

REFUGEE AND MIGRANT DEATHS IN THE MEDITERRANEAN SEA

Mr. CARDIN. Mr. President, I wish to discuss an enormous human tragedy: another boat carrying desperate refugees and migrants capsized in the Mediterranean Sea and, in this most recent instance, over 850 men, women, and children have died. It is profoundly heartwrenching to view the anguished images of innocent refugees and migrants, men and women, old and young, who embarked on this desperate journey bound for a more hopeful future, but which instead ended in death on the Mediterranean Sea for so many people.

In 2014, we know that well over 218,000 refugees and migrants crossed the Mediterranean Sea, many fleeing violence, conflict, and persecution in Syria, Iraq, Eritrea and elsewhere, traveling on overcrowded and unseaworthy boats. Last year, over 3,500 women, men, and children died or went missing in their desperate attempts to reach Europe. According to the International Organization on Migration, IOM, this year's death toll in the Mediterranean Sea is believed to have surpassed 1,750 victims already—a drastic spike when compared to the same period last year. During the first 3 weeks of April alone, more than 11,000 people have been rescued.

This is a journey of unimaginable peril, and only the most despairing families with nothing to lose would sacrifice their lives in the hopes that this voyage will deliver an escape from misery. From Syria to Iraq, from South Sudan to Yemen, multiplying conflicts, gross human rights violations, statelessness, the effects of climate change, and food and water insecurity are all contributing to millions of people being forced from their homes in search of safety and survival.

The international community is witnessing the enormous costs of unending wars and the failure to resolve or prevent conflict. The number of refugees, asylum-seekers and internally displaced people worldwide has, for the first time in the post-World War II era, exceeded 50 million people, according to the United Nations High Commission on Refugees, UNHCR.

This massive increase is largely driven by the war in Syria, which is now in its fifth year. The Assad regime's ruthless attacks on Syrian civilians—compounded by horrific violence by armed extremists—has led to Syria's disintegration and massive internal and external displacement of its people.

Europe, facing conflicts to its south in Libya, east in Ukraine, and south-east in Syria, Iraq and the Horn of Africa, is currently seeing the largest numbers of refugees and migrants arriving by boat across the Mediterranean. To confront this enormous challenge, European Council President Donald Tusk called on member states on Monday, April 20, to meet their funding commitments for Trident, the European Union's, EU, naval operation

in the Mediterranean. EU leaders also agreed to meet on Thursday, April 23, to consider increasing resources for rescue operations and the 10-point action plan on migration proposed by the Joint Foreign Affairs and Home Council.

The proposed plan would alleviate pressure on the member states receiving the majority of those rescued and also aims to combat trafficking and smuggling.

The EU's proposed 10-point plan is an important first step, but a bold and comprehensive response is urgently needed. First, rescue at sea is and should be the top priority. It is a moral imperative based on European values, as well as a fundamental principle of maritime law. A robust search and rescue operation, comparable to Mare Nostrum, that focuses on saving lives must be reinstated. While the reinforcement of the Joint Operations in the Mediterranean is welcomed, border surveillance operations are not an answer to this crisis.

Second, there needs to be a credible and firm commitment from countries both in Europe and across the globe to resettle significant numbers of refugees. Moreover, efforts to encourage legal alternatives to such dangerous voyages must be pursued. These include enhanced family reunification, private sponsorship programs, and study and labor migration programs for people in need of international protection.

Finally, I urge the U.S. Government to provide robust assistance, and to work closely with our European partners, so that we might all rise to the demands presented by this humanitarian crisis and commit to the measures needed to prevent tragedies such as the drowning deaths of 850 men, women, and children off the coast of Libya this past weekend.

NATIONAL MINORITY HEALTH MONTH

Mr. CARDIN. Mr. President, I wish to ask my colleagues to join me in recognizing April as National Minority Health Month. 2015 marks the 30th anniversary of this event, which provides us with an opportunity to celebrate the progress we have made in addressing minority health issues and health disparities in our country and to renew our commitment to continue this critically important work.

Minorities now make up more than 35 percent of the American population and that number is expected to rise in the future. However, study after study has shown that minorities, especially African Americans and Latinos, continue to face significant health disparities in diseases such as diabetes, HIV/AIDS, and asthma.

Currently, over 26 million Americans suffer from diabetes. But African Americans are twice as likely to be diagnosed with, and to die from, diabetes compared to non-Hispanic whites. Afri-

can Americans are also more than 2½ times more likely to suffer from diabetes-related end-stage renal disease than non-Hispanic whites, and are more likely to have other complications, such as lower extremity amputations.

