IN GOOD CONSCIENCE

October 26, 2017

U.S. Department of Health and Human Services
Office of the Assistant Secretary for Planning and Evaluation
Strategic Planning Team
Attn: Strategic Planning Comments
200 Independence Ave., SW, Room 415F
Washington, DC 20201

VIA ELECTRONIC MAIL to HHSPlan@hhs.gov

Attn: Comments on the HHS Draft Strategic Plan FY 2018–2022

On behalf of the majority of the more than 70 million Catholics in the United States who, as a matter of conscience, disagree with the Catholic hierarchy on issues of reproductive health, Catholics for Choice submits this public comment in response to the Department of Health and Human Services’ (HHS) Draft Strategic Plan FY 2018–2022 (the Plan).

Catholics for Choice is an international nongovernment organization that shapes and advances sexual and reproductive health ethics based on the belief that every woman has the right to follow her own conscience on reproductive health matters. Our Catholic tradition requires us to respect conscience-based decisions, advocate for the poor and marginalized and respect pluralism and religious freedom. Given the Department’s central role in promoting the wellbeing of all Americans, we are deeply invested in furthering a national health agenda that promotes principles of social justice, protects moral autonomy and ensures true religious liberty for all in matters of health and other public social services.

Under federal law, HHS is required to submit a strategic plan describing the agency’s plan to address evolving health and human services issues. We write to express our extreme dismay and grave concerns regarding the proposed plan for FY 2018–2022 as it presents a substantial departure from past strategic plans. We are alarmed by the shifts in both the language and content of the Plan that prioritize a particular ideology over the reproductive health and moral decision-making of American women. Specifically, we consider the following areas of concern to require immediate action.

1. **Explicit Personhood Language Undermines a Woman’s Ability To Make the Conscience-Based Decisions That Are Right for Her.**

(cont’d)
In the Plan, HHS states that its “ultimate goal is to improve the healthcare options for all people, including the unborn, across healthcare settings.” Language seeking to push an anti-abortion agenda by encoding personhood language into official HHS strategy could well lead to a ban on abortion in all circumstances and could restrict access to many forms of contraception and in vitro fertilization (IVF) for all. It is not for HHS to determine when life begins but how best to protect the lives of those persons under its charge. It is also not the duty of HHS, nor is the Plan the appropriate place, to redefine personhood.

As Catholics, we hold a deep respect for all life and equally for every person’s conscience. Catholic teaching demands respect for the individual conscience in matters of moral decision-making. This includes decisions about reproductive health, such as whether to use birth control, have an abortion or use IVF to become pregnant. Language which aims to curtail these services ultimately only serves to interfere with an individual’s ability to follow their conscience. There is no doubt that a woman is a person with rights, responsibilities and a conscience, a moral agent who must be guided to seek the best healthcare for herself and her family in light of her circumstance and beliefs.

Therefore, we urge you to remove all language from the Plan that misidentifies personhood by redefining “life from conception.” We also believe it is wrong for a government agency to conflate “the unborn” with people and ask that this incendiary language be revised to better reflect what current law and society’s understanding of personhood is. We ask HHS to reconsider and revise this dangerous language.

2. **True Religious Liberty Does Not Privilege Religious or Moral Objections of Institutions over the Needs of Patients.**

In the Plan, HHS defines its overarching mission and function as one to “enhance and protect the health and well-being of all Americans.” Accordingly, the HHS Plan establishes the goal of improving patients’ access to the healthcare they need. However, the Plan also states that HHS will “promote equal and nondiscriminatory participation by faith-based organizations in HHS-funded or conducted activities,” and HHS will “affirmatively accommodate” burdens imposed on the exercise of religious beliefs and “moral convictions” by persons and entities partnering with HHS. This language places the religious or moral convictions of a provider or insurance purchaser over individual patients and employees who need access to care.

