

will accept a tariff imposed by China that is 10 times higher on U.S. automobiles than will be imposed by the United States on vehicles from China.

Ask somebody, how on Earth can that happen? Was somebody drinking heavily while they negotiated? How can one possibly agree to something that is that unfair? I could go on and on. It will serve no purpose, except to say that these numbers ought to demonstrate that while things are doing well in this country and while we are blessed with a wonderful economy, these storm clouds with respect to the trade imbalance need to be attended to. We need better trade agreements, and we need more attention to trade agreements that require elements of fair trade between our country and Japan, between us and the Chinese, between us and Europe, and between us and Canada.

Last month, The Wall Street Journal had a piece "Will the Trade Gap Lower the Boom?" It notes that our trade gap is now about 4.2 percent of our overall economy, and it goes on to say that:

A percentage that high would scare the green eyeshades right off the analysts in many industrialized nations.

We don't hear a whisper about it—not here, not around the country, very seldom in the press. This is a very unusual story. It also says:

But there is a disaster scenario that . . . gets more likely with each breath that fills the trade deficit balloon. . . . On average, the current account gap hits its limit at 4.2 percent of GDP, exactly where the U.S. finds itself today. . . . Confidence in our economy could collapse before the rest of the world is firmly back on its feet.

The point is there is something wrong here, and Congress cannot ignore it. That is why Senator STEVENS, Senator BYRD, and I created in legislation a trade deficit review commission. It has finished its meetings and is now developing recommendations to policymakers both in the administration and Congress, on how to deal with this issue.

I have supported normal trade relations with China in the past. But, the issue for me isn't shall we make it permanent or not. Shall we have NTR with China? Of course, we should. The issue is: Are we going to do something about these deficits? Does anybody think having a \$72 billion deficit with China is normal? Is that a normal trade relationship? Of course, it is not. It is abnormal. It is a perversion. How about Japan? Is this a normal trade relationship, having an \$80 billion deficit with the country of Japan? That is not normal. It is abnormal. We, as a country, need to understand and say to China and Japan and others, the European Union, that we are all for expanded trade. We have been the leader in expanding trade. But we are also going to be the leader in standing up for our economic interests and demanding that the rules of trade be fair rules.

The first 25 years after the Second World War we could compete with any-

body around the world with one hand tied behind our back. It was no problem at all. That was when our trade policy was just flat out foreign policy. The second 25 years, we have seen tougher economic competitors. Countries have developed with strong economies. They have become shrewd economic competitors. Every one of these countries have a managed trade economy in which they say: We will not allow what the United States allows. We will not ever allow the kind of run up of a trade deficit that the United States will allow.

We do it because we don't pay attention to it. We have this philosophy that somehow it will all right itself at some point in the future. It will not right itself without action by the Congress and the administration to say we are the leaders in free, expanded and fair trade, and we insist the rules of trade be fair.

I come to the floor during this discussion about China PNTR to say that there are other elements, in many ways bigger issues, to this trade debate that we must be attentive to and we must do so soon.

While there is a lot of good news—and we will hear a great deal of it during the campaigns by Republicans and Democrats, claiming credit for this, that, and the other thing—but I hope we will all claim credit for the responsibility to begin solving these problems. During good times, it seems to me, is the opportunity to look down the road and see where the storm clouds develop and figure out how to respond to them. We must, it seems to me, decide that it is a significant issue and it is in the interest of all citizens in this country that Congress begin to tackle this issue in a way that reduces these trade deficits, continues to expand our trade opportunities, but puts us on a better footing with our trading partners.

Mr. DORGAN. Mr. President, I ask unanimous consent that I may speak as in morning business.

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

SPRINTING TO THE FINISH

Mr. DORGAN. Mr. President, yesterday I spoke briefly about the agenda that confronts this Congress in the next 5 weeks. This is literally a sprint to the finish. Much of what we will discuss and debate are the most important issues people worry about and are talking about around the supper table. They talk about the issues that affect them every day: Are our kids going to good schools? Are we proud of the schools we send our kids to? Do I have a good job? Does it provide retirement benefits, insurance, security? Will grandma and grandpa have adequate health care when they have serious health problems? Is our neighborhood a safe one in which to live? Can we afford the prescription drugs that the doctor prescribes and says we need to main-

tain a healthy lifestyle and to control a disease we may have?

All of these things are the things that interest families who discuss what their lives are like these days and how they can be improved.

