tight national election. Our Ambassador to Kuwait is resident in Baghdad. And our Ambassador to the Bahrain has been in Iraq since February.

That is not to say these jobs they are performing in Iraq are not important; they are. But if we are going to come to the floor and call attention to problems filling vacancies in the diplomatic corps, we ought to be sure we are considering the whole picture.

MEDICARE PRESCRIPTION DRUG DISCOUNT CARD

Mr. DASCHLE. Mr. President, this morning in the New York Times, there was yet another reminder of the great difficulty seniors are having in dealing with the Medicare prescription drug discount card, so-called. I noticed with some amusement a number of our colleagues on the other side of the aisle came to the floor highly critical of those of us who have expressed skepticism and concern about the drug card. Some have even expressed the belief that our motivation in coming to the floor to talk about these shortcomings in the drug card and the prescription drug benefit were politically motivated.

The New York Times has an article this morning quoting people who have nothing to do with politics. The title of the article is ''73 Options for Medicare Plan Fuel Chaos, Not Prescriptions.''

I ask unanimous consent that the article be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the New York Times, May 12, 2004]

73 OPTIONS FOR MEDICARE PLAN FUEL CHAOS, NOT PRESCRIPTION

(By John Leland)

When Mildred Fruhling and her husband lost their prescription drug coverage in 2001, they suddenly faced drug bills of $7,000 a year. Mrs. Fruhling, now 76, began scrambling to find discounts on the Internet, by mail order, from Canada and through free samples from her doctors.

''It's the only way I can continue to have some ease in my retirement,'' she said.

Last week, when the federal government rolled out a new discount drug program, Mrs. Fruhling studied her options with the same thoroughness. What she found, she said, was confusion: 73 competing drug discount cards, each providing different savings on different medications, and all subject to change.

''I personally feel I can do better on my own,'' she said. But she added, ''At this point, I don't think anyone can make an evaluation.''

Even before they go into effect on June 1, the cards—which are approved by Medicare but offered by various companies and organizations—have been the subject of heated political debate, an AARP advertising campaign about how confusing they are and anxious speculation from those they are supposed to help. Among retirees of different income groups interviewed last week, the initial reaction was incomprehension.

''Even the person who came to explain it to us didn't understand it,'' said Mary Shen, 77, at the Whittaker Senior Center on Manhattan's Lower East side. ''It's not fair to expect seniors, who have enough difficulties already, to have to figure this out.''

Shirley Brauner, 75, pushed a metal walker through the center's lunchroom. ''All I've got to say is they confuse the elderly, including me,'' she said. ''I'm furious. They're taking advantage of the seniors. How can the seniors understand it?''

The prescription drug discount cards are a prelude to the Medicare Prescription Drug, Improvement and Modernization Act, which will provide broad drug coverage starting in 2006. The federal government projects that 7.3 million of Medicare's 41 million participants will sign up for the cards.

Those who wish to do so, however, face the daunting task of choosing the right card.

''What it's like is a bunch of confusion,'' said Katharine Roberts, 77, who said she had not been to a movie in six years, in part because of her drug expenses. ''You might find you really need three cards, and you can only choose one.''

The cards are a 19-month stopgap measure to provide discounts of 10 percent to 25 percent for Medicare participants who have no other prescription drug coverage. In addition, low-income participants are eligible for subsidies of $600 a year.

The Department of Health and Human Services approved 28 companies or organization to issue cards; among them are AARP, insurance companies and health maintenance organizations. Cards cost up to $30 a year. Each card provides different discounts on different drugs, and is accepted by different pharmacies. Participants can choose only one.

To help people sort through the options, Medicare and a company called DestinationRx set up a database on its Web site, medicare.gov, that lists the prices charged under various plans for whatever medications a user types in. People can get similar help by telephone at 1–800–MEDICAR. But some providers complained that the prices on the site were inaccurate, and some cards are not listed at all.

For many retirees, it is too much.

''I'm 85, do I have to go through this nonsense?'' asked Florence Daniels, a retired engineer who said she received less than $1,000 a month from Social Security, of which she paid $179 a month for supplemental medical insurance. She gets drugs through a New York State program, which provides any prescription for $20 or less. To make ends meet and afford her drugs, she said she bought used clothing and put off buying new glasses. Some of her friends travel by bus to Canada to buy drugs; others do without, she said.

Ms. Daniels did not use the government Web site to compare drug cards, in part because she cannot afford a computer. ''I'm trying to absorb all the information, but it's ridiculous,'' she said. ''Not just ridiculous, it's scary. If there was a single card and it was administered by Medicare, and it got the cost of drugs down—wonderful, marvelous. But with these cards, the only thing we know is that we'll have to pay money to other people to administer what we can get and can't get.''

The discount program, which is financed largely by the cards' sponsors, reflects the Bush administration's desire to open Medicare to market principles without allowing participants to import drugs from other countries, which many Democrats favored.

