OFFICIAL TRANSCRIPT

PROCEEDINGS BEFORE

THE SUPREME COURT

OF THE

UNITED STATES

CAPTION: EVERETT R. RHOADES, DIRECTOR OF THE INDIAN

HEALTH SERVICE, ET AL., Petitioners v. GROVER

VIGIL, ET AL.

CASE NO: 91-1833

PLACE: Washington, D.C.

DATE: Wednesday, March 3, 1993

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1	IN THE SUPREME COURT OF THE UNITED STATES
2	X
3	EVERETT R. RHOADES, :
4	DIRECTOR OF THE INDIAN HEALTH :
5	SERVICE, ET AL., :
6	Petitioners :
7	v. : No. 91-1833
8	GROVER VIGIL, ET AL. :
9	X
10	Washington, D.C.
11	Wednesday, March 3, 1992
12	The above-entitled matter came on for oral
13	argument before the Supreme Court of the United States at
14	11:05 a.m.
15	APPEARANCES:
16	EDWIN S. KNEEDLER, ESQ., Assistant to the Solicitor
17	General, Department of Justice, Washington, D.C.; on
18	behalf of the Petitioners.
19	JOEL R. JASPERSE, ESQ., Gallup, New Mexico; on behalf of
20	the Respondents.
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1	PROCEEDINGS
2	(11:05 a.m.)
3	CHIEF JUSTICE REHNQUIST: We'll hear argument
4	next in number 91-1833, Michael Lincoln v. Grover Vigil or
5	Vigil. Spectators are reminded not to talk while you're
6	in the courtroom.
7	Mr. Kneedler, you may proceed.
8	ORAL ARGUMENT OF EDWIN S. KNEEDLER
9	ON BEHALF OF THE PETITIONERS
10	MR. KNEEDLER: Thank you, Mr. Chief Justice, and
11	may it please the Court:
12	Respondents brought this suit to challenge a
13	1985 decision by the Indian Health Service to redirect the
14	work of a group of its employees from a regional to a
15	national effort to promote the availability of diagnostic
16	and related services for handicapped Indian children.
17	The employees' work was funded by a lump sum
18	appropriation from Congress for the Indian Health Service
19	and its 12,000 employees, 50 hospitals, 150 health
20	centers, and 300 health clinics. The funds were
21	authorized by the Snyder Act, the comprehensive statute
22	that authorizes Indian appropriations generally, and by
23	the Indian Health Services Improvement Act which from time
24	to time has provided supplemental funds to address
25	specific areas of Congress' concern.

1	This case presents two questions. First,
2	whether judicial review under the Administrative Procedure
3	Act of the of an agency's allocation of funds from one
4	concededly authorized purpose to another is barred because
5	it is committed to agency discretion by law. And second,
6	whether formal rule-making procedures, consisting of a
7	published notice in the Federal Register and opportunity
8	for comment, is required before the Indian Health Service
9	could redirect its resources in the manner that
10	respondents challenge.
11	We submit that the answer to both questions is
12	no, or that the court of appeals erred on both questions.
13	On the first, the court of appeals acknowledged that the
14	Snyder Act and the Indian Health Service Act do not
15	provide manageable standards for a court to apply in
16	reviewing the Indian Health Service's action here. Nor
17	does the Lump Sum Appropriations Statute furnish any such
18	law. It's simply, as is typical of such statutes, a lump
19	sum for all of the authorized activities of the
20	statutes or of the agency under the statutes that
21	authorize its basic functions.
22	The court of appeals instead concluded that
23	certain statements in the legislative history of the Lump
24	Sum Appropriations Statute furnished a basis for judicial
25	review. In our view that is clearly wrong. Statements in

- 1 legislative are simply not law for a court to apply within
- the meaning of this Court's APA jurisprudence. Only
- 3 statutory texts enacted by Congress is law for a court to
- 4 apply.
- 5 QUESTION: You -- you have a text here which is,
- 6 you know, a certain amount of money. And you don't -- it
- 7 doesn't -- you don't know what that money's supposed to be
- 8 used for, and this legislative history clarifies what it's
- 9 to be used for. Why is that any different from a piece of
- 10 legislative history that clarifies the meaning of a
- 11 prohibition? It's totally ambiguous. You'd think the
- 12 agency can take a number of different views of what it
- 13 means. If you find it clarified in the legislative
- 14 history, that's what it means. Is that --
- MR. KNEEDLER: That's -- that's not the purpose
- for which the court of appeals used the language in this
- 17 case. It did not focus on language in the Lump Sum
- 18 Appropriations statute itself and then say that the
- 19 legislative history helped to clarify the statutory text.
- The court really used the legislative history as a
- 21 substitute for the statutory text.
- The statutory text here simply authorizes the
- agency to expend the funds for purposes authorized by
- 24 the -- by the Snyder Act as -- those functions transferred
- to the Indian Health Service. It's then necessary to look

1	to the Snyder Act or the Indian Health Indian Health
2	statute to look for any law to apply.
3	And the the Snyder Act, for example, and the
4	court of appeals, again, didn't find anything in the text
5	of the of the Snyder Act or the Indian Health Care
6	Improvement Act that would furnish law to apply in this
7	case. The Snyder Act, as this Court pointed out in Mortor
8	v. Ruiz, is deliberately comprehensive. It was enacted in
9	response to the the time when points of order were
.0	raised against Indian appropriations because there was no
.1	authorizing statute.
.2	QUESTION: Well I suppose those acts would
1.3	would provide law to apply for some questions that might
14	arise under them.
.5	MR. KNEEDLER: Yes. If if the claim were
16	that the that the Indian Health Service were were
17	QUESTION: They were providing help for
18	non-Indians.
19	MR. KNEEDLER: Exactly. But there I don't
20	there can be any question here that the reallocation or
21	redirection of the work that the Indian Health Service
22	made in this case was authorized by the statute. It
23	simply redirected the employees' work from a regional
24	regionally focused program to a national program, to
25	assure available services for Indian children. There's

- I think that's unquestionably within the broad language of the -- of the Snyder Act.
- QUESTION: Well, to that extent there's law to apply here.
- 5 MR. KNEEDLER: Right, but -- but --
- QUESTION: Whether -- whether you can go to a national program.
- 8 MR. KNEEDLER: No, I -- I think not.

to be perhaps an under utilized area.

- 9 Respondents have not contended that the -- that the --
- 10 use -- utilizing the employees -- what was going to be
- done here, essentially -- let me just back up for a
- 12 minute.

