

Gang Prevention and Effective Deterrence Act of 2005, a comprehensive bill to increase gang prosecution and prevention efforts. Our legislation is virtually identical to the Feinstein-Hatch bill that was reported out of the Senate Judiciary Committee in the 108th Congress and has since been reintroduced.

The number of gangs continues to grow in communities across the country with substantial increases in the numbers of cities and counties with gang problems between the mid-1980s and the mid-1990s. Since my days as a Federal prosecutor in California, I have been increasingly concerned with the growing public safety threat posed by organized street gangs, and I have also seen the destructive impact that street gangs continue to have on families, on our youth, and on our communities.

In 2002, it was estimated that youth gangs were active in over 2,300 major cities across America, with a total of over 21,000 gangs and over 730,000 gang members. Gang activity is still, regrettably, on the rise.

The gang problem is no longer a local issue but a national one, requiring a national strategy. Our legislation is designed to facilitate this strategy by bringing together Federal, State, and local law enforcement, providing them with new tools to combat gang violence, making available new funds to keep kids out of gangs to begin with.

Street gangs are increasingly focusing on running full-service criminal enterprises in the neighborhoods where they reside, terrorizing those who live in the community. Some have shown increasing levels of sophistication, exhibiting characteristics common to organized crime, and will likely continue to expand their criminal enterprises in new ways and places throughout the country. This requires new and creative ways of attacking the problem.

In 2002, the city of L.A. announced that it would begin to go after gangs in the same way law enforcement brought down traditional organized crime figures, using the Federal racketeering statute RICO to its full capacity. These racketeering laws, however, were designed to prosecute organized crime with Mafia-style organizations in mind. The Gang Prevention and Effective Deterrence Act would create a similar tool, but tailored specifically to violent street gangs by criminalizing violent crimes in furtherance or in aid of criminal street gangs.

The most lucrative criminal enterprise for street gangs has been the retail distribution of illicit narcotics. Our legislation would attack this problem by making murder and other violent crimes committed in connection with drug trafficking a Federal crime.

Street gangs also engage in a host of other criminal endeavors. Gangs are responsible for a large portion of the violent offenses, and the use of firearms is a major feature of gang violence, with

gang members far more likely than other delinquents to carry guns and to use them.

Our legislation increases penalties for criminal use of firearms in crimes of violence and drug trafficking. The bill also allows for the detention of persons charged with firearms offenses who have been previously convicted of crimes of violence or serious drug offenses.

Unfortunately, gangs have strong links to the youth in our country. The FBI reported that 819 juvenile gang killings occurred in 2003, up from 580 in 1999; and law enforcement reports the problem is getting worse.

Our youth are being held hostage by gangs. Gang involvement takes a heavy toll on adolescent development and life-course experiences.

In order to prosecute an entire gang, it is sometimes necessary to prosecute multiple defendants in the same case, including juvenile gang members. Our bill proposes a limited reform of the juvenile justice system to facilitate Federal prosecution of 16- and 17-year-old gang members who commit serious acts of violence.

Our legislation also provides more resources to bolster the fight against gangs and attack the problem at its roots, with \$650 million over 5 years to support Federal, State, and local law enforcement efforts, as well as intervention and prevention programs for at-risk youth.

Mr. Speaker, the time to crack down on the gang epidemic in our country is now, and I urge my colleagues to join the gentlewoman from California (Mrs. BONO) and me in this effort by cosponsoring this important legislation.

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PRESCRIPTION DRUGS

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

Mr. GUTKNECHT. Mr. Speaker, I rise again today to talk about the issue of prescription drugs and the price that Americans pay relative to the rest of the industrialized world.

Now, I understand that we are a blessed country, and I understand that in many respects we as Americans should shoulder more of the burden than, for example, the people in Sub-Saharan Africa. But I do not think Americans ought to have to subsidize the starving Swiss.

Let me just show this chart, Mr. Speaker. These numbers are very recent in terms of the comparisons of what we pay in the United States for name-brand prescription drugs and what the people in Germany pay for the same drugs. Let me cite some of these examples:

Nexium. The next purple pill. It is advertised at every level in the United States. A 30-day supply in Rochester, Minnesota, is \$145.33. That same drug at the Metropolitan Pharmacy in Frankfurt, Germany, is \$60.25. Exactly the same drug.

Look at this list. These are the most commonly prescribed drugs in the United States. Dropping down to Zocor, Zocor is a commonly prescribed drug that reduces cholesterol, particularly for people who have had heart problems. In fact, we have a number of our colleagues here in Congress who take Zocor.

