early 1990s during the Gulf War when we saw ballistic missiles, Scuds at that time, for the first time in the history of warfare, being delivered on a battlefield. My colleagues may recall, Mr. Speaker, those Scud missiles destroyed a number of American barracks and killed a number of American soldiers.

We shot some of them down with our Patriots. Our Patriots were the Model T of missile defenses. They are very slow. According to MIT, they did not hit any of the Scud missiles. According to the U.S. Army, our Patriots shooting at those Scuds had close to an 80 percent success rate. Probably the truth is somewhere in-between zero and 80 percent.

But now, our potential adversaries, like the North Koreans, are racing to develop offensive missiles, and Mr. Speaker, we are stalled in the development of our ability to defend against those missiles.

If we look at the so-called PAC–3 upgrade, that is just an upgraded Patriot. That is maybe, if not the Model T, that is maybe the 1965 Chevy of our missile defenses. We are not going to even deploy that until the year 2000. And, Mr. Speaker, the so-called Navy Lower Tier, that is a system that cannot even shoot down the type of Dong I missile, 3-stage missile that the North Koreans just fired, that they now have and have the ability to fire right now. That Navy defensive system, so-called Navy Lower Tier, it is a fancy name for the Navy missile defense system, will not even be deployed until 2 years after the next century starts; that is, 2002.

The so-called Airborne Laser that we are working on, we do not deploy that until 2006, and the THAAD system, which has a very difficult time hitting any of its test targets today, even if it is successful and is not terminated, will not be deployed until 2007. And of course, the Navy Upper Tier, and that is a system that barely has enough capability, if everything works out, to knock down this North Korean Taepo Dong I missile, that is not going to be deployed until 2008.

So the North Koreans today have a missile that can out-perform the American defense, and that missile is capable today, and the American defense against that missile is not going to be on line until 10 years from now, in 2008.

So, Mr. Speaker, we have to redouble our efforts. We have to reorder our priorities. We may have to spend some billions of dollars, but we must have a defense against incoming missiles, whether they are incoming missiles coming against our troops who are in theater like our troops in Desert Storm, or coming into American cities.

The first question I ask the Secretary of Defense when he appears before our Committee on National Security is this: Can you stop today a single incoming ballistic missile coming into an American city? And his answer always, and this last year again was, no, we cannot stop a single incoming ballistic missile.

We must change that situation, Mr. Speaker.

SEXUALLY TRANSMITTED DISEASE: EPIDEMIC IN THE U.S.

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 1997, the gentleman from Oklahoma (Mr. COBURN) is recognized for 60 minutes as the designee of the majority leader.

Mr. COBURN. Mr. Speaker, tonight I am going to be talking about a subject that is rarely talked about from this chamber, and one of the reasons I am doing so is because the Federal agencies that have been charged with this duty have failed in their duty.

In the time that I take to talk about these issues, what will happen is in the next hour, 1,300 people in this country will contract a sexually transmitted disease. Mr. Speaker, 500 of those people will never be cured of that disease. In the next hour, 30,000 Americans will be exposed to a sexually transmitted disease, and in the next 24 hours, 30,000 Americans will actually contract a sexually transmitted disease, of which 12,000 will be entirely incurable.

What we have today in our country is an epidemic of sexually transmitted diseases that is covered up, that is not talked about, that nobody wants to know the information about. This knowledge is valuable. It is powerful for us as parents, as a Nation, to see the consequences of the sexual revolution of my generation of the 1970s.

So we are going to be talking about sexual health today. We are going to be exploring the past, we are going to be talking about preserving the future, and we are going to talk about how we do that. How we do that with our children, how we do that in terms of our relationships.

Today, as I mentioned, 32,000 people are going to become infected. Mr. Speaker, 370,000 Americans have died of AIDS since this epidemic started, and 2,700 teenagers between the ages of 15 and 19 will become pregnant in the next 24 hours. That is 1 girl every 31 seconds.

The most common sexually transmitted disease, human papillomavirus, causes almost every bit of cervical cancer in this country. Women die routinely from this disease. Is it treatable? Yes. Will one ever lose the virus that causes this disease? No.

It is important for us to recognize that there has been a historical trend and growth in this epidemic. In 1960, syphilis and gonorrhea were the only major sexually transmitted diseases that were counted and recognized as contributing to this malady. In 1976 I was in medical school, and our professors laughed at the Swedes when they said chlamydia was a sexually transmitted disease.

