

United States Senate

WASHINGTON, DC 20510

October 27, 2017

The Honorable Eric D. Hargan
Acting Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Acting Secretary Hargan,

We write to express our deep concerns with the Department of Health and Human Services' (HHS or "the Department") draft Strategic Plan for FY2018-2022 ("the draft Plan") released on September 26, 2017. The draft Plan consistently prioritizes ideology over science and fails to address the diverse health needs of the people the Department serves. If implemented as proposed, this draft Plan would roll back progress in access to health care and undermine protections for vulnerable populations.

The draft Plan reverses course on a number of priorities from the previous Strategic Plan, suggesting the Department is not interested in prioritizing the health care of women, LGBTQ individuals, racial and ethnic minorities, and other vulnerable populations, but rather is intent on advancing extreme, ideological viewpoints and certain religious perspectives over science-based programs and healthcare. Meanwhile, there are notable omissions in the draft Plan regarding access to and improvement of health care for vulnerable populations.

The only mention of women in the draft Plan is in the context of pregnancy and childbirth. The draft Plan does not focus on helping women avoid unplanned and unwanted pregnancies. Further, the Plan does not ensure that women have access to the health care needed for their own health and in order to successfully carry out a healthy pregnancy. The draft Plan also fails to acknowledge that, in addition to reproductive health, women face a range of unique health needs, such as higher risk of heart disease and certain cancers. Instead, in repeatedly stating that life begins at conception, the draft Plan imposes certain ideological views on all individuals, fails to account for a woman's right to control her own reproductive health decisions, and runs counter to well-established constitutional case law.¹ The concept of life beginning at conception has not

¹ HHS Strategic Plan, FY 2018 – 2022, Draft September 2017, Lines 60-61: "HHS accomplishes its mission through programs and initiatives that cover a wide spectrum of 61 activities, serving and protecting Americans at every stage of life, beginning at conception;" Line 829-831: "Enhance international preparedness through medical countermeasures and community mitigation measures, respecting the inherent dignity of persons from conception to natural death;" Lines 846-848: "A core component of the HHS mission is our dedication to serve all Americans from conception to natural death, but especially those individuals and populations facing or at high risk for 848 economic and social well-being challenges, through effective human services;" Lines 1142-1144: "The research pursued under this strategic goal is to be conducted consistent with the understanding that human subjects protection applies to all human beings from conception to natural death;" and Lines 1341-1344: "Support a broad and diverse portfolio of biomedical research by supporting a range of scientific disciplines, including basic and translational research, to augment scientific opportunities and innovation for public health needs, consistent with human subject protections, which protect all persons from conception on, and bioethics."

been mentioned in previous strategic plans, dating back to at least 2000.² We do not believe that it is within HHS's purview or the public interest for the Department to enforce religiously-backed, ideological policies and interventions, especially those without the backing of scientifically vetted studies.

In the draft Plan, the language from previous strategic plans about support for LGBTQ individuals is eliminated altogether. Past strategic plans have talked about significant disparities that persist in key health indicators in certain populations, including for LGBTQ youths and adults. For example, the FY 2001 Strategic Plan stated, "Despite major advances in health care in the United States, significant disparities persist in key health indicators across all racial and ethnic groups. Similar disproportionate health risks may exist for other populations, such as gay, lesbian, and bisexual youths and adults. The elimination of these disparities is a major focus of HHS initiatives."³ The FY2010-2015 and FY2014-2018 Plans included similar language.⁴

Also absent from the draft Plan are efforts to prioritize minority groups who face some of the nation's worst health outcomes. Previous strategic plans, including those implemented through the George W. Bush Administration, included objectives to support revitalization efforts in distressed communities, including the development of economic opportunities and strengthening community institutions and local health delivery systems. The FY2007-2012 Strategic Plan even included a special section to focus on reducing health disparities, identifying opportunities for improvement mainly focused on access to care.⁵

Previous strategic plans have promoted partnerships with tribes and consistently recognized states and tribes jointly in nation-wide health promotion efforts. The draft Plan includes only one reference to tribes in a section about mental health and substance use disorders.⁶ While coordination with tribes in this one area is important, so too are a number of other areas recognized in past plans to integrate tribes into the broader health care system.

The mission of HHS is to "enhance and protect the health and well-being of all Americans."⁷ This draft Plan fundamentally fails to recognize the needs of people across the country. Instead, it is a troubling continuation of policies since the beginning of the Trump Administration to limit the rights of and access to health care for women, LGBTQ individuals, racial and ethnic minorities, and others. We strongly encourage the Department to revise the draft Plan to recognize its responsibility to protect the health and well-being of all the people we serve.