The American value of religious liberty is one we hold most dear. Catholic tradition similarly calls on us to honor religious liberty, showing respect to every person’s obligation and right to follow their own conscience when making important moral decisions. Both stress the importance of honoring the true sense of liberty, that which honors individuals’ rights to both the freedom of religion and the freedom from religion being imposed on anyone else. Being forced to live by another’s beliefs is not true religious freedom.

Access to comprehensive reproductive health services for every woman, regardless of where she lives or works, respects her individual rights—both of conscience and individual religious liberty. Neither this freedom of conscience nor the freedom of religion should be misconstrued as extending to institutions. Individuals, after all, have consciences and religious liberty. Institutions do not.
The Plan’s unprecedented deference to institutions with religious or moral objections demonstrates a profound disregard for the dignity and autonomy of patients and employees. These individuals, unlike institutions, have tangible needs for healthcare access and religious liberty rights. They should be able to expect government protection for both. Limiting institutions’ license to impose their views on others avoids the untenable position of allowing the HHS to determine which women’s consciences—and health—matter simply on the basis of where they live or work.

The workers at businesses and nonprofits large and small, secular and religious, all deserve equal respect for their consciences and their ability to make their own healthcare decisions without interference. The same is true for women who seek care at religiously affiliated hospitals or who frequent their local pharmacy, seeking to fill prescriptions for contraception. Individuals across the country stand to lose access to necessary care if HHS continues to allow ever greater deference to institutions claiming a religious or moral right to interfere with women’s rights.

Furthermore, when hospitals, clinics and individual healthcare providers have the ability to refuse patient care based on religious or moral beliefs, patients may suffer devastating health consequences. The harms caused by religious refusals to provide care have a disproportionate impact on those who already face multiple barriers to care, including communities of color, LGBT individuals and low-income individuals and their families. The Plan’s repeated commitment to accommodating faith-based entities signals that HHS may prioritize an entity’s beliefs over ensuring comprehensive care. This is a warping of the fundamental American promise of religious freedom.

While we recognize the role played by many faith-based organizations in communal life, we urge HHS to protect patient autonomy by preventing employers and providers from imposing their views on individuals. A hospital, an employer or a pharmacist intrudes on a woman’s religious liberty every time she is denied the ability to access contraception, abortion or any other health service she deems necessary. HHS should not lend credence to these infringements simply because they are based on a religious or moral objection by the provider.

The fact remains that requirements to improve access to comprehensive reproductive healthcare infringe on no one’s conscience, demand no one change their religious beliefs, discriminate against no person, put no additional economic burden on the poor, interfere with no one’s medical decisions and compromise no one’s health.

The court of Catholic public opinion stands firmly in favor of protecting timely, seamless access to care for all women—not red tape. The majority of Catholics support equal access to the full range of contraceptive services and oppose policies that impede upon that access. Two-thirds of Catholic women (65 percent) believe that clinics and hospitals that take taxpayer money should not be allowed to refuse to provide procedures or medications based on religious beliefs. A similar number of Catholic voters, 63 percent, also believe that health insurance, whether private or government-run, should cover contraception. A strong majority (78 percent) of Catholic women prefer that their hospital offer emergency contraception for rape victims, while more than half (55 percent) want their hospital to provide it in broader circumstances.
Finally, the majority of Catholics believe health insurance companies should be required to offer health plans that cover abortion for women who want that coverage—including a majority who believe that coverage for abortion should be available to women insured under Medicaid. This support for the full range of contraceptive services is unsurprising, as restrictions like refusal clauses or prohibitive costs affect Catholics just as often as non-Catholics—and 99 percent of sexually experienced Catholic women have used a modern method of birth control," mirroring the rates of the population at large.

The proper role of government in the United States is not to privilege one set of religious views over others but to protect each person’s right and ability to make decisions according to their own beliefs and values. HHS should be committed to putting measurable goals toward improving individual patient care at the center of any strategic plan and should work to ensure medical standards of care and individual patient circumstances determine patient care, not politicians or providers’ and insurance companies’ religious beliefs.

3. Refusal To Address the Needs of Vulnerable and Underserved Groups Undermines Progress To Eliminate Health Disparities.