Mark B. McClellan, an administrator at the Center for Medicare and Medicaid Services, said the complexity of the plan encouraged competition. ''We're seeing more plans offering better benefits,'' he said, estimating that people will be able to save 15 percent or more using the cards.

But the complexity of choices will keep many people away from the program, said Marilyn Moon, director of health at the American Institutes for Research, a nonprofit research organization in Washington.

Often, the discount provided by the cards is not as good as what people can get from exiting state programs, union plans or consumer groups, said Robert M. Hayes, president of the Medicare Rights Center, a nonprofit organization that helps individuals with Medicare problems.

Sydney Bild, 81, a retired doctor in Chicago, compared the discount cards with the prices he paid ordering his drugs by mail from Canada. Dr. Bild pays $4,000 to $5,000 for year for five medications. When he checked the government Web site, he said the best plans were about 50 percent to 60 percent higher than what he was paying.

But Dr. Bild said his main objection to the new plans was that companies could change prices on drugs, or change the drugs covered. Medicare requires plans to cover only one drug in each of 209 common categories. Consumers can change cards only once a year. Committing to a card is ''like love—it's a sometime thing,'' Dr. Bild said ''What if I chose one? They could drop my drugs two weeks later.''

Companies began soliciting customers for their discount drug cards last week. When the first pamphlets arrived at Beverly Lowy's home in New York City, Ms. Lowy said, she looked at them carefully. She does not have drug coverage and last year spent about $3,000 on prescription drugs. but the more brochures she read, Ms. Lowy said, the less clear things became.

''You really have to be a rocket scientist,'' Ms. Lowy, 71, said. ''It takes time, energy, and you don't even save money. I thought, 'This one is offering this, this one is offering that.' Finally I decided this isn't for me.''

At the Leonard Covello Senior Center in East Harlem, the new cards seemed opaque. Ramon Velez, 72, a retired taxi driver, said he had watched AARP advertisements in which people read the dense language of the federal Medicare bill.

''I was laughing at the people in the ads, but it's true,'' Mr. Velez said ''Everyone's confused.''

Mr. Velez receives $763 a month from Social Security, and often skips his psoriasis medication because he cannot afford the $45 co-payment under his Blue Cross/Blue Shield plan. He wondered if the new drug cards could save him money.

''But it's very confusing,'' he said ''I'd go to the Social Security office to ask about the cards, but I don't think they'd know.''

Alejandro Sierra, 67 a retired barber, paced around the center's pool table. Mr Sierra takes six medications for diabetes and complications from cataracts and colon cancer, and sometimes skips a medication because he cannot afford it.

''I'm interested in the cards,'' he said. ''But I can't figure it out on the computer, because I can't see.''

Carlos Lopez, the director of the center, said the cards had so far produced little but anxiety. Mr. Lopez asked participants to bring any applications to him before signing them, and warned them about people selling phony cards.

''They're not nervous, but concerned,'' he said. ''They feel, why now? Why do I suddenly need a card for medications?''

Mr. DASCHLE. Mr. President, to excerpt from this article, it talks about:

Last week, when the federal government rolled out a new discount drug program, Mrs. Fruhling—

Mildred Fruhling studied her options with the same thoroughness with which she has been reviewing all of this now for some time. ''What she found,'' according to the article, ''was confusion: 73 competing drug discount cards,

each providing different savings on different medications, and all subject to change.''

Quoting Mrs. Fruhling:

''I personally feel I can do better on my own,'' she said. But she added, ''At this point, I don't think anyone can make an evaluation.''

The article goes on to say:

Even before they go into effect on June 1, the cards—which are approved by Medicare but offered by various companies and organizations—have been the subject of heated political debate, an AARP advertising campaign about how confusing they are and anxious speculation from those they are supposed to help.

Among retirees of different income groups interviewed last week, the initial reaction was incomprehensible.

It goes on to quote Mrs. Florence Daniels, a retired engineer who gets less than $1,000 a month from Social Security. She did not use the Government Web site that is currently available to compare drug cards, in part because she cannot afford a computer. She states:

I'm trying to absorb all the information, but it's ridiculous. Not just ridiculous, it's scary. If there was a single card and it was administered by Medicare, and it got the cost of drugs down, wonderful, marvelous. But with these cards, the only thing we know is that we'll have to pay money to other people to administer what we can get and what we can't get.

Sidney Bild is another retiree quoted in the article, a retired doctor in Chicago. He compared the drug discount cards with prices he paid ordering his drugs by mail from Canada. Dr. Bild pays $4,000 to $5,000 a year for five medications. When he checked the Government Web site, he said the best plans were about 50 to 60 percent higher than he was paying.

At the Leonard Covello Senior Center in East Harlem, the article quotes another senior, Ramon Velez, a 72-year-old taxi driver who is retired. He said:

I was laughing at the people in the ads [that I have seen on television] but it's true. Everyone's confused.

That summarizes what many of us have expressed now for some time. People are confused. They are terribly frustrated. They are anxious. They do not want to have to deal with 73 different options and there is chaos as a result. Unfortunately, the Congress had an opportunity to side with seniors or side with the drug companies, and clearly this is a drug company benefit, this is a drug company program. It has nothing to do with helping seniors.