19

- 13 The employees under this Indian children's

 14 program in -- or project in -- in the Southwest was really

 15 set up as a pilot project. It wasn't even integrated into

 16 the local Indian health care delivery system. It was

 17 operated out of headquarters as a pilot project to really

 18 investigate what -- what might be done in what was thought
- But the -- but the ultimate point was to develop
 data and approaches for a nationwide program. And so
 when -- when the Indian Health Service redirected the
 activities of the employees, the thought was that rather
 than have these employees do monthly consultations --

25 consultative visits with individual children, it would be

1	better to try to develop local responsibility for the
2	Indian children from local programs and have these
3	employees use their expertise to go to other Indian Health
4	Service areas around the country to help them develop the
5	local expertise.
6	But I don't think there's there can be any
7	question and I don't understand respondents' to claim that
8	the utilization of the employees for this nationwide
9	effort is somehow beyond the the scope of what the
10	Snyder Act or the Indian Health Care Act would authorize.
11	QUESTION: Well, do you think that the
12	discretion provided under these acts is any greater than,
13	for example, the discretion given to was it the
14	Department of Transportation in the State Farm case?
15	MR. KNEEDLER: Well in in State
16	QUESTION: To just provide motor vehicle
17	standards that met the need for motor vehicle safety.
18	MR. KNEEDLER: Well, there there were specific
19	statutory requirements that had to be satisfied, and there
20	wasn't there was law
21	QUESTION: They were pretty broad. I just I
22	just wonder how you distinguish them.
23	MR. KNEEDLER: Well, in in the State Farm
24	case there were there were actually quite stringent
25	requirements that the agency had to satisfy before it

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could promulgate a motor vehicles standards. There was --1 2 there were certain criteria at certain levels of safety that had to be satisfied that gave -- that gave a court 3 law to apply. 4 Here the -- again, the Snyder Act was intended 5 to cover essentially every possible activity that the BIA 6 7 and now the Indian Health Service might engage in, so that 8 there could be no question of a point of order when funds 9 were appropriated to cover those funds. And --10 QUESTION: But, Mr. Kneedler, suppose you had a 11 statute that -- that authorizes an agency -- instructs an 12 agency to pro -- and this is an instruction to -- to expend the funds as well -- to prohibit those activities 13 14 that are harmful to the environment. And the legislative 15 history, the committee reports of both Houses, say we 16 anticipate that this will include prohibition of, and then 17 fill it something, you know dumping -- by -- by chemical 18 companies. 19 You think that legislative history would not 20 be -- would not be taken into account by this Court in --21 in -- in determining whether the agency had authority to, 22 or -- or had to prohibit that dumping by chemical 23 companies? 24 MR. KNEEDLER: It might be taken into --QUESTION: I'm sure it --25

9

1	MR. KNEEDLER: It might be taken into account in
2	construing the term harmful, I guess is the statutory
3	the operative word there.
4	QUESTION: Well, and the operative word here
5	is is purposes authorized by these other statutes.
6	What purposes in particular? Well, here's one.
7	MR. KNEEDLER: Well, the the Snyder Act, for
8	example, broadly appropriates funds for the benefit
9	directs the BIA to to supervise the expenditure of
10	funds that Congress may from time to time appropriate for
11	the benefit, care, and assistance of Indians throughout
12	the United States for a variety of services, as relevant
13	here "relief of distress" and "conservation of Indians."
14	Now, again, if the claim here were this is
15	not this money is not being spent for the relief of
16	distress or conservation of the health of Indians or for
17	any of the other purposes in the act, that would be law to
18	be apply. But our point is that in in choosing among
19	the concededly authorized purposes, there's no there is
20	no law to apply in the text or legislative history of the
21	Snyder Act or the Indian Health Care Improvements Act that
22	would help a court to decide that question. Now
23	QUESTION: Could you could you imagine a case
24	in which the legislative history would contain an
25	indication of congressionally ordered priorities so that

1	the legislative history would somehow indicate that the
2	first priority in the Snyder Act is for disabled children?
3	MR. KNEEDLER: I I can imagine that sort of
4	legislative history, but I think in some respects that's
5	very much like the American Hospital Association Case this
6	Court had several terms back where there where there
7	was legislative history about the the expectations.
8	And the way the Court thought the National Labor Relations
9	Board
10	QUESTION: And is that and is that law to
11	apply if the agency ignores the funding obligation?
12	MR. KNEEDLER: Not not unless
13	QUESTION: The funding priority?
14	MR. KNEEDLER: Not unless that legislative
15	history is tied to something in statutory texts that
16	mandates that result. I think this is very much like the
17	D.C. Circuit's decision in the UAW case versus Donovan of
18	some years back, where the the court pointed out that
19	legislative history of of expectations in the way that
20	Congress expected that expected that funds may be expended
21	are simply expectations, they aren't legally binding
22	requirements.
23	That's not to say they don't furnish
24	protections, because congressional oversight in the
25	appropriations process is is often a very useful one.

1	And, in fact, it's in many respects the most productive
2	and and appropriate one for the overseeing of broad
3	legislative programs. Courts are not generally suited to
4	determining to second-guessing an agency's ordering of
5	its priorities on spending.
6	QUESTION: Well, so so long as the spending
7	is authorized by one of three statutory mandates, there
8	can be no review as to how the agency allocates the
9	fundings among those three.
LO	MR. KNEEDLER: Unless Congress has unless
11	Congress has provided further guidance about how the court
12	is to order its priorities. It's instructive in this
13	regard
14	QUESTION: And can it provide that guidance in
15	legislative history?
16	MR. KNEEDLER: I think not unless it's tied to
L7	specific statutory texts. The expectations are ones that
18	Congress might enforce, as it were, in oversight hearings
L9	in subsequent years, which is the tradition give and take
0.0	between an agency and its and its authorizing and
21	appropriations committee.
22	QUESTION: Well let me pose this to you.
23	Suppose the BIA established a a health care program for
24	Indians with displaced children with displaced hips,

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and then it decided later to terminate that because it

- 1 understood that Indian children with displaced hill --
- 2 hips would be served for their health needs by a State
- 3 agency.
- 4 MR. KNEEDLER: Right.
- 5 QUESTION: And let's suppose that -- that
- 6 assumption is factually incorrect, so they've cut off the
- 7 services based on an incorrect factual assumption. Is
- 8 there no law to apply? Is that unreviewable for abuse of
- 9 discretion?
- MR. KNEEDLER: It is -- it is unreviewable, yes.
- 11 Because -- first of all, I think -- there are reasons, I
- think, why that's not apt to become a major problem, but
- 13 let me explain why that's so.
- The availability of other services is simply one
- of the many criteria that the -- in this case the Indian
- 16 Health Service might take into account in reallocating
- 17 resources. It -- it's also possible that there would be
- 18 some -- that there would be other uses of the funds that
- 19 would simply -- as -- as needed as the funds might seem
- 20 for one service, might seem more useful for another
- 21 service.
- It's important to recognize that the Indian --
- QUESTION: Well, Justice O'Connor can defend her
- own hypothetical if she wants to, I suppose, but I'd like
- 25 to have an answer to it. Suppose that this is the reason

