

I therefore find no reasonable justification for the extensive changes to the NIH mandated by S. 540. In order to better serve the promise and the future of our national biomedical research enterprise, I am withholding my approval of this bill.

RONALD REAGAN.

THE WHITE HOUSE, October 30, 1984.

S. 2574

MEMORANDUM OF DISAPPROVAL

I am withholding my approval of S. 2574, the "Public Health Service Act Amendments of 1984," which would extend and amend various health professions and services authorities. I have been assured by the Department of Health and Human Services that the Continuing Resolution provides adequate authority for these programs for fiscal year 1985.

S. 2574 is a seriously flawed piece of legislation. The most serious of its many objectionable provisions include the following:

First, the bill contains authorization levels substantially in excess of my 1985 Budget. Full funding of all the programs in the bill through 1987 would total \$2.4 billion, 41 percent more than the \$1.7 billion contained in the Budget.

Moreover, S. 2574 would continue to increase obsolete Federal subsidies to health professions students and would maintain the static and rigid categorical framework to deliver such aid. The ability of medical schools to supply our society with health professionals has changed dramatically in the last 20 years. Today, our medical schools are producing nearly 16,000 new doctors each year. Although there may be some shortages of physicians and nurses in particular areas of the country, the Nation as a whole is facing a future surplus—not shortage—of physicians and nurses. Under these circumstances, S. 2574, a bill which continues excessive taxpayer subsidies to health professionals and maintains a rigid unworkable categorical framework, cannot be justified.

S. 2574 takes the wrong approach to health professions training. In contrast to the Administration's proposal for a single, omnibus reauthorization of all health professions authorities, which would permit maximum program flexibility to address current needs, the bill not only reauthorizes the existing plethora of narrow, categorical authorities, but also creates new programs. This approach to health professions training is outdated and fails to respond to the rapidly changing health care environment.

A more appropriate approach would recognize that the surplus of physicians has reduced the need for Federal financial assistance and would improve incentives for health professionals to locate in areas of the country where shortages exist. The Administration's

health professions proposals would help meet these objectives.

S. 2574 would also repeal the Primary Care Block Grant authority—a key reform proposed by the Administration and enacted by the Congress in 1981 designed to restore State control, strengthen administrative efficiencies, and improve the delivery of health services. Thus, this bill would reverse a successful trend of increased State acceptance of health care responsibility that the Administration initiated. The block grant programs for preventive health and health services and alcohol and drug abuse have been successful. The primary care block grant was made optional by the Congress, and States have been hesitant to accept it. However, to close out the option at a time when States should be willing to consider another step toward greater autonomy is counterproductive and unacceptable.

This bill contains numerous other provisions that are either unnecessary or unacceptable, including authorization for new Federal National Health Service Corps scholarships that are not needed, since the number of scholarship recipients already bound to subsidized medical practice in rural areas is adequate.

For all these reasons, I find S. 2574 unacceptable.

RONALD REAGAN.

THE WHITE HOUSE, October 30, 1984.

S. 1967

MEMORANDUM OF DISAPPROVAL

I am withholding my approval from S. 1967, a bill "To compensate the Gros Ventre and Assiniboine Tribes of the Fort Belknap Indian Community for irrigation construction expenditures."

S. 1967 would reimburse the Gros Ventre and Assiniboine Tribes of the Fort Belknap Indian Community for \$107,759.58 in tribal funds expended under applicable law for the construction of irrigation projects on the Fort Belknap Indian Reservation from 1895 to 1913. In addition, interest would be paid at 4 percent from the date of expenditure of the tribal funds until the date of payment of the principal pursuant to the bill.

On November 20, 1962, the Indian Claims Commission, after due deliberation, issued a detailed opinion carefully considering and dismissing (among other claims) a claim for the same reimbursement that would be provided by the bill. *Fort Belknap Indian Community v. United States*, 11 Ind. Cl. Comm. 479, 510-518, 543-549 (1962). The Commission found that construction of the irrigation system was "requested by the members of the Fort Belknap Community," that it has been of great and continuing benefit to the tribes, and "that its construction and maintenance have been consonant with the fair and honorable

dealings clause within the meaning of the Indian Claims Commission Act." 11 Ind. Cl. Comm. 518-519. The tribes took no appeal from that decision.

The fair and impartial administration of justice and the protection of public resources from meritless special appropriations both require that those who have availed themselves of judicial remedies in asserting claims against the United States, and have had their claims fully and fairly adjudicated under our Constitution and laws, receive no more or less than that to which they have been adjudged to be entitled. Twenty-two years after the claims of these two tribes were dismissed by an impartial tribunal established by the Congress specifically to adjudicate such claims, this bill would authorize and appropriate to them all that they were previously found not to be entitled to.

Under the circumstances, the enactment of the bill would set aside established principles of justice and thereby encourage other and future efforts to obtain by legislation that which has been denied by a just adjudication.

For these reasons, I find the bill unacceptable.

RONALD REAGAN.

THE WHITE HOUSE, October 17, 1984.

S. 607

MEMORANDUM OF DISAPPROVAL

I have withheld my approval from S. 607, the "Public Broadcasting Amendments Act of 1984."

This bill would authorize appropriations of \$200 million, \$225 million, and \$250 million, respectively, for fiscal years 1987, 1988, and 1989 for the Corporation for Public Broadcasting. It would also authorize appropriations of \$25 million, \$35 million, and \$40 million for the Public Telecommunications Facilities Program administered by the Department of Commerce for fiscal years 1985, 1986, and 1987.

Public broadcasting has an important role to play in assuring that a wide variety of information and entertainment choices are made available to American viewers and listeners. Under S. 607, however, the authorizations for Federal subsidies to public broadcasting would increase dramatically. When all of the demands on the Federal budget are taken into account, I cannot endorse the levels of spending on public broadcasting contemplated by this legislation. They are incompatible with the clear and urgent need to reduce Federal spending.

It is important to note that current-year funding for these two programs totals only \$174 million. The Oxley amendment would have resulted in a generous and barely affordable increase of 15 percent, to \$200 million. S. 607 goes much further and raises first-year funding by 29 percent to \$225 million for the two programs. By the

third year under S. 607, combined funding would be \$290 million, a 67 percent increase from the current budget year. Under present fiscal conditions, unrestrained increases of this magnitude—no matter how worthy the programs—are unacceptable.

Legislation that provides for Federal support of public broadcasting at realistic and reasonable levels and that provides public broadcasters with the means and incentives to explore alternative revenue sources would be both appropriate and welcome. If, however, we are to succeed in reducing Federal spending—as we must—the levels of spending contemplated by S. 607 cannot be justified.

In withholding my approval of S. 607, I want to emphasize that the continued operations of the Corporation for Public Broadcasting are not at risk. Funds for the Corporation have already been appropriated for 1985 and 1986, and funds for 1987 are contained in H.R. 6028, the Labor-Health and Human Services-Education 1985 appropriations bill, which recently passed both Houses of Congress.

I vetoed an earlier version of this legislation on August 29, 1984, for precisely the same reasons that I am withholding my approval of S. 607. I will continue to oppose and reject bills of this nature until and unless Congress presents me with a bill that is consistent with sound budget policy. This one is certainly not, and I decline to approve it.

RONALD REAGAN.

THE WHITE HOUSE, October 19, 1984.

S. 1097

MEMORANDUM OF DISAPPROVAL

I have withheld my approval from S. 1097, the "National Oceanic and Atmospheric Administration's Atmospheric and Oceanic Research and Services Act of 1984." S. 1097 would, among other things, authorize appropriations for various National Oceanic and Atmospheric Administration (NOAA) programs for fiscal year 1985, for which appropriations have already been enacted.

S. 1097 also contains, however, a number of undesirable provisions that would unduly effect the ability of the Department of Commerce to manage its programs responsibly and effectively. The provisions in Title VI concerning the closings and consolidations of National Weather Service offices are particularly onerous and would have the effect of virtually precluding the consolidation or closing of such offices, even when such closings or consolidations are fully justified.

In addition, S. 1097 contains other highly objectionable provisions concerning the Department's activities. Section 205 of S. 1097 would result in excessive and unjustifiable delays in Department contracting-out activities, even when such contracting would be

in the clear interest of the Nation's taxpayers. And, Section 202(b), which concerns the weather satellite program, is objectionable because it would lessen the Secretary of Commerce's discretion in managing that program, as well as require the inefficient use of a government asset.

This act represents an unwarranted intrusion by Congress into matters normally and properly within the management discretion of the Executive branch. In the interest of efficient and economical conduct of government activities, therefore, I am constrained to withhold my approval of S. 1097.

RONALD REAGAN.

THE WHITE HOUSE, October 19, 1984.

S. 2166

MEMORANDUM OF DISAPPROVAL

I am withholding my approval of S. 2166, the "Indian Health Care Amendments of 1984," which would extend and amend the Indian Health Care Improvement Act.

Although I fully support the intent and objectives of the Indian Health Care Improvement Act, I believe this bill is seriously deficient in fulfilling those goals. My disapproval of the bill will in no way affect the continued delivery of health care services to our country's Indian population. Earlier this month I signed the Continuing Resolution Appropriations Act for fiscal year 1985, which includes \$855 million for the Indian Health Service, an increase of \$30 million over the prior year.

A number of serious flaws in S. 2166 compel my disapproval of this bill. Two provisions are especially troublesome.

First, a provision that I find totally unacceptable would actually reduce access to health services for Indians. That provision would have the effect of making Indians residing in Montana ineligible for certain benefits of State and locally supported health programs until and unless the availability of such benefits from the Indian Health Service has been exhausted. In my view, this provision for Indian citizens of Montana would set a precedent for potentially changing the fundamental relationship of the Indian Health Service to State and local entities, as well as depriving eligible Indians of benefits that should be due them by virtue of their citizenship in the State. As a matter of both principle and precedent, I cannot accept this provision.

Second, the mechanism established in section 602(d) of the bill for effecting the removal of the Indian Health Service from the Health Resources and Services Administration (HRSA) is unconstitutional and can have no legal effect. The Department of Justice has advised me that the Congress may not constitutionally delegate to a

congressionally appointed body, such as the Commission on the Organizational Placement of the Indian Health Service established by this bill, the legislative authority to determine when legislation will take effect. Because section 602(d) does not comply with the clear requirements of the Constitution, I cannot give my approval to this bill.

Other serious flaws in S. 2166 that compel my disapproval would:

- duplicate existing authorities in most of its provisions;
- unnecessarily and wastefully change the organization of the Indian Health Service; and
- place increased emphasis on services that are not oriented toward the primary mission of the Indian Health Service.

The bill would allocate a significant portion of funding for various peripheral projects, such as unnecessary reports, interagency agreements, and regulations development. This would lead either to an unacceptable increase in total funding or to underfunding of the most critical area—provision of clinical health services to reservation Indians. The Administration has, on the other hand, proposed using most Indian health funds for this purpose, so that resources can be most effectively spent where the need is the greatest.

For all these reasons, I find S. 2166 unacceptable.

As I indicated earlier, the action I am taking will have no adverse impact on the delivery of health services to Indians living on or near a reservation because the existing provisions of the Snyder Act provide all necessary authority for such services. Since 1955, utilizing the Snyder Act authorities:

- 30 hospitals have been constructed;
- 30 clinics and 58 field health stations have been constructed;
- Annual admissions to Indian Health Service and contract hospitals have more than doubled; outpatient visits have multiplied by approximately eight times; and the number of dental services provided has increased ten-fold.

Even more important are the achievements in terms of improved health status, which is, after all, the goal of the Indian Health Service:

- The infant mortality rate has decreased by 77 percent and the maternal death rate by 86 percent;
- The death rate resulting from pneumonia and influenza has decreased by 73 percent; and
- Death from tuberculosis has been reduced by 94 percent and the incidence of new active tuberculosis has been reduced by 84 percent.

Over the last decade, the Federal Government has supported the Indian Health Service with over \$5 billion.