral to the local economies and are one of the largest types of employers in rural areas of the United States; and

(5) celebrates the many dedicated medical professionals across the United States who work hard each day to deliver quality care to the nearly 1 in 5 people in the United States living in rural areas, because the dedication and professionalism of those medical professionals preserves the special way of life and sense of community enjoyed and cherished by individuals in rural areas of the United States.

SENATE RESOLUTION 589—HONORING THE LIFE OF THOMAS M. MENINO, MAYOR OF BOSTON, MASSACHUSETTS, FROM 1993 TO 2014

Ms. WARREN (for herself and Mr. MARKEY) submitted the following resolution; which was considered and agreed to:

S. RES. 589

Whereas Thomas Menino was born on December 27, 1942, in Readville, in the Hyde Park neighborhood of Boston where he lived his entire life;

Whereas Thomas Menino was a devoted husband, a loving father, and an adoring grandfather;

Whereas Thomas Menino was elected to the Boston City Council in 1983 to represent District 5, including the Hyde Park neighborhood where he lived;

Whereas Thomas Menino served as City Council president and became acting mayor of Boston in July 1993;

Whereas Thomas Menino was elected as the 53rd Mayor of Boston in November 1993, the first Italian-American mayor of the city of Boston;

Whereas Mayor Menino subsequently was elected to 4 additional terms, serving an unprecedented 20 years as Mayor of Boston;

Whereas Mayor Menino took pride in being known as the “Urban Mechanic”, focusing on the nuts and bolts issues that kept the city moving forward, from fixing potholes to cleaning up public parks;

Whereas Mayor Menino oversaw a period of growth and urban renewal in Boston, and worked to make Boston a city of safe, livable neighborhoods;

Whereas Mayor Menino led the resurgence of neighborhoods in Boston, from the waterfront and the innovation district of the waterfront to Dudley Square in Roxbury, creating a city with unbounded innovative potential;

Whereas Mayor Menino committed himself to being the “Education Mayor”, using his political will and courage to improve education for all the children in the city;

Whereas Mayor Menino was a powerful advocate for research institutions in Boston, including the world-class hospitals and universities in the city;