



where NURSING, MINISTRY and CATHOLIC MISSION meet

October 23, 2017

United States Department of Health and Human Services
Office of the Assistant Secretary for Planning and Evaluation
Strategic Planning Team, Attn: Strategic Plan
200 Independence Avenue, S.W., Room 415F
Washington, D.C. 20201

Re: HHS Strategic Plan, Draft, FY 2018-2022, Invitation for Public Comment

Dear US Department of Health and Human Services:

The National Association of Catholic Nurses - U.S.A. (NACN-USA) is the national professional organization for Catholic nurses in the United States. The NACN-USA is approved by the U.S. Conference of Catholic Bishops and a part of the International Catholic Committee of Nurses & Medico-Social Assistants, which collaborates with the Holy See and its Dicastery for Promoting Integral Human Development. Thus, the NACN-USA stands in solidarity with Catholic nurses throughout the world, united in charity and the promotion of a Christian, moral approach to health care. It is in response to the invitation for public comment regarding the approach to health care proposed in the HHS Strategic Plan, Draft, FY 2018-2022 that we write to share our thoughts and concerns. Our comments will begin with the Introduction and proceed through each of the five Strategic Goals set forth in the Draft.

Introduction

The NACN-USA is extremely pleased to see the HHS commitment to serving and protecting human life at every stage, "beginning at conception" (line 61). The clear acknowledgement of the unborn as members of the human family is a welcome addition to the statement of Organizational Structure, something not found in the previous Strategic Plan FY 2014-2018.

It is also noteworthy that in this draft, the HHS acknowledges the "interconnectedness of our world [which] requires that the HHS engage globally to fulfill its mission" (lines 64-65); its stated mission being, "to enhance the health and well-being of Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services (lines 54-57). Indeed, the centrality of the human person, the social nature of human beings, and the unity of the human family across cultures and nations requires that the efforts stated in the mission be ordered with the aim of guaranteeing an effective universal common good,¹ which is understood to be the sum total of social conditions which allow people, either as groups or as individuals, to reach their fulfillment more fully and more easily.²

¹ Pontifical Council for Justice and Peace, *Compendium of the Social Doctrine of the Church* (Washington D.C.: United States Conference of Catholic Bishops, 2005), 187.

² Paul VI, "Gaudium et Spes" (December 7, 1965) 26 http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_const_19651207_gaudium-et-spes_en.html

Strategic Goal 1: Reform, Strengthen, and Modernize the Nation's Health Care System

It is notable that the first strategic goal is not only to strengthen health care, as was the goal of the previous strategic plan, but also to reform and modernize the health care system, with the ultimate goal "to improve healthcare outcomes for *all* [emphasis added] people, including the unborn, across healthcare settings" (line 115). Again the NACN-USA is pleased to see the unborn specifically recognized as persons deserving of respect, attention, and efforts to improve their healthcare outcomes.

Objective 1.1: Promoting affordable health care, while balancing spending on premiums, deductibles, and out-of-pocket costs.

In regard to the strategy to "promote preventive care to reduce future medical costs" (line 141), the HHS should be clear that prevention, at every level, whether primary, secondary or tertiary, is directed at disease and disability.³ Normal conditions of life, such as pregnancy and puberty, are neither diseases nor disabilities and should not be treated as such. Thus, contraceptives, abortifacients and so-called "puberty-blocking drugs" for gender dysphoria, should not be considered "preventive care," as had sometimes been the case under the previous Strategic Plan.

As to the strategy to "strengthen informed consumer decision-making and transparency about the cost of care" (line 158), nursing long has supported efforts to promote health literacy, education, and informed decision-making among patients and their families. The NACN-USA is concerned, however, regarding the lack of definition of "end-of-life care" and lack of specificity of incentives related to it (lines 169-172). End-of-life care should pertain only to patients whose disease conditions are no longer treatable and will result in death. Payment models should not incentivize refusal of medically appropriate treatment or refusal of basic nursing care, such as food and fluids. Neither should payment models incentivize types of advance care planning that preclude in-the-moment-of need medical decision-making between patients and their physicians, as is characteristic of Physician Orders for Life-Sustaining Treatment (POLST) and similar documents.⁴ Lastly and most importantly, assisted suicide or euthanasia should never be incentivized, let alone supported in any way. Such activities are contrary to the long-standing values of the nursing profession, constitute a betrayal of the patient, and violate nursing's promise to society to "do no harm."