I want to talk about the agenda and the issues with which we have to deal before this Congress adjourns. Before I do, as a way of introducing that, let me tell you about a television story that appeared on KFYR Television in Bismarck, ND, about 2 to 3 weeks ago. KFYR Television News did a piece about my Uncle Harold. My Uncle Harold, from Dickinson, ND, is now 80 years old, and he is a runner. There are not very many 80-year-old runners, so the television news did a story about him. The story showed him running down the street, with the gold medals he has won, and doing various things.

Here is the story about my uncle. About 6 or 7 years ago, he and my aunt went to the Prairie Rose Games in Fargo, ND, where they have events for everybody in different age brackets. They decided to enter the bowling event because they bowl. Harold also saw that they had races for people who are 70 and above, so he decided to enter one at about age 71. He had never run before, but he decided to enter three races at the Prairie Rose Games, and he won all three easily. He said, "You know, I never knew I could run like that." So he started running. He went to Minnesota to run, and then to South Dakota, and Arizona.

Pretty soon, Uncle Harold started specializing. Now he runs in the 400 meter and 800 meter events. So I have this uncle who just turned 80 running in races all over the country. He now has 45 gold medals. My aunt thinks he has had a stroke. She thinks it is as goofy as the devil that this 80-year-old man is running. Yet he discovered he is the fastest around in his age bracket. He is going to try out for the Senior Olympics and go one more time. He took fifth out of 200-some runners the last time. Now that he is 80 and at the bottom of a new age bracket, he thinks he will get a gold medal in the Olympics. My uncle is a fisherman, so I don't know whether this is true, but he said he runs the 400 meter race in 79 seconds. I run a little as well. One of these days I will figure out whether I can run it in 79 seconds.

I should mention one other thing about Uncle Harold. He also golfs, and he is the strangest golfer I have ever golfed with. I went golfing with my uncle a couple of years ago. He takes a bag and only takes four or five clubs. He hits the ball and, because he is always in training for the Senior Olympics, he sprints on a dead run to the ball. It is a strange looking thing to see a guy who was 78 years old at the time hit a ball and go on a dead run to find out where it rested and then hit it again. In the meantime, my wife and I were driving a cart, and this 78-year-old man is sprinting on the golf course. I have since decided I should never

drive a cart when golfing with my uncle.

The point is, here is this 80-year-old guy jogging 3 miles a day, getting ready to try to qualify to go again to the National Senior Olympics. That is pretty remarkable when you think about it. Thirty years ago, that would not have happened. Usually, when you are 80, you find a chair someplace and relax. But these days people are living longer, healthier lives. My uncle, for example, is training for the Olympics. That is the result of a lot of things: lifestyle changes, nutrition changes, cultural changes, better health care, Medicare. A whole series of things are happening in this country that are pretty remarkable. That really all relates to the agenda that we have in the next 5 weeks in this Congress.

Americans are living longer, living better, at a time when we are so blessed in this country. We have an agenda in the Congress that will have an impact on people's lives. Yes, for my uncle, but for everybody's aunts, uncles, brothers, and sisters—the agenda of health care and education and other things that mean so much to people's lives.

Let me talk for a minute about what we need to do and why. First of all, one of the advancements that allows people to live longer and healthier lives is the increase in the use of prescription drugs. There are so many illnesses and diseases for which, 35 years ago when Medicare was developed by this Congress, there were no medicines. But now there are miracle drugs, prescription medicines. We have decided that it is important to add a prescription drug benefit to the Medicare program. Why? Because being able to afford the right prescription drugs can allow people to lead healthier lives and treat illnesses and stay out of a hospital, which is horribly expensive. It is, in the long run, a bargain for the American people to say let's have a prescription drug benefit in the Medicare program.

Now, some say, well, we cannot afford it. The fact is that it will cost a lot more if we don't have it. People will get sick and go to hospitals and it will cost more. The issue of affordability applies more to senior citizens than to the Government. The reason we need this benefit is that too many senior citizens know they need a medicine, but they can't afford to buy it.

A doctor in Dickinson, ND, testified at a hearing I held in Dickinson. He said he prescribed a drug to a senior citizen who had a mastectomy in order to treat her breast cancer. The doctor said to his patient: This is the drug I am going to prescribe for you because it will reduce the chances of a recurrence of your cancer. She said: What does it cost? He told her and she said: Doctor, I can't afford to take that drug. I will just have to take my chances.