COVER THE UNINSURED

Mr. DASCHLE. Mr. President, this week is ''Cover the Uninsured Week.'' Today, and for the rest of this week, in all 50 States and the District of Columbia, Americans will take part in nearly 1,500 public events to call attention to the growing number of Americans without health insurance and the growing price they, and all of us, pay for the gaping holes in America's health care safety net.

The nonpartisan campaign is co-chaired by former Presidents Gerald Ford and Jimmy Carter and supported by a diverse coalition of organizations representing business owners, union members, educators, health consumers, hospitals, health insurers, physicians, nurses, religious leaders and others. It is also endorsed by several former Surgeons General and Health and Human Services Secretaries from both Republican and Democratic administrations.

This is the second ''Cover the Uninsured Week.'' Unfortunately, the problem has only gotten worse in the last year. Last year, nearly 44 million Americans, including 8.5 million children, had no health insurance. That is more than 15 percent of all Americans. Tens of millions more Americans were uninsured for at least part of the year. In my State, South Dakota, 12 percent of the people have no health insurance.

Most uninsured Americans go to work every day. In fact, many work two or three jobs. But their employers do not offer health coverage, or they cannot afford the premiums and other costs. And they cannot afford to buy private coverage on their own. So they, and their families, live with the daily dread that one serious illness or accident would wipe them out financially.

Last summer, I received an e-mail from a father who lives every day with that fear. He lives in South Dakota. He and his wife asked me not to use their names or the name of her employer because they do not want to risk losing her job and the very meager health benefits it provides.

This couple has two children, both in high school. When the father e-mailed me last summer, he had just spent hours in a hospital emergency room. He went to the hospital because he thought he might be having a heart attack. He ended up leaving without seeing a doctor because he was afraid he might end up with a medical bill he could not pay.

He said that his chest pains started around midnight on a Saturday night. He asked his son, the only other person at home at the time, to take him to the hospital. Before he left home, the father grabbed a file folder containing his last 5 years' worth of tax returns. Why did he do this?

Two years earlier, his son had been hit by a car, and the family ended up with $34,000 in medical bills. The father did not want anyone at the hospital to think he was trying to take advantage of them when he warned them that he would not be able to pay another huge medical bill. After they arrived at the hospital, the father sat in the waiting room for 3 hours waiting to talk to someone in the hospital's business department. Before he accepted any treatment, he wanted to be sure it was not going to bankrupt his family.

But there was no one in the business office in the middle of the night on a weekend. So he sat there for 3 hours, clutching his tax returns, and praying that he was not having a heart attack. Finally, a nurse came out, spoke to him for a few minutes, and told him he was probably just having a panic attack. So he went home. To this day, he does not know if what he suffered was a panic attack or a mild heart attack. He still has not seen a doctor.

This man and his family are not even counted among the nearly 44 million Americans without health insurance. They used to have family health coverage through his employer, but 3 years ago, that company moved out of State. He has been self-employed ever since. Now, they get their health insurance through his wife's job.

I hear, as I heard on the floor yesterday, from some of our colleagues that in this country, thank goodness, we never have to ration health insurance. If this is not rationing health care, health insurance, I do not know what is. What does one call it when a person sits at midnight on a Saturday night with 5 years of tax records to prove they do not have the ability to pay and then walk out not knowing if they had a heart attack. Tell someone today that is not rationing health care. A family income for this particular family is about $13,000.

Two years ago, this family paid $2,800 in premiums for family coverage and another $5,800 out of pocket for medical costs that weren't covered—$8,600 in all. Their family income that year was about $13,000.

This is what that father wrote to me in his e-mail last summer:

Our family hasn't seen a dentist for over 3 years. I haven't seen a dentist in nearly 10 years. Simply cannot pay the cost. My son needs glasses. My wife has a broken tooth. I haven't seen a doctor in 15 years.

We all work hard and play by the rules and cannot make ends meet. The last three years have been devastating to us. We will probably lose our house because we cannot afford to keep it up. We are a sad case and getting more depressed every day. I am embarrassed and ashamed to even talk about it. I just wanted you to know about the suffering many of us are enduring.

Recently, a woman wrote a long letter to a paper in my State, the Eagle Butte News, about her sister. As a Native American, her sister was theoretically guaranteed free health care from the United States Government, through the Indian Health Service.

Last June, the sister went to see an IHS doctor because of severe stomach pains. The doctor told her she had a bacterial infection and sent her home with an antibiotic. A month later, the pain was so intense she could no longer eat. When she went to IHS clinics, she was given a shot for pain and some antacids and told there was no money to send her to a specialist. By October, she had lost 70 pounds. Last November, she finally saw a different doctor and got an accurate diagnosis. By then, her stomach cancer was inoperable. She died on April 7.

In her letter to the editor, her sister wrote:

She was prepared to accept her fate, which she did bravely and with courage. But I am