What we know today is it is the number 1 sexually transmitted disease that is caused by a bacteria. In 1981 AIDS was identified and HIV was identified. In 1982, genital herpes became more common. One of 5 Americans between 15 and 74 years of age in our country today is carrying genital herpes. Genital herpes is incurable. It is not preventable if one in fact is exposed to the virus.

In 1992, what we saw statistically was pelvic inflammatory disease. One million women in the United States experienced an infection in their abdomen and reproductive organs secondary to sexually transmitted disease, and over 200,000 teenagers are now annually diagnosed with this disease.

Pelvic inflammatory disease. What is it? It is when these organisms invade and not only infect and harbor the reproductive tract, but cause damage and grow and are irreversible in terms of their damage. We can cure and treat pelvic inflammatory disease, but the scar tissue that is left there leads to infertility and pelvic pain which is the number 1 reason, the number 1 reason, pelvic pain is the number 1 reason why we have hysterectomies in this country.

In 1997, 8 new sexually transmitted pathogens have been identified since 1980, including HIV. Actually that is 9, because hepatitis C now infects 4 million Americans, 4 million Americans. There are 4 times as many people infected with hepatitis C as there are infected with HIV in our land. Twenty-one percent of those cases are transmitted sexually. The outcome from hepatisis C is one either gets a liver transplant or one dies, one or the other. That is the long-term consequences of hepatitis C.

□ 2130

There are now 25 significant sexually transmitted diseases. There will be 12 million Americans that get a new sexually transmitted disease this year.

Some people may say as they hear me talk about this that this is the opinion of one physician. That is not true. My colleagues will see on all of these charts and everything that I have referenced either the Institute of Medicine, the National Institute of Health, the CDC, the American Medical Association, the Journal of the American Medical Association. These are not opinions. Those are absolute facts of where we stand with an epidemic today.

Two-thirds of all the sexually transmitted disease infections occur in people under 25. So if there is 12 million a year and we think of our population of being 260 million of which only 45 million to 50 million are under 25, what does that tell us? That we have a large percentage of people under 25 that are carrying a sexually transmitted disease.

Eighty-seven percent of all reportable communicable diseases in the U.S. are caused by chlamydia, gonorrhea, HIV, syphilis and hepatitis B.

The largest sexually transmitted disease, human papillomavirus has not even been asked to be reported by the

Center for Disease Control, the virus that is incurable, that causes cervical cancer, causes cancer of the reproductive organs of men as well is not a reportable disease.

Genital herpes. What has happened? What we have seen is these diseases are infecting a lot more people today than they ever have in the past. From 1976 to 1994, 30 percent more Americans across ethnic groups are infected with herpes today than were just 15 years ago. There has been a 500 percent increase in the number of white teenagers infected in the past 15 years.

When we break it out and look at it by categories, by race, by socioeconomic background, what we see is this is going across all trends, all classes, all socioeconomic backgrounds, and all races in our society.

What is important for us to learn as a Nation is to dispel a lot of the safe sex messages that are out there. It is not safe to have indiscriminate sex in this country regardless of what message others might say. I hope that my colleagues will see as we go through this tonight why that is so.

This chart is extremely important. Sexually transmitted diseases are broken down into those that are viral, a virus like a common cold virus, that type of organism, or a bacteria, or something somewhat in between, which chlamydia happens to be.

On viral sexually transmitted diseases, there is no cure. We cannot eliminate it from the body. We have no ability to kill the virus. We can treat the virus. We can slow down the virus, but we cannot kill the virus. Condoms are somewhat effective. They are more so effective for some; and those will be HIV, hepatitis B and hepatitis C. But on herpes what we know now is essentially condoms are not effective.

On human papillomavirus, the number one virally sexually transmitted disease today, we know that condoms are hardly effective at all. But that message is not out there. There are good studies that show that.

We also know with human papillomavirus that, if you are infected with it and you are pregnant, the amniotic fluid around the baby has the virus in it. We also can culture many times this same virus in a newborn child born to a mother who has this virus. So not only is this a sexually transmitted disease, it is a disease that is transferred from mother to child.

If my colleagues look over on the other side, and they look at chlamydia and gonorrhea, what they see is we can fix it. We have got great antibiotics. We can solve that infection. But the damage that those organisms do to the reproductive track we cannot solve without eliminating those reproductive organs.

