

Trade in services is a net plus for the U.S. economy. In fact, the service sector generated a trade surplus of nearly \$74 billion in 2001.

Just as we have seen with trade in manufactured goods, however, trade in services will inevitably cost some workers their jobs.

Indeed, there have been some well-publicized examples in the papers. Examples abound of service-sector jobs—even high tech service jobs—relocating overseas. Software design. Technical support. Accounting and tax preparation services. Radiology.

Over the past 3 years, somewhere between a quarter and a half million service jobs have moved to other mainly low-wage countries.

This trend has hit home in my State of Montana. Recently, a large technical support call center closed in Kalispell. At least 550 Montanans lost their jobs while jobs were created in Canada and India.

Another Montana employer laid off workers doing medical billing and data management. Those workers applied for TAA and were turned down—not because the layoff wasn't trade related, but simply because they are service workers.

That's not right. Extending TAA to cover service workers is a simple matter of equity. When a factory relocates to another country, those workers can apply for TAA. When a call center moves to another country, those workers are not eligible for TAA. But they should be.

This amendment also makes some modest changes to eligibility rules to make it more user-friendly for workers. It removes some of the steps that workers have to take to meet the tests for shifts in production, alternative TAA, and to qualify for the health insurance tax credit. And it makes the health insurance options available to TAA recipients more affordable.

The amendment provides for better data collection and reporting. That way Congress and the public will have a better idea who is using TAA benefits and how participants are faring in the job market.

The amendment also helps trade-impacted communities to better plan their economic redevelopment and job creation strategies. That way workers who complete TAA retraining have a better chance of finding jobs in their communities.

Hard-working American workers deserve this safety net. Despite what some opponents of TAA suggest, no worker would choose to lose his job so he can qualify for TAA. These benefits will always be second best to a job. But they can really make a difference in helping workers make a new start.

It is also critical to note that TAA can make an important difference in public attitudes. Surveys show that most Americans feel a lot more comfortable with globalization, offshoring, and trade when they know they will get help if their jobs are threatened.

That's why 66 percent of Americans responding to a recent poll agreed with the following statement: "I favor free trade, and I believe that it is necessary for the government to have programs to help workers who lose their jobs."

The world is changing and TAA must keep up with the times. This amendment will help our government to keep its promise to the American people to make trade work for everyone.

I commend my colleagues Senator WYDEN and Senator COLEMAN for offering this amendment. I look forward to voting on it next week.

MEDICARE DRUG DISCOUNT CARD

Mr. TALENT. Mr. President, I rise today to speak about a much anticipated health care benefit that will help millions of our Nation's seniors—the new Medicare prescription drug discount card.

There are approximately \$900,000 Medicare beneficiaries in Missouri; of these about one-fourth doesn't have prescription drug coverage. The new Medicare drug law provides these people with access to a prescription drug benefit for the first time in the history of the Medicare program. Medicare recipients—people 65 and older and some disabled people—are eligible, unless they receive drug coverage through Medicaid. A person with a discount card can get the price breaks by simply going to the participating pharmacies and presenting the card.

Seniors know that these cards are a good deal—about 7.3 million Medicare recipients are expected to sign up for them. Applications for the cards will be available May 3, and the discounts begin June 1. The cards have an annual enrollment fee of up to \$30, and offer an average savings of about 17 percent and for some drugs up to 25 percent off. The average savings on generic drugs is even higher—35 percent to 40 percent. These discounts are for at least one drug in each of 209 categories of medicines commonly used by seniors.

Beneficiaries with annual incomes less than \$12,569 per year for individuals or \$16,862 for couples are eligible for a \$600 annual subsidy for their prescription drug costs. Also, these folks won't have to pay any enrollment fees for the next 2 calendar years. That's a total of \$191 million in additional help for the 159,000 beneficiaries in Missouri who are currently eligible to participate in this program. These lower income seniors will also get price discounts of up to 25 percent on brand-name drugs and up to 40 percent of generic drugs.

The Centers for Medicare & Medicaid Services expect 65 percent of the low-income beneficiaries nationally to participate in this program. This means that a total of 103,000 Missourians are expected to enroll in the Medicare drug discount card and to save a total of \$124 million over the next two calendar years. You can see why this is a good deal for America's seniors to help them

lead longer, healthier lives through medication therapy.