At every hearing I have held, I have heard testimony from people who say: We go to the back of the grocery store

where the pharmacy is first because we have to buy our prescription drugs first; only then, will we know how much money we have left over to buy food.

Spending on prescription drugs increased 16 percent last year in this country. Sixteen percent. Some of that is increased utilization and some is increased prices. But too many senior citizens know they need a prescription drug, and they can't afford it. We need to do two things: put on pressure to bring drug prices down and, No. 2, add an affordable, universal, voluntary prescription drug benefit to the Medicare program.

Mr. President, with your permission, I want to show a couple of pill bottles. I ask unanimous consent to be allowed to do that.

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

Mr. DORGAN. I will speak about the prices charged for prescription drugs in this country versus the prices charged elsewhere in the world for the identical medicine.

These two bottles are slightly different but they contain the same pill. Both bottles are for a wonderful drug called Zocor, which is used to lower cholesterol in patients. It is a medication that a lot of people use. I commend all those who did the research to create these kind of drugs. But to those who decided the prices that ought to be charged for these medications to various citizens around the world, I don't say good job.

Let me describe what has happened.

In both bottles are the same pill, in the same dosage, made by the same company, perhaps made in the same manufacturing plant, approved by the FDA. Once the medicine is approved by the FDA, the FDA approves the manufacturing plants, and the company produces the drug for sale. This bottle they sent to Canada. They say to the Canadians: Do you want to buy some Zocor? It will lower your cholesterol. It is \$1.82 per tablet.

This other bottle they sent to Grand Forks or Minot, ND, or anywhere else in the U.S. To Americans they say: Do you want to buy some Zocor? Well, you will have to pay \$3.82 per tablet. \$1.82 and \$3.82, why the difference? That is something we ought to ask the drug companies.

I have taken a group of senior citizens to Canada to a little drugstore in Emerson, Manitoba. I stood in that one-room pharmacy, and I saw the prices charged there. I have seen the prices charged for the same medications in North Dakota. I know the drugstores on Main Streets in North Dakota are not charging higher prices because they want to overcharge. They are simply having to pay the drug companies an inflated price far above that which is charged in Canada, England, Germany, Italy, France, and in virtually every other country in the world because the pharmaceutical manufacturers impose that charge on them.

This is not the fault of Main Street drugstores.

Again, I ask the question—I have asked this many times—is there anyone in the Senate who wants to stand up and say: Count me in on supporting these prices; I really believe it is fair and right to charge the American consumer \$3.82 for the exact same pill for which a Canadian is charged \$1.82? Is there one Senator willing to say this? There hasn't been one in the last six weeks that I have asked this question. If there is not any Senator willing to stand up and say this, then will all of them join us to try to change this situation so that the American consumer who needs to purchase prescription drugs receives a fair price?

The amendment that we passed in the Senate is now in conference. I am one of the conferees. What we are saying with this legislation is that pharmacists and drug wholesalers have the same right to reimport prescription drugs into this country that the drug companies already have, provided that the imported medications are FDA-approved and made in FDA-approved plants. It is very simple. We need to do that before this session of Congress ends.

The prescription drug companies are working overtime, of course, to kill this provision. They say the issue is safety. It is not. It is profits. That is what the issue is—profits, not safety. These are pills made in FDA-approved plants. These are medicines approved by the FDA with a chain of custody that can be traced from the manufacturing plant to the drugstores. There is no safety issue at all.

Adding a prescription drug benefit to the Medicare Program and enacting legislation that we passed on the floor with the bipartisan support of Senator JEFFORDS, Senator GORTON, myself, and many others who have worked on this are two things Congress must do before adjourning this year.

The other thing we need to do is pass a Patients' Bill of Rights.

I want to talk a few minutes about that today because we have Patients' Bill of Rights legislation that is in conference.

What is the Patients' Bill of Rights? This legislation says let's even up the odds a little bit between people who are sick and their insurance companies. Let's even up the odds a little bit.

In some cases what has been happening is that a person's medical care has become a function of their insurance company's profit. All too often doctors are not the ones making the decision about what kind of care is provided to a patient. It is an accountant in some insurance office thousands of miles away.