Condoms are fairly effective in chlamydia and gonorrhea, but they are not 100 percent effective. Once you get infected, then it will require treatment, and there will be consequences of that infection. There are others that we will not go into.

One other point that I would like to make is how are they contracted. If my colleagues look at this first group, body fluid contact. The other is direct contact. You have to have direct contact with these to become infected. Yet, at the same time, we talked about the ineffectiveness of condoms even though you have to have direct body contact. That is because this virus is not just in the reproductive organs, and so, therefore, it can be transmitted regardless of condom or not.

Chlamydia. Eighty-five percent of women who are infected with chlamydia have no symptoms whatsoever. And 40 percent of men who have this bacterial sexually transmitted disease are asymptomatic. Chlamydia is the most common nonviral sexually transmitted disease in the United States with an estimated 4 million new infections a year. It is one, along with gonorrhea, of the number one causes of infertility in the United States for which we spend millions of dollars trying to achieve pregnancy for many women, not all, but many women who have silently been infected with a sexually transmitted disease, never to their knowledge, and have become incapable of conceiving a child because of that sexually transmitted disease.

The other thing that is important about chlamydia as well as gonorrhea is that it is the major cause of pelvic inflammatory disease, pelvic pain, ectopic pregnancy, and infertility.

Gonorrhea. We have all heard of this disease. It causes a significant difficulty for men. It may result in strictures and other problems with urination. Females, it could cause pelvic inflammatory disease. It can cause an inflammatory arthritis that has long-term consequences, and most physicians have seen it. It also causes pelvic pain and other problems. Teens 15 to 19 are most often infected with gonorrhea, higher than any other group.

Human papillomavirus. At least 2.5 million Americans each year are newly infected with this virus. This virus is incurable. Once you contract this virus, you will have it the rest of your life. Does everybody who gets this virus get cervical cancer? No. But of the people who had cervical cancer, over 90 percent of them had it caused by this virus. It causes genital warts. It also causes the cancer, as mentioned.

Herpes. We mentioned this earlier. One in five Americans is now positive for what we would call genital herpes in our Nation. It is not curable. It is treatable. We spend a significant amount of money each year treating genital herpes. What we now know that we did not know 10 years ago is you can be infected and never be symptomatic until the first episode. You can carry the virus for 10 years and never have a difficulty with this virus.

This virus is a significant cause for morbidity in pregnancy in that women are subjected to cesarian section if, in fact, they have an active lesion associated with this virus at the time they go into labor. This is a much higher risk if this is their first episode of herpes. It is fairly low. But most women do not want to take the chance of delivering a child when they have an active infection because of the high mortality and morbidity associated with this disease.

Almost everybody in America knows about HIV and AIDS. We know that there are somewhere around 900,000 Americans living with HIV. We know that HIV almost always results in AIDS, the end stage of the infection of that virus. We know that AIDS is a fatal disease. We know that we made major strides of slowing down the progression of infection of the virus to the full-blown disease.

What we do know is HIV is preventable. It is an absolutely preventable disease. We now spend, Federal money, $7 billion a year on either HIV research, treatment facilities, and drugs to help those people who have that.

The Congress of the United States in terms of mandated spending at the CDC spends about $650 million just on HIV. But every other disease that I have listed here we spend less than $150 million. That is why Americans do not know about these diseases. We need to know about these diseases.

Hepatitis B. We are now immunizing our children at birth and at very young ages against hepatitis B. We do not have an immunization right now against hepatitis C. Hepatitis B we know is passed from mother to baby and can be. We are very careful. We test all pregnant women for hepatitis B. We do not test all pregnant women for hepatitis C, and yet we know there are 4 million out there. Five thousand Americans each year die from hepatitis B.

Hepatitis C. We have talked about this. Four times as many Americans are infected with hepatitis C as HIV. It has the same prognosis. You will either have to have a liver transplant or you will ultimately die of liver failure or carcinoma of the liver.

Twenty percent, somewhat over 20 percent of the people who contract this virus contract it from a sexual relationship. Ten thousand Americans die each year of associated cirrhosis or liver cancer with this. So this is a long-term, chronic, fatal disease of which 800,000 of the 4 million people who have it in our country today contracted it because they did not know it was a sexually transmitted disease.

What do the studies tell us? There has been a wonderful NIH study recently that the gentleman from California (Mr. WAXMAN) asked for in 1993, and it tells us a ton about what parents can do with their children and sexual activity.