1	that State funding duplicates this program and that reason
2	is wrong.
3	MR. KNEEDLER: If that reason is wrong
4	QUESTION: Is factually unsound
5	MR. KNEEDLER: If that reason if that reason
6	proves to be wrong, I think what would happen is that
7	would be brought to the brought to the attention of the
8	Indian Health Service and
9	QUESTION: Well, my question is, is there law to
10	apply? Can there be judicial review and judicial
11	correction of that of that agency decision?
12	MR. KNEEDLER: There's not there's not law
13	to because even if there's a factual error, that does
14	not mean there's law to apply. The agent the this
15	is - our position is
16	QUESTION: Is it arbitrary and unreasonable?
17	Could it could you make out a case that it's arbitrary
18	and unreasonable
19	MR. KNEEDLER: Well
20	QUESTION: That there was there was clear
21	evidence that the State program did not provide the the
22	care and the agency just ignored clear evidence.
23	MR. KNEEDLER: Well, that that would be the
24	sort of claim that would be made if it were arbitrary and

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25 capricious --

1	QUESTION: Well
2	MR. KNEEDLER: But our position is that review
3	would be precluded of that. When review is precluded,
4	that conclusion presumes that there will be occasions
5	there could be occasions when there would be mistakes of
6	that of that type made.
7	QUESTION: And review is precluded, again,
8	because there's no law to apply.
9	MR. KNEEDLER: Yes. Because because it
10	well, the phrase no law to apply is a phrase that this
1	Court has developed for applying what is what is really
.2	different statutory language under the APA, which is
.3	whether the agency action is committed to agency
4	discretion by law. That's the ultimate touchstone. And
.5	in the sort of example that that you're describing, the
.6	conclusion would be that Congress has committed the
.7	allocation of resources in a whole variety of
.8	circumstances to the to the discretion of the Indian
.9	Health Service.
20	In part from necessity, because if courts were
21	going to get in the business of second guessing every
22	decision of resource allocation, whether to purchase
23	equipment for one hospital and not another, whether to
24	reassign a doctor from one health clinic to another, even
25	whether a patient should get one particular type of care

1	or another, and and base that on whether there was
2	whether there was perhaps a factual error, or what could
3	be claimed to be a factual error underlying the agency's
4	decision, then the the Indian Health Service could be
5	hamstrung in the in the delivery of health services.
6	QUESTION: Mr. Kneedler, suppose here's
7	how it says for expenses necessary to carry out the act
8	of August 15, 1954, blah, blah, blah, that's how the
9	appropriations reads. Suppose the the committee,
10	both the Appropriations Committees in both Houses,
11	there's language in the report that says we anticipate
12	that some of this money will go to this particular
13	schooling program.
14	It is later contended that that schooling
15	program is not an authorized program on which the
16	appropriations can be expended; that question comes up in
17	a lawsuit. You mean that that committee legislative
18	history would not be used by the Government to
19	establish
20	MR. KNEEDLER: No, I'm not saying that
21	legislative history can't be used to construe a statutory
22	term. My point is that it can't
23	QUESTION: Well, that's what they're doing here.
24	They're they're saying this shows the expense is
25	necessary to carry out, they anticipated it, this is one

1	of the things to be carried out.
2	MR. KNEEDLER: But but the respondents'
3	argument in the court of appeals decision here is not tied
4	to any language in the Lump Sum Appropriation or the
5	Snyder Act or the Indian Health Care Improvements Act
6	that's being construed with the assistance of that
7	language. In fact, the court of appeals, again,
8	specifically said it's difficult to find any manageable
9	standards within the within the Indian Health Care
10	Improvement Act or the Snyder Act. There's no statutory
11	text in either one that says this this function might
12	be preferred over that one.
13	QUESTION: The text in the Appropriations Act;
14	expenses necessary to carry out the act of August 5, 1954.
15	It's clear in the Appropriations Committee that one of the
16	things they thought necessary was this program. Why isn't
17	that statutory language
18	MR. KNEEDLER: Well, expenses necessary is
19	standard language in an appropriations statute. And if
20	and if that language was thought to incorporate every
21	representation that is made to an appropriations
22	committee, frankly, I think that would revolutionize the
23	way in which in which agencies and Congress itself and
24	GAO have traditionally regarded the appropriations
25	QUESTION: Well, I know. I mean you say that in

1	your brief. You say well, it's just puffing; it's not
2	unusual for congressional committee members to attempt to
3	influence the expenditure of general appropriations by way
4	of statements in committee reports, as though they don't
5	do that in other contexts. How do you identify the one
6	from the other.
7	MR. KNEEDLER: They again, I guess I'm
8	repeating myself, but here the claim is the claim is
9	not that that there is some they have not pointed to
LO	language respondents have not pointed to language in
11	the Snyder Act or in the Indian Health Care Improvement
12	Act and says this is the provision that it violates.
13	These the national program is unquestionably authorized
L4	by both statutes, and the only question is in choosing
1.5	among authorized functions, whether courts have whether
16	that matter is committed to agency discretion. And that's
.7	not
.8	QUESTION: Do you have another basis for
.9	reversal?
20	MR. KNEEDLER: Yes, we do. The other the
21	second issue in the case concerns the court of appeals
22	requirement that the Indian Health Service resort to
23	notice and comment rule-making procedures before it could
24	implement the decision to redirect the funds in this case.
25	The court of appeals announced a rule that

1	notice and comment requirements are necessary anytime the
2	Government cuts
3	QUESTION: But before before you get there,
4	did the court below reject the proposition about
5	unreviewability?
6	MR. KNEEDLER: Yes, it did.
7	QUESTION: So we we must address that here.
8	MR. KNEEDLER: Yes. Might now I suppose the
9	Court could choose to address the notice and comment
10	first, because the court of appeals did not go on and
11	reach the merits of whether the decision was arbitrary and
12	capricious, it simply held it was subject to review, but
13	held that it wouldn't reach the merits because of the
14	notice and comment point which it viewed in the manner of
15	a threshold issue.
16	QUESTION: So we at least need to address the
17	notice and comment issue.
18	MR. KNEEDLER: Yes. Yes, that's correct. And
19	the court of the appeals held that notice and comment is
20	required anytime the Government cuts back on
21	congressionally created and funded benefits for Indians,
22	even if the Indians have no entitlement to those benefits.
23	There is, in our view, no basis for that new requirement.