I have traveled all over my home State of Missouri and have visited with dozens of seniors who've told me about the high price of medicine, and how they are making tough choices between paying for their needed drugs and paying for other essentials of life.

I want to take a minute to tell you about Audrey Vallely, a senior from Pacific, MO, who testified at an Aging Committee hearing that I held in St. Louis last August. Audrey has osteoarthritis, a degenerative bone disease and another sinus disease that causes her to become dizzy. Her medicine costs over \$100 a month for 15 or so pills to treat these conditions. But because she is living on a limited income, she cannot afford to pay for these medicines.

Audrey told me how sometimes she must choose between buying prescription drugs or paying rent, buying food or just living with air conditioning in the summer. These are choices that no one should have to make. I made a promise to Missouri seniors like Audrey that I would help them get access to quality, affordable health care, and today I am pleased to deliver on that promise.

I want to share with you some of the questions that seniors have asked me about the drug card as I visited with them during my Medicare town hall meetings in Missouri.

First, folks wanted to know whether they had to enroll in the drug discount card. The answer is no, these discount cards are completely voluntary. That means enrolling is their choice. Importantly, seniors and not the Government will have the power to choose which card is best for them depending on their health care needs.

Seniors also wanted to know who can get one of these discount cards. I told them that almost anyone with Medicare can get a discount card. The only people who aren't eligible are those who have outpatient prescription drug coverage through Medicaid when they apply.

Thinking that these drug discount cards could be a very good thing, seniors wanted to know how soon they could get these cards and how long the discounts would last. I told them that they could begin enrolling in the drug discount cards this month, and the cards will be good until at least December 31, 2005, when Medicare's new prescription drug benefit starts.

Seniors also asked me whether there was only one Medicare-approved drug discount card that they could get. Last March, HHS approved 28 providers that will offer about 49 different discount cards to Medicare beneficiaries. This means that seniors will have a choice of more than one discount card and this is a good thing since seniors with a certain type of disease like diabetes or heart disease may choose a card with deeper discounts on medicines that treat that disease.

Also, there may be some seniors who prefer specific name brands or generic drugs, and they may want to choose a card from that manufacturer. Missouri has a combined total of 43 individual drug cards. This includes 36 national drug cards, 4 regional cards, and 3 Medicare Advantage exclusive cards. With all these choices, seniors can choose which card is best for their particular health care needs.

The cards are completely voluntary, so those seniors who don't want a card don't have to have one. But for those seniors who choose to take advantage of the drug discounts, I look forward to helping them get started and putting them in touch with people and resources to help them make informed decisions.

Beginning today, 1-800-Medicare will be staffed with 1,400 operators around the clock to field questions about which discount card is best for that particular senior. Or folks can go online at www.Medicare.gov and search prescription drug and other assistance programs to prepare for the May 3 enrollment.

There is much to be excited about, and I am pleased to support this benefit to help our Greatest Generation live longer, healthier lives.

I also thank Chairman GRASSLEY for his leadership on the Medicare law, and recognize his hard work to build strong bipartisan support for this legislation to help America's seniors.

TRIBUTE TO SLAIN CALIFORNIA LAW ENFORCEMENT OFFICERS

Mrs. FEINSTEIN. Mr. President, three law enforcement officers in the State of California have been murdered in the past three weeks in gang-related slayings. And a fourth was killed in February.

I come to the floor to pay tribute to these brave officers and discuss the perils police face every day, especially from gang members armed with high-powered assault weapons and other guns.

Late Saturday night, April 10, one of San Francisco's finest young police officers, Officer Isaac Espinoza, was shot and killed.

Officer Espinoza was gunned down with an assault weapon, an AK-47, taking three shots in the back as the gunman fired 15 rounds in just seconds. Officer Espinoza and his partner, who was also shot, had no time to seek refuge. The suspect in the shootings is a known gang member.

Officer Espinoza, at 29 years of age, was a distinguished police officer, one of the Department's bright young stars who worked in one of the City's toughest areas.

In fact, Officer Espinoza received three major service awards in his eight years with the Department including: the Silver Medal of Valor for his bravery in a shoot-out that occurred on October, 20, 2000; the Purple Heart for injuries sustained in a foot pursuit as he

and his partner attempted to make a drug arrest on May 5, 2002; and the Police Commission Commendation for his work to reduce crime in the Bayview neighborhood.

