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April 29, 2008

The Honorable Cong. Arthur Y. Pingoy

Chairman, Committee on Health

The House of Representatives

Constitution Hills, Quezon City 1126

Re: Proposed House Bill No. 17, the “Reproductive Health, Responsible Parenthood and Population Development Act of 2007”

– and –

Proposed House Bill 812, “The Reproductive Health Care Act”

Dear Chairman Pingoy:

We understand that the Committee on Health of the House of Representatives will be conducting a hearing to consider House Bills 17 and 812.

As a family association that has been monitoring similar bills since the 11th Congress, we are exercising our Constitutional right to participate in the planning and implementation of policies and programs affecting Filipino families.

We are enclosing our Position Paper in opposition to these Bills.

Very truly yours,

(original signed)

DIONISIO DONATO T. GARCIANO

President/CEO

Encl. a/s

ENOUGH! STOP THE ONSLAUGHT TOWARDS ABORTION

A Position Paper Against House Bills 17 and 812 and their Substitute Bill/s:

House Bill 17: AN ACT PROVIDING FOR A NATIONAL POLICY ON REPRODUCTIVE HEALTH, RESPONSIBLE PARENTHOOD AND POPULATION DEVELOPMENT, AND FOR OTHER PURPOSES

Introduced by Honorable Edcel C. Lagman, for the 14th Congress

House Bill 812: AN ACT PROVIDING FOR REPRODUCTIVE HEALTH CARE STRUCTURES AND APPROPRIATING FUNDS THEREFOR AND FOR OTHER PURPOSES

Introduced by Honorable Janette L. Garin, M.D., for the 14th Congress

Honorable Legislators of the Committee, we come before you on behalf of the **ALLIANCE FOR THE FAMILY FOUNDATION** in **defense of the DIGNITY OF LIFE, the DIGNITY OF THE POOR**, and the institutions of **MARRIAGE and the FAMILY** in the Philippines.

We continue to oppose House Bill (HB 17), which is substantially the same as HB 3773, widely recognized as “The Two-Child Policy Bill” which was the consolidated Substitute for HB 16, 2029, 2042, and 2550, from the 13th Congress.

We continue to oppose HB 812, the third attempt of our legislators to introduce this Abortion Bill. It is substantially the same as HB 2029 from the 13th Congress and HB 4110 from the 12th Congress.

It is time to completely expose the masquerade of House Bills 17 and 812, and reveal directly and unequivocally that all their objections notwithstanding, these Bills will lead towards legalization of abortion in the Philippines and state-funded anti-natalist policies.

We reject these proposed Bills in their totality for the following reasons:

1. Recent documents prove without any doubt that advocates of “reproductive health” and “reproductive rights” are advocates of abortion.

a) The terms “reproductive health,” “reproductive rights,” “reproductive health rights,” “reproductive health care,” “reproductive health services.” “sexual rights” confront us once again, along with the repeated denials that these Bills will legalize abortion.

For instance, Section 4 of HB 812 defines Family Planning as: “g) *Family planning* - that which enables couples and individuals to decide freely and responsibly the number and spacing of their children...provided that abortion is not included as a family planning method.” Likewise there is reference to prevention of abortion in Section 5 of HB 812: “e) Undertake programs for the prevention of abortion and management of post-abortion complications... nothing in this Act changes the law on abortion...” Section 3.j. of HB 17 states: “While nothing in this Act changes the law on abortion, as abortion remains a crime and is punishable...”

Despite these apparent reassurances, we maintain that based on usage, “reproductive health” has become a universally accepted reference for all products and services that would deny women their pregnancies, and instead promote birth control and abortion.

Consider the recent evidence from one of the large advocacy groups on reproductive rights, The Center for Reproductive Rights. The group states:

“At the core of reproductive rights is the principle that a woman has the right to decide whether and when to have a child. When faced with an unwanted pregnancy, only she can decide whether she will carry the pregnancy to term. Governments are bound to respect this basic human right by ensuring that women have access to the full range of quality reproductive health services, including abortion.”¹

Even encyclopedias have begun to interpret the double-speak inherent in these terms. Wikipedia, the largest free-content encyclopedia on the Internet, defines the term “reproductive rights” as follows, “Advocates of reproductive rights support the right to control one’s reproductive functions, such as...rights not to reproduce (such as support for access to birth control and abortion)... The term is largely perceived as being synonymous with the pro-choice position, which states that abortion should be a legal option for any pregnant woman.”²

b) HB 812 has also cited several international population conferences that represent the underlying philosophy, framework and terminology of anti-natalist groups. Some of these groups have been cited in its Explanatory Note, and they all espouse a so-called “right” to reproductive health care.