It conflicts with Vermont Yankee, which bars courts from

imposing additional procedural requirements on agencies

24

1	that are not required by law.
2	And significantly, also, it fails to respect
3	that the judgment of Congress when Congress thought
4	that input from Indians was necessary in the formulation
5	of Indian health programs. In 1980 in the 1988
6	amendments to the Indian Health Care Program that we
7	mention in footnote 36 of our brief, Congress specifically
8	addressed this problem in the context of facilities,
9	permanent facilities, and it said that whenever the Indian
10	Health Service is contemplating constructing, renovating,
11	or closing a facility, it must consult with the tribe
12	concerned before it does that and, in fact, in the case of
13	closing a facility must notify Congress.
14	Congress significantly, Congress did not
15	impose any such requirement of consultation with respect
16	to services under the statutory provisions that we have
17	here, services as opposed to
18	QUESTION: Mr. Kneedler, does the APA definition
19	of rule include policy statements? Is it a is the
20	decision to terminate this project possibly a rule under
21	that definition?
22	MR. KNEEDLER: Right. That's that is the
23	ground that that's the rationale that the district
24	court applied.
25	QUESTION: Uh-hum.

1	MR. KNEEDLER: The court the court of appeals
2	announced this broader rule that it thought came from this
3	Court's decision in Morton v. Ruiz, which we which we
4	believe was was, first of all, an overreading of Morton
5	v. Ruiz and did not take into account subsequent
6	developments, on that point Vermont Yankee, and also the
7	notion that an agency has to can only administer a
8	program like this through legislative rules, we think is
9	inconsistent will Bell Aerospace which allows an agency
LO	some discretion.
11	But on the APA point on whether this constitutes
L2	a rule
L3	QUESTION: Uh-hum.
L4	MR. KNEEDLER: We we think that it that it
L5	clearly does not. The decision to reallocate these
16	resources was a self-contained decision. It was yes,
L7	it was communicated verbally and, yes, it had some future
18	consequences, but that does not convert it into a rule.
L9	QUESTION: But it's been it's been
20	interpreted broadly to cover statements issued by an
21	agency to advise the public prospectively of the manner in
22	which an agency proposes to exercise a discretionary
23	power.
24	MR. KNEEDLER: But it in a way that has
25	future legal consequences is what is what really
	21

- 1 characterizes a rule. We don't believe that Congress,
- when it enacted the statutory definition of a rule,
- 3 intended to depart fundamentally from the -- from the core
- 4 of what a rule is. A rule -- another word for rule is a
- 5 regulation, something that has -- that has binding effect
- 6 or at least legal force to it, that -- that guides, in a
- 7 legal manner, the future exercise of discretion.
- 8 QUESTION: But it's been -- it's been
- 9 interpreted by the Attorney General's commentary as
- 10 including general statements of policy.
- MR. KNEEDLER: It does include general
- 12 statements of policy. But policy in a sense that the
- 13 statement itself has an abiding future effect. In this
- 14 case the -- in this case there really was no --
- 15 QUESTION: Well, it'll have an effect all right,
- there won't be a program available.
- MR. KNEEDLER: No. Well first -- first of all,
- 18 there is a program. All the -- all the -- the children in
- 19 these service areas will continue to be serviced by the
- 20 national program. It's just that the -- that all Indian
- 21 children throughout the country will get the same
- 22 services, rather than the regional program -- children in
- 23 this one region getting something different.
- 24 But it has a practical consequence, we don't
- deny that. But in order to be a rule, the statement

_	reserr, the statement has to have a continuing ruture
2	legal effect. And here the decision to reallocate
3	QUESTION: How about rules of agency
4	organization, which are referred to in the APA?
5	MR. KNEEDLER: Well
6	QUESTION: How does how does a reorganization
7	of the agency have a future legally binding effect on any
8	outside individual?
9	MR. KNEEDLER: Well, it it would it would
10	assign in a formal way. I mean formality has a lot to do
11	with what's a rule. It would assign in a formal way where
12	various statutory responsibilities are to be assigned
13	within the agency, which assistant secretary is
14	responsible for which programs, so that one can look and
15	see who has the authority to exercise legal power,
16	statutory power delegated from the Secretary, and where
17	various programs will reside. And that has a lot to do
18	with with the way in which governmental authority is
19	exercised.
20	But here at bottom, what happened here was
21	nothing more than a than the sort of directive that a
22	superior may give to a to an employee saying instead of
23	doing this type of work, confining your work to a regional
24	program, starting tomorrow your job description is
25	somewhat different, you're being assigned to new to new
	23

1 responsibilities.

That decision was consummated at that time and

it was communicated verbally in a variety of ways, one of

which was a memorandum to health service units contained

at page 80 of the joint appendix. But the fact that the

statement was communicated or that the decision was

communicated in a statement didn't mean that the statement

itself had any future legal consequences.

QUESTION: Does the conclusion that you draw or don't want us to draw depend on the context? For example, if we were dealing here with a -- an agency action which was preceded by a whole body of what everybody agrees would be rules about how the agency ought to allocate its money and so on, then perhaps your argument would have great force. You would say well this is just trivial, this is basically just a reassignment of people.

But where there is not such a body of -- of rules in existence, this has far greater significance, i.e. it determines whether there is going to be a certain kind of program or not. Is that kind of contextual contrast a legitimate thing to take into consideration?

MR. KNEEDLER: Well, it might be a relevant factor. I mean, the fact of the matter is it's difficult to come up with any one principle that will solve all places. But we do think that formality and continuing

1	legal effect are really the two cental hallmarks of what a
2	rule is, both in ordinary meaning and the special sense in
3	which it in which it's used.
4	So even in the situation you're talking about
5	where a decision might be made to to engage in a
6	certain program, that doesn't convert it into a rule. I
7	think that the Court's decision is Overton Park is very
8	instructive as a parallel to this case. There the Court
9	specifically held that the Department of Transportation's
10	decision to fund a particular program out of its
11	appropriated funds was not a rule. And this is, in our
12	view, directly parallel to that.
13	QUESTION: Mr. Kneedler, isn't there an
14	exception anyway? Even if it were a rule, isn't there an
15	except for rules related to notice and comment rule
16	making for rules relating to benefits?
17	MR. KNEEDLER: There is there is an
18	exception. The Department of Health and Human Services,
19	like most agencies, has agreed to follow notice and
20	comment procedures
21	QUESTION: I see.
22	MR. KNEEDLER: For that. There may be some
23	question of whether these direct services are are
24	benefits

25

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QUESTION: Uh-hum.

