

them. We know now and we have decided to come together and to come together to talk about the importance of not only the Latino community, but the entire community when it comes to economic empowerment, of looking at the fact that we have to begin to work on the unemployment rate, unemployment that is continuing to grow under this administration.

We have to make sure that small businesses have access to capital that is drastically needed. That is something that is critical. Small business is what makes America. Small business is where 80 percent of Americans are working, and we are beginning to look at that, and we look forward to working on turning the economy around.

We are also looking at specifically some proposals that deal with educational opportunities. This administration, this President, has zeroed in on Head Start, a program that has been a great program, a program that has worked. And he has chosen first, he proposed to change it from the Department of Health to the Department of Education. And we said, Why, why? Here is a program that all the research says that it is working. Why mess with it? The only thing that I can come to a conclusion is that he is choosing to try to destroy it.

Secondly, now he chose to put it into the form of a block grant. Well, the reason we have Head Start is because States like Texas that I come from and that the Speaker tonight comes from have failed to fund even full-day kindergarten. In the State of Texas we only fund half a day. We hold the local communities accountable for the other half a day. Now we expect them to provide Head Start to a State that has been unwilling to even provide full-day kindergarten? I do not think so.

This administration has asked and recommended that we begin to put this as a form of a State grant. And those States like Texas are salivating at the possibility of getting their hands on those monies that are out there not for addressing the needs of our constituents in terms of those youngsters that need those resources, but for other priorities that they might personally have. So Head Start has been a program that has been there.

I will remind all Texans and all Americans that this President said he favored education, that he was going to concentrate on education. Well, to this day we have not seen that. We have seen No Child Left Behind at the expense of all the kids that he has left behind. And so he chose not to fund it appropriately, and that is not appropriate. He has chosen not to look at higher education and the importance of those Pell grants and the importance of allowing those opportunities of those youngsters to be able to reach that American dream of being able to get to college and be able to afford a college education. We have to make sure that we do that.

When it comes to health care, this administration has also talked about

responding to the needs of those senior citizens in health care, and he has failed to meet this. We have worked on a bill that looks at the disparities that confront Latino Americans as well as others, as it deals with diabetes, that we have to address.

We have to also look at the uninsured. Texas has the largest number of uninsured, and at one time we used to say, thank God for Mississippi and Illinois. Well, now the Texas House is controlled by Republicans on both sides, and I am sure that the people from Mississippi and Illinois are going to say, thank God for Texas, because we are probably going to be on the bottom of the totem pole. When it comes to uninsured, the largest number of uninsured comes from Texas. These are hard-working Texans. If you work in rural Texas, you work for a small company. If you do not work for the government, you do not have access to insurance. They do not have access to HMOs. HMOs have left rural Texas and abandoned us. This administration continues to push forward on these agendas that do not meet the needs of our constituencies, that do not meet the problems that confront us.

In addition to that, this administration promised that they would start working on immigration. We have not heard anything since. We need to make sure in the issue of immigration that those individuals that are out there working and that are paying their taxes, we ought to reach out to them and begin the process of legalization.

And so as we look forward, I want to thank my colleagues, and I want to yield because I did promise that a little bit before 8:00 that I would have an opportunity to yield and leave and let my fellow colleague continue for the next 30 minutes or so because I know he has a flight.

But I did want to come tonight and say how disappointed that I was with the passage of this piece of legislation that is a step backward and does not address the needs of our constituency; and, secondly, how elated I am that the Texas Senate Democrats who are out there working with us and making things happen.

Mr. Speaker, I yield to you with the understanding that I think that you will be yielding to my colleague.

LOWERING PRESCRIPTION DRUG PRICES FOR SENIORS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, the gentleman from Illinois (Mr. EMANUEL) is recognized for 45 minutes as the designee of the minority leader.

Mr. EMANUEL. Mr. Speaker, before I begin, I want to thank my colleague from Texas not only for his generosity of providing this time, but for the passion that he brings to education and to working families of all ilks, and the eloquence he brought to the words about the importance of education as the stepladder to the American dream.

So I want to thank him now for the generosity he provided so I can be with my family this evening and catch the last flight, and for his passion and tireless work on behalf of all Americans. Texas is lucky to have you as a Representative and a voice; not only a vote, but a voice for their values.

Mr. Speaker, about 2 weeks ago a number of us came to the floor to speak on market access, and that is the ability of Americans to purchase medications anywhere in Canada, Ireland, England, France, Germany, Italy, wherever they get the cheapest price.