Here are some things that we know. We know at the age of first sexual activity by a young girl, if she is less than 16 years old, her number of lifetime partners being one partner is 11.3 percent. The number of young girls that will have more than five partners is 58 percent.

As we progress, what we see is what we would expect to see is, as we mature, we make better decisions. What we see is that these numbers completely reverse if in fact we tell our children to wait. If in fact we tell our children that monogamy and abstinence is protective of their health, not just their emotional health but of their health.

What about teenagers and sexually transmitted diseases? A sexually active 15 year old has a one in eight chance of getting pelvic inflammatory disease. That is not getting them infected just with one of these organisms. That is requiring antibiotics to treat a painful, sick, infected, and oftentimes hospitalized adolescent female. Whereas, if the same young person is 9 years older, the risk decreases by tenfold for a lot of reasons.

One from every four people newly infected with HIV is under the age of 22 in our Nation today. Under the age of 22. What do we think their life expectancy and what do we think their life is going to be like? Approximately 20 percent of sexually active teens acquire a new sexually transmitted disease every year. In other words, one out of five sexually active teenagers are getting a new infection at least every year.

We spend hundreds of millions of dollars with family planning clinics, with clinics to help our children make these choices, and they are failing. We would not see this statistic if they were successful. They are failing.

The top reason for hospitalization of teenage girls is that they are pregnant and they are delivering. That is a national tragedy for us. Oftentimes it is a national tragedy for the children. One million females under 20 experience a pregnancy each year. One-third of those end in an abortion. Regardless of your position on abortion, nobody who has undergone an abortion thinks it is a great thing.

□ 2145

It is never a great experience. So we have to be dedicated to preventing pregnancies with our teenagers.

Seventy-two to 76 percent of births to teens are to unmarried teens and that goes all the way up to 19-year-olds.

What happens to our teenaged daughters who get pregnant? Seventy percent of them drop out of school. What happens to the fathers of these children? They never attain, a large portion of them never attain the education, living standard, or earning power of somebody who was not a father of a child as an adolescent.

The teenaged sons of adolescent mothers are 2.7 times more likely to spend time in prison than the sons of mothers who delay childbearing age until their early twenties. We know as we get older, we make better decisions. Why is our government enabling our children to make poor decisions? Why are we allowing this epidemic to continue?

The teenaged daughters of adolescent mothers are 50 percent more likely to have a child out of wedlock than children of nonadolescent mothers.

What about older fathers? What we know is with adolescent pregnancy is most of the time the father is over 21 years of age. When was the last time we heard of a district attorney prosecuting for statutory rape of an underage female in any city in this land? Where are our district attorneys? It is against the law, but we do not see it prosecuted. Seventy-one percent of all births among teenaged girls are fathered by men older than 20. The mean age was 22.8 for fathers and 16.4 for teen mothers, 6.4 years average age difference.

What about condoms and pregnancy prevention? There are some great studies and these are just two. There are ranges in these studies, but it is important to know that published peer review scientific data says something different than what the government says about condom effectiveness. What it says, of 100 couples using condoms, how many will get pregnant in the first year? Here is a study from 1992 published in ''Family Planning Perspectives'': 16 percent. One in five, one in six. Hatcher, ''Contraceptive Technology'' this year, 14 percent.

They are really effective in stopping pregnancy for our children when 14 to 17 percent of them are going to get pregnant in the first year, when that is how we teach them to protect themselves.

How about condoms and human papilloma virus and infertility? The data on the use of barrier methods of contraception to prevent the spread of human papilloma virus is controversial, but it does not support a condom as an effective way to prevent the number one virally transmitted sexually transmitted disease that causes cervical cancer. And I would say that most Americans do not know that, and most teenagers do not know that, and most doctors do not know that.

Infertility. Spermicide, used alone, had no significant effect on risk for tubal infertility, whereas condom use alone decreased the risk, but to a significant extent. Even with the things that they are teaching our children, they are still just as likely to have infertility as a consequence of their activity.

What about condoms and HIV and AIDS? There is no question that a condom markedly reduces the risk of the transmission of HIV, but it is one of the lower risks in terms of numbers in terms of sexually transmitted disease. But does it reduce it 100 percent? No. Does it reduce it to 90 percent? Some studies say yes. Some studies say only 60 percent.

