Throughout the 1990s, the United States took on other post-conflict reconstruction and stability operations in Somalia, Haiti, the Balkans, Northern Iraq, and East Timor.

More recently and most significantly, the invasions of Afghanistan and Iraq have compelled the United States to shoulder much of the burden for two enormously complex post-conflict operations. Despite our experiences in the 1990s and the crucial importance of the effort to stabilize Iraq and Afghanistan, these most recent efforts have been improvised affairs, led by the Department of Defense, which has pieced together personnel and expertise across the U.S. Government.

Our experience in Iraq and Afghanistan, and indeed that of the 1990s and the past 15 years, has made clear that this Nation needs a centralized civilian capability to plan for and to respond to post-conflict situations and other complex contingencies.

Last fall, Senators RICHARD LUGAR and JOSEPH BIDEN assembled an extraordinary bipartisan group of experts from inside and outside the government to study how best to reorganize the foreign affairs agencies to improve our ability to meet the challenges of the post-conflict operations.

Drawing on the discussions with these experts and administration officials, Senators LUGAR and BIDEN introduced the Stabilization and Reconstruction Civilian Management Act of 2004. In introducing the bill, Senator LUGAR said that it was his intention ''not to critique past practices, but rather to improve our stabilization and reconstruction capability for the future.''

In that spirit, my colleague, the gentleman from Connecticut (Mr. SHAYS), and I recently introduced H.R. 3996, which is the House companion to the Lugar-Biden legislation. This bill will establish a Stabilization and Reconstruction Coordinating Committee, chaired by the National Security Advisor.

It will authorize the creation of an office within the State Department to coordinate the civilian component of stabilization and reconstruction missions.

It will authorize the Secretary of State to create a Response Readiness Corps, with both an active duty and reserve component that can be called upon to respond to emerging international crises.

It will have the Foreign Service Institute, the National Defense University, and the Army War College establish an education and training curriculum to meet the challenges of post-conflict and reconstruction operations.

This bill is an important first step in reconfiguring the U.S. Government to strengthen our ability to deal with complex emergencies overseas. It will institutionalize the expertise we have acquired in the past 15 years at great cost in blood and treasure, so that we do not have to learn and re-learn how to do these operations each time we are forced to undertake them.

Finally, and most important, it will shift much of the burden for the planning and execution of these missions from the military to the civilian side of our government.

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

(Mr. GUTKNECHT addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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## LOWERING COSTS BY ALLOWING REIMPORTATION OF PRESCRIPTION DRUGS

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

Mr. BROWN of Ohio. Mr. Speaker, last week, prescription discount drug cards became available under Medicare. Should America's seniors and disabled Americans take a look at the new discount cards? Absolutely. Are discount cards a substitute for giving Americans access to safe, effective and affordable drugs? Absolutely not.

Some seniors and disabled Americans will probably save some money with the discount cards, but some cards may not cover the drugs that you use, and which drugs they cover and how big their discounts are may change once a week without notice, even though every senior will have to keep the same card the whole year. Even if your card covers your medicine, it may mean little, because the drug companies have already jacked the prices up 15, 20, or 25 percent.

President Bush and the FDA and our government allowed drug prices to go up 20 or 25 or 30 percent a year, yet then they say we are going to give a drug discount of 5, 10, or 15 percent. What a deal. At least it is a good deal for the drug companies, if not America's seniors.

What to do instead is to allow reimportation; allow American wholesalers, American drug retailers to go in the world market and buy their prescription drugs from countries which actually do something to bring down drug prices.

Last year, a solid, bipartisan majority in this House passed a solid drug importation bill issuing a declaration of independence from the drug industry. But President Bush said no and the Republican leadership said no.

Last month, a bipartisan coalition introduced a comprehensive bill that could win an importation vote in the other body, but President Bush said no, and again the Republican leadership said no.

The Bush administration, the FDA, and opponents of free markets in medicine say importation is unsafe. They have claimed that drugs sold in Canada and France and Germany, Israel, and Japan are not safe. Yet have we ever read a story about a Canadian or a French person or a German or a Japanese or an Israeli dropping dead in the streets of their countries because a drug is contaminated? Of course not. Those countries have FDAs similar to ours to protect the safety of their drugs.

Seniors in Ohio and throughout the country, in spite of the Bush administration claiming these drugs are unsafe on behalf of the drug industry, in spite of the FDA saying these drugs are unsafe, again on behalf of the prescription drug industry, seniors understand from personal experience that medicine sold in Canadian pharmacist is the same effective medicine sold here. It just happens to be one-third, one-half, one-fourth, sometimes, the price.

Now, the Bush administration and opponents of free markets in medicine say U.S. prices are high because other countries have forced the drug companies to sell the drugs for less there. They actually argue that if they can get drug prices higher in Australia and France and Germany that then the drug makers will just drop the price to Americans.

In fact, the Bush administration is putting pressure on the Australian Government through the negotiation of a trade agreement for the Australians to raise the prices they are paying to these drug companies for their drugs, with the implicit understanding, if you believe this, that the U.S. drug companies will voluntarily lower their prices.

Johns Hopkins University health economist Gerald Anderson told the Wall Street Journal last week, Say that you are the Pfizer CEO, and you go to your board and say, guess what? We just got a great deal in Australia on our drugs, so we are going to lower our prices in the U.S. You would be fired if you were the CEO of Pfizer and said that. Of course they are not going to do that.

These are giant multinational corporations whose profit margins dwarf the profit margins of any other industry in America. Drug companies in 2001 earned profit margins of 18 percent, three times the profit margins of other Fortune 500 companies. This has been the most profitable industry in America for 20 years running, with the lowest tax rates. They are companies that clearly have had taxpayers in this country do a lot of their research and development, yet they continue to charge Americans more than any other country in the world.

The reason for that is that the U.S. Congress and the U.S. President has simply stood by and let the drug companies continue to raise prices. It might have something to do with the fact that the drug industry gives George Bush millions of dollars for his campaign. The word on the street in Washington is that President Bush will get $100 million from the drug industry for his reelection.