□ 2000

Since the last time that my good friend from Minnesota and I were here, there was a report yesterday by Families USA that ABC news covered and the Wall Street Journal covered, and I would like to bring that statistic to the attention of the American people. It reaffirmed a disturbing trend about skyrocketing prescription drug prices in the United States.

On average, the prices of the 50 drugs most commonly prescribed to seniors increased at a three-and-a-half times rate of inflation. The total spending of senior citizens on prescription drugs rose an estimated 44 percent from 2000 to 2003, when inflation was only running at collectively over those periods of time of 6 percent. Now we are projected to spend over the next 10 years \$1.8 trillion by our seniors on their medications, and yet when we think about those dollars, the American elderly spend somewhere between 30 to 300 percent higher in prices than the senior citizens of France, England, Germany, Canada, Denmark, any of the G-8 countries and our colleagues in Europe.

My good friend from Minnesota has brought a bill into play that allows our American consumer, our American elderly, our businesses and, most importantly, our taxpayers to get the use of market forces to reduce those prices, bring real competition and the close market that our pharmaceutical companies have brought and bring competition that would save billions of dollars to the consumer and, most importantly, to the taxpayer.

To me, if we are going to have the largest expansion of an entitlement in 40 years, spend \$400 billion, you would think you would want to get the taxpayer the best price, but the pharmaceutical companies have done a pretty good job of playing the political system to their benefit, and they have tried to prevent us from getting this bill to the floor, because if we got the bill to the floor, they would know what happens.

In my view, this is not only good for the seniors, they would get good prices, but it would be fair to the taxpayers who are going to be asked to pay this bill.

So my friend from Minnesota has a wonderful bill. I think he has been here many times to explain his chart about

comparative prices. I would like to yield now some time to him to talk, and then I would like to ask some questions, if he does not mind.

Mr. GUTKNECHT. Mr. Speaker, will the gentleman yield?

Mr. EMANUEL. I yield to the gentleman from Minnesota.

Mr. GUTKNECHT. Mr. Speaker, I want to thank the gentleman from Illinois, and I want to make a special point. This is time on the Democrats today. We have Democrats and Republicans that are agreed on this because, as I said in the past, this is not a matter of right versus left. It is a matter of right versus wrong, and it is simply wrong to require that Americans pay the world's highest prices for prescription drugs, even though we are the world's best customers.

In virtually every other area that you can imagine, the best customers get the best prices, but that is not true in prescription drugs, and I began to research this story about 5 years ago, and the more I learned, the more upsetting and compelling this story really is.

The story is that Americans are really held captive, and anytime you have a captive market, it is absolutely predictable that you are going to see the world's highest prices.

I want to give you a few examples from this chart. I apologize, this chart is kind of hard to read, but I will show you some of the examples, and I will give you the total, because I was in Germany 2 months ago, and we bought 10 of the most commonly prescribed prescription drugs. What you see here on the chart is the prices that we paid in Munich, Germany, and what those prices would be for the same drugs, same quantities, same milligrams, here in the United States. Let me give you a few of those examples.

This is a drug called Coumadin. It is a blood thinner, actually developed at the University of Wisconsin veterinarian schools, and actually originally developed as a rat poison, but in the United States, this box of drugs would sell for \$89.95. In Germany we bought the drug for \$21.

Here is another drug, Glucophage, made by Merck. It is a very effective drug for diabetes. A 30-tablet, 850-milligram package in the United States, \$29.95. You can buy that same package, this package of drugs we bought in Munich, Germany, for \$5.

The story goes on. Zocor, commonly prescribed drug, a very effective drug, the United States price, \$89.95. You can buy that drug in Germany for \$41.20.

The grand total of these 10 drugs in Germany was \$373.30 American, but if we went down to buy them here in Washington, D.C., or almost any city in America, the price would be \$1,039.65.

Mr. EMANUEL. Those are the same drugs? I did not mean to interrupt my colleague. Same medication, nothing different?

Mr. GUTKNECHT. In fact, in many of the cases, I believe these drugs were

made in the same plants, and they are shipped around the world.

All we really are saying in our bill is let us do with prescription drugs essentially what we do with every other product, and that is allow market forces to work to make certain that Americans are not held captive, and as I have said, I think Americans should pay their fair share, but I do not think we should be required to subsidize the starving Swiss.