The question is, if it is a fatal disease, why would we want anything other than 100 percent effectiveness? These studies were conducted with married couples who one partner had HIV and the other did not, and they were trained specifically how to use effectively what we are teaching our kids to use, yet a significant percentage contracted HIV using these methods perfectly.

What about other sexually transmitted disease? Condoms must be used consistently and correctly to have any chance. They work best against, protecting against HIV and gonorrhea. They are much less effective for herpes, trichomonas, and chlamydia. Condoms are little or no protection against bacterial vaginosis and human papilloma virus.

Our teenagers say, ''We cannot get pregnant because we will take the pill.'' What do the specific studies say about teenagers taking the pill? What it says is all women under typical use, the number that are not taking the pills correctly, 7.3 percent; unmarried teens, between 6 and 13 percent; unmarried women between 20 and 29, 5.9 to 15 percent. That is the number of women who get pregnant during the first year using oral contraceptives.

Mr. Speaker, it is not hard to figure out. Adolescent females often have trouble remembering to brush their teeth, let alone remembering to take a pill at the same time each evening.

Some people say, ''Dr. Coburn, you're a prude. Abstinence is not realistic.'' Abstinence is the only thing we have to offer our children that is safe, the only thing that we have to offer our children that will stop this epidemic, this epidemic that has taken the lives of thousands of our fellow citizens and is causing tremendous costs in terms of operative expense, causing cancer.

What is happening? What we saw, and actually released today by the CDC, is that we are seeing a marked shift now that we are talking about abstinence. Our teenagers are listening. 1988: Men, young men 15 to 19, 40 percent were abstinent, were pure. 1995: 45 percent. Today, over 50 percent, as released today by the CDC, of our young men between 15 and 19 are virgins.

What about young women? Forty-five percent, now 50, now 52 percent. So we are starting to make some headway, but we cannot deny the fact that we have an epidemic of proportions that we have never seen that will complicate the lives, if not take the lives, of our young people.

What are the top risk factors? This study that I referred to, what we know about sexual activity in our youngsters is the number one risk factor is alcohol use. Number two is a steady boyfriend or girlfriend. That makes sense. Number three, no parental monitoring. If the parents are not involved in the activity of their children, they are much more likely to be sexually active. And fourth and most important, if a parent is accepting of adolescent sexual activity, is condoning it, it will happen. If they are not, it will not. It is the number one factor.

What are the behavioral risks associated with virginity and nonvirginity? What we know is if they are abstinent,

they have all these other risk factors that are markedly reduced. In regard to alcohol, 20 percent of the kids who are not sexually active use alcohol. Of the kids that are sexually active, almost 65 percent do. And these are males. We can go down the line. Dropping out of school, threefold increase. Use of other drugs, 4½ to 5 times increase if they are sexually active. They are five times more likely to use an illicit drug than if they are not sexually active.

What is the number one connection here? It is how well are they connected to their parents or parent, and we know that. We see similar patterns just with this on females. We see the same pattern if our youngsters are abstinent, that the risk factors for other risks that will markedly impact their life goes way down. So it is an indicator of what they are going to be exposed to and what other risks are going to be put on them in their life.

What we saw from this adolescent study from 1993 is that when the relationship was good with mom, and mom was opposed to premarital sex, and when discussions of birth control, of how to not get pregnant, are decreased, not increased, they were 12 times more likely to have a youngster that would not be sexually active than ones whose parents talked about, ''Here is how you protect yourself and it is okay to be sexually active.''

So what we have done is set a trap for our kids. If we are accepting of a behavior that puts them at risk and we talk about how to minimally protect them, what we are doing is dooming them to failure and to a sexually transmitted disease.

So what are the other factors that we found? Parent connectedness, parent disapproval of sexual activity, parent disapproval of sexual adolescent contraceptive use.

School is real important. The school connectedness is related to parent connectedness, attending a parochial school or school with high average daily attendance.

What are the individual factors? We have seen through programs like ''True Love Waits'' and ''Best Friends,'' that a commitment to remain sexually pure works wonderfully. Our children respond to it. High grade point average. A religion. Jewish, Muslim, Protestant, Catholic. The fact that the faith is impacting their life.

So, what is the answer? We have 12 million new sexually transmitted diseases a year. We have a million people with AIDS, with HIV. We have had nearly a half million die from it. We have 4 million people that are going to die from hepatitis C or they are going to get a liver transplant. What is the answer? What is the answer for our children?