Objective 1.3: Improve Americans' access to health care and expand choices of care and service options. With respect to the strategy "design healthcare options that are responsive to consumer demands, while removing barriers to faith-based and other community-based providers" (lines 353-354) and, in particular, the Executive Order 13798 of May 4, 2017, *Promoting Free Speech and Religious Liberty*, (lines 359-370), the NACN-USA is optimistic that conscience-based objections and religious speech will be protected for individuals and organizations. We are further encouraged that, as a result of such protections, patients will have access to providers with whom they share deeply held religious beliefs, something that contributes to the trust essential to a proper patient-provider relationship and further makes available choices of care and service options consistent with those beliefs.

³ Institute for Work and Health, (October 21, 2017) <https://www.iwh.on.ca/wrmb/primary-secondary-and-tertiary-prevention>

⁴ C. Brugger, L.C. Breschi, E.M. Hart, et al. "White Paper. The POLST Paradigm and Form: Facts and Analysis," *The Linacre Quarterly* 80, no. 2, (2013): 103-138.
http://www.cathmed.org/assets/files/POLST_Paradigm_and_Form.pdf

Strategic Goal 2: Protect the Health of Americans Where They Live, Learn, Work, and Play

Objective 2.2: Prevent, treat, and control communicable diseases and chronic conditions.

The NACN-USA strongly supports the prevention and control of infectious disease, including the development, testing, preparation and administration of vaccines (lines 569-581). However, the NACN-USA kindly reminds the HHS that only moral means should be used in the discovery and development of vaccines. For example, methods should not involve the use of cell lines derived from aborted human fetuses, as has been done in the past and continues today.⁵ Avoiding the use of aborted human fetal tissue and human embryos would be consistent with the commitment to protect human life at every stage of development beginning at conception (line 61).

Objective 2.3: Reduce the impact of mental and substance use disorders through prevention, early intervention, treatment, and recovery support.

The NACN-USA shares the concerns of the HHS regarding the increasing prevalence of mental health and substance use disorders, including the crisis of opioid addiction, and the devastating impact that they have on individuals, families, and communities. We support prevention, screening, early detection and treatment of these disorders, in particular depression especially among the elderly and infirm, who may be tempted to suicide. Moreover, we support a scientifically sound, evidence-based approach to the diagnosis and treatment of mental health and substance use disorders and not an approach based on ideology which can actually harm rather than heal.⁶

Objective 2.4: Prepare for and respond to public health emergencies.

The NACN-USA appreciates that the strategy to advance global health security by means of enhancing international preparedness through medical countermeasures and community mitigation measures specifically includes "respecting the inherent dignity of persons from conception to natural death" (lines 825, 829-831). Indeed, the principle of respect for the dignity of the human person "is the foundation of all the other principles of the Church's social doctrine; the common good; subsidiarity; and solidarity... these principles [are] the expression of the whole truth about man known by reason and faith."⁷

Strategic Goal 3: Strengthen the Economic and Social Well-Being of Americans Across the Lifespan

Objective 3.1: Encourage self-sufficiency and personal responsibility, and eliminate barriers to economic opportunity.

The NACN-USA is pleased to see an emphasis on strategies aimed at promoting the health and well-being of all persons but, in particular, that of special populations who, for a variety of reason, are disadvantaged, such as persons who are poor or disabled (lines 864-868). Safety net programs can be life-saving and, thus, necessary for those persons who find themselves struggling and in need of services for a short period of time, such as those who lost a job or made poor life choices, as well as for those who may

⁵ Merck & Co. Inc. "Highlights of Prescribing Information ProQuad 11 Description" (2005-2017), http://www.merck.com/product/usa/pi_circulars/p/proquad/proquad_pi.pdf. See also E. Sgreccia, Letter from the Pontifical Academy for Life, June 9, 2005, "Moral Reflections on Vaccines Prepared From Cells Derived From Aborted Human Foetuses," available at <http://www.immunize.org/talking-about-vaccines/vaticandocument.htm>

⁶ American College of Pediatricians. "College President Speaks on Gender Ideology," (July 7, 2017), <https://www.acped.org/college-president-speaks-on-transgender-ideology>

⁷ Pontifical Council for Justice and Peace, *Compendium of the Social Doctrine of the Church* (Washington D.C.: United States Conference of Catholic Bishops, 2005), 71.

need services indefinitely, such as the chronically homeless. For those persons with disabilities, investing in technology equipment that can allow greater self-sufficiency (line 900-901) and assisting the integration of persons with disabilities into the greater community workforce is encouraged (lines 906-907). These efforts are essential to achieving the mission of enhancing the health and well-being of all Americans (lines 54-55).