Yesterday, I mentioned a young boy in Nevada. I want to mention him again because it seems to me that he illustrates, as with so many others, the problem. A young man named Christopher Roe died October 12 last year. His mother came to a hearing that

Senator REID and I co-chaired in Nevada. He died on October 12, 1999, on his 16th birthday. The official cause of his death was leukemia. But his mother tells us that the real reason he died was that his health care plan denied him the investigational chemotherapy drug that he needed. He needed a shot, a chance, and the bureaucracy of the managed care organization never gave him that chance. They just took forever to get to that point.

Christopher Roe died, and Christopher Roe's mother came to our hearing. She held up a large picture of Christopher. She wept as she told us about her son who from his sickbed looked up at her, and said, "Mom, I just don't understand how they could do this to a kid?" Good question? Christopher died.

Or let me share another example. A woman fell off a cliff in the Shennandoah mountains. She was hauled into an emergency room unconscious with broken bones. She was treated. After a difficult period, she survived, and was then told by her managed care organization that they wouldn't cover her emergency room treatment because she didn't get prior approval. She was hauled in on a gurney unconscious, but the managed care organization said: You did not get prior approval for emergency room treatment.

That is the kind of thing that is happening all too often in this country.

Or, perhaps a better way to describe it is with the story of Ethan Bedrick, a young boy born with cerebral palsy resulting from a complicated delivery who was told that he had only a 50-percent chance of being able to walk by age 5. The managed care organization denied him the therapy he needed because they said a 50-percent chance of a young boy being able to walk by age 5 was insignificant. They considered it insignificant that a young boy had a 50-percent chance of being able to walk with the right kind of therapy.

Is there a reason to question those who are making health care decisions in the sterile offices of managed care organizations 1,000 miles away from where the doctor is seeing the patient and describing the medical treatment that is necessary for the patient's care? Yes. That is why I wanted to make this point.

We had a debate on patients' care in the Senate a while back. We lost by one vote, effectively, because there were some Members missing. We may have turned the tide in the Senate based on that vote, in which case the Presiding Officer may very well have broken the tie. But a substitute Patients' Bill of Rights was offered by our colleague, Senator NICKLES, when we offered the Patients' Bill of Rights.

Dr. GREG GANSKE, a Republican Member of the U.S. House, wrote a letter to all of us about that substitute. In fact, the local papers described the substitute that the Senate passed as the Patients' Bill of Rights. It was not a Patients' Bill of Rights. It was a "pa-

tients' bill of goods." But the Senate passed it, and the papers wrote exactly what those who supported it had hoped they would: The Senate passed a Patients' Bill of Rights.

Dr. GANSKE, a Republican Member of Congress, said this Senate legislation virtually eliminates any meaningful remedy for most working Americans and their families against death and injury caused by HMOs.

That is not a Democrat speaking. That is a Republican Member of the U.S. House, Dr. GANSKE.

Let me describe the legal analysis he sent around to every Member of the Senate:

... The measure would appear to undo State law remedies for medical injuries caused by managed care companies treatment decisions and delays.

... In the name of patient protection the Senate legislation appears to eliminate virtually any meaningful remedy for most working Americans and their families.

... A vehicle for protecting managed care companies from various forms of legal liability under current law.

Viewed in this light, the congressional passage of the Senate bill would be worse than were Congress to enact no measure at all.

I raise this because this is not a Democrat being critical of a Republican proposal. It is a Republican Member of Congress saying that the proposal passed by the Senate was worthless, just worthless.

This is not partisan criticism, it is Dr. GANSKE, a Republican Member of Congress, saying what the majority of the Senate claimed was a real Patients' Bill of Rights was worthless.

Now we could, and should, and I hope will pass a real Patients' Bill of Rights. There is a commercial being run in a northeastern State on behalf of a Member of the Senate who voted for our Patients' Bill of Rights, the Norwood-Dingell Patients' Bill of Rights that was passed on a bipartisan basis by the House. A Member of the Senate who voted for that—a Republican; there were only a very few—is running a commercial paid for by the Republican Senatorial Campaign Committee that says this Senator voted for a real Patients' Bill of Rights—meaning ours.

It is fascinating to me that we now have a circumstance where the Republican Campaign Committee is saying that the Patients' Bill of Rights we proposed was the "real one." We will have more to say about that and have a more aggressive debate about that in the days ahead.

My expectation is that there will be a tie vote when another vote occurs—and it will happen again; we fully intend it to happen again. Fortunately, we will have a Vice President to break that tie. The Patients' Bill of Rights issue is very important.

Let me mention a couple of other issues, and then I will conclude.