1) The United Nations Population Fund (UNFPA)’s International Conference on Population and Development (ICPD) Programme of Action³

Close reading of the language of the Programme of Action leads to the conclusion that the ICPD has the intention of encouraging all countries to remove legal barriers to abortion. The Programme of Action states:

“All countries should strive to make accessible...reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015. Reproductive health care...should, inter alia, include:... abortion as specified in paragraph 8.25...” [Paragraph 7.6]

“As part of the effort to meet unmet needs, all countries are asked to identify and remove all major remaining barriers to the use of family planning services...” [Paragraph 7.19]

“Specifically, Governments should make it easier for couples and individuals to take responsibility for their own reproductive health by removing unnecessary legal...and regulatory barriers to information and to access to family-planning services and methods.” [Paragraph 7.20]

“...Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process...” [Paragraph 8.25]

According to the document, “Access to Safe Abortion,” exercising the individual’s right to determine the number and spacing of her children “is impossible without access to abortion.”⁴

¹ The Center for Reproductive Rights, “Reproductive Health and Rights Issues: Abortion.” Undated. In http://www.reproductiverights.org/ww_iss_abortion.html

² Wikipedia Encyclopedia Entry: Reproductive Rights in http://en.wikipedia.org/wiki/Reproductive_rights Accessed Oct. 24, 2007.

³ UNFPA International Conference on Population and Development, Programme of Action, 1995, Chapter VII and Chapter VIII, Points 7.6, 7.19, 7.20, and 8.25 in http://www.unfpa.org/icpd/icpd_poa.htm

⁴ Barbara B. Crane and Charlotte E. Hord Smith, “Access to Safe Abortion: An Essential Strategy for Achieving the Millennium Development Goals to Improve Maternal Health, Promote Gender Equality, and Reduce Poverty.” February 2006.

There is thus no more room for ambiguity nor ambivalence in the term “reproductive rights” being inclusive of abortion. The all-encompassing definition of these terms as far as the ICPD is concerned is shown in the formal statement of the Global Roundtable Declaration of the “Countdown 2015” international conference held in September 2004 in London. This was a follow-up conference to “reinvigorate commitment,” after 10 years, to the 20-year goals of the 1994 ICPD. Among these goals was the achievement by 2015 “of universal access to a package of basic reproductive health services...” The Global Roundtable Declaration stated:

“We want a world...Where women and girls do not die in childbirth and pregnancy; where they have access to safe and legal abortion; and where women and men can decide freely and responsibly whether and when to have children.”⁵

2) The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the United Nations’ Committee on CEDAW.

The CEDAW Committee is the United Nations body that monitors compliance on the Convention. It has recommended to our Philippine delegation to legalize abortion. The Committee said in its most recent Report to the Philippines (“the State party”):

“28. The Committee urges the State party to take concrete measures to enhance women’s access to health care, in particular to sexual and reproductive health services... The Committee recommends that the State party consider reviewing the laws relating to abortion with a view to removing punitive provisions imposed on women who have abortions...”⁶(*underscoring ours*)

A reproductive health group in the United States states, “There is growing recognition within the international community...that CEDAW’s language on gender equality – particularly its broad ranging anti-discrimination provision – evokes a positive duty for the state to ensure non-criminalized access to abortion services. In other words, CEDAW does suggest the right to an abortion.”⁷

In the Philippines, a reproductive-health advocacy group EnGENDER Rights, founded in 2003, said to have been “founded to advocate for women’s free exercise of their sexuality and their right to reproductive self-determination free of discrimination, coercion and violence including women’s access to the full range of contraceptives, emergency contraceptives, and to safe and legal abortion...” stated in a letter to the Editor of the Manila Times on November 14, 2005, that abortion must be legalized, as follows:

⁵ Declaration of the Global Roundtable, Page 7, Countdown 2015: Sexual and Reproductive Health and Rights for All, 2 September 1994, in <http://content.ippf.org/output/ICPD/files/4918.pdf>

⁶ Concluding Comments of the Committee on the Elimination of Discrimination Against Women: Philippines, Thirty-sixth Session, 7-25 August 2006, CEDAW/C/PHI/CO/6, 25 August 2006. In http://www.un.org/womenwatch/daw/cedaw/cedaw36/cc/Philippines_25augrev.pdf

⁷ Pozen, Joanna. “The High Price of Compromise.” RH Reality Check, Sept. 18, 2007. In <http://www.rhrealitycheck.org/blog/2007/09/18/the-high-price-of-compromise> Accessed Sept. 25, 2007.

“...the Philippines is obligated to repeal the Revised Penal Code provision imposing penalties on women inducing abortion and those assisting them...Indeed, our laws should be compassionate and responsive to women’s realities.”⁸

c) The Millennium Development Goals of 2000

The Millennium Development Goals (MDG) are also cited in the Explanatory Note of HB 812 as the basis for this Bill. While the Goals are laudable in their intent to eliminate poverty, their means are not as laudable.

The MDGs consist of priorities derived from the same agreements made at the major international conferences of the 1990s, including the ICPD (Cairo, 1994) and the Fourth World Conference on Women (Beijing, 1995). The UN Millennium Project, which oversees the MDGs, through the United Nations World Summit in September 2005, continued the emphasis on the ICPD’s reproductive health goal of “universal access” by 2015 through the goals of gender equality (Goal 3) and maternal health (Goal 5).⁹ The UN Population Fund’s (UNFPA) focus on reproductive health and population issues are seen to be central toward the achievement of the MDGs, even if there is no explicit, independent goal of “reproductive health.”

For instance, when “women’s empowerment” is cited for Goal 3, there is a desire to “plan the timing and number of their births” while Goal 5 on maternal health emphasizes the desire of “preventing unplanned...pregnancies.”¹⁰ It becomes inevitable that reproductive health, including abortion as one of the means of preventing pregnancies and births, has become part of the expected achievements for women’s empowerment and maternal health.

According to the UN Millennium Project Report entitled, “Sexual and Reproductive Health Key to Achieving Millennium Development Goals,” sexual and reproductive health services must be delivered to developing nations.¹¹ This is the foundation of the work of reproductive health advocates such as Ipas, which produced the report entitled “Access to Safe Abortion: An Essential Strategy for Achieving the Millennium Development Goals to Improve Maternal Health, Promote Gender Equality, and Reduce Poverty.”¹²

It is clear from the references to ICPD, CEDAW, and the MDG in HB 812’s Explanatory Note and the language of the Bill that abortion is the intended direction of these pieces of legislation.

⁸ Clarita Padilla, “Repeal Penalty on Abortion,” May 26, 2006, quoting Letter to the Editor of The Manila Times of November 14, 2005. In http://clararitapadilla.blogspot.com/2006/05/repeal-penalty-on-abortion_26.html Accessed Oct. 8, 2007.

⁹ Adam Sonfield, “Working to Eliminate the World’s Unmet Need for Contraception.” Guttmacher Policy Review, Winter 2006, Volume 9, Number 1. In <http://www.guttmacher.org/pubs/gpr/09/1/gpr090110.html>

¹⁰ UN FPA, “MDGs: Frequently Asked Questions.” In <http://www.unfpa.org/icpd/qanda.htm>

¹¹ UN Millennium Project, “Sexual and Reproductive Health Key to Achieving Millennium Development Goals.” In http://www.unmillenniumproject.org/reports/srh_main.htm

¹² Barbara B. Crane and Charlotte E. Hord Smith, “Access to Safe Abortion: An Essential Strategy for Achieving the Millennium Development Goals to Improve Maternal Health, Promote Gender Equality, and Reduce Poverty.” February 2006. In http://www.unmillenniumproject.org/documents/Crane_and_Hord-Smith-final.pdf

2. Disguising population control by concocting the term “population development” does not make it more acceptable. The flawed goal of population control is still the overriding framework of HB 17, whereas overpopulation is a fallacy.