1	MR. KNEEDLER: Within the meaning of that
2	exception or whether it just means cash transfers. But is
3	any event, we haven't relied on that exception here
4	because it's it's been it's been waived.
5	I'd like to reserve the balance of my time.
6	QUESTION: Mr. Kneedler, on a small point,
7	there the court below ordered publication.
8	MR. KNEEDLER: Yes.
9	QUESTION: And is that question before us?
10	MR. KNEEDLER: In order for there to be
11	publication, it would the decision here would have to
12	be a rule, so our argument that it's not a rule subsumes
13	both the publication requirement and the notice and
14	comment requirement.
15	QUESTION: Uh-hum.
16	QUESTION: Very well, Mr. Kneedler.
17	Mr. Jasperse, we'll hear from you. Is that a
18	correct pronunciation of your name?
19	ORAL ARGUMENT OF JOEL R. JASPERSE
20	ON BEHALF OF THE RESPONDENTS
21	MR. JASPERSE: Jasperse, thank you. Mr. Chief
22	Justice and may it please the Court:
23	The lower courts were correct in requiring
24	notice and comment in this case, and to understand why
25	it's critical that you understand how the program was

1	implemented in the first place and how it was operated.
2	This program, the Indian Children's Program, was
3	implemented in a direct response to the Indian Health Care
4	Improvement Act, which was passed in 1976. That act was
5	passed to provide supplemental funding for Indian
6	programs, supplemental to the Snyder Act.
7	Title II of the Indian Health Care Improvement
8	Act specifically authorizes funding for known unmet Indian
9	health needs and specifically authorizes funding for
10	therapeutic and residential treatment centers. It was in
11	response to that language in this act that the agency
12	implemented this Indian Children's Program.
13	QUESTION: Did it engage in rule making when it
14	instituted the program?
15	MR. JASPERSE: It did not, Your Honor.
16	Initially, the agency envisioned a \$3.5 million facility.
17	That was never funded. They initially chose to center
18	that facility near Albuquerque for a number of reasons,
19	primarily because the large Indian population which
20	then-Director Emery Johnson described as half of
21	roughly half of the Indian population residing in the
22	States of New Mexico and Arizona.
23	The Bureau of Indian Affairs did not
24	QUESTION: About roughly half of the Indian
25	population residing in New Mexico and Arizona resided in
	0.7

1	the Albuquerque area.
2	MR. JASPERSE: No, Your Honor, in those two
3	States. Those were his words, his characterization of the
4	Indian population at that time.
5	QUESTION: Half the Indian population in the
6	United States resides in Arizona and New Mexico.
7	MR. JASPERSE: Those were his words, Your Honor.
8	The Bureau of Indian Affairs did not support the
9	center. One of the reasons was they did not feel that an
10	inpatient center like this would meet their mandate, under
11	a separate act relating to special education, to provide
12	services in the least restrictive environment.
13	So what happened was the Indian Children's
14	Program was formulated anyway by the the Indian Health
15	Service, by going ahead and forming specialized teams.
16	They felt that the staff, the specialized staff that was
17	needed to provide these services was going to be needed
18	regardless of whether they had a brick and mortar
19	facility.
20	The team was was formed in 1978. It was
21	centered in Albuquerque and it proceeded to go out into
22	nearby Indian communities to provide various services,
23	primarily diagnostic and treatment services. To its
24	credit, the Indian Health Service recognized that there
25	was a critical need for diagnostic and treatment services.

- 1 They realized that observers felt that this situation was
- one comparable to the national situation 35 years before,
- 3 at the time of the Second World War.
- 4 Eventually a memorandum of agreement was signed
- 5 by the two agencies. They agreed to try out this concept
- of working together to provide these services. And in
- 7 1979, the fall of 1979, the Bureau of Indian Affairs did
- 8 join this effort.
- 9 QUESTION: Mr. Jasperse, you claim rule making
- 10 was necessary to terminate the program. You say it
- wasn't -- it wasn't applied to begin the program either.
- 12 I assume it would have been necessary to begin the program
- 13 too, wouldn't it?
- MR. JASPERSE: Our position, Your Honor, is that
- when -- when the agency is implementing law like this,
- 16 establishing services, that they should have undergone
- 17 notice and comment before getting to establish --
- 18 OUESTION: Before -- to establish it. And if
- 19 they had decided not to establish it -- since the APA
- 20 defines agency action to include agency inaction, if they
- 21 had not established the program, they would have also have
- to had rule making in order not to establish the program,
- 23 wouldn't they?
- MR. JASPERSE: I don't believe so, if they were
- 25 not going to --

1	QUESTION: Well, read the APA; agency action
2	includes inaction. Any decision not to have the program
3	would require rule making, just as a decision to have it
4	would require rule making and, as you say, a decision to
5	terminate it would require rule making.
6	MR. JASPERSE: We certainly agree.
7.	QUESTION: We're going to have a lot of rule
8	making out there.
9	MR. JASPERSE: I can't concede that inaction
10	requires rule making. They're not they're not taking
11	anything they're not taking any action prospectively
12	there that's of a generalized nature
13	QUESTION: Oh.
14	MR. JASPERSE: That implements a policy
15	QUESTION: The decision not to spend money on
16	this program in the first place is a decision that has
17	future effect; as you say, it's going to deprive these
18	people of the money. And the decision not to have it
19	under the APA is just as much a decision as the decision
20	to have it, so you would need you would need rule
21	making endlessly for all programs you begin, for all
22	programs you end, and for all programs you don't begin.
23	I you know, I don't know where the end is.
24	MR. JASPERSE: Well, we we believe very
25	strongly in this case that where the agency did, in fact,
	5 1

1	undertake this operation and do so in response to the
2	statute, as well as its Federal Trust responsibility to
3	Indian people; that when they, over time, operated this
4	program, provided these kind of services, established
5	eligibility rules that set out what services were to be
. 6	to be provided and who was to receive them; that when they
7	went ahead and disestablished that program, that that
8	QUESTION: Who's they?
9	MR. JASPERSE: The agency. The agency
10	QUESTION: Which agency?
11	MR. JASPERSE: The Indian Health Service. This
12	was a joint effort, but only the Indian Health Service
13	made this particular decision. In fact, the Bureau of
14	Indian Affairs was did not even receive notice until
15	they received the actual termination letter that the
16	agency the Indian Health Service sent out.
17	What happened during this time is that the
18	eligibility criteria that were adopted by the agency were
19	applied. And, basically, those eligibility criteria were
20	such that only children in certain areas of the Southwest
21	were to receive those services and only children who were
22	within certain a certain age range, birth to age 21,
23	and who were handicapped, were to receive these services.
24	And so these teams traveled out into the Indian
25	communities, into reservation areas, areas that were

1	remote, that were rural, that were isolated and oftentimes
2	small, and provided these diagnostic and treatment
3	services.
4	What's also important to understand is that
5	throughout the operation of this program every year in
6	testimony to the congressional committees regarding
7	appropriations, the agency continuously told the agency,
8	this is a critical program for these children, it's a
9	successful program, we are providing these specific
10	diagnostic and treatment services to them, certain
11	children are eligible for these services and we want
12	continued funding for this program.
13	And Congress appears to have responded favorably
14	to these requests. They received the information in a
15	favorable light and we think there was this showed
16	intent by the Congress, through its appropriations
17	committee, to continue this program in the form that the
18	agency then did.
19	In October 1984, officials in the Rockville,
20	Maryland Headquarters East portion of the Indian Health
21	Service began urging that this program be changed, that
22	the the form that it was in at that point, which was a
23	regional program, be changed to a national scope program
24	that would provide consulting and training.
25	Sometime in 1985 the record is not clear as

