

There are those who can afford them because they have wealth or because they are lucky enough to have a comprehensive health care plan, who live better and longer, and those who can't afford them who live worse.

It is not part of the American credo. We are happy to say, if you are wealthy, you drive a Cadillac and have a five-bedroom house; if you are poor, you drive a Chevy and rent a flat. I don't think we are ready to say in American society that if you are wealthy, you can live better and longer and get better medicine than if you are poor.

So I join my colleague from Michigan in asking, in demanding that we begin to do something about prescription drugs, that we make these drugs available to all people.

We have to do it in two ways: One, we have to make sure Medicare adds prescription drugs—it was the big thing left out of Medicare back in the 1960s; of course, back then we didn't have these miracle pills—and second, that we lower the cost.

We can do that by the methods on which I have been focusing, generic drugs, which lower the cost and provide the same availability without crimping the free market. And there are other proposals out there such as reimportation. But we have to lower costs for everybody.

We are here to respond to this: "House Republican Principles to Strengthen Medicare with Prescription Drug Coverage." First, I would like to welcome my colleagues in the House, Republicans, for getting involved in the issue. With this little thing they have put out, you haven't even put your little baby toe in the water. Jump in. Join us.

They have principles: Lower the cost of prescription drugs now—how are you going to do it? I don't see anything as part of this that talks about that—guarantee all senior citizens prescription drug coverage. Let me tell my colleagues over in the House, if you are going to only allocate a small amount of money, you are not going to be able to do this. You may be able to help the very poor and those with catastrophic illness, but you will leave out the huge middle class. That is where it seems they are headed.

They say: Improve Medicare with more choices and more savings. It seems to me I smell a little rat in that one. To rob Peter to pay Paul, to say we are going to pay for prescription drugs by cutting back on other parts of Medicare, I can tell you how our hospitals are hurting. I can tell you how doctors throughout New York and America are no longer taking Medicare. You are going to make that worse.

This Republican plan seems to be saying: For a very few people we will make prescription drugs available, but we will take away the doctors who will be able to prescribe them.

Finally, they say: Strengthening Medicare for the future, yes, we agree

with that. Making permanent a huge tax cut which has already thrown us more deeply into deficit than the war on terrorism and saying you are going to strengthen Medicare is a contradiction. You have to decide which one is more important. I think we have, many of us. I like cutting taxes. I voted for many tax cuts. But making it permanent now when you say we know what jeopardy Medicare is in and we know we need prescription drugs? I will tell you what side of the fence most New Yorkers would be on, particularly when they know the tax cuts go mainly, predominantly to the very people who can afford these prescription drugs on their own. They don't need the tax cut to do that.

Again, to my colleagues from the other side, from the other House, from the other party, welcome to the debate. We have been waiting for you. Let's get real. Let's not have a list of high-minded and somewhat contradictory principles. Put your money where your mouth is. What is your plan? What are you going to do? Many of us have specific proposals that we have been working towards. We would like you to support those. If you don't agree with those, what do you agree with?

Ms. STABENOW. Will the Senator from New York yield?

Mr. SCHUMER. I am happy to yield.

Ms. STABENOW. I commend the Senator for his efforts regarding generic drugs. There is no question that this is the heart of the matter. I know he has held hearings. He has a bill that is moving forward. I commend him for going right to the heart of the issue. Hopefully, our colleagues on the other side of the aisle and in the other Chamber will be willing to embrace what is a very tangible way to cut the cost, which he has been working on, holding hearings on, and moving forward on. I commend him on this issue to all those listening. The leadership of the Senator from New York has been absolutely superb on this.

Mr. SCHUMER. I thank my colleague from Michigan for those nice words and, more importantly, for the great work she does. Our generic bill is bipartisan. Senator McCain and I are lead sponsors in the Senate. We have sponsors in the House.

Can you hear me over there in the House? Hop on our bill instead of putting out a statement of principles. It is led by SHERROD BROWN of Ohio, but we have a number of Republican sponsors as well. Again, it is joint; it is not intended to be partisan. That is one way to lower the costs.

The pharmaceutical industry is not going to like it. Again, I ask my House Republican colleagues: Are you willing to buck them? Are you willing to say we are going to lower the costs and prevent the lawyers from fleecing the Hatch-Waxman Generic Act clean or not?

Today is a good little baby step on balance by my colleagues in the House, but they have a long way to go to con-

vince the American people they really care about this issue.