He was also recognized as Patrol Officer of the Month by the Captain of the Bayview Police Station in June 2003.

Officer Espinoza also served as a new board member of the Police Officers Association. He was Assistant Commissioner of the softball league. And he planned to take the next Sergeant's exam.

His death is a great loss to the Department and to the City. It is a particularly great loss to his wife and 3-year-old daughter.

On April 15, Merced Police Officer Stephan Gray was shot and killed when a suspect he was chasing on foot turned around and fired two bullets into his chest.

Officer Gray, 34 years of age, worked in the Merced Police Department's gang violence unit, working with some of his community's most dangerous offenders. In fact, the suspect in his killing is a gang member with whom he is believed to have had previous encounters.

Officer Gray had served with the Merced Police Department for seven years. And in those seven years of service, he earned the admiration of his colleagues and once received a commendation for resuscitating an 11-month old baby.

Being a police officer was not just a job for Officer Gray, it was a way for him to change the world. He not only patrolled the streets, but he went out and got to know the neighborhood children in the communities he served. He shot baskets with the kids and, drawing on his days as a high school track star, taught them how to sprint.

He was admired by his friends and neighbors for his loyalty to the police department, but also his devotion to his family.

Officer Gray was a true pillar of his community. He is survived by his wife and three children, ages 13, 5, and 3.

California Highway Patrol Officer Thomas Steiner, 35 years old, was murdered April 21 in a drive-by shooting in broad daylight. Officer Steiner had just walked out of the Pomona courthouse after testifying on a series of traffic cases when a 16-year-old shot him three times with a handgun, hitting him once in the head.

According to Pomona Police Chief James Lewis, the teenager charged with the shooting did not know Officer Steiner, but was merely intent on "killing a cop."

Apparently, the 16-year-old wanted to kill a cop in an attempt to prove himself to a Pomona street gang.

Officer Steiner had been a member of the California Highway Patrol since 1999. His colleagues described him as a positive influence on the police force, the kind of guy who never had anything bad to say about anyone.

On top of being a well-respected cop, he was an excellent marksman and an

avid sports fan. Officer Steiner is survived by his wife, his 13-year-old stepson, and his three-year old son.

These three killings occurred in an 11-day period in April. They are but the latest deaths to report.

Two months ago, Los Angeles Police Officer Ricardo Lizzaraga was killed while responding to a domestic violence call.

At the apartment where the call originated, Officer Lizzaraga confronted a man. Within seconds, the individual drew a gun and shot Lizzaraga twice in the back as he and his fellow officers fled from the apartment. The suspect in the shooting was a known gang member.

Officer Lizzaraga, 31, had served two-and-a half years on the force. In that time, he quickly became a well-respected police officer known for his strong work ethic and great attention to detail.

He was viewed as a gentle giant by his colleagues, friends and family. Los Angeles Police Chief William Bratton described him as the "face of Los Angeles."

Officer Lizzaraga is survived by his wife Joyce.

These stories are chilling. They remind us that even those charged with protecting us are vulnerable. They reveal a segment of society that is utterly lawless, unbound by any code of decency.

And sadly, they are just a few of the stories that we will tell this year of cops being killed in the line of duty.

These tragic deaths are sure to continue because we have not done enough to stem the availability of guns nor curb the viciousness of gangs.

This body knows well that the assault weapons ban is on the verge of expiration. However, what this Congress has failed to recognize is that if we allow assault weapons to be more freely available, law enforcement officers will be in even greater danger.

Around 70 officers are killed each year by criminals. And, according to a study by the Violence Policy Center, 1 in 5 law enforcement officers killed between 1998 and 2001 were shot with assault weapons. Now, police officers in San Francisco and other cities are exploring whether to equip officers with military-style assault rifles and Kevlar-plated vests.

And that's why nearly every law enforcement organization in the country supports renewing the ban on assault weapons—they know that the lives of their officers are at risk.

The expiration of the ban would mean that assault weapons like the one used to kill Officer Isaac Espinoza will be easier to obtain whether at the nearest gun shop, sporting goods store or in someone's home.

The easier it is for criminals to get their hands on these weapons, the easier it will be for them to terrorize communities.

To honor the many law enforcement officers who have given their lives in