1	to exactly when this decision was made, but sometime in
2	1985 the decision was made to eliminate the Indian
3	Children's Program as a direct service program. This
4	termination decision was announced in a letter in August
5	of 1985. This termination letter, single letter, is the
6	only explanation that the agency provided or that gives u
7	any information as to what it was doing and why it was
8	doing this.
9	One of our arguments here in terms of the
10	arbitrary and capricious argument is that a single letter
11	that simply tells what they were doing without any
12	explanation is not not sufficient to provide us with a
13	reasoned explanation of its action.
14	QUESTION: What about all the other people on
15	whom money was not being spent? Were they also entitled
1.6	to an explanation of why money was not being spent on
17	them? I mean you're not the only people. There you're
18	joining the vast majority of the citizens on whom this
19	money is not being spent. What what is the reason for
20	your special entitlement to a notice and comment rule
21	making on this point?
22	MR. JASPERSE: We believe that notice and
23	comment is afforded, first, because this was a rule, a
24	legislative rule under the APA.

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QUESTION: Well, but --

1	MR. JASPERSE: Second
2	QUESTION: Okay.
3	MR. JASPERSE: Second Your Honor, there are
4	four reasons why we
5	QUESTION: The first one applies to everybody
6	else. I'm trying to figure out why everybody else isn't
7	entitled to it. What's the what are the other three.
8	MR. JASPERSE: Okay. The others, Your Honor,
9	are that there is an under the Indian Trust
10	responsibility, there is a specific duty to deal fairly.
11	We think if that that language, which was stated by
12	this Court in Morton v. Ruiz, is to mean anything
13	QUESTION: Uh-hum.
14	MR. JASPERSE: Is not simply an empty phrase
15	that this Court used, that that at least means fairness to
16	these children.
17	QUESTION: Uh-hum.
18	MR. JASPERSE: And fairness here, in this
19	context, means some kind of procedural protection.
20	QUESTION: Well Mr. Jasperse, in the case, I
21	forget what the name was, I think it's Cherokee, we
22	decided two or three we said the concept of the Indian
23	Trust responsibility is basically a responsibility for
24	land, not any general duty of heightened fair dealing with
25	Indians.

1	MR. JASPERSE: There is clearly a specific
2	fiduciary duty when when it comes to land, Your Honor.
3	However, this this Court and the Government doesn't
4	dispute this, that there is a general overriding trust
5	responsibility that the Government has. What they're
6	that they are
7	QUESTION: That should that should make the
8	standards of review under the Administrative Procedure Act
9	different when Indians are parties plaintiff than when
10	other people are parties plaintiff?
11	MR. JASPERSE: Not not I'm not arguing
12	that point under the APA. The APA the notice and
13	comment here in this case can stand regardless of whether
14	it involved Indian people or not, with this type of
15	action. What I'm arguing here as a second basis for
16	affirming the notice and comment is that the overriding
17	trust responsibility
18	QUESTION: Indians are entitled to notice and
19	comment even though non-Indians in precisely the same
20	situation would not be. Is that what you're arguing?
21	MR. JASPERSE: No. I'm arguing that in this
22	particular context the APA would afford them notice and
23	comment regardless of whether they were Indian people.
24	But in addition to that, this duty to deal fairly must
25	mean something

1	QUESTION: Well, but I think you're simply
2	reading that much too broadly from our cases. I don't
3	think our cases have said there is any general duty to
4	deal in a specially fair way with Indians, as opposed to
5	other citizens, unless you're talking about the
6	interpretation of a treaty or the duty to deal with trust
7	lands.
8	MR. JASPERSE: Let me address your question by
9	referring to Morton v. Ruiz. In that case you also had
10	Indian people. In that case there were it was a Snyder
11	Act program similar to this one. It wasn't specifically
12	required by statute, it was funded under Lump Sum, there
13	weren't specific eligibility rules required by the by
14	the statute.
15	In that case this Court said that the because
16	there is an overriding duty of trust under this general
17	trust responsibility, that the continued expectation, the
18	legitimate expectation of those general assistance
19	recipients in that case, could not be extinguished unless
20	there was notice and comment.
21	QUESTION: Well, I suggest that you take a look
22	at our opinion in Cherokee Nation where we say, "The trust
23	responsibility is implicated only where the Indian
24	property is at stake."
25	QUESTION: Mr. Jasperse, I thought that the APA

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1	itself exempted it from notice and comment. Even if you
2	assume that the letter in at issue was a rule and
3	I'm not sure it was, but if you assume that, it exempts
4	general statements of policy from any notice and comment
5	requirement. And at best you would consider the letter
6	just a statement of policy, wouldn't you?
7	MR. JASPERSE: Well, we we would we would
8	submit that even if it was a general statement of
9	policy
10	QUESTION: Uh-hum.
11	MR. JASPERSE: That that presumes it was at
12	least a rule in the first place, and so that it comes
13	within the purview of the Administrative Procedure Act.
14	And a statement of general policy must at least be
15	published in the Federal Register, and this is
16	QUESTION: But no notice and comment required.
17	MR. JASPERSE: That's correct, Your Honor. But
18	it would at least have to be published in the Federal
19	Register which would give publication notice, and that is
20	one of the independent grounds on which the district court
21	did rule in favor of the children's suit under the APA.
22	And so the the point is it doesn't really
23	make any difference for the children whether or not this
24	was a legislative rule requiring notice and comment under
25	section 553 or whether it was a statement of general

- 1 policy requiring Federal Register publication under
- 2 section 552, either way we win. The Government's argument
- 3 is that this is an action that -- that's not a rule at all
- 4 and so doesn't come within the APA.
- 5 QUESTION: You -- you don't win if it isn't a
- 6 rule.
- 7 MR. JASPERSE: That's correct. It must be a
- 8 rule. And our argument here is that this was clearly
- 9 prospective in nature, it was generalized in nature, it
- 10 applied to all of these children. And it -- and it
- 11 prescribed policy. This was a change that the agency made
- from following one course of action to a very different
- 13 course of action.
- 14 That change was a change in terms of how it
- 15 was -- how it was deciding to implement its reading of the
- 16 Indian Health Care Improvement Act, the specific
- 17 therapeutic and treatment centers provision in the act.
- 18 And so when they make a change in their reading of the law
- 19 and change their whole program as a result of that, that's
- 20 at least a statement of general -- general policy. And
- 21 it's -- and it's certainly a rule.
- QUESTION: Mr. Jasperse, if I may turn to the
- "law to apply" aspect of this for a moment. Some agencies
- 24 have as their function disbursing money, as these agencies
- 25 have as a large part of theirs, or disbursing benefits.