The interesting thing is if you buy that drug at the pharmacy in Rochester, Minnesota, it is \$85.39 for a 30-day supply. If you buy that drug in Frankfurt, Germany, it is \$23.83.

What makes that even more interesting is that if you are a Federal employee, if you are a Member of Congress, there is now a \$30 copay on that drug. So in other words, even a Member of Congress pays \$30, when any German consumer can walk into a local pharmacy and buy it for \$23.80.

The interesting thing is if you total up these commonly prescribed drugs, in Germany those drugs will cost you \$455.57 American. If you buy them here in the United States it is \$1,040.04. That is a 128 percent difference.

What makes this even worse, Members, is that the differences between what we pay in the United States and what they pay in Germany has actually gotten worse over the last year, and that is at a time when the value of the dollar has declined by more than 20 percent. The differentials should have gotten less.

I also want to call Members' attention to an article that appeared today in the Chicago Tribune, and it will be on my Web site as soon as my people can get it on the Web site. It tells what the FDA is now doing. They are, apparently, targeting a program started by the Illinois legislature and their Governor, Governor Rod Blagojevich, a former colleague of ours, that allows Illinois seniors and others to buy prescription drugs from preapproved Web sites in Canada. The savings there average over 50 percent.

Apparently, the FDA is now intercepting these packages. They are literally saying that those drugs are illegal simply because they came from Canada. Well, in my view, that is an extension of what the law actually says, and I do not think the FDA has that power. Worse yet, they may have opened a door here now to a class action lawsuit that this administration is going to rue the day that this door was opened.

This is a very high-risk strategy for this administration. First, they are clearly putting the health of many

Americans at risk by seizing prescription drugs en route to patients. Second, it underscores the hypocrisy between agencies. The FDA on one hand is demanding absolute safety for prescription drugs from Canada, notwithstanding the fact that there is no evidence of any danger to the public health. Meanwhile, another agency is fighting to reopen the border for Canadian beef when worldwide 150 people, including one American, have died from Mad Cow Disease. Apparently, the U.S. cattlemen do not enjoy the same political clout as the pharmaceutical industry.

Finally, they have opened the door, as I said, to a class action suit. Several top lawyers have told me they are drooling at the prospect of getting a case into Federal Court. By using discovery powers, they could uncover documents and information terribly damaging to the administration and the pharmaceutical industry. It is altogether likely that the courts will stop the FDA from treating law-abiding citizens in the United States like common criminals.

The law is vague, but congressional intent is clear: the FDA is wrong in the law, it is wrong on safety, and the courts and Congress can now make that crystal clear.

Mr. Speaker, I submit for the RECORD the article from the Chicago Tribune to which I earlier referred:

U.S. BLOCKS DRUGS SENT FROM CANADA
(By John Chase and Christi Parsons)

The Bush administration has begun selectively seizing prescription drugs imported under a program created by Gov. Rod Blagojevich, ratcheting up pressure to stop a practice that the governor says will save money for consumers but regulators contend is unsafe and illegal.

The Canadian firm that manages Blagojevich's I-SaveRx initiative says the federal Food and Drug Administration in the first two weeks of February blocked more than one-fourth of the foreign drug shipments it mailed to consumers in Illinois and four other states that participate in the governor's plan.

"I won't say the FDA has targeted I-SaveRx, but that's an unbelievable coincidence," said G. Anthony Howard, president and CEO of Ontario based CanaRx Services Inc.

Operators of other Canadian pharmacies that ship drugs to U.S. consumers also said they have noticed an upsurge in seizures in recent weeks.

The FDA has long opposed drug imports yet has done little to stop them. But the reports could signal an aggressive new phase by regulators in their battle to stop Americans from getting their prescriptions from abroad. Officials involved with Blagojevich's program also fear the sporadic seizures may be designed to deter customers for I-SaveRx by creating uncertainty over whether ordered drugs will actually arrive.

In the past, "the FDA has said, 'If it is for personal use, we'll allow them to go into the country,'" said Howard. "Now they're seizing their medication and not allowing it to go through."

The FDA and Blagojevich have been battling since 2003 over his push to end restric-

tions on drug imports from Canada and Europe, where prescriptions cost less because of price controls.

The Bush administration opposes importation because it says it cannot guarantee the safety of medicine from other nations, but Blagojevich and others argue that much of the medicine is manufactured overseas and the only difference is the price. Pushing the importation issue, they argue, will force drug companies to lower the cost of drugs in the U.S.

