

girl in America could find themselves in a position where they could be tempted to become a spy. And in fact we have Anglo American spies in our history and Chinese American spies. Perhaps there have even been Jewish American spies.

But Iran is a very different country. No one of the Jewish faith is allowed anywhere near anything of national security significance in Iran. And so to think that the CIA would reach out to this one small community and from there hire its spies is absolutely absurd. We could not be the world's only superpower if we hired as our spies those very few individuals in Iran absolutely precluded from getting the information that a spy might want.

These charges are not only absurd, but at the beginning of this month the trials began. The trials are modeled after those of Joseph Stalin; show trials in which there is no evidence except confession, and the confessions so devoid of information that they are evidence not of guilt but of the fear of the defendant. No information is given as to what the espionage sought to discover, what information was passed, to whom it was passed, or how it was passed. No information at all comes out in this trial except the fear of the defendants. Their confessions are evidence perhaps of torture, but not of guilt. Not since the days of Joseph Stalin have we seen such trials.

The question is what will the world do about it? The key is to have not only the American representative at the World Bank but the representatives of Germany and Japan stand up and say human rights does matter and to vote to delay any World Bank loan to this Islamic regime, the Islamic Republic of Iran. Until these 13 innocents are released, the World Bank should not hide behind profestations that somehow its loans are only being used for a particular purpose, because loans are money that is fungible and that money will go to construction companies in Iran selected by and authorized by the Iranian government.

We must stand up for human rights. The World Bank is where this trial will be on trial.

PRESCRIPTION DRUG PRICES

The SPEAKER pro tempore (Mrs. BIGGERT). Under a previous order of the House, the gentleman from Minnesota (Mr. GUTKNECHT) is recognized for 5 minutes.

Mr. GUTKNECHT. Madam Speaker, I want to talk tonight about prescription drugs and, most importantly, about prescription drug prices.

We have had some discussion. The good news is, I think here in Washington, that there is a growing bipartisan feeling that we need to do something particularly for senior citizens about prescription drugs this year. The bad news is, it appears to me that we are going to continue just to throw good money after bad.

I have a chart here that describes, I think, what is a big part of the problem we have with prescription drugs. These are some comparison prices for one of the most commonly prescribed drugs in the United States. It is a drug called Prilosec. They are currently running a pretty aggressive advertising campaign. It is the purple pill. If someone buys those purple pills in Minneapolis, Minnesota, and again these are not my numbers, these are from an HMO in my State called Health Partners, but they did some research and found if an individual buys a 30-day supply of Prilosec in Minneapolis, Minnesota, they pay \$99.95. But if someone happens to be vacationing in Winnipeg, Manitoba, and they take the same prescription into a pharmaceutical drugstore, they will pay \$50.88. And, if someone happened to be vacationing in Guadalajara, Mexico, for exactly the same drug, made in exactly the same plant, under the exact same FDA approval, they would pay only \$17.50.

As a matter of fact, Health Partners claims that if they could recover just half of the savings between the United States and Canada, they could save their subscribers \$30 million a year.

When we start applying numbers like that to how much the Federal Government spends on prescription drugs every year, last year, according to the Congressional Budget Office we, the Federal Government, spent over \$15 billion on prescription drugs. Now, if we are paying 40 percent more than the folks on the north side and the south side of our borders, just imagine how much the Federal Government could save through Medicare and Medicaid, the VA, and other benefits.

Let me just run through some of the differences between what we pay in the United States for commonly prescribed brand name drugs and what they pay in Europe for exactly the same drugs. Premarin, \$14.98 here, they pay \$4.25 in Europe; Synthroid, \$13.84 versus \$2.95; Coumadin, and this is a drug my dad takes, and a lot of senior citizens take this, it is a blood thinner, we pay, the average price is \$30.25, they pay \$2.85; Prozac, \$36.12, \$18.50 over in Europe. Here we get a pretty good price, in Minneapolis. They say the average price for Prilosec, for a 30-day supply, is \$109, in Europe it is \$39.25.

Madam Speaker, the answer to our prescription drug problem in some respects does not require a whole new Federal agency. A big part of the problem, and I would like to share with Members and anyone who would like a copy, we can get a copy of a newsletter that was done by the Life Extension Foundation. It is available by calling my office at the Capitol or just sending an e-mail. We are easy to get ahold of. But this is an interesting little brochure and it talks about the differentiation and it really gets down to what the real problem is.

The real problem is our own FDA. Our own Food and Drug Administration is keeping American citizens from

bringing prescription drugs across the border. I think the best comparison that I can give, let us say, for example, that there are three drugstores, one downtown, one on the north side of town and one on the south side of town, but our own FDA says you can only shop at the one downtown. Even though they are charging, according to the Federal Government in the United States, the drug companies are charging 56 percent more than the prices in Canada, but our own FDA says we cannot shop at a store in Canada.

Now, the reason this is important is because we have what is called the North American Free Trade Agreement. That means the goods and services are supposed to go across the border freely. And just about all goods and services do, except prescription drugs. Madam Speaker, we need to make it easier for seniors and all Americans to get the prescriptions that they need and we need to get competitive prices. One way we can do that is open up our borders.

The FDA has overstepped its actual authority. In fact, if Members would like a copy, this is the actual language, which basically says it is the FDA's responsibility to prove that the drugs that are being brought into the United States are not safe. Unfortunately, the way they have interpreted this law is they have said, no, it is the responsibility of the consumer. We want to put that responsibility back on the FDA, where it belongs.

We should not allow our own FDA to stand between our consumers and lower drug prices.

WORKING FOR RESUMPTION OF INDIA-PAKISTAN DIALOGUE ON KASHMIR

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Jersey (Mr. PALLONE) is recognized for 5 minutes.

Mr. PALLONE. Madam Speaker, recently we have seen some reason for hope about the resumption of a dialogue between Pakistan and India on resolving the Kashmir conflict. But we have also received a reminder of how difficult the path toward dying dialogue can be.

On the hopeful side, the United States has asked Pakistan to take concrete steps for the resumption of a productive dialogue with India and a return to what is known as the "Spirit of Lahore" so that there will be no more Kargils.

I should explain, Madam Speaker, that Lahore is a city in Pakistan near the border with India. It was the scene not much more than a year ago of a very amicable meeting between India's Prime Minister Vajpayee and the former Pakistani Prime Minister Sharif. Given the longstanding animosity between the two South Asian neighbors, the image of the two prime ministers embracing and pledging to