In an effort to gain greater acceptance from the public, HB 17 makes reference to “population development” that is defined as being related to “desired fertility size” and reproductive health. However, there is no such term in demographics or economics. There is population, and there is development, but there is no combination of these two ideas that could become population policy. We believe the term has been coined only to attempt to achieve greater acceptance of population control, since the previous term used (“population management”) was also unmasked as population control in the 13th Congress.

HB 17 suggests that a large population is a negative fact. However, consider that the United States (3rd largest at 300 million, growing to 392 million in 2040) and Japan (10th at 128 million, shrinking to 104 million in 2040) are also in the top 12 largest countries.¹³ Yet no one suggests their large populations are a problem.

The simplest and most direct illustration of the fallacy of overpopulation is the fact that the most populous areas of the Philippines are also the wealthiest, as shown below:

Top Five Regions by Philippine Population and Gross Domestic Product¹⁴			
Region	Population	Gross Domestic Product	
		<i>(Thousand Pesos)</i>	<i>(By Rank)</i>
IV Southern Tagalog	11,793,655	171,425,120	2
NCR	9,932,560	330,017,672	1
III Central Luzon	8,030,945	97,470,120	3
VI Western Visayas	6,211,038	77,326,810	4
VII Central Visayas	5,706,953	75,735,126	5

HB 17 also insists that population has a negative impact on economic development. In one of the many examples of this underlying philosophy, Section 3.b. states: “The limited resources of the country cannot be suffered to be spread so thinly to service a burgeoning multitude that makes the allocations grossly inadequate and effectively meaningless.” We assert that this is not proven by studies reviewing the relationship between population and development.

¹³ U.S. Census Bureau, International Data Base, in <http://www.census.gov/cgi-bin/ipc/idbrank.pl> Accessed October 24, 2007.

¹⁴ Philippine National Statistics Office, in <http://www.census.gov.ph/data/pressrelease/2002/pr02178tx.html> and National Statistical Coordination Board, July 2004 data in <http://www.nscb.gov.ph/grdp/2003/2003conlev.asp>

The relationship between population and economic growth has been discussed in various studies that have debunked Thomas Malthus' flawed predictions in 1798. Malthusian myths were disproved, notably in the 1980s and 1990s, by various economists led by Julian Simon (1932-1998). These economists have demonstrated through demographic data that population growth is likely to exert a positive net impact on economic development or that the benefits of a decline in population growth are limited and occur only when government policies favor poverty decline.

For instance, the United States National Research Council in 1986 reversed its previous 1971 report by saying that "the concern about rapid population growth on resource exhaustion has often been exaggerated."¹⁵ The Council said it is institutional failure and not population growth that causes resource degradation.

Other studies in the 1980s (among them, the World Bank's World Development Report in 1984, and the Center for Global Development's report by Nancy Birdsall) generally tend towards the conclusion of the economist T. N. Srinivasan that "many of the alleged deleterious consequences [of population growth in developing countries] result more from inappropriate policies and institutions than from rapid population growth." Thus policy reform and institutional change are called for, rather than policy interventions in private fertility decisions to counter these effects."¹⁶

In other words, there are other determinants of improved economic growth, not slower population growth rates. More recently, Kelley and Schmidt in 1995 went a step further and provided empirical models of economic growth that exposed the short-term and long-term impact of population and concluded that "in 15 or so years, birth-rate reductions have a reverse impact on growth since there will be fewer persons entering the productive work force years."¹⁷

In his 2001 book, "Elusive Quest for Growth: Economists' Adventures and Misadventures in the Tropics," World Bank economist William Easterly reported that population growth can have more positive than negative effects since it increases the number of ideas and initiatives among people. He said that population growth can also drive technological innovation, because there is greater pressure to optimize available resources.¹⁸

Another World Bank economist who has studied the population and poverty situation is Geoffrey McNicoll. He said, "The relationship between population growth and poverty is neither obvious nor well established." He says that the often-repeated claim – that population growth results in poverty – is a case

¹⁵ National Research Council, Committee on Population, and Working Group on Population Growth and Economic Development. *Population Growth and Economic Development: Policy Questions* (Washington, D.C.: National Academy Press, 1986), as quoted in Julian Simon, *An Unreported Revolution in Population Economics*, July 23, 1990 in <http://www.juliansimon.com/writings/> Accessed Oct. 19, 2007.