² HHS Strategic Goals and Objectives - FY 2001; HHS Strategic Plan – FY2004-2009; HHS Strategic Plan FY2007-2012; HHS Strategic Plan FY2010-2015; HHS Strategic Plan FY2014-2018.

³ HHS Strategic Goals and Objectives - FY 2001

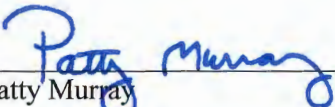
⁴ HHS Strategic Plan FY 2010-2015: "Lesbian, gay, bisexual, and transgender individuals may face problems in seeking and receiving care that meets their needs;" HHS Strategic Plan FY2014-2018: "Promote expanded access to high-quality, culturally competent health care services to improve health equity, and address health disparities among populations including racial and ethnic minorities, individuals with disabilities, refugees, lesbian, gay, bisexual, and transgender (LGBT) individuals, and people with Limited English Proficiency and limited health literacy skills."

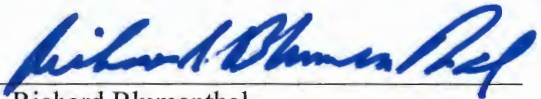
⁵ HHS Strategic Plan FY2007-2012

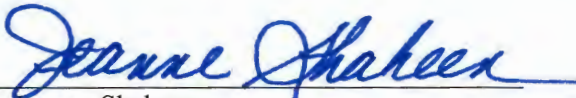
⁶ HHS Strategic Plan, FY 2018 – 2022, Draft September 2017, Line 698: "Build capacity and promote collaboration among states, tribes, and communities"

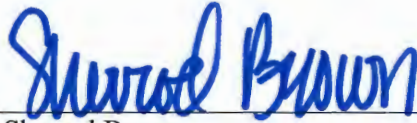
⁷ <https://www.hhs.gov/about/index.html>

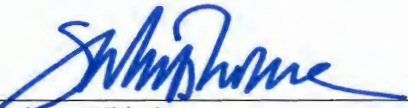
Sincerely,


Patty Murray
United States Senator

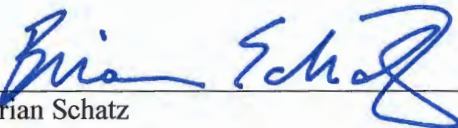

Richard Blumenthal
United States Senator

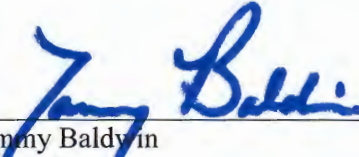

Jeanne Shaheen
United States Senator

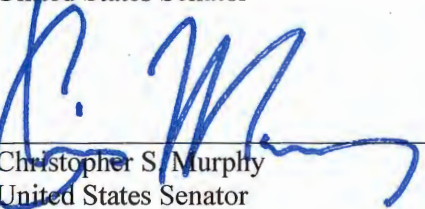

Sherrod Brown
United States Senator

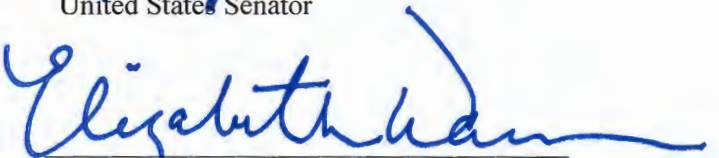

Sheldon Whitehouse
United States Senator

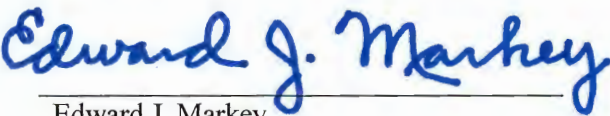

Kirsten Gillibrand
United States Senator

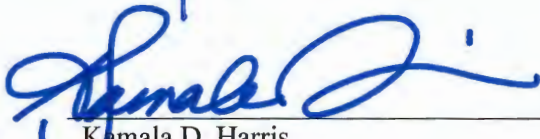

Brian Schatz
United States Senator

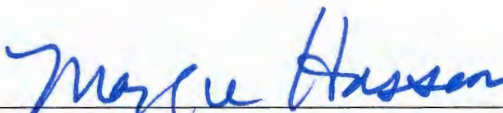

Tammy Baldwin
United States Senator

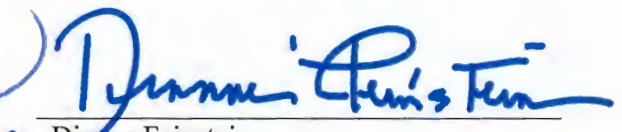

Christopher S. Murphy
United States Senator


Elizabeth Warren
United States Senator


Edward J. Markey
United States Senator


Kamala D. Harris
United States Senator


Margaret Wood Hassan
United States Senator


Dianne Feinstein
United States Senator