Obesity, which increases the risk of developing diabetes, is also more prevalent in minority communities. Nearly 4 out of 5 African-American women are overweight or obese, as well as 78 percent of Hispanic men. It is no coincidence that, nationwide, 27.2 percent of African Americans and 23.5 percent of Latinos lived below the Federal poverty line in 2013. Limited means and the lack of access to fresh fruits and vegetables in "food deserts" prevent many people from accessing the nutrition they need to lead healthy lives.

Those living in impoverished areas are also much more likely to be exposed to polluted air, which exacerbates respiratory conditions like asthma. According to the Department of Health and Human Services, in 2012, African Americans were 20 percent more likely to have asthma versus non-Hispanic whites.

HIV and AIDS, which are especially prevalent in low-income neighborhoods with widespread drug use, continue to devastate minorities across the country. African American women are 23 times more likely to have AIDS than their white counterparts and Hispanic women are four times more likely to be infected. In Maryland, African Americans are diagnosed with HIV at more than 10 times the rate of white Marylanders.

The role that access to resources, proper nutrition, and clean air plays in our well-being cannot be overstated. According to a 2012 report about Baltimore neighborhoods from the Joint Center for Political and Economic Studies, those living in higher-income parts of the city live, on average, nearly 30 years longer than their neighbors in impoverished areas.

Fortunately, thanks to the Affordable Care Act, ACA, we have recently made health coverage more accessible and affordable than it has been in decades. By reducing the number of uninsured Americans across the country, the ACA is working to address health inequalities. Between 2013 and 2014, the percentage of uninsured Latinos dropped by 7.7 percent, and the percentage of uninsured African Americans fell by 6.8 percent.

Also, as a result of the ACA, increased funding is available for community health clinics. Mr. President, 300,000 Marylanders, including more than 140,000 African Americans and 38,000 Latinos, are served by these clinics.

Under the ACA, preventive services, which are critical to the early detection and treatment of many diseases that disproportionately affect minorities, are now free for 76 million Americans, including 1.5 million Marylanders.

In 2011, African American women in Maryland died from cervical cancer at

nearly twice the rate of white women. This disparity is simply unacceptable and illustrates the importance of access to preventive health care services: cervical cancer is preventable through regular screening tests and follow-up and, when detected and treated early, it is highly curable.

In our country, we are incredibly fortunate to have the National Institutes of Health, NIH, which works tirelessly to improve the health of all Americans, and the NIH's National Institute for Minority Health & Health Disparities, NIMHD, has the specific mission of addressing minority health issues and eliminating health disparities. I am proud of my role in the establishment of the NIMHD, which supports groundbreaking research at universities and medical institutions across our country.

This critically important work ranges from enhancing our understanding of the basic biological processes associated with health disparities to applied, clinical, and translational research and interventions that seek to address those disparities.

Some examples of recent NIMHD-funded projects include exploring racial disparities in sudden infant death syndrome, SIDS, to inform health education interventions about safe infant sleep practices, which historically have been shown to be less effective among African Americans; evaluating a community-based intervention to promote follow-up among uninsured minority women with abnormal breast or cervical cancer screening results; and developing a culturally tailored lifestyle intervention to prevent diabetes among African American and Hispanic adults.

Enhancing our understanding of the complex disparities across racial, ethnic, and other minority populations and their specific risk factors will help us develop better preventive health care, reduce long-term health care costs, and improve the quality of life for millions of Americans.

Minority health disparities cost many of our constituents their health and even their lives, and they cost our health care system and economy, as well. A 2009 joint center study found that direct medical costs resulting from health inequities among minorities totaled nearly \$230 billion between 2003 and 2006. With indirect costs such as lowered work productivity and lost tax revenue added to the equation, the tab amounts to more than \$1.24 trillion.

We owe it to our constituents to do everything in our power to fight for affordable, high-quality health care for everyone. One's ethnic or racial background should never determine the quality of his or her health or the length of his or her life. This month, let us renew our commitment to ensuring access to affordable, high-quality health care for all Americans, and pledge to do everything we can to eliminate health disparities in our country.

TRIBUTE TO ROSE BAUMANN

Ms. KLOBUCHAR. Mr. President, I rise today to recognize my chief of staff, Rose Baumann, and to pay tribute to her hard work on behalf of the people of Minnesota as a member of my staff for the past 9 years.