We also have a responsibility to deal with the farm crisis and we have not done so very well. We have a farm bill that doesn't work. The Freedom to Farm bill does not work. It has been a

failure since it was enacted in 1996. The promise was: Produce what you want; we will sell it overseas and get rid of the farm program and things will be better off.

Since that time, prices have collapsed and family farmers have had an awful time trying to make ends meet. In most cases, they are receiving far less now in real terms than they received during the Great Depression for their product. These are not people who are slothful. These are not people who aren't being productive. They are economic all-stars. They produce in prodigious quantity the food the world needs so desperately. Yet the market says: By the way, your food has no value.

While people climb trees to pick leaves to eat in countries around the world where there is not enough food, family farmers driving a 2-ton truck to a country elevator are told by the grain trader: Your food has no value.

Something is wrong with that. What really has no value is the current farm program. It doesn't work. It is long past time to fix it. We are within three or four votes of doing that. I encourage help from the other side to give us the votes needed to pass a farm program that provides real assistance for family farmers.

While we are on the subject of freedom, those who wrote the Freedom to Farm bill—I didn't, and I voted against it—should understand there is something called the freedom to sell. The freedom to sell means if you want to give family farmers the freedom to produce whatever, let's also give them the freedom to sell their products in markets such as Iran, Iraq, Cuba, North Korea, and others that have been off limits to them because this country has imposed economic sanctions against countries whose behavior we don't like. I am fine with economic sanctions. Slap them with sanctions. But don't ever include food as a part of those sanctions. Using food as a weapon is unbecoming to this country. A country as big and as good and as powerful and as important as this country ought never use food as a weapon.

The freedom to sell is a pretty important principle which we ought to care a bit about. There is an amendment that I put in the appropriations bill now in conference, and I know there are a couple of House leaders who are intending to try to kill that as we get to conference. I am hoping with the bipartisan support we received in the Senate that we will prevail on this issue.

Finally, one of the other important issues we face as we wrap up this Congress is trying to do something to strengthen the education system in our country. We have the opportunity to do that. It is just that we have all of this bickering back and forth. We have things that we know need to be done. Everybody here understands that if you are in a classroom of 15 people, there is more learning going on than if there is a classroom with 1 teacher and 30 kids. Class size matters. We have

proposals to reduce class size which will dramatically improve education.

We also understand you cannot learn in schools that are in functional disrepair. No wonder there is disrepair in the schools. They were built 50 or 60 years ago, after World War II, when we had soldiers coming back, having families, and building schools for their children all across the country. Many of these schools are still in use today and are in desperate need of repair and remodeling. If anyone doubts that, take a trip to the Ojibwa school on the Turtle Mountain Indian Reservation or the Cannon Ball Elementary School, south of Bismarck, ND. Take a look at those schools and ask yourself whether those schools need help.

The third grader who walks through the classroom door in the Cannon Ball School ought to be able to expect the same opportunity for a good education as all kids in this country. Yet these children don't have the same opportunity. We know that. Yet legislation to improve and modernize our schools languish in this Senate because some people don't believe it is important, or some people believe they cannot do it because if they did, somebody would declare victory for a public policy that makes sense.

Let's declare victory for a little common sense in all of these areas: Education, health care, agriculture. There are so many areas. The agenda in this Congress is the agenda we establish. If we are a Congress of underachievers, that is our fault, not something we blame on anybody else.

I wish I were in the majority here, but I am not. The majority establishes a schedule; we don't. I accept that. We have a right, and insist on the right, between now and the 5 weeks when this Congress wraps up its business, to try to bring to the floor of the Senate once again a real Patients' Bill of Rights and have another vote. We have a right to try to push these policies to get them done. We have a right to try to push education policies that we think will enhance and improve education in this country. We have a right to try to push policies that say we want to add a prescription drug benefit to the Medicare program. We have a right to insist that the American consumer pay prices for prescription drugs that are fair—not the highest prices of anyone in the entire world.

We have a right to address all of those issues, and we should. There is time. It is just a matter of will. Will the Members of the Senate who do the scheduling, who plan the agenda, exhibit the will to do what is right in the final 5 weeks and pass this kind of legislation?

As I said when I started, when people sit down at the dinner table and talk about their lives, they are talking about things that matter to them. All of the things I have talked about are things that matter to them: Are our kids going to good schools? Do grandpa and grandma have the opportunity to

get decent health care when they are sick? Are the neighborhoods safe? Do I have a decent job? Does it pay well? Does it have security? All of those are things that are important to the American people. All of those are things they should expect this Congress to address in the coming 5 weeks.