¹⁶ Srinivasan, T. N. *Population growth and economic development*. Journal of Policy Modeling, Vol. 10, No. 1, Apr 1988. 7-28 pp. New York, New York.

¹⁷ Kelley, A.C. & Schmidt, R.M. (1995) Aggregate population and economic growth correlations: the role of the components of demographic change, *Demography*, 32: 543-55, as quoted in "Population and Economic Development" by Allen C. Kelley.

¹⁸ Easterly, William. 2001. *Elusive Quest for Growth: Economists' Adventures and Misadventures in the Tropics*. The MIT Press.

when “common sense views about a particular consequence of demographic change rest on an inconclusive body of research.” He also says, “The prima facie empirical case for the unimportance of

population to economic change has come from cross-country analysis. Scatter plots of countries on axes representing population growth rates versus per capita GNP or more refined indexes of income poverty are famously unpersuasive.”¹⁹

Even pessimistic opinions about population growth would insist that the impact of population depends on the country’s specific government policies and markets, and not population per se. And in recent years, there has been an increased emphasis on the need to harness the demographic dividend, where “there is an opportunity for governments to capitalize on the consequent demographic transition, where the number of working age adults grows large relative to the dependent population and potentially acts as a major economic spur. Conversely, if the appropriate policy environment is not in place, unemployment and instability may result, and health, education, and social welfare systems may undergo unbearable strain.”²⁰

Finally, documents from the United Nations (UN) Population Division confirm that population growth does not necessarily lead to income and resource decline. Its report entitled *World Population Monitoring 2001* stated that while world population grew from 1.6 billion to 6.1 billion persons from 1900 to 2000, world real gross domestic product (GDP, or actual output of goods and services) increased 20 to 40 times, “allowing the world not only to sustain a fourfold population increase but also to do so at vastly higher standards of living.”²¹ It also stated that world agricultural production has risen faster than population, real prices of food have declined, and new reserves of non-renewal mineral and fuel resources have been discovered.

If fourfold world population growth in ten years has not led to massive and global food epidemics and a decline in standards of living, then population growth in the Philippines will not cause these dire consequences either.

If it is not population that causes the problem of poverty, what is? Since poverty is a problem of economics, then economic policies must address poverty. Government should be considering effective means to deal with the real reasons for our country’s poverty, which are poor economic administration, widespread corruption, poor investment appetite, and external factors.

For the problem of corruption alone, the World Bank said, “Without success in reducing corruption, there will be a needless waste of resources; public confidence in government will be diminished, weakening efforts toward reform and revenue mobilization; and the effects of corruption frequently hit the poor hardest...”²²

3. The Philippines is already headed towards replacement-level fertility.

¹⁹ McNicoll, Geoffrey. “Population and Poverty: the Policy Issues, Part 1,” January 1999, in <http://www.fao.org/sd/WPdirect/WPre0087.htm> (underscoring ours)

²⁰ David Canning, David Elliot Bloom, Jaypee Sevilla. *The Demographic Dividend: A New Perspective on the Economic Consequences of Population Change. The Debate Over the Effects of Population Growth on Economic Growth*. Rand, 2003. In http://www.rand.org/pubs/monograph_reports/MR1274/MR1274.ch1.pdf

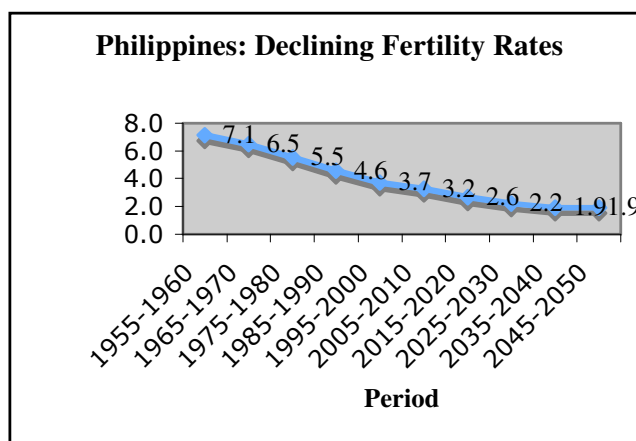
²¹ United Nations, Population Division of the Department of Economic and Social Affairs, “*World Population Monitoring 2001: Population, Environment and Development*,” 2001.

