Her personal freedom was not enough for her because she recognized there was injustice in this country, and she wanted to be involved. As the joint resolution that passed the Senate 12 years ago said: 

Harriet Tubman—whose courageous and dedicated pursuit of the promise of American ideals and common principles of humanity continues to serve and inspire all people across the board.

A major part of learning and understanding the significance of history is being able to experience the places where that history occurred.

From Fort McHenry in Baltimore, MD, to the Lincoln Memorial here in the Nation's capital, we have preserved our history for future generations. Millions of visitors and schoolchildren visit these iconic places in American history.

The Harriet Tubman National Historical Park and the Harriet Tubman Underground Railroad National Historical Park is legislation I have filed so we can preserve the history of Harriet Tubman with these historic places for future generations.

I am joined in this effort by Senators MIKULSKI, Senator SCHUMER, and Senator GILLIBRAND. The natural landscape on the eastern shore that existed during Harriet Tubman's day exists today. Her homestead, where her father was born, Ben Ross, exists today. Stewart's Canal, where her father worked, exists today. The Bordess Farm, where Harriet Tubman worked as a slave, exists today. Right adjacent to it, and including part of that property, is the Blackwater National Wildlife Refuge. So we have the landscape in which the Underground Railroad was operating to free slaves in the 19th century. It exists today on the eastern shore of Maryland.

In Auburn, NY, the home in which Harriet Tubman lived still exists, the home for the aged that she started still remains. The Thompson Memorial AME Zion Episcopal Church is still there, and the Fort Hill Cemetery, where she is buried. They are all intact, and all are available for preservation.

The legislation we have filed will preserve these places in American history under our National Park System for future generations. I urge my colleagues to support this legislation, to honor a great American, and to preserve our heritage for future generations.

ASTHMA AND THE IMPACT OF HEALTH DISPARITIES

Mr. CARDIN. Mr. President, I rise to speak about asthma and the impact of health disparities. I have pointed out on the floor before that race and ethnic health disparities exist in America. I have talked on the floor before about sickle cell disease. Well, the same thing is true with the chronic inflammatory diseases of the body's airways that impede breathing, such as asthma.

As I pointed out before, the Affordable Care Act includes a provision I helped write that establishes the Institute for Minority Health and Health Disparities at NIH. The purpose for including this information about asthma in the RECORD is to point out that we still have challenges that need to be met. I look forward to working with my colleagues on that issue.

Asthma is a chronic inflammatory disease of the body's airways that impairs breathing and affects more than 20 million Americans. People with this condition have airways that constrict in response to allergens, temperature changes, physical exercise, and stress. During asthma attacks, the airways spasm and prevent oxygen from getting to the lungs. This leads to chest tightness, shortness of breath, wheezing and mucus production. Severe attacks can require intubation and even result in death. Of the 20 million Americans affected by asthma, about 7 million are children. In fact, about 10 percent of all American children have asthma.

Genetics play a significant role in the development of asthma in children and adults, but asthma is also influenced by environmental factors and racial, ethnic, and socioeconomic factors. Asthma accounts to be more prevalent among certain minority groups, particularly among Blacks, American Indians and Alaska Natives, and Puerto Ricans. To be more precise, research indicates that asthma is 30 percent more prevalent in American Indians and Alaska Natives than in Whites; Asian/Pacific Islander children are three times more likely to have asthma than White children; and Puerto Rican Americans have twice the asthma rate as the Latino American population overall.

In addition to occurring more often, asthma is also more severe in minority populations, and this leads to higher asthma-related deaths. Asthma accounts for more than 4,000 deaths in the United States each year. Blacks are 2.5 times more likely to die from asthma-related causes than Whites. Among children, this ratio is even more staggering—Black children are 7 times more likely to die from asthma-related causes than White children. Interestingly, although Latino Americans and American Indian/Alaskan Natives are 20 percent more likely to have asthma than Whites; Asian/Pacific Islander children are three times more likely to have asthma than White children; and Puerto Rican Americans have twice the asthma rate as the Latino American population overall.

Asthma is profound because asthma is a major obstacle to doing the things that we take for granted. Whether due to one or more of these factors, the impact of disparities in asthma is profound because asthma is a crippling condition. Untreated or inappropriately treated, asthma makes it difficult to concentrate at school and work, limits physical activity, and often results in absenteeism. It also reaches beyond the patient to family members, as parents are often required to miss work to care for sick children. The Nation's 20 million asthma patients account for more than 100 million days each year in lost productivity due to absence from school and work, according to the American Academy of Allergy, Asthma, and Immunology. Yearly, asthma patients account for more than 11 million office visits and 500,000 hospitalizations. That is an annual cost of more than $5 billion in direct and indirect medical expenditures. Much of this expense could be avoided with proper asthma management.

People who are diagnosed at an early age and whose conditions are well
managed by a primary care physician and an asthma specialist can avoid many of the complications associated with the condition. The ability to secure medications, such as an albuterol inhaler to alleviate attacks and steroids to suppress inflammation, can also allow patients to play sports and live normal lives.

But patients who lack access to specialists or can’t afford needed medicines will frequently miss school, must forgo physical activity, and can end up hospitalized. So the effect of access to affordable, comprehensive care is apparent.

Even so, coverage is not enough. Asthma disparities have multiple interrelated causes, as I have outlined. We often view health disparities through the narrow lenses of genetic differences and differences in medical care. But upstream determinants such as social inequalities and neighborhood conditions can have a significant impact on health outcomes as well.

Even though we know this, national policies have not effectively addressed the problem of health disparities pertaining to asthma. National asthma guidelines that are supported by the National Heart, Lung, and Blood Institute and ensuring that the focus of biomedical research sufficiently addresses health disparities. We must encourage participation in clinical trials, particularly for underrepresented populations, so that we can speed the discovery of the most effective treatments. Provisions to encourage physicians to practice in underserved areas can improve access to care. The Office at AHRQ can help translate these findings into practice, and the Office at CMS can be instrumental in ensuring that eligible CHIP and Medicaid beneficiaries are enrolled in these programs and that they can receive the care they need. With the Affordable Care Act, we have the momentum and the tools needed to make a difference in asthma health disparities.

I look forward to returning to the floor soon to explore the issue of health disparities further by focusing on another condition that disproportionately affects minorities.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER: The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. LAUTENBERG. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER: Without objection, it is so ordered.

TOXIC TEA

Mr. LAUTENBERG. Mr. President, everyone is aware of how deeply concerned the American people are about staying in their homes, about having adequate health care, and about providing education and a better path for the lives of their children. But everyone also knows there is a group calling themselves the tea party, and they are busy trying to eliminate those opportunities.

In Wisconsin, a tea party Governor is trying to take away workers’ collective bargaining rights to be represented. It is like going into a courtroom without a lawyer.

In Florida, another tea party Governor has killed the critical high-speed rail project by rejecting Federal grants of $2.4 billion to move it along. He threw it away, threw it back—$2.4 billion. Here in Congress, tea party activists have seized control of the Repub-