Objective 3.3: Support strong families and healthy marriage, and prepare children and youth for healthy, productive lives.

The NACN-USA is pleased to see that support and strengthening of marriage and families is included among the strategies. "Marriage and the family constitute one of the most precious of human values. [In spite of that] There exist in the world countless people who unfortunately cannot in any sense claim membership of what could be called in the proper sense a family. And yet for all of these people there exists a 'good news of the family'." ⁸ The NACN-USA commends the HHS for supporting marriage and family and spreading the good news of this most precious of human values.

Objective 3.4: Maximize the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers.

As nurses, we are acutely aware of the struggles of older adults, persons of all ages with disabilities, their family members and care-givers. The NACN-USA is heartened to see the inclusion of strategies to assist persons to achieve their highest level of function and well-being, regardless of their age or circumstances of life. Supportive programs can reduce feelings of being overwhelmed by illness and disability, feelings that can lead to frustration and despair on the part of both patient and care-giver. Efforts to strengthen the workforce (line 1126), both professional and non-professional, through education and training in the proper way to care for persons who are aged or disabled would be instrumental in meeting this objective.

Strategic Goal 4: Foster Sound, Sustained Advances in the Sciences

Once again, it is gratifying to see the commitment to the protection of human life in that, "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" (line 1142-1144).

Objective 4.2: Expand the capacity of the scientific workforce and infrastructure to support innovative research.

Innovative research does not mean unethical or irresponsible research and, so, the NACN-USA is encouraged to see the specific mention of human subjects protection extending to "research involving human embryos or embryonic stem cells/tissue, fetal tissue, genetic engineering and manipulation of the germ cell, and the creation of chimeras" (lines 1287-1289). "The ethical norms of research require that it be directed toward promoting human well-being. All research contrary to the true good of the person is immoral; investing efforts and resources in it is contrary to the human purpose of science and scientific progress." ⁹

⁸ Pope John Paul II, "Familiaris Consortio" (November 22, 1981), 1,85, Apostolic Exhortation. http://w2.vatican.va/content/john-paul-ii/en/apost_exhortations/documents/hf_jp-ii_exh_19811122_familiaris-consortio.html

⁹ Pontifical Council for Pastoral Assistance to Health Care Workers, 2017. *New Charter for Health Care Workers*. (Libreria Editrice Vaticana, Trans The National Catholic Bioethics Center: Philadelphia, 2017), 74.

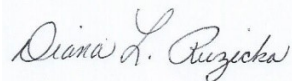
Strategic Goal 5: Promote Effective and Efficient Management and Stewardship

Safeguarding material and human resources and using them responsibly suggests a prudence that the NACN-USA welcomes. When it comes to technology, it should be remembered that technology is only ever a tool and tools are only aides or resources for human beings who, in the end, are the ones who matter. The best technology can never replace the human interaction that is the heart and soul of medical and nursing practice, that is to say, the relationship between the patient and his or her physician or nurse. It is the cultivation of this healing relationship that should be promoted and protected.

In summary, the NACN-USA overall supports the approach to health care delineated in this Draft Strategic Plan FY 2018-2022 and finds it an improvement over the 2014-2018 plan. We are particularly pleased to see a clear commitment, evident throughout the plan, to respect and protect human life at every stage of development, a commitment that extends to research and development. We are heartened to find special attention given to the support of marriage and family and to the care of the poor and vulnerable. We are encouraged by the support of conscience-based objections and protection of religious speech. Grateful for the opportunity to comment, please consider the suggestions we offer in a spirit of mutual concern for the health and well-being of all.

Sincerely,

In His Holy Name,



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