²² World Bank, *Combating Corruption, Discussion Briefs for the Philippines*, September 8, 2004, in <http://siteresources.worldbank.org/INTPHILIPPINES/Resources/DB07-CombatingCorruption-June23.pdf>

It is also clear from HB 812 and HB 17 that whatever the Total Fertility Rate (TFR) may be, the authors want the TFR to further decline. In the Explanatory Note of HB 812, the TFR of 3.2 is cited based on a survey conducted in 2006, whereas in the Explanatory Note of the proposed HB 2029 in the 13th Congress, the TFR cited was 3.7 based on a survey conducted in 1998. A similar reduction of the TFR from 3.7 to 3.5 appears in HB 17 when compared to HB 16 in the 13th Congress.

Although the TFR has dropped from 3.7 to 3.2, the proponents of HB 812 and 17 are not satisfied. The underlying premise of these Bills is that women’s health and responsible parenthood can only be achieved and defined if replacement fertility is achieved.

They do not seem to have realized that the United Nations and the National Statistics Office are already projecting a continued drop towards replacement level. UN data project the Philippines’ TFR to drop to 2.2 within 2025-2030, or only 20 years from now, and continue falling to hit 1.9 by 2040.²³ This is a significant drop from 7.1 in the 1950s, 5.5 in the 1970s and the current level of 3.2, as shown in the Table below.



This graph is also based on current projections, without any legislation. Enactment of HB 812 or HB 17 would exacerbate the existing negative trend.

The Philippine government projects that the country’s TFR will drop to replacement level of 2.07 during the period 2035-2040, as shown by the National Statistics Office’s report below.²⁴ While the rate of decline is about five years slower than that of the United Nations’ projections, with forecasted replacement fertility by 2030-2035, there is a clear trend: replacement-level fertility rates are expected for the Philippines.

²³ Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, *World Population Prospects: The 2006 Revision and World Urbanization Prospects: The 2005 Revision*, in <http://esa.un.org/unpp> Accessed Oct. 19, 2007.

²⁴ National Statistical Coordination Board, *Statistics: Population Projections*, in http://www.nscb.gov.ph/secstat/d_popnProj.asp and National Statistics Office, *Index of Population Projection Statistics, Table 4. Projected Total Fertility Rates, by Five-Year Interval, Philippines 2000-2040 (Medium Assumption)*, in <http://www.census.gov.ph/data/sectordata/popproftab.html>

NSO PROJECTIONS: TOTAL FERTILITY RATES, 2005-2040		UN PROJECTIONS: TOTAL FERTILITY RATES, 2005-2040
Period	Rate	Rate
2005-2010	3.18	3.23
2010-2015	2.96	2.89
2015-2020	2.76	2.61
2020-2025	2.57	2.38
2025-2030	2.39	2.18
2030-2035	2.23	2.01
2035-2040	2.07	1.88

Demographic decline is a negative, not a positive, phenomenon. It reduces economic opportunities, it places a heavy burden on the dependent elderly – who lose the support of an adequate workforce as that workforce shrinks – and it threatens the security of retirements and pensions. Legislators have to look far ahead, if we are not to end up like Singapore, which, 30 years ago, gave “population disincentives” and proclaimed the “Stop at Two” campaign. Starting in 1989, alarmed by its ageing population, Singapore has been giving financial incentives to encourage child-bearing, with no success at reversing the cultural mind-set against larger families. In fact, not one of the more than seventy countries in the world that have fallen below replacement birth levels has been able to reverse the trend. There is no reason why the Philippines will be an exception.

Indeed we are ignoring the alarm bells raised over the impending world population implosion. The international news magazine Newsweek featured the article entitled “Birth Dearth” as its cover story on Sept. 27, 2004.²⁵ In the article, author Michael Meyer reported on the “new demography,” the phenomenon consisting of dropping fertility rates and shrinking populations worldwide, as noted by sociologist Ben Wattenberg, warns “of what mainstream economists know: that a country cannot have a vibrant economy without a growing population.” In other words, while we are worrying about economic growth being stifled by our population growth, the rest of the world is worrying about the opposite problem.