We also have a colleague with us tonight, my good friend from North Carolina (Mr. JONES) who has joined us tonight, and he has been a strong proponent of opening markets and finding ways to get cheaper prescription drugs not just for senior citizens, but for all Americans. Ultimately we are going to have a prescription drug benefit for the taxpayers as well, and I would yield, if I could, a few minutes to the gentleman from North Carolina.

Mr. JONES of North Carolina. Mr. Speaker, will the gentleman yield?

Mr. EMANUEL. I yield to the gentleman from North Carolina.

(Mr. JONES of North Carolina asked and was given permission to revise and extend his remarks, and include extraneous material.)

Mr. JONES of North Carolina. Mr. Speaker, I want to thank the gentleman from Minnesota (Mr. GUTKNECHT) and the gentleman from Illinois (Mr. EMANUEL) for being on the floor tonight and allowing me to be part of this because I think, as both have said, this is not a political partisan issue, because we have on my colleague's bill numerous Republicans and Democrats who have joined to open markets up to the citizens, not just senior citizens, but they are the first in our mind, but citizens that can buy drugs at a much cheaper price and still have the same quality.

I must tell my colleagues, I represent the 3rd Congressional District of North Carolina. It is a great district for me to represent, and every time I do a town meeting, I am not kidding you, for the last 3 years they have said to me, Congressman, what are y'all going to do in Washington to help bring the costs down? I am talking about senior citizens who are 65 and 70 and 80, and many of these people truthfully are living on a very small amount of money, Social Security and what they might receive from Medicare.

It bothers me to know that we who are sent here by the people, and they trust us to do what is right, and many times politics gets such that we have people that participate in the process, which is good that we do, not just voting, but also contributing to candidates and to parties, and I am afraid that this issue really has gotten bottled up into an area that concerns me greatly.

If I might take just a moment, and then I will yield back to the gentleman from Illinois. We have a dear friend that came with us in 1994. That was the year that the Republicans took over

the House. His name is Tom Coburn. He is an M.D., and Tom retired 3 or 4 years ago, and quite frankly, we miss him if he should be watching tonight. We miss him in many ways.

But as my colleagues well know, both you gentlemen know that certain pro-life groups have gotten involved in this issue who are opposed to your legislation, and I hate to say it, but I am afraid there might be some outside group helping them fight your legislation. I will let you and the gentleman from Illinois maybe pick up on that in a minute, but let me read, and I will submit this entire letter for the RECORD, but I want to read two paragraphs very quickly.

This is to the gentleman from Minnesota (Mr. GUTKNECHT). It says: "Dear Gil: I was shocked to learn that some opponents of free-market access for prescription drugs have begun arguing that your legislation, H.R. 2427, the 'Pharmaceutical Market Access Act of 2003,' somehow promotes abortion and, more specifically, the availability of abortion drugs such as RU-486."

Second paragraph and last one, "As you may recall, while in the House I was the author of not only provisions to permit the reimportation of FDA-approved drugs, but also the author of the House-approved proposal to block FDA approval of RU-486."

Tom Coburn again, "As a pro-life practicing physician who earned a 100 percent pro-life voting record while serving in Congress, I find it ludicrous that those who oppose your legislation would resort to ad hominem attacks with no basis in reality."

I will insert the entire letter at this point.

JULY 10, 2003.

Hon. GIL GUTKNECHT,
Cannon House Office Building,
Washington, DC.

DEAR GIL: I was shocked to learn that some opponents of free-market access for prescription drugs have begun arguing that your legislation, H.R. 2427, the "Pharmaceutical Market Access Act of 2003" somehow promotes abortion and, more specifically, the availability of abortion drugs such as RU-486.

As you may recall, while in the House I was the author of not only provisions to permit the reimportation of FDA-approved drugs, but also the author of the House-approved proposal to block FDA approval of RU-486. As a pro-life practicing physician who earned a 100 percent pro-life voting record while serving in Congress, I find it ludicrous that those who oppose your legislation would resort to ad hominem attacks with no basis in reality.

I can state unequivocally that your legislation in no way, shape, or form promotes abortion. (Many pro-life members are original cosponsors of your legislation and, quite obviously, do not believe your bill violates their deeply held convictions about the sanctity of life.) Those who argue that your legislation makes abortion drugs more accessible by lowering overall drug prices necessitate the conclusion that in order to be pro-life one must be in favor of increasing all drug costs. I suppose the argument would be the higher the drug costs the more fervent your pro-life beliefs.