Т	other agencies are enforcement agencies principally and
2	don't give out much money.
3	In a case called Heckler v. Chaney we decided
4	that there was no law to apply, to basis for a cause of
5	action against an agency asserting that it had to exert
6	its enforcement priorities in this manner rather than in
7	another manner. We said there are lot of different
8	manners it can use; it's up to the agency to decide where
9	to devote its limited enforcement resources.
10	Now, why doesn't that principle carry over very
11	well to to an agency that's in the disbursement of
12	benefits business? To the same extent, there really is no
13	law to apply.
14	MR. JASPERSE: Well, we would argue that the
15	Heckler v. Chaney type of nonenforcement decision was
16	really one that was not primarily a resource-type
17	allocation decision, but a decision whether to take a
18	specific type of action that it could under the statute.
19	This
20	QUESTION: Well, only because the agency has
21	limited enforcement resources, just as these agencies have
22	limited distribution resources. It has to put it one
23	place or another place, and it decided to do it in places
24	that the plaintiffs didn't like. The same thing's
25	happening here.

1	MR. JASPERSE: Well, I think I think in this
2	kind of a situation this Court has has answered that by
3	saying that when there are limited limited funds, and
4	you're going to change a program from what it was doing
5	before and when you're going to extinguish an expectation
6	that the services that were there before, that you have to
7	at least give the people the kind of notice so that they
8	know what's happening. And that's the notice and comment
9	requirement that comes in under Morton v. Ruiz.
10	And even if there insufficient funds and
11	their and the agency has to do this reallocation, it
12	has to be done in such a way that it's fair to the
13	children. And it's not fair to the children, given this
14	overriding trust responsibility to deal fairly with them,
15	if if the agency simply abruptly stops the services
16	here.
17	I would add that it's it seems illogical and
18	totally incomprehensible that when the agency has a
19	specific mandate under the Snyder Act, a mandatory
20	requirement that it act with respect to Indians to
21	conserve health, that they not at least, when they're
22	when they're abruptly terminating these services, to give
23	them notice.
24	Notice, just as a matter of general common
25	sense, would have been proper here, and something that

1	would	have	assisted	them	in	maintaining	their	health.	It
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- 2 might be similar when we get -- those -- those of us here
- 3 who are covered by private health insurance, we would
- 4 be -- feel very unfairly treated if -- if the coverer
- 5 simply dropped the -- the coverage that we have without
- 6 telling us, or changed a provision in the coverage without
- 7 telling us.
- If the children had known ahead of time, if they
- 9 had been given notice, they could have at least have
- 10 attempted to locate and find those alternative services
- 11 that the Government says was readily available, to make
- some sort of a transition. Without that transition, they
- 13 fell into -- fell between the cracks; there was a gap of
- 14 time.
- And the record is very clear on that point, that
- loss of services to these type of children harms them.
- 17 The type of treatment services that they need you cannot
- 18 accumulate. And so loss of services over even a couple of
- 19 months was detrimental to their health.
- What the Government is really asking this Court
- to do here in its argument that there is no law to apply,
- is to -- is to write a blank check. We have relied on, in
- 23 this case, all of the Indian health care law that there
- 24 is. If there is no law to apply here under the Snyder Act
- and the Indian Health Care Improvement Act and the Indian

1 Health Service Manual and so on, no Indian people will 2 ever be able to obtain judicial review. It will be completely foreclosed. We don't --3 4 QUESTION: Could I -- could I ask you -- suppose we disagree with you -- suppose we -- suppose we say 5 6 that -- that there is no need for notice or comment; is the case over? 7 8 MR. JASPERSE: No, Your Honor, the case is not 9 The -- both lower courts -over. 10 QUESTION: But let's assume we agree with you 11 that -- that there is -- that that is not committed to agency discretion, but that there's no need, when the 12 agency did what it did, for -- to give notice or comment. 13 MR. JASPERSE: If there's no -- no notice and 14 comment requirement and it's that this is not totally a 15 matter of agency discretion, the case is not over. It 16 would -- would require remand to the district court --17 18 QUESTION: To decide whether it was arbitrary 19 and capricious, or what? 20 MR. JASPERSE: Yes, Your Honor, yes. And in -with respect to the arbitrary and capricious argument --21 QUESTION: Because the court didn't reach that, 22 23 did it? 24 MR. JASPERSE: No, it did not. It -- it found

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that all that was necessary here -- because there were

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1	procedural violations, that it wasn't about to go further
2	and make a merits ruling.
3	QUESTION: On the other hand, if we if we say
4	that it's committed to agency discretion, there is no need
5	to reach the notice and comment issue, is there?
6	MR. JASPERSE: We think if if it's if
7	it's committed to agency discretion, that that that all
8	that goes to is is the review on the merits itself,
9	whether it was arbitrary and capricious or contrary to
10	law.
11	QUESTION: Uh-huh.
12	MR. JASPERSE: The procedural violations claims
13	are still there and there is separate law to apply to
14	those. And that separate law is, of course, section 552
15	and section 553. So that you would have to rule both that
16	there is no there was no rule here, so that there was
17	neither 552 Federal publication or notice and comment
18	under 553, and you would have to rule that this is totally
19	and completely discretionary, that there is simply no law
20	of any kind to apply here to this action. In order for it
21	to go
22	QUESTION: Indeed, I suppose you would argue

QUESTION: Indeed, I suppose you would argue
that if there is no law to apply, there is all the more
need for the notice and comment procedures that the law
requires. Because of the agency having a free hand and

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- 1 not being controllable by the courts, there's all the more
- 2 reason for insisting that it listen to the public as the
- 3 law requires it to do, right?
- 4 MR. JASPERSE: Yes, Your Honor. It's -- there
- 5 it's crucial that -- that the courts be available to small
- 6 disenfranchised minorities such as these children were.
- 7 QUESTION: That is if -- if it's a rule. We
- 8 would have to -- we would have to agree that it's a rule
- 9 before there's notice and comment.
- MR. JASPERSE: Right, right. It must be a rule
- 11 to get Federal Register publication and it must be a rule
- 12 to get --
- 13 QUESTION: Well, do we have to -- well, go
- 14 ahead.
- 15 QUESTION: Mr. Jasperse, just a couple of
- 16 questions. This involves a termination, but let's assume
- 17 that the agency simply reduced the number of employees,
- 18 would that be a rule?
- MR. JASPERSE: It -- it would depend on the
- 20 reason that they reduced the employees.
- 21 QUESTION: Let's say we just -- they decided to
- 22 deploy them to Phoenix.
- MR. JASPERSE: That -- that would not be a rule.
- 24 There's no prescription of law in that kind of a
- 25 situation. However, if they were to decide to redeploy