William Hubbard, the FDA's associate commissioner of policy and planning, denied the agency was targeting the program. Though he said the agency considers all of I-SaveRx's shipments illegal, the FDA is focused on seizing drugs from overseas that can easily be counterfeited, such as the cholesterol-lowering drug Lipitor.

"The inspectors' instructions are to open and inspect these foreign shipments when they have the time and capacity to do it," he said.

FAILED FLU VACCINE PURCHASE

Blagojevich's run-ins with the FDA have extended beyond I-SaveRx.

Last fall, shortly before the November election, he announced that he had purchased millions of dollars in European-made flu vaccine to help ease shortages expected because of the sudden closure of a plant that was to have produced half the U.S. supply.

His maneuver backfired, however, because the FDA dragged its feet on approving the imports. The flu season remained mild and vaccine shortages never got as bad as feared.

Blagojevich launched I-SaveRx in October and sold it as a way for all 12 million Illinois residents to save money on their medicine. Since then, Wisconsin, Kansas, Missouri and Vermont have also joined, potentially opening the door to millions more consumers.

But the drug seizure controversy has highlighted how few people have opted to use the program despite its promise of great savings.

Howard said the total number of shipments seized for customers in the I-SaveRx states in the first two weeks of February was 54, and that represented 26 percent of all shipments sent to customers of the program during that time frame.

Since the October start, consumers in the five states have ordered just 4,700 prescriptions.

Blagojevich spokeswoman Abby Ottenhoff downplayed the number of seizures by the FDA, describing them as "minuscule" when viewed in the context of the number of shipments made since the program started.

"This is not extraordinary that this would happen at some level," she said. "The program has overwhelmingly been working smoothly. In a few instances where shipments weren't received, they were re-sent at no cost to the consumer."

THEY HAD MY MEDICINE

One of those seniors who missed a shipment was Robert Wuerth, a 79-year-old retiree from Arlington Heights.

Wuerth had been expecting a three-month supply of Lipitor to arrive in the mail, but instead he got a letter from the FDA informing him that it had sent the medicine back to Canada.

"I couldn't believe it," said Wuerth, who is recovering from three heart procedures. "I just got this letter telling me they had my medicine."

Wuerth said he was lucky he still had medicine left when he learned of the seizure and had time to call CanaRx and ask for a new shipment, which he said is \$80 less than U.S. prices.

Not only did the FDA let that one through, but when it came it bore two labels. One read that it had been rejected for delivery. On top of that was another that said it had been released for delivery.

Officials with CanaRx fear the FDA might be picking on I-SaveRx to embarrass Blagojevich. But officials with other Canadian pharmacies said they too have noticed a considerable upsurge in the number of seizures of their imports, mostly at airports in Los Angeles and Chicago.

Randy Stephanchew, vice president of standards for the Canadian International Pharmacy Association, which is unaffiliated with the I-SaveRx program, said more than 50 shipments from his Winnipeg pharmacy in recent weeks have been detained from customers in California because they were considered an "unapproved, misbranded drug."

A former official with Health Canada, the Canadian government's equivalent to the FDA, Stephanchew said the FDA has long held a policy permitting individual American citizens to import drugs from foreign countries.

EXCHANGE OF SPECIAL ORDER TIME

Ms. WOOLSEY. Mr. Speaker, I ask unanimous consent to take the time of the gentleman from California (Mr. GEORGE MILLER).

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

PAKISTANI RAPE VICTIM AND SMART SECURITY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. WOOLSEY) is recognized for 5 minutes.

Ms. WOOLSEY. Mr. Speaker, tonight I want to tell the story of Mukhtar Mai, a Pakistani woman who was gang-raped by four men at the direction of the local village council. She committed no crime whatsoever, not a single violation of any kind; yet she was punished by allowing neighboring men to rape her.

Why did the village council encourage the gang rape of Mukhtar Mai? They say it is because her brother was accused of having sex with an older woman from a more prominent family. So the family's punishment was through Miss Mai. But even worse is that the accusation that Mukhtar's brother had sex with an older woman was not true. The accusation was floated to cover up the fact that her brother was actually sexually assaulted by a group of men.

Everyone in the world should be offended by these horrific acts. Mukhtar is a 33-year-old schoolteacher dedicated to educating her nation's children, and she was viciously attacked as punishment for a crime that her brother was accused of, but never committed. Sadly, Mukhtar is not alone. Extreme violence against women happens every