For anyone who has met Rose, it will come as no surprise to you that Rose went from being a junior staffer in my office in 2006 just after graduating from Gustavus Adolphus College to my chief of staff just 7 years later. For the first 4 of those 7 years, Rose handled health care issues first as an outreach director in the Twin Cities and then as a legislative assistant in Washington. Rose approached every challenge with dedication and grace, regardless of whether she was helping a constituent access their Medicare benefits or talking with Minnesota physicians about health care reform proposals or organizing and executing a health care summit. Rose's intelligence, strong Minnesota work ethic, tenacity, and optimism always seemed to ensure success.

During the health reform debate, Rose played a critical role in helping me highlight cost-saving health care delivery models like the Mayo Clinic uses and worked to ensure we reward quality, not quantity, of care. She worked tirelessly to advocate for Minnesota's hospitals, providers, patients, and industries, and that hard work is reflected today as we watch these policies being implemented.

As my legislative director for 3 years, Rose advanced my legislative agenda while successfully managing 12 people and every policy area. My work on consumer safety, transportation, international adoptions, protection of our natural resources and cutting redtape at our Federal agencies all became law under Rose's leadership. Her natural ability, organization, and plain old hard work ensured that my legislative ideas became reality, while crucial events such as the confirmation hearing for Justice Elena Kagan were a success.

Rose has been a remarkable chief of staff. She is a natural leader who quickly adapts to any situation, no matter how large or small. Her enthusiasm has been a motivating force in my office, and her compassion toward the people of Minnesota and understanding of the problems they face has been instrumental to my ability to serve them in the Senate.

Rose Baumann—a proud native of St. Louis Park, MN—will soon begin a new professional adventure with new challenges, and I have no doubt that she will succeed. She is also getting married later this year, and I am so happy to see her so excited about this new phase of her life.

Mr. President, I hope you will join me as I say thank you to Rose Baumann for her 9 remarkable years of service to my office, the Senate, the people of the State of Minnesota, and the United States of America.

ADDITIONAL STATEMENTS

TENNESSEE NISSAN STORY

• Mr. ALEXANDER. Mr. President, I ask unanimous consent to have printed in the RECORD a copy of my remarks at the Nissan plant in Smyrna, Tennessee earlier this week.

TENNESSEE NISSAN STORY

Thank you Randy, Gov. Haslam, Mr. Martin, ladies and gentlemen of Nissan.

When Randy invited me, he suggested I tell a little history of the Tennessee Nissan story in 5 minutes. And I am delighted to have that opportunity, and I would like to do it by putting a few human faces on the story that is usually told in cars and trucks and dollars and cents. And the best face is the one that Randy told me of his mother.

I remember sitting up with her one night and the boys had gone to their rooms, and she said to me she was sad. And I said, "Why would you be sad?" She said, "Because I've got smart boys and they will never find a job around here, and I will never see my grandchildren." Well as Randy said, two years later, here came Nissan.

There were many faces that had to do with the history of this company in the last 35 years. One was President Jimmy Carter. Two months after I was elected, I was at a White House dinner, and he said, "Governors, go to Japan. Persuade the Japanese to make in the United States what they sell in the United States." And at that time, Nissan made no cars and trucks in the United States, and Tennessee had almost no auto jobs.

So I took a photograph of the United States at night, taken at night from a satellite, to see Mr. Kawamata, the Chairman of Nissan. I showed it to him. He said exactly where is Tennessee? I said right in the middle of the lights, which is where you want to be if you're building a plant with lots of heavy things that you want to ship around the country.

I thought Tennessee and Japan were a perfect match. They had no cars here, and we had almost no auto jobs here.

In Detroit in 1980 at the Republican Convention, the country was in a recession. Everybody was gloomy. As I looked around at all the gloomy faces, I said, "You guys have so much more money than we do. You've got higher teacher salaries. You've got better universities. You have all these things because you've got the auto industry."

So I skipped a meeting with Ronald Reagan, came home to meet with Takashi Ishihara, the CEO of Nissan. He was a big bluff chief executive. He knew exactly the depth of the lock in Dickson County. And he knew he wanted 400 acres in Rutherford County, where the McClary's had a farm. So one of the faces of Nissan was sitting on the back porch with the McClary family, they were in their 70's, and persuading them to sell their farm to Nissan and then Mr. Ishihara wanted to get the next 400 acres, which was owned by Maymee Cantrell. She wouldn't sell because she promised her tenant farmer that he could live there for his whole life. And she said, "I am a woman of my word." We found 400 acres in Williamson County for her tenant farmer to live on, so Maymee could be a woman of her word and Mr. Ishihara got 800 acres, which you have about filled up, 35 years later.

The faces of Nissan include Marvin Runyon and the Ford team that came from Detroit to a different part of the country to start from scratch in a new environment. They knew they didn't have another advantage. That every state north of Tennessee did not have a Right To Work law, and if they could