In Washington, it was always sad to see organizations drift from their core principles

and take positions that defied common sense and logic. Any organization that links your legislation with the abortion debate will, in the long-term, undermine their credibility and relevancy in Washington. While the pharmaceutical industry has produced many wonderful life-saving drugs, it would be unwise for anyone to believe that the industry that developed and fought for FDA approval of RU-486 is now motivated by a passion for the pro-life cause.

The fact that opponents of your legislation have resorted to these attacks is shameful, yet the obtuseness of their logic ultimately serves to highlight the soundness of your argument.

Sincerely yours,

TOM A. COBURN, M.D.,
Former Member of Congress.

I want to share that with you and Mr. EMANUEL just to say that this is a very critical, vital issue to the senior citizens and also the people of this country who must have drugs to have a quality of life.

Mr. EMANUEL. Mr. Speaker, reclaiming my time, you should take a little solace in the fact that they have decided to go to scare tactics because they know this is not about price controls. This is about letting the market determine the price that we can pay, and they are scared of the free market. This is a large company that has a captive market and is scared of the forces of the free market to determine the best price. So they have decided to through a few Members try to play the worst and ugliest of politics because on the merits they cannot win it, and I compliment you for having the courage to stand by your principles.

I would like to make a note to something earlier that our good friend the gentleman from Minnesota (Mr. GUTKNECHT) said which deals with the fact that we are Democrats and Republicans here. We give different views on different subjects, but the fact is what has brought us here is our common principles and our common values, and this is a bipartisan issue because we jointly think that our seniors should not be paying the highest price, and our taxpayers should not be asked to pay the highest price when you can get lower prices.

As our colleague from Minnesota showed with that chart, although people cannot see the specific numbers, they get the basic gist that there is a 700-buck spread for the same drugs you buy in Germany versus what we buy here.

You do not have to have a party difference to understand it is fundamentally wrong. It is not right, and we cannot ask the taxpayers as we embark maybe on the largest expansion of an entitlement program in 40 years to foot a bill that would be, in my view, the greatest, largest fleecing of America in front of the naked eye.

So the pharmaceutical companies have decided to engage in this scare tactic because on the merits and on the ground they cannot win this.

I would like to ask one question because they are engaged in one other subject up here. If the gentleman from

Minnesota (Mr. GUTKNECHT) could walk the folks through that are watching the notion of safety, just to walk them through this, because that is another scare tactic. This is the first of many salvos. We are not done with their attacks, if you do not mind me interrupting, but I would like you to walk the public through the issue of safety.

Mr. GUTKNECHT. Mr. Speaker, if the gentleman would continue to yield, I thank the gentleman from Illinois, and I thank my colleague from North Carolina as well.

One of the arguments that they are making is this is not safe, you cannot be reimporting or importing or opening markets to these drugs. And once again, let me say, first of all, we are only talking about FDA-approved drugs from FDA-approved facilities, number one.

Number two, what more and more of the companies are coming out with, and we require in our legislation, and that is, they begin to develop counterfeit-proof packaging, tamper-proof, counterfeit-proof packaging.

The other thing people need to understand is we are not saying people have to do this. This is their option. We want to make certain that they are not treated like common criminals, because right now seniors are doing this. There was a study done by a University of Texas professor. A million Americans right now are crossing the border to buy their prescription drugs, and they have no assurance, no tamper-proof packaging, and worse than that, they are treated like common criminals by their own government.

So we want to make it safer. We actually want to put in a regimen, a plan, so that people can do this and their pharmacists can do this, because my vision is people ought to be able to go to the local pharmacist, and he ought to be able to shop for the best price on the best drugs. It is called parallel trading. That is what they do in Europe, and it is why they get cheaper prices than we do here in the United States.

We are concerned about safety, too. I do not want people dying from taking contaminated drugs, but remember this: Every day we import thousands of tons of food. Last year we imported 318,000 tons of plantains, and so if someone wants to tamper with things that go into people's mouths, they are more likely to do it with food products than they are with something that comes in a tamper-proof, counterfeit-proof package.

Mr. EMANUEL. Mr. Speaker, I appreciate that. So what you are saying is that unless it is FDA-approved, it cannot come in, and it is FDA-approved, meaning the Food and Drug Administration, which is the overseer, the czar of what is safe, approves it, then it can be purchased through the Internet or overseas and brought into the United States, because, as you said earlier, it is manufactured at the same facilities. So there is really no pricing differences

except they get price differences there than here. So they are FDA-approved.

