There being no objection, the Senate, at 12:29 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. PORTMAN).

EXECUTIVE CALENDAR—Continued

The PRESIDING OFFICER. The Senator from Nevada.

YUCCA MOUNTAIN

Mr. HELLER. Mr. President, I rise to speak on an issue that is vitally important to the well-being, safety, and security of Nevadans; namely, Yucca Mountain. I have said it before—and I will say it again—that Yucca Mountain is dead. Let me repeat myself. Yucca Mountain is dead, and I will continue to come to the floor until we, as a country, move past this ill-conceived project.

Last week, I had the opportunity to testify before the House Energy and Commerce Committee's Environment Subcommittee regarding draft legislation to effectively restart the licensing process for Yucca Mountain. While I appreciate having had the opportunity to testify in order to ensure that Nevadans' voices on this issue are heard, I am concerned that we are using valuable time and taxpayer resources to hold a hearing on a closed issue.

Let me say this one more time. Yucca Mountain is dead.

Instead of focusing our efforts on reviving failed proposals of the past, I will continue to encourage my colleagues and the administration to focus on policies of the future. The failure to do so will have real economic, environmental, and national security implications for all Nevadans. This afternoon, I will focus on the economic impact that resuming licensing activities, with regard to Yucca Mountain as a nuclear waste repository, will have on my home State.

As many of you know, Yucca Mountain is located just 90 miles from the world's premier tourist, convention, and entertainment destination—Las Vegas, NV. Last year, Las Vegas welcomed nearly 43 million visitors. Over the past decade, the Greater Las Vegas area has been one of the fastest growing in the United States, with a population that now exceeds 2.1 million people, according to an estimate from the U.S. Census Bureau. Any issues with the transportation of nuclear waste to the site or issues with storage there would bring devastating consequences to the local, State, and national economies.

It begs the question, Would you want to go to Las Vegas knowing that high-level nuclear waste was being transported, very likely, through the heart of the strip?

Let me outline the vitally important role tourism plays in the Greater Las Vegas area.

This industry accounts for close to 44 percent of the local workforce and provides close to $17 billion in local wages. Moreover, tourism has an estimated $60 billion in local impact. Without tourism, every household in Southern Nevada would pay close to $3,000 more in taxes. That is a significant amount of money to individuals and families who are working to make ends meet. People visit not only as tourists but as business professionals who attend conferences, meetings, and trade shows, which generate another $12 billion in local economic impact. Las Vegas has 3 of the 10 largest convention centers in North America, and it has been the No. 1 trade show destination for 23 consecutive years.

This economic driver within the State is a critical component of another related industry that is vitally important to the State of Nevada; namely, the gaming industry. In Nevada, this industry alone supports more than 430,000 jobs, pays more than $18 billion in wages, and generates close to $8 billion in Federal, State, and local tax revenues. The reason I draw the Presiding Officer's attention and our colleagues' attention to these numbers is due to the fact that Yucca Mountain will have very real negative economic consequences for Nevadans.

I am proud to come to the floor to stand with the many concerned citizens, many small business operators, and casino operators in opposition to any attempt to restart the repository licensing process. I will continue to work tirelessly to ensure that radioactive waste is never stored anywhere near the world's entertainment capital, also known as Las Vegas. Rather, I encourage my colleagues to partner with me on identifying viable alternatives for the long-term storage of nuclear waste in areas that are willing to house it.

I come to the table with a solution to our Nation's nuclear waste program and am proud to have introduced bipartisan legislation on this issue. My legislation would allow for the construction of a nuclear waste repository only if the Secretary of Energy has secured written consent from the Governor of the host State, affected units of the local government, and affected Indian Tribes.

This is consistent with the consent-based siting initiative to site waste storage and disposal facilities that was initiated by the Department of Energy in late 2015. This open process ensures that a State has a meaningful voice in the process and that no State will be forced to accept nuclear waste against its own will.

Identifying communities that will be willing hosts for long-term repositories rather than forcing it upon the States that have outright opposed such a site for decades is the only viable solution to our Nation's nuclear waste problem. The failure to do so will just result in decades of more litigation and in the wasting of more taxpayer dollars without solving the problem at hand.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

Mr. CASSIDY. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

HEALTHCARE LEGISLATION

Mr. CASSIDY. Mr. President, the topic before us is clearly the repeal and replacement of the Affordable Care Act, and that is what I rise to speak about today. In part I will speak as a Senator, and in part I will speak as a doctor, as I am a physician. My wife is also a physician. I worked in a hospital for the uninsured for many years.

First, let's just describe the state of play. It is so interesting, President Obama's healthcare law, the Affordable Care Act, ObamaCare.

I had two different communications yesterday, one from a sister-in-law in San Francisco. I think her husband voted for BERNIE SANDERS. She is, you know—but she said: This is incredible. Speaking of herself, she said: I am paying $20,000 a year in premiums, and each of my family members has a $6,000 deductible.

They have to pay San Francisco prices for everything, and they make good money but not exorbitant money. They are paying $20,000 a year for a premium, for a young couple in good health, with a family deductible probably of $13,000.

The next communication was in a phone call with a consultant here in Washington, DC, who does healthcare. He knows his stuff, and at some point, he breaks out of sort of a professional kind of ''this is the way I talk,'' and he says: You don't see my insurance. I am paying $24,000 a year for premiums, and I have a $13,000 family deductible. If my family gets in an accident, it will be $37,000 my family puts out before we see any benefit from our insurance.

I reminded him he would have preventive services, such as a colonoscopy, but that was cold comfort for him.

The reality is that middle-class America can no longer afford the now-ironically named Affordable Care Act. So where does that leave us?

President Trump—I like to say because I think he would say it—established a contract with the American voter. President Trump said that he wanted to continue the number of folks who were covered under ObamaCare, he wanted to take care of those with preexisting conditions, he wanted to eliminate mandates because Americans hate to be told what to do by the Federal Government, and lastly, he wanted to lower costs. I think the average voter took lower costs to mean lower premiums, not a better CBO score, and lower premiums are really what those two communications are about.

The second thing I will note is that he was very passionate about a particular preexisting condition that the Presiding Officer here in the Senate cares about, which is opioid addiction. And he would go to counties where

there was a high incidence of opioid addiction and speak to how he wished to address their needs.

So I think President Trump's proposals—his contract with the voter—really give us hope. The question is, How do we achieve that? Well, first we have to acknowledge a couple of things.

Rich Lowry is a conservative author for National Review, and he wrote a column: Basically, coverage is important. We cannot deny—no one can deny that it is important to have coverage. And if we speak—as the Presiding Officer did at lunch—about the family whose son is addicted to narcotics and the fact that now he has coverage and he is able to get off of the opioids instead of either dying, living in a gutter, or being incarcerated—that is a sign of hope. And when President Trump spoke of the forgotten man or the forgotten woman, in my mind, I think in his mind, he was referring to someone such as that.

So we have to acknowledge, as Rich Lowry did, that coverage is important. My own experience as a physician supports that. I am actually going to quote somebody from my wife's experience. My wife is a retired breast cancer surgeon, and she once told me about a patient who lived in a nice section of my hometown, Baton Rouge, had a nice car and children in parochial school, paying tuition. But her husband died. He always managed the family affairs, and he died, and she ended up uninsured. She had a nice car and nice home and kids in parochial school, but she didn't have insurance.

Going back to coverage being important, she began to develop breast cancer—something that is described in medicine as fungating, which means the cancer begins to eat through the skin on the chest—and she didn't know where to go because she didn't have coverage. And when the breast cancer was actually coming out of her skin is when she came to see my wife. My wife operated on her for free. The hospital wrote off the cost. But that is not the end of it because then she needed radiation therapy, she needed breast reconstruction, and she needed chemotherapy. And her only hope for survival is if she had this coverage.

So we can acknowledge two things—that coverage is important but also that premiums under the Affordable Care Act have become unaffordable.

I will go back to what President Trump said. President Trump said he wants everyone to be covered, care for those with preexisting conditions, without mandates, and lower premiums. That is something, whether Republican or Democratic or Independent, we should be able to get behind.

How do we have a path forward? Some folks say: Well, President Trump's promise cannot be kept. There was a good article recently by Jim Capretta, a conservative economist, and he says that, basically, we can achieve these goals. The way we do it is we automatically enroll folks in the insurance program so that if you are a young person, you get a credit, and that would be sufficient enough to pay for your annual premium. You don't have to take it, but if you do, you are automatically enrolled in insurance. By automatically enrolling these young people, we expand the risk pool, which is to say that we now have a lot of healthy young folks, most of whom will not get sick, but the fact that they are in the insurance pool means that those who are older and sicker will have lower premiums because the cost of their care is spread out over the many. That is a good thing. That would increase coverage and it would lower premiums without mandates, taking care of those with preexisting conditions.

I think Candidate Trump's genius was to recognize that the only way you get to lower premiums is if you expand coverage, and the only way to care for those with preexisting conditions is to expand coverage.

I am pleased to say we have a proposal that is called the Patient Freedom Act, which I have cosponsored and introduced with SUSAN COLLINS, and four other of our Republican Senators have cosponsored it. The six of us propose this: that every State be given the right to choose their path forward. If you are a blue State, you can continue with the status quo; you just have to reimpose penalties and mandates. If you are a red State, you can go in a different direction where folks in your State get a tax credit, again, sufficient for the premiums. Not everybody will be eligible—typically, lower income folks—and this credit can only be used for health insurance or healthcare. If you do nothing, you end up with a health savings account, prefunded. You have first-dollar coverage.

If you have to take your daughter to the urgent care center—instead of an ObamaCare $6,000 deductible, when your daughter has her earache, you have first-dollar coverage to pay that $150 to get your child seen and to buy the antibiotics. If the mother instead wishes to pool her family's health savings accounts together, their tax credits together, she could buy a richer family policy or she could assign it to her employer as the employee's contribution on employer-sponsored insurance. The patient has the power.

I should say, in my medical practice, I found that if the patient has the power, the system lines up to serve the patient.

By the way, just a rule of thumb: If you ever go to a hospital that delivers babies and you walk in, it is clear who has the power. The walls are painted mauve or powder blue or pink. There is a concierge to park your car because women don't like to walk in parking lots at night. And if you are pregnant, you really don't want to walk at all, so someone parks your car for you. There is a coffee shop as you walk in, and a floral shop. It is all a therapeutic experience that addresses not just the physical need but the emotional and psychological need, and that is because that system is lining up to serve her, that patient. The Patient Freedom Act incorporates that.

By the way, we also have a third option. If a State doesn't want to have anything to do with this, the State can say: Take a hike; we don't want you. But generally, States have three options, and that recognizes a conservative principle that States should have the right to do what they want to do and what works best for the State. But we do require the patient have the power.

Now, I will be frank. I am not sure we are going to pass meaningful reform as good as it could be with only the Republican side of the Senate. So aside from asking my Senators to join with me and my Republican Senators to promote something that fulfills President Trump's pledge, I ask my Democratic colleagues to look beyond partisanship and to say: Wait a second; wouldn't it be good if a blue State could do a blue thing and a red State could do a different plan for themselves? Wouldn't it be good if President Trump, in his contract with voters, said: Eliminate mandates but also lower premiums, which are so much of a problem for so many Americans now, while at the same time covering and caring for those with preexisting conditions.

I ask my Democratic colleagues to move beyond partisanship—or perhaps they are not liking the results of the election—and into a spirit of cooperation that puts patient before party. We don't need a red plan or a blue plan, a Democratic plan or Republican plan. We need an American plan.

I will finish by saying this. There is another way to lower premiums, and that is to give lousy coverage. I coined the phrase, and I didn't realize it would become so instantaneously recognized, but we should also have the Jimmy Kimmel test. I think people understand that Mr. Kimmel's child was born, and instead of being a celebration as a new life emerges into the world, all of a sudden it quickly became that the child was blue and would die. The whole medical staff comes in, recognizing that the child has a rare cardiac condition that, if not immediately operated on, would be fatal. The child was transferred, and after several surgeries already in its first week of life, apparently, is doing well.

I raise that because, again, we can lower premiums by having lousy coverage. But whatever we do to lower premiums, it should pass what I call the Jimmy Kimmel test, which is that someone you love has adequate coverage for the care he or she needs when they need it. In that way, I think we can be fiscally responsible, and we can help someone like my family or the man I talked to yesterday, paying $20,000, $30,000, $40,000 for their insurance. We have to do something about

that and at the same time fulfill the rest of President Trump's contract with the voters which is to care for those with preexisting conditions, to continue coverage, and to eliminate mandates.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

Mr. WYDEN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. HOEVEN). Without objection, it is so ordered.

Mr. WYDEN. Mr. President, after some chaotic weeks of hush-hush deliberating, a lot of arm-twisting, and more than a few obvious buy-offs, the House has handed the Senate a healthcare bill that will plunge tens of millions of Americans into suffering. With it, the debate now comes to this side of the Capitol, and my Republican colleagues seem to be competing to find out who can put the most distance between themselves and the House bill.

The message is that they are starting from scratch with a partisan working group and a new bill under construction. But I want to make sure that everybody is realistic about where this debate stands. There is not a shred of actual hard evidence that the Senate Republican conference is objecting to nearly $1 trillion in tax breaks for the wealthy and the special interests, paid for by slashing middle-class tax benefits and cutting more than $800 billion out of Medicaid. The dates, the numbers, and the waivers might look a little different when Senate Republicans write a bill, but the underlying framework will be the same.

This process, in short, is leading America back to the days when healthcare worked only for the healthy and wealthy. It is clear, when we look at the particulars, that the bill passed by the other body doesn't care whether you are young or old. It poses a threat of pain across all generations.

So this afternoon, as I begin what will be a series of discussions here on the floor in the days ahead to discuss these issues, I want to talk about what we are dealing with now.

Under the House bill, the youngster who needs special education services could see that set of opportunities disappear with cuts to Medicaid, a key source of funding for special ed school programs.

Are the tax breaks in this bill for the wealthy worth depriving kids of the opportunities they need to get ahead in life?

Under this bill, the young adult at 18 or 20 who has been through a cancer scare could wear that preexisting condition like a scarlet letter. They could face discrimination by insurance companies for life if their coverage ever lapses for more than a few weeks.

Are the tax breaks in this bill worth exposing Americans with preexisting conditions to this danger?

The 45-year-old who thought she was home free with an employer-sponsored plan that avoids the worst insurance company abuses could once again face a lifetime limit on certain health coverage. They would be at risk for personal bankruptcy if they suffer the wrong kind of injury or come down with the wrong kind of illness.

Are the tax breaks in this bill worth putting insurance companies back in the driver's seat? The 60-year-old, still years from retirement, would get clobbered by what I call the age tax, charged up to five times as much as a young person for insurance coverage. Are the tax breaks in this bill worth reviving insurance company abuses like this?

Not even the most vulnerable seniors are spared under this bill. Medicaid helps cover the tab for nearly two out of three seniors in nursing homes. They are people who have done everything right. They worked hard, they scrimped, and they saved. They raised their kids and put them through school. You see them in Ohio communities, and you see them in Oregon communities. But colleagues, growing older in America is not cheap, and these are people who spend down their savings, and that is when Medicaid steps in. But if Medicaid funding is slashed, the nursing home benefit and other critical long-term care services like home-based care are going to be in danger.

Every one of us wants their loved ones to be cared for. But the fact is most families are already walking an economic tightrope in this country, balancing their mortgage and their gas bills and struggling to save for college and retirement. Where would working mothers and fathers today possibly find the money to pay for nursing home care for their elderly parents, perhaps $90,000 or more? Are the tax breaks in this bill worth putting seniors' nursing home care at risk?

I spent this weekend holding townhall meetings in Oregon, holding healthcare roundtables at home in Oregon. It would be hard to overstate the fear and the tears I heard in conversations about this legislation.

Oregonians recognize that in many ways, this proposal is a return to an era when insurance companies had more power and the typical American had less, when women were penalized simply because of their gender, when for many a preexisting condition was a death sentence, when insurance companies deciding what preexisting conditions they would cover constituted a real death panel. Even worse, the system would invite young and healthy people not to buy insurance unless they needed it at that particular moment, which would drive up costs for everybody else.

Bottom line: You cannot revive a failed, abusive health insurance system and expect Americans to be very pleased and excited about it, especially when it is part of a scheme to pay for tax breaks for the wealthy. That is what my Republican colleagues are attempting. I understand why they are doing it. What they want to do is, in effect, get these tax breaks for the wealthy in a health bill so they can have it teed up to get more tax breaks for the wealthy in a tax bill. That is what this is really all about. Even casual watchers of the debate understand that this bill—the tax cuts, in particular, are stacked in favor of the fortunate few.

Every time you get a paycheck in North Dakota or Oregon or anywhere in America, a little bit for Medicare is taken out of that paycheck. Working people can see it; it is right there on their paychecks. A little bit is taken out. Under this bill, the only people who get a break on that contribution are at the very top of the income scale.

Furthermore, the tax break on investment income will be swallowed up by the wealthy almost in its entirety. People with incomes over $1 million will get an average break of more than $50,000—almost as much as a typical family earns in an entire year. Most of that tax break goes not to just the millionaires but to those at the uppermost slice of the income scale. They are the fortunate individuals who make money from wealth, not from wages like most Americans.

The 120,000 wealthiest families in the United States—those who bring in around $2 million a year, mostly from capital gains, interest, and dividends—would get an average tax handout under the House bill of $207,000. This is according to the Tax Policy Center, a well-respected group who analyzes these matters. I can tell you, even conservative health policy experts are looking at this bill and scratching their heads, trying to determine how this constitutes an improvement over the system that is on the books today.

Aside from the wealthy individuals and corporations lining up for these tax handouts, it is hard to see who will be helped by this approach Republicans have taken.

It is a worrying sign for anybody who believes in bipartisanship to see that Republicans in this body have decided they don't want any Democratic input. I have been involved in writing bipartisan health bills in the past, and there are more than a few cosponsors of those bills in the Republican conference today. A number of our colleagues on the other side of the aisle have joined me in efforts, for example, to have loophole-free, air-tight protection against discrimination against those with a preexisting condition.

It is important to understand that a lot of us on this side of the aisle—and my colleague, the President of the Senate, knows it from our work on infrastructure—would very much like to work with colleagues on the other side on bipartisan issues. It can be done. In fact, just today, under the leadership of Senator SCHUMER, our whole caucus said to the Republicans: Drop reconciliation so we can all come together and

get serious about working in a bipartisan way on an issue that ought to be tackled in a bipartisan way for the American people and that I have a long history, in particular, of wanting to be part of.

For the next several weeks, I will be on the floor drawing on our past experiences and underlining why the partisan approach underway right now is wrong.

People ought to know that TrumpCare is a betrayal of the promises they have heard time and time again. They heard it through hundreds of TV commercials all through the election period, and what they are now seeing is a betrayal of those promises they watched on campaign advertisements over the last year.

People ought to know that this is not a real effort at fixing our healthcare system. This is a masquerade. It is a masquerade to try to pretend that what is going on is about healthcare when it really is about making sure taxes can be cut for the most fortunate, while healthcare benefits for the middle class are slashed. TrumpCare is the opposite of good health policy. There is no grassroots campaign I know of clamoring for the Congress to pass another round of the same old handouts to special interests, donors, and powerful individuals.

The American people are counting on the Congress to improve the health system and make their care more affordable. Congress ought to be working together on injecting more competition into the insurance markets and reducing out-of-pocket costs for families. We ought to be working especially on bringing down prescription drug prices. In my view, you can't really build a modern health system unless you address the challenges posed by chronic conditions such as diabetes, cancer, and Alzheimer's.

We want it understood that Democrats want to work in a bipartisan way to improve the Affordable Care Act. That is the heart of the letter that all Senate Democrats signed today—we all went together—making it clear that we would like to see Republicans drop reconciliation and come together so we can find common ground. That would be in the country's interests, rather than using this go-it-alone process that is called reconciliation but specifically rejects bipartisanship.

I am going to be on the floor a lot over the next several weeks. I promised my constituents night and day over the course of last weekend—and people kept saying night and day, day and night—because the country feels that strongly about this.

I and others are going to hold our colleagues on the other side of the aisle accountable because we all ought to agree that this country cannot go back to the days when healthcare was for the healthy and the wealthy. Those preexisting conditions could be a death sentence. And that is because if you were healthy, you had no problem. If you were wealthy, you could write out the checks. But if you had a preexisting condition, you were in very serious straits. People told us about losing their homes and everything they had. We are not going back to the days in America when healthcare was for the healthy and wealthy.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

DRUG EPIDEMIC

Mr. PORTMAN. Mr. President, I rise today to continue a discussion we have had on the floor over the last year or so on the issue of opioids—that would be addiction to heroin, prescription drugs, and now this new form of synthetic heroin coming into our communities called fentanyl or carfentanil.

Sadly, I must say that things are not getting better. In fact, in the States we represent, in our communities, we see more and more evidence of not just addiction but overdoses and deaths. Fentanyl, in particular, is more deadly than heroin—30 to 50 times more powerful—and is resulting in not just more overdoses but more deaths per overdose. This has become a crisis to the point that it is the No. 1 cause of death in my home State of Ohio and across the country, surpassing car accidents.

This is the 35th time I have come to the floor to talk about this issue and what we ought to do. We have made progress. In the last year alone, we passed legislation, including the Comprehensive Addiction and Recovery Act, to help with prevention, treatment, and recovery, and to help our law enforcement and other first responders, with Narcan, be able to reduce the number of deaths—this miracle drug that reverses the overdoses—to be able to save lives.

We also passed the Cures legislation, which sent money straight back to the States that would help to provide the treatment that is so badly needed. Probably 8 out of 10 people who are addicted are not receiving treatment. Sadly, there is a revolving door where people are coming under the grip of this addiction, committing crimes, going to prison, getting out, getting into the addiction again, and going back into the criminal justice system once again.

This legislation we passed is now starting to be implemented. It takes a little while for things to get moving around here. I am happy to say that the States have now received some of this funding. Some of the programs—about half of those in the Comprehensive Addiction and Recovery Act are now implemented. I urge the administration to implement the other half of the programs, and I have done that every time I have come to the floor over the last few months.

Unfortunately, I also have to come to the floor today to talk about something that is going to make it harder to address this issue should it become reality. As some of you may know, recently it was reported that there was a document from the White House Office of Management and Budget saying that the White House is considering cutting funding dramatically for the Office of National Drug Control Policy, the ONDCP. This is the office that coordinates the drug issue for the White House, the administration. The proposal that was leaked to the media said that it would be a cut from $388 million a year to $24 million a year. That is a cut of 95 percent. What does that mean? It means the staff would be, obviously, reduced dramatically. They have 33 people who would lose their jobs, people who are out there every day on the frontlines, trying to use a relatively small number of people to expand this effort all over the country. It would eliminate a lot of grant programs, office administrators, including what is called the High Intensity Drug Trafficking Areas Program, or HIDTA, and a program called the Drug-Free Communities Support Program.

I want to touch on those two programs quickly and make the point as to how important they are, hoping that the administration is hearing us and hoping my colleagues on both sides of the aisle will help us ensure that this proposal does not become reality, that we don't end up, at a time when we have an unprecedented drug crisis in this country—the worst drug epidemic we have had in our lifetime—pulling back on these important programs.

Why does this matter? Again, having a drug czar, which is what the Director of the Office of National Drug Policy is called, is very important to coordinate the efforts. In fact, it is cost-effective to have a drug czar rather than having different agencies and departments competing and sometimes in duplication with each other, to have one person in the White House in charge, talking about the importance of this.

President Ronald Reagan and First Lady Nancy Reagan established the drug czar. The reason they did it was they wanted to be sure America and the White House were speaking with one voice on this issue. I have known every drug czar since then. I have known every one of them over the last—what would that be?—30 years. I think it is incredibly important to have this job filled with the right person to get out there and deliver this message that it is important that we work together on prevention and education to try to keep people out of drugs altogether, and should people become addicted, how do we maximize the chances of their success by getting them into treatment and recovery?

The program I mentioned a minute ago, the High Intensity Drug Trafficking Areas Program, is one that pretty much every Senator knows about. Why? Because in pockets of every State, there are areas in which there is a particular problem with drugs. This program, the High Intensity Drug Trafficking Areas Program, does something unique. It says: OK, we