4. Government-mandated reproductive health care or population control programs interfere with the family’s rights and open up the possibility of abuse.

The notion of introducing “reproductive health rights” is a farce in itself, since the term is a flawed, “verbally engineered” term for the impeding of the natural reproductive process of conception and birth. This attitude of having to “manage” reproductive health perpetuates the anti-life, pro-abortion, pro-choice mentality that will bring about the destruction of marriage and the family.

Moreover, when government mandates reproductive health care programs or population control policies, government tramples upon the basic human right of couples to control their own fertility and

²⁵ Michael Meyer, “*Birth Dearth*” in *Newsweek Magazine*, September 27, 2004.

determine their own family size.²⁶ Government involvement in reproduction is also dangerous because of its potential abuses.

China, for instance, launched in 1979 its severe “One-Child Family Policy” which has since led to a fertility rate of 1.7 through the killing of the unborn and infants who are “unwanted,” because they are girls (female infanticide), or because they are second children. Contraceptive use is at 87% with a heavy reliance on sterilization. Abortions are often forced on women who are pregnant with their second child. The result has been disastrous, not only from a human-rights viewpoint, but from a demographics viewpoint also. The elderly population over 65 years will jump from 5% in 1982 to over 15% by 2025, thus requiring 70% of the elderly to be supported by their children, in the absence of government pension coverage. The ratio of Chinese males to females is estimated at 1.17:1 as opposed to the sex ratio of 1.03-1.07 in industrialized countries. All these consequences are causing concerns about the future of China.²⁷

India was among the first countries to launch a state-sponsored family-planning program to curb its population growth in the 1950s. The government set targets for condom distribution and mass sterilization, including bonuses for health workers, and then shifted to a widely advertised “two child policy for maternal health care” that put pressure for smaller families. As in China, this has led to female infanticide and an uneven male-to-female sex ratio.

5. Taxpayers should not have to pay for contraceptives they don’t want.

Philippine taxpayers should not be compelled to subsidize or pay for contraception and “reproductive health care services” as mandated by HB 812 and HB 17, Section 10. If indeed the Filipino consumers want them, let the private sector provide the supply at market cost.

Even in the United States, which has a hefty health budget, only 1 in 6 women (17%) rely on publicly funded clinics for contraception and “reproductive health care,” and at most, 1 in 3 women (33%) would be eligible based on their income level.²⁸ In the Philippines, however, the Bills’ authors would want the state to increase the reliance of women on government-funded contraceptives.

With the current level of government reliance at 58% (down from 70% in 2004) shouldn’t the government step away and permit more women to avail of these “reproductive services” on their own? After all, if it is true that 50.6%²⁹ or 61%³⁰ of all married Filipino women want to have no more children, the other 40-50% want to have more. Should almost half of all Filipino women sacrifice other health care benefits of the government for the sake of those who do not want more children? Who should have the power to make decisions about their children – the involved couples or the state?

²⁶ Stephen Moore, “Don’t Fund UNFPA Population Control,” Washington Times, May 9, 1999 in <http://www.cato.org/dailys/05-15-99.html>

²⁷ Hesketh, Therese et al., “The Effect of China’s One-Child Policy After 25 Years.” *The New England Journal of Medicine*, September 15, 2005; 353 (11); 1171-6.

²⁸ The Alan Guttmacher Institute. Get “In The Know”: Questions About Pregnancy, Contraception and Abortion. Fact Sheet. May 2006 in <http://www.guttmacher.org/in-the-know/index.html>

²⁹ National Statistics Office (NSO) [Philippines], and ORC Macro. 2004. *National Demographic and Health Survey 2003*. Calverton, Maryland: NSO and ORC Macro.

³⁰ Explanatory Note, House Bill 17, 14th Congress.

6. Sex education in school usurps the parents' role, teaches that children are burdens and not blessings, and is historically proven to be a failure in the United States.

As part of the depopulation agenda of the Bills, classroom-based sex education is proposed to be mandatory in private and public schools (Section 5.b), 5. e), 5.f), and 5.i) of HB 812 and Sections 6 and 78 of HB 17). We object to this plan for several reasons:

- a) Undermining parents' authority. Teaching about human sexuality in the classroom undermines the parents