I yield the floor.

Mr. GRAMS. Mr. President, what is the order of business pending before the Senate?

The PRESIDING OFFICER. The Senate is debating the motion to proceed on the permanent normal trade relations with China.

Mr. GRAMS. Mr. President, I would like to talk about my support for H.R. 4444, but I just want to respond briefly to one comment of the Senator from North Dakota, Mr. DORGAN. I think he was bragging a little bit, maybe, about his uncle who is 80 years old and running in a marathon. I just congratulate him. How great that our senior citizens, because of the advances of medicine, can do that. I have a friend retiring at the age of 65. He wanted to retire to spend more time playing golf with his dad. Another is an uncle who was 85 last year who got his first hole-in-one, Ray Sandey. I just wanted to put that into the RECORD and congratulate them on their achievements.

Mrs. LINCOLN. Mr. President, I wish to comment on the comments of my two colleagues who have spoken about the important issues facing our aging populations in this Nation. They both commented on the 83-year-olds and the 84-year-olds. I think I have them beat. My husband's grandmother will turn 103 on the last day of this month.

So the issues for the elderly in Arkansas are extremely important to us, a No. 1 priority, and something I hope we will address in the context of a prescription drug piece for the elderly, as well as reauthorizing the Older Americans Act, not to mention the importance of solidifying and preserving Social Security and Medicare.

TO AUTHORIZE EXTENSION OF NONDISCRIMINATORY TREATMENT TO THE PEOPLE'S REPUBLIC OF CHINA—MOTION TO PROCEED—Continued

Mr. GRAMS. Mr. President, I rise in strong support of H.R. 4444, which grants permanent normal trade relations—PNTR—to China. We should have passed this in early June, and I deeply regret the delay and hope we can expedite the House bill without amendments.

I believe this is a no brainer. China negotiated a WTO accession agreement with the United States—an agreement in which China has committed to improve market access for most U.S. products and services to China. In exchange, the one thing we are required to grant them is PNTR—the same treatment all WTO members afford each other.

The U.S.-China WTO agreement is a good one. China has made commit-

ments in nearly every sector of our economy—agriculture, goods and services. Strong enforcement measures were included which allow us to not only continue use of our strong trade remedy laws, but China has agreed to allow us to use a tougher safeguard standard than our current "201" law and continued use of tougher anti-dumping laws. This will help us enforce the agreement and generally allow us to use very tough trade remedy laws to address dumping and import surges.

U.S. competitiveness will also be protected since China has dropped its requirement that U.S. companies transfer technology in order to export or invest in China. Exports to China will no longer require Chinese components or performance requirements. China will allow competition through imports for the first time. U.S. exporters can sell directly rather than using a government distribution system. It has made commitments on intellectual property enforcement as well.

For the first time, China will be subject to the multilateral trade disciplines of the WTO. Any WTO member can enter into the dispute settlement process with China if China does not live up to any of its bilateral commitments. We can still use our trade remedy laws against China if necessary, and the Administration has tripled resources to monitor and enforce the U.S.-China WTO accession agreement.

Some may say this week that we can continue our annual Jackson-Vanik review of China and still receive the benefits of the U.S.-China agreement—or they will say the 1979 U.S.-China Bilateral Agreement will provide the same benefits as the 1999 agreement. They will claim we need the annual review to achieve progress on human rights, nuclear proliferation and other areas of differences we have with China. However, virtually none of the concessions achieved in the 1999 agreement are covered in the 1979 agreement. And we will not receive the benefits under the 1999 agreement if we do not grant China PNTR. The annual review is not responsible for the progress we have made in China—so it is time to end it.

Let's examine what PNTR will mean to U.S. farmers and workers. A Goldman Sachs estimate indicates U.S. exports to China will increase by \$14 billion per year by 2005. In 1998, U.S. exports to China exceeded \$14 billion, which supported over 200,000 high-wage American jobs. Therefore, exports will more than quadruple by 2005—and the potential is enormous as China continues to grow in the future. USDA projects China will account for over one-third of the growth in U.S. ag exports in the next ten years. It will spend over \$750 billion for new infrastructure projects.

Since the benefits for Minnesota my home state are particularly important to me, I want to use that as a reference, but I think it represents other States and their opportunities as well. Minnesota's exports to China in 1998