TEACHING HOSPITALS

Mr. SCHUMER. Mr. President, I rise to address a related issue. I had come to join my colleague from New Jersey in addition to my colleague from Michigan on teaching hospitals. Like many of our precious resources, our teaching hospitals are concentrated in a few regions of the country. In fact, 50 percent of the residents trained in the US are educated in just seven States.

New York is home to nearly 10 percent of the Nation's teaching hospitals which train 15 percent of our Nation's new doctors—the single greatest percentage of any state.

And though we train them, they don't all stay in New York. They go to states where teaching hospitals are few and far between—like New Hampshire, Vermont, Montana, Delaware, and South Dakota—States that have fewer than 5 teaching hospitals each.

Twenty-two percent of the physicians practicing in both Vermont and New Hampshire—and nearly 20 percent of those in Delaware—were trained in New York. Five to 6 percent of the physicians practicing in South Dakota and Montana were trained in New York hospitals.

Even States that do have a significant number of teaching hospitals are dependent on New York for residents. Over 30 percent of Connecticut's physicians and 47 percent of New Jersey's were trained in New York teaching hospitals. Even 10 percent of those practicing in North Carolina hailed from New York originally.

In fact, there's not a State in the Nation that doesn't have at least a few doctors who were trained in New York institutions.

The concentration of medical education and research in New York State draws world-renowned physicians to train residents in an environment of state-of-the-art medical care and technology.

The State's teaching institutions also form the foundation of a powerful medical research industry, drawing 10 percent of the Nation's total National Institutes of Health grant funding.

But, like all our hospitals, our teaching hospitals are struggling. The Balanced Budget Act of 1997 was an important piece of legislation, but it cut funding for our Nation's hospitals by over \$100 billion more than was originally intended, and our hospitals are still reeling from its effects.

Our teaching hospitals face another 15 percent cut in Medicare Indirect Medical Education, IME, payments this fall. This could mean almost \$750 million to the teaching hospitals in New York.

This funding is a lifeline for our medical centers—it allows physicians to train in an environment of great technical sophistication where cutting edge biomedical research and breakthrough

procedures are a part of daily patient care.

And this quarter billion dollars cut in funding would be felt in Connecticut, in New Jersey, in Delaware, in Vermont, in South Dakota, in Montana—in all the States in which New York-trained doctors practice.

New York's teaching hospitals are an engine for the Nation's health care system. They are too crucial a resource to let struggle under the pressure of continued funding cuts. And I am committed to ensuring that this devastating cut does not happen this year.

As the Senate begins to craft Medicare provider legislation, I urge all my colleagues to stand with me in ensuring that any Medicare provider package includes a repeal of the IME cut.

Our teaching hospitals—and especially those in New York—are an engine for the Nation's health care system. I would have a very hard time supporting any Medicare provider package that does not include IME relief.

In conclusion, we need to train our doctors to be the best. Fifty percent of the residents trained in the United States are educated in just seven States. My State is home to 10 percent of the Nation's hospitals and trains 15 percent of our new doctors, the greatest percentage of any State. In fact, all over the country, 22 percent of the physicians practicing in Vermont and New Hampshire and 20 percent in Delaware were trained in New York. Well, that is an east coast State. Five to 6 percent of the physicians practicing in South Dakota and Montana were trained in New York hospitals.

In 1997, there were dramatic cuts in money to teaching hospitals.

There is not a State that hasn't benefited from the great training doctors have received in our New York teaching hospitals, or in other teaching hospitals throughout. Besides, the teaching hospitals are at the core of our medical research industry. They brought 10 percent to the NIH grants. Yet in the Balanced Budget Act of 1997, we dramatically slashed funding for teaching hospitals. This year, they face another 15-percent cut. That could mean \$750 million to the teaching hospitals in New York. Well, that funding is a lifeline for our medical centers, the great research, and the great physicians which we are able and blessed to have in this country.

So I am here to join my colleague from New Jersey and my colleague from New York, Senator CLINTON, as well as others who are coming to the Chamber to join this effort, to stand firm in saying that we need to provide the help for the teaching hospitals. We cannot allow this next cut from the Balanced Budget Act to go into effect. We should not allow any kinds of benefits and other kinds of changes in the Medicare Program to occur without taking into account our teaching hospitals.

Many of us on both sides of the aisle will be working long and hard to see that that happens.

I yield the floor.

Mr. REID. Mr. President, the Democrats have used all their time. In fact, the time until 12:15 that we set aside should be used by the minority. I have talked to my friend from Wyoming. Senator BAUCUS is planning to be here at 12:15 to give his opening statement on this important trade bill. We have had good discussion today, and I look forward to the Republicans coming out.

