I am very concerned about IOM's recent recommendation to HHS and the mandate you are seeking to implement. It was clear from the beginning that the IOM's committee had a strong pro-contraception bias. The publish record reveals these members have donated a total of \$116,500 to pro-choice organizations and candidates, while none have ever supported the campaigns of pro-life candidates.

I am also concerned about the lack of objectivity and lack in scientific research cited by the committee. The Guttmacher Institute, for example, claimed that the recommendations were "developed after an exhaustive review of the scientific evidence." Kathleen Sebelius argued that "these historic guidelines are based on science, and will help ensure women get the preventive health benefits they need." This is simply not true. When we examine the committee's methodology, especially as it touches upon Recommendation 5.5, there is ample evidence that the IOM committee did not, in fact, consider the findings objectively. Indeed, we find that the members were ideologically committed to their outcome, and that Rec 5.5 is a skewed representation of the relevant science. Regardless of one's particular stance on the issues at stake in this official mandate, it is a matter of great concern when those who are charged with the protection of our public health neglect that trust in preference to political activism.

In support of the report's claim "that greater use of contraception within the population produces lower unintended pregnancy and abortion rates nationally," only two sources are cited—one of which is a non-peer-reviewed advocacy report. This was published by the Guttmacher Institute, the former research arm of Planned Parenthood and a strong advocate for abortion and contraception. One reason for this dearth of evidence is simple: Numerous studies show that greater access to oral contraception and emergency contraception does not, in fact, reduce unintended pregnancies or abortion. Such studies were conducted by the likes of Peter Arcidiacono of Duke University and Chelsea Polis of the Johns Hopkins Bloomberg School of Public Health, and have been published in journals including the Journal of Health Economics, Obstetrics and Gynecology, and the Journal of the American Medical Association.

Finally, why was the Catholic health system not represented in the committee when they are the single largest provider of heatlh care in the United States?

It is a breach of trust towards the American people when political activism overrides scientific objectivity. Recommendation 5.5 must be changed and the whole process needs to begin again with proper representation and true objectivity.

Sincerely,

Mr. Chris Stravitsch, MA, LPC

San Antonio, Texas