Catholic commitment to social justice informs our dedication to improving healthcare access and outcomes—especially for the poor, members of historically marginalized groups and those with fewer resources. Catholics for Choice strongly supports efforts to remedy health disparities that persist among populations, including those with lower income and financial security, those living in rural areas and those from racial and ethnic minorities. We advocate for policies that prohibit discrimination against individuals receiving healthcare services and strongly oppose practices that further entrench legacies of injustice in American society.

As Catholics, we recognize that each person possesses human dignity and the ability to serve as the primary moral authority in their life. We know that policies that create barriers to reproductive healthcare access disproportionately harm low-income communities and communities of color. These effects are exacerbated for individuals with limited access to healthcare, including those in rural areas. Out of respect for the dignity of all people, including the poorest and most marginalized, Catholics support access to the full range of reproductive healthcare services, including abortion, without unnecessary burdens.

We believe it is incumbent on HHS to address the need for active efforts to reduce existing disparities among specific populations and to ensure that the most vulnerable populations within the United States receive access to healthcare. Unfortunately, while the Plan promotes “culturally-competent care” and recognizes that health disparities exist generally, it removes all language identifying these communities and sub-populations by name. At best, this makes the objectives and goals of the Plan less measurable and meaningful; at worst, these omissions indicate that the agency will deprioritize work on closing gaps in healthcare services and outcomes across the vulnerable populations most in need.
Amelioration of existing disparities depends on HHS’s concerted efforts to identify, address and measure activities aimed at closing these gaps. We strongly urge HHS to include, as it has in the past, specific objectives and goals relating to the persistent health disparities that continue to exist for these vulnerable populations.

**Conclusion: HHS Must Center the Moral Decision-Making of Patients and Their Families, Including Whether To Become Pregnant or Continue a Pregnancy.**

HHS is an important element of the federal government’s work to better the lives and wellbeing of all. The mission, achieved “through programs and initiatives that cover a wide spectrum of activities, serving and protecting Americans at every stage of life,” is both laudable and critical.

No singular definitive opinion, scientific nor religious, has been determined on when personhood is present. For example, throughout the Catholic tradition, from its earliest times to today, scholars, saints and ordinary Catholics have had differing beliefs about when a developing life becomes a person. Yet, it is neither right nor legal for any one belief about such matters as personhood to be defined in a strategic plan of public policy. Moreover, the language throughout the Plan on preserving “life from conception” and protecting the health of all people “including the unborn” might well serve as a roadmap to legislation or regulation regarding women’s health for those who seek to ban abortion, curtail access to contraception and eliminate the use and availability of IVF or embryonic stem-cell research. We do not contest that preserving a balance between respecting religious liberty and protecting public health falls within the purview of HHS. However, ceding ground to discriminatory and unreasonable demands made in the name of “religious liberty” does not strike that important balance—and, indeed, it could undermine both true religious liberty and public health.

We implore HHS to respect the autonomy of individuals to make their own health decisions without the interference of their employer or religious providers. We ask that HHS act to prevent institutions from trampling on the consciences of employees, students and patients and instead demonstrate a commitment to the common good by protecting the individuals who stand to lose the most. Instead of seeking to expand opportunities for entities to impose specific religious or moral convictions on others, we hope that HHS will ensure that reproductive health decisions, including the use of contraception and abortion, are left to up to women and their families.

Finally, we encourage HHS to promote comprehensive reproductive health services, guided by the needs and decision-making abilities of women and their families, including contraception, non-judgmental obstetric care, access to abortion and miscarriage management. In the coming years, efforts to foster patient-centered care and ameliorate persistent health disparities must be guided by specific objectives and goals. We stand at the ready to applaud and assist in these important efforts.

We urge HHS to consider a revision of this Plan to better reflect policies and objectives which improve the health and wellbeing of all individuals and families across the country. HHS must not prioritize the agenda of certain institutions and entities that wish to have religious fiat over the lives of Americans, no matter their beliefs.

I thank you for this opportunity to provide these comments.