EULOGY OF THE DOG

Mr. REID. Mr. President, I talked to my brother a couple of weeks ago. My brother is 22 months younger than I. We are very close. I talk to him as often as I can. He lives alone in rural Nevada.

The last time I talked to my brother Larry he was very despondent. His dog had died—Smokey. The dog was almost a cartoon caricature, little short legs, a great big stomach. We used to make fun of my brother's dog, but he loved this dog. My brother was very emotional on the phone. He felt bad about his dog having died.

We all know that yesterday Senator BYRD's dog Billy died. My brother's dog was Smokey. This caused me to reflect, of course, as we all do in our lives, on the past. My brother's dog was Smokey, and the dog I grew up with was Smokey, a wonderful dog, part Chow, a great dog. He was a great fighter and protector of us. He could appear very mean, but he wasn't mean at all. But he was somebody I grew up with in rural Nevada. He was a companion and a friend. I still remember him warmly, our dog Smokey.

When I reflected on Senator BYRD yesterday, I remembered the speeches he gave on the floor where he talked about Billy Byrd, his dog. It was obvious he cared a great deal about his dog.

Senator BYRD, on this floor, with the memory that he has—and I cannot match that—one day I heard him recite this on the Senate floor. It was April 23, 1990, and this comes from the CONGRESSIONAL RECORD. He, by memory, gave the "Eulogy of the Dog" by Senator George G. Vest.

Senator Vest served in this body for 24 years. He is really not remembered for what he did in the Senate, but he is remembered for what he did as a lawyer, because George Vest represented a farmer whose dog named Drum was shot by another farmer. A lawsuit was filed against this man for having killed his dog Drum. George Vest is remembered for the closing statement that he gave to the jury regarding his dog.

This is very short and I will read this into the RECORD. I cannot do it, as Senator BYRD did, from memory. In doing this, those of us who had animals, like my Smokey and my brother's Smokey and Senator BYRD's Billy Byrd, the little poodle he had, will reflect on really what good friends these dogs have been

to us. So, again, I do this in memory of Billy Byrd, Senator BYRD's and Erma's friend. This was given to the jury on September 23, 1870. Mr. President, this speech is so memorable that, in 1958, the town of Warrensburg, MO, where the speech took place, erected a bronze statue to honor old Drum and the orator, George G. Vest:

Gentlemen of the jury. The best friend a man has in the world may turn against him and become his enemy. His son or daughter whom he has reared with loving care may prove ungrateful. Those who are nearest and dearest to us, those whom we trust with our happiness and our good name, may become traitors to their faith. The money that a man has he may lose. It flies away from him perhaps when he needs it most. A man's reputation may be sacrificed in a moment of ill-considered action. The people who are prone to fall on their knees to do us honor when success is with us may be the first to throw the stone of malice when failure settles its cloud upon our heads. The one absolutely unselfish friend that a man can have in this selfish world, the one that never deserts him, the one that never proves ungrateful or treacherous, is the dog.

Gentlemen of the jury, a man's dog stands by him in prosperity and in poverty, in health and in sickness. He will sleep on the cold ground when the wintry winds blow and the snow drives fiercely, if only he can be near his master's side. He will kiss the hand that has no food to offer, he will lick the wounds and sores that come in encounter with the roughness of the world. He guards the sleep of his pauper master as if he were a prince.

When all other friends desert, he remains. When riches take wings and reputation falls to pieces, he is as constant in his love as the sun in its journey through the heavens. If fortune drives the master forth an outcast into the world, friendless and homeless, the faithful dog asks no higher privilege than that of accompanying him, to guard him against danger, to fight against his enemies. And when the last scene of all comes, and death takes his master in its embrace and his body is laid in the cold ground, no matter if all other friends pursue their way, there by his graveside will the noble dog be found, his head between his paws and his eyes sad but open, in alert watchfulness, faithful and true, even unto death.

The PRESIDING OFFICER. The Senator from Wyoming is recognized.

TRADE PROMOTION AUTHORITY

Mr. THOMAS. Mr. President, we have heard a number of topics discussed this morning which, of course, is the purpose of morning business and that is fine. We will, however, at the expiration of this time, move back into the topic that is before us—the one that seems to me is of major importance right now, the issue of which we are required to take some action within the next week is trade promotion authority.

It is accompanied with several other bills, and so it has become a little more difficult to understand and more difficult to pass, in fact, because of the leverages. I think we ought to focus on trade, creating jobs, and to the extent that trade stimulates our economy, and to talk a bit about that. The President has had this on his priority list