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October 27, 2017

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

To whom it may concern:

In accordance with the process for updating agency strategic plans as required for federal departments and agencies by the Government Performance and Results Act of 1993 (P.L. 103-62) and the Government Performance and Results Modernization Act of 2010 (P.L. 111-352), the Population Research Institute (hereinafter "we") is taking advantage of the opportunity to submit to the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (hereinafter "you" or "Department") our comments on the draft for the "HHS Strategic Plan FY 2018-2022" (hereinafter "Draft") issued by the Department in September of 2017.

The Population Research Institute is an educational non-profit organization dedicated to research and education promoting respect for human rights in the context of population issues and investigates instances of human rights violations in population programs abroad.

We wish to communicate to you our strong approval of all instances where of the terms "conception," "unborn," and "conception to natural death" are mentioned in the Draft, including at lines 61, 115, 830-831, 846-847, 975, 1143-1144, and 1344. We ask the Department to retain each mention of the terms "conception," "unborn," and "conception to natural death" without adding, amending, qualifying, or restricting the use, scope, or understanding of these terms in any way.

We also support the Department's efforts to "Vigorously enforce laws, regulations, and other authorities,"[1] particularly Executive Order 13798, "Promoting Free Speech and Religious Liberty." We support retaining lines 1286-1289 in its current form.

We ask the Department to strike out lines 169-172. Testing "new payment models on alternative approaches to end-of-life care that incentivize patient and family-centered preferences" can run the grave risk of coercing patients and their families into accepting certain end-of-life care options. Incentivizing family-centered end-of-life options runs the risk of abuse in cases where a patient's family members or next of kin prefer end-of-life options that are contrary to the patient's ordinary best interest. Incentivizing patient preferences in end-of-life care runs the risk of coercing patients to choose options contrary to their ordinary best interest, due to concerns of becoming a burden (financially or otherwise) on family or medical staff, due to the mental or emotional toll that results from having a serious illness, or due to concerns of losing autonomy, dignity, control of bodily functions, or losing the ability to engage in activities that make life enjoyable. Under no circumstances should the Department incentivize any end-of-

life options which deny a patient non-medically assisted access to food or water or which seek to control the timing of death through medical aid in dying, assisted suicide, or euthanasia.

We wish to convey to you that it is our reading and our understanding of the Draft that the Department recognizes that human life begins at the moment of conception and ends at the point of natural death. It is our understanding that, given this recognition of human life from conception to natural death, that the Department will equally apply the entirety of its strategic plan as a "core component of the HHS mission"[2] to all human persons without distinction as to a person's health, condition, stage of development, or prognosis.

It is a scientific fact that life begins at the moment of conception. Protecting health of every human life, regardless of his or her stage of development, is in accord with respecting the dignity of every person.

The International Covenant on Civil Political Rights recognizes that "Every human being has the inherent right to life."[3] As the Department now recognizes human life from the moment of conception, it is only appropriate that the HHS protect the health of all persons at every stage of development.

Recognition of human life from the moment of conception is recognized by international law in the Americas. The American Convention on Human Rights recognizes that "Every person has the right to have his life respected. This right shall be protected by law and, in general, from the moment of conception."[4]

It is our expectation, that in applying the HHS Strategic Plan, the Department will preclude itself from participating in any activities, funding, advocacy, or research that fails to respect "the inherent dignity of persons from conception to natural death"[5] including (but not limited to): abortion, involuntary sterilization, physician assisted suicide, medical aid in dying, euthanasia, human embryonic stem cell research, development of therapeutics derived from human embryos, zygotes, or immortalized cell lines derived from an aborted fetus (including HEK-293), research involving or therapeutics derived from somatic nuclear transfer involving the nucleus of a fertilized human egg, freezing or destruction of human embryos, surrogacy, and research for or development of muscle relaxants, barbiturates, benzodiazepines, opioids, or other drugs for the purposes of terminating human life by assisted suicide, euthanasia, or capital punishment.

Respectfully submitted,

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[1] Department of Health and Human Services (HHS), HHS STRATEGIC PLAN, FY 2018-2022 15 (draft September 2017).

[2] *Id.* at 34.

[3] International Covenant on Civil and Political Rights (ICCPR), art. 6(1), Dec. 16, 1966, 999 U.N.T.S. 171.

[4] Organization of American States, American Convention on Human Rights, art. 4(1), Nov. 22, 1969, O.A.S.T.S. No. 36, 1144 U.N.T.S. 123.

[5] HHS, s*upra* note 1 at 32.