Mr. Speaker, it is time for a new sexual revolution. It is time for the revolution of the 1960s and the 1970s to die. Why? Because it is morally wrong. But there are consequences to morally wrong behavior. And the morally wrong behavior is that we have an epidemic that is out of control in our Nation.

Abstinence until entering into a committed, lifelong, mutually faithful, monogamous relationship. That is called marriage. Marriage is a wonderful institution. It does us well as a society. We should do everything we can to support that institution, because that oftentimes protects us.

Abstinence until marriage and faithfulness in marriage that is supported by our society. That is supported. That is condoned by our society. Where our society stands up and says, Stay together. Do not violate the principle.

Who benefits from character-based abstinence education? The answer is all of us. It is them and it is us. It is our Nation. It is our budget. It is the life, health, and well-being of our children.

Mr. Speaker, I say: America, wake up. Twelve million new infections every year and none of them have to be. Let us ask for the truth. Let us ask the CDC to do its job. Let us make sure we teach our children what the risk factors are. Let us make sure we talk about that there are consequences to sexual activity outside of marriage, and many of them are very, very grave.

Mr. Speaker, I yield back the balance of my time.

EXPUNGING OF REMARKS FROM CONGRESSIONAL RECORD

Mr. MINGE. Mr. Speaker, I ask unanimous consent that any portion of my remarks that referred to the President be expunged from the special order that was delivered this evening.

The SPEAKER pro tempore (Mr. SNOWBARGER). Is there objection to the request of the gentleman from Minnesota?

There was no objection.

DOLLARS TO THE CLASSROOM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 1997, the gentleman from Michigan (Mr. HOEKSTRA) is recognized for 60 minutes as the designee of the majority leader.

Mr. HOEKSTRA. Mr. Speaker, tonight we want to begin a dialogue that we hope sets the framework for tomorrow. Tomorrow, there is going to be limited debate on a bill that is coming to the floor. It is called ''Dollars to the Classroom.''

This piece of legislation, which was authored by a colleague of mine from Pennsylvania, builds on a previous resolution that this House has passed. What that resolution said was that when we send a dollar to Washington for education, instead of getting 60 to 70 cents of that dollar back to the classroom, back to the local level, we are going to strive to get that up to 90 to 95 cents of every education dollar getting back to a local classroom.

Before I do that, and before I begin that discussion on education, I want to set the framework. A while back, we did a proposal out of my office, or we did kind of an analysis, and we started addressing an issue which I think is very important. The question was: Why is it that everyone has so much faith in Washington?

□ 2200

Why is it that people believe that if they send their money to Washington, Washington is better at building their roads, Washington is better at educating their children, Washington is better at creating jobs than if we left that money at the State or local level or if we left that money in the pockets of the American citizens?

We identified a phenomenon which we call ''the myth of the magical bureaucracy.'' What we said is, we really should ask some questions. Do we really believe that a bureaucrat in Washington can raise our children? Do we really believe that this magical bureaucracy here in Washington can build and strengthen our communities, that it can create economic growth, that it can create economic opportunity and that it can prepare America for the information age?

It is kind of interesting, my colleague from Colorado and I today had the opportunity to ask that question, not can the magical bureaucracy here in Washington prepare America for the information age, but the question that we asked today is whether the magical bureaucracy, not whether it can lead us into the information age but whether this magical bureaucracy here in Washington, in the two departments we had testify today, the Education and Labor Departments, whether they are even prepared to move into the information age and whether they are prepared to deal with the year 2000 issue. And the answers that we got were fairly frightening.

The Education Department, this is a group that sends out money to our schools; it does Pell grants. It does the direct student loan program. In reality, the Education Department is perhaps one of the largest banks in the country. Its loan portfolio or the loans that it manages are close to $150 billion. It has roughly 93 million customers, 93 million people who have loans with the Education Department.

In a recent scoring or a grading, which I think is very appropriate for the Education Department, one of my colleagues from another committee in the House of Representatives said that they, the Education Department, deserved an F. They are not ready for the year 2000. It means that we are not quite sure what happens to the $150 billion of loans that are outstanding. We are not quite sure what will happen to our students who in 1999 begin applying for loans or start going to school and believe they are approved for loans and start actually looking for the money and do not receive their checks.

It is kind of scary what is going to happen potentially with the Education