Mr. GUTKNECHT. We are only talking about FDA drugs, and more importantly than that, you are correct. There are only, as I am told, about 600 facilities in the world that can produce FDA-approved drugs, and so that is the only drugs that we would permit, and we believe that a program can be established very easily using modern technology so that we can be as certain that these drugs are, in fact, Coumadin or Glucophage from an FDA-approved facility.

□ 2015

We can be just as assured of that even if we get the drugs from Geneva, Switzerland, or from right down the street. We want safe drugs. We want seniors to be safe. And I think we have the plan that will do that.

Mr. EMANUEL. Mr. Speaker, both of my colleagues we were talking a little earlier; and perhaps you could address the question, what do you think, given they have projected, I think it is \$1.8 trillion over the next 10 years that seniors will be spending on medications, but if we had access to this bill and it was in place, what would be the savings to both the elderly as well as to the taxpayer, projected?

Mr. GUTKNECHT. Mr. Speaker, the gentleman is correct. The Congressional Budget Office, which are our official bean counters, if you will, have estimated that seniors in the United States over the next 10 years will spend \$1.8 trillion on prescription drugs. We can see by this chart, and I think we were very conservative, we estimate that if we simply open markets, as we do with plantains and with prunes and with pork bellies, if we just open up the markets as we do with everything else, we will see prices in the United States drop by at least 35 percent. Well, 35 percent of \$1.8 trillion is \$630 billion that we will save American consumers and/or taxpayers.

If I can give just one more example. We had an Inspector General who testified before the Committee on the Budget just yesterday, her name was Dara Corrigan, and she estimated, and these are her numbers not mine, but her numbers were that last year Medicare through the hospitals bought \$8.2 billion worth of prescription drugs. If they could have bought those drugs at the same price that the VA buys those drugs, her estimate was that taxpayers would have saved \$1.9 billion last year.

Now, my assertion is that if we open up the markets, we are going to save the VA, we are going to save Medicare, we are going to save Medicaid, we are going to save consumers, we are going to save corporations.

Last year, General Motors spent \$1.3 billion on prescription drugs. Imagine how much they could save if they had access to world market prices.

Mr. EMANUEL. The truth is, Mr. Speaker, that we had an original bill that was going to use market forces to

bring competition between generic medications versus name-brand medications. That was projected to save the taxpayers and the consumers and the elderly \$65 billion over 10 years. This concept, following that same principle of competition as the price reducer, let the market determine best price, would bring, I think the gentleman just said, a little over a half trillion dollars to the consumers, the elderly, over the next 10 years. It is using market forces.

Bringing that competition to bear on the market, that would bring prices down, and no longer would the American elderly and the American taxpayer be seen as the profit guinea pig for our pharmaceutical companies. They are making up the difference where they cannot get it in Germany or in England. They are making it up, the price difference, their profit margins, on our elderly. Therefore, our taxpayers are being asked to foot the bill in one of the largest fleecings of the American people we will ever see.

The principles of competition will bring prices down, I think. Pharmaceutical companies have gamed the system from the patent laws, the laws as it relates to competition and globalization, and through the tax laws. As my colleagues know, we had a provision which was to allow the NIH to recoup 10 percent on any drug that was developed and brought to market through NIH dollars. My view is anything below 30 percent in the private market is considered dumb money. The taxpayers, all the cancer drugs, all the AIDS drugs on the market were developed with taxpayer-based research. We should be recouping a minimum of 10 percent to the taxpayers. The NIH would be a self-funded agency in 10 years.

But the core of what we have, the biggest dollar saver is the gentleman's amendment that we are honored to be cosponsors of. Again, this is not price control; it is choice. If you bring choice to bear in the market, consumers will flock to the lowest price, and I think that is the basic principle why you have Democrats and Republicans ready to vote for this, if we could get it to the floor.

Mr. GUTKNECHT. I would just simply say that I hope we can have a vote. This is the people's House. Vox populum est vox dei, the voice of the people is the voice of God. There is where the people's business should be done. Occasionally we have partisan differences and we vote differently, but this is one that crosses party lines. It is not a matter of right versus left; it is right versus wrong. It is wrong for Americans to be held captive.