1	the staff to meet a specific statutory requirement, to
2	meet meet the mandate of their law in some specific
3	way, then they would be implementing the statute and that
4	would be prescription of law, and that
5	QUESTION: Let's well, let me understand
6	that. If you reduced the staff by 50 percent, that's not
7	a rule.
8	MR. JASPERSE: It again, it depends on
9	whether you're doing that simply as a matter of agency
10	management or whether you're doing that because the law
11	requires something
12	QUESTION: Let's say we want to use these
13	this 50 percent to develop a national program.
14	MR. JASPERSE: In that case, that's that
15	that would be prescription of law. You're implementing a
16	statute there, and that would be a rule that requires
17	that would be a rule in that instance.
18	We believe that judicial review is appropriate
19	in this case both because this action was arbitrary and
20	capricious, the program changed its course of conduct, it
21	changed its policy without any explanation. Again, all we
22	have is a single letter that says what they were going to
23	do, but did not provide any explanation.
24	They also made this decision without
25	justifying making an unjustified factual assumption

1	that there would be readily available alternative
2	services. That the children have made a clear showing
3	and, in fact, the district court found that the children's
4	allegations in this regard were essentially unrebutted.
5	And the agency must, in order to make this decision in a
6	manner that is not arbitrary and capricious, do so in a
7	way that's adequately informed, that considers all the
8	relevant factors and provides a reasoned explanation.
9	And finally, we are asserting, of course, that
10	this action was directly contrary to the law, particularly
11	the Snyder Act this goes directly contrary to its
12	requirement that the agency take actions which conserve
13	health and also the Indian Health Care Improvement Act
14	requirement that they maintain and improve and try to
15	achieve the highest possible health status for these
16	children.
17	I would like to close and and I think
18	particularly with respect to law, law to apply, it's
19	perhaps fitting to remember the words of the Gospel of
20	Matthew where Jesus says "Suffer the little children to
21	come unto me." I would ask that you do no less, don't
22	close the courthouse doors on these kids. Please at least
23	afford them judicial review. Thank you.
24	QUESTION: Thank you, Mr. Jasperse.
25	Mr. Kneedler, you have 4 minutes remaining.

1	REBUTTAL ARGUMENT OF EDWIN S. KNEEDLER
2	ON BEHALF OF THE PETITIONERS
3	MR. KNEEDLER: There are a couple points I
4	wanted to make on each of the issues. First, on the
5	notice and comment issue, on the question of of
6	individualized notice which counsel for respondents
7	mentioned, it's important to bear in mind that the Indian
8	Health Service was not the primary provider of care in
9	these circumstances. It was always a backup or secondary
10	consultative role that IHS personnel were performing.
11	The children involved had primary care givers
12	and the Indian Health Service did give individualized
13	notice to the primary care givers and held community
14	meetings to assist them in developing alternative
15	resources, which was the sort of approach appropriate to
16	the circumstances.
17	In addition, notice and comment is not well
18	suited to obtaining the input of the Indian people in a
19	circumstance such as this. But neither Congress nor the
20	Indian Health Service has been indifferent to the need to
21	get input, but they've chosen a different way, which
22	was which was a system of consultation with the tribes
23	concerned.
24	I've mentioned the the consultation with
25	tribes that Congress required for facility alterations in

1	the 1988 amendments which are in 25 USC 1631, but in
2	addition the amicus brief of six tribes in this case cites
3	several documents which describe the Indian Health
4	Service's broader system of consultation through a
5	national health board, through health boards at the local
6	level for the various clinics, and consultations with the
7	tribes concerned about the delivery of services on their
8	reservations.
9	That is the form of consultation and input that
10	is appropriate to the circumstances. It's also
11	appropriate to the Indian Health Service's mission, which
12	is one from a public health perspective, not one of
13	individual entitlement to to medical services, but a
14	public health service which requires them to look at the
15	big picture and mortality rates and where where
16	services are needed in the main.
17	On the question of what's committed to agency
18	that this is committed to agency
19	QUESTION: Mr. Kneedler, can I ask you one
20	MR. KNEEDLER: Yes.
21	QUESTION: One very brief question. I
22	understand that this is not a rule under your view. Is it
23	agency action?
24	MR. KNEEDLER: Yes, I think it's agency action,
25	but it's a self-contained decision with no lasting

1	consequences in itself.
2	On the question of committed to
3	QUESTION: You don't agree at all agency action
4	is divided into rules and orders, that there's some
5	MR. KNEEDLER: We do not. That there's a large
6	category
7	QUESTION: Third category that we don't know
8	what they are.
9	MR. KNEEDLER: Informal action, yes, I think
10	that's necessarily so, or or agencies would be
11	hamstrung.
12	On the question of committed to agency
13	discretion, it's I want to emphasize again several
14	points. One, the statements in the committee reports hav
15	long been on Appropriations Acts have long been
16	understood by the GAO, I think by Congress itself, and by
17	executive agencies, not to be intended to create binding
18	legal obligations. And to change that understanding of
19	those sorts of exchanges in the appropriations process
20	would, in GAO's view and the executive branch's view,
21	change that process radically.
22	Also, on the question of what is when
23	something is committed to agency discretion by law, it's
24	important to bear in mind that whether there's law to
25	apply is just one way of getting at that question. There

1	are other factors in that this Court has recognized,
2	including whether the issue is one that's traditionally
3	been regarded as committed to agency discretion, which the
4	allocation of appropriated funds is.
5	And also whether there would be unduly
6	disruptive consequences of allowing judicial review, and
7	for the reasons I've described there clearly would be
8	here, because it would subject numerous myriad decisions
9	of the Indian Health Service and the administration of
10	this vast program to the potential for judicial review on
11	basis of facts or disagreement about the ordering of
12	priorities.
13	Which brings me to the last point on that, and
14	that is directly tied to Heckler v. Chaney, as Justice
15	Scalia mentioned, that this is a case going to the core of
16	the allocation of scarce agency resources among the
17	various demands on the agency's time and energy, and that
18	is, again, necessarily something committed to agency
19	discretion.
20	Thank you.
21	CHIEF JUSTICE REHNQUIST: Thank you, Mr.
22	Kneedler. The case is submitted.
23	(Whereupon, at 12:02 p.m., the case in the
24	above-entitled matter was submitted.)
25	

CERTIFICATION

Alderson Reporting Company, Inc., hereby certifies that the
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The United States in the Matter of:
EVERETT R. Rhondes V. GROVER VIGIL

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BY Am Mani Federico (REPORTER)