Mr. JONES of North Carolina. Mr. Speaker, if my colleagues will yield, I would say that the comments of both these gentlemen are correct. Free markets are more powerful than armies, and I think my colleague's quote from former President Ronald Reagan, and everything else that has been said tonight by my friend, is so true. The

whole thing is that this is a critical issue to so many people throughout this country and we need to do what is right. The right thing to do is to look at the gentleman's bill, put this bill on the floor, let it be debated, let it pass or fail, but do not bottle this bill up. Too many people throughout this country need this relief.

And so, Mr. Speaker, I want to thank my colleagues, and I yield back to the gentleman from Illinois.

Mr. EMANUEL. Well, Mr. Speaker, before I try to catch that last flight, when I was running for office and I was in Six Corners Jewel, which is our big grocery store with the Osco, on Irving and Organza, seniors would come out and show me what they were paying and they told me the stories about how they cut their medications in half, or a husband would skip a month so his spouse could take her medications. And the first thing they said is, you have to make this affordable. I have to be able to pay for this. They would talk about that, and ask me to make sure that whatever we did, we did not mess with their private plans. But then they would say, please, add a prescription drug benefit to Medicare.

In my view, if we are on the doorstep of adding that benefit, let us ensure, because it is the first thing they have all said to every one of us who has gone to meet with them, we have to make these drugs affordable. They cannot afford these prices. They would tell me, look, somehow last month my month's supply was \$70 and this month it is \$96, and nothing has changed. Nothing. If we brought competition, something would change.

Mr. GUTKNECHT. Absolutely. I know the gentleman wants to catch his plane, but I just want to say this. Regardless of what happens in the next week or two, we are not going to go away. This issue will not go away. We will stay here, on a bipartisan basis, every night for the next 6 months, 9 months, 3 years. We are not going away. The issue is not going to go away.

There is no way that our leadership, the administration, the FDA, the drug companies can defend a situation where Americans pay two and a half times more for the same drugs than our counterparts in Germany. I am not going to give up, my colleagues here tonight are not going to give up, and God bless you all.

LIMITED GOVERNMENT

The SPEAKER pro tempore (Mr. BURGESS). Under the Speaker's announced policy of January 7, 2003, the gentleman from Texas (Mr. PAUL) is recognized for 60 minutes as the designee of the majority leader.

Mr. PAUL. Mr. Speaker, the modern-day limited government movement has been co-opted. The conservatives have failed in their effort to shrink the size of government. There has not been, nor will there soon be, a conservative revo-

lution in Washington. Party control of the Federal Government has changed, but the inexorable growth in the size and scope of government has continued unabated. The liberal arguments for limited government in personal affairs and foreign military adventurism were never seriously considered as part of this revolution.

Since the change of the political party in charge has not made a difference, who is really in charge? If the particular party in power makes little difference, whose policy is it that permits expanded government programs, increased spending, huge deficits, nation-building, and the pervasive invasion of our privacy with fewer fourth amendment protections than ever before?

Someone is responsible, and it is important for those of us who love liberty and resent Big Brother government to identify the philosophic supporters who have the most to say about the direction our country is going. If they are wrong, and I believe they are, we need to show it, alert the American people, and offer a more positive approach to government.

However, this depends on whether the American people desire to live in a free society and reject the dangerous notion that we need a strong central government to take care of us from cradle to grave. Do the American people really believe it is the government's responsibility to make us morally better and economically equal? Do we have a responsibility to police the world while imposing our vision of good government on everyone else in the world with some form of utopian nation-building?

If not, and the contemporary enemies of liberty are exposed and rejected, then it behooves us to present an alternative philosophy that is morally superior and economically sound and provides a guide to world affairs, to enhance peace and commerce. One thing is certain, conservatives who worked and voted for less government in the Reagan years and welcomed the takeover of the U.S. Congress and the Presidency in the 1990s and early 2000s were deceived. Soon they will realize that the goal of limited government has been dashed and that their views no longer matter.

The so-called conservative revolution of the past 2 decades has given us massive growth in government size, spending and regulations. Deficits are exploding and the national debt is now rising at greater than a half trillion dollars per year. Taxes do not go down, even if we vote to lower them. They cannot, as long as spending is increased, since all spending must be paid for one way or another.

Both Presidents Reagan and the elder George Bush raised taxes directly. With this administration so far, direct taxes have been reduced, and they certainly should have been. But it means little if spending increases and deficits rise. When taxes are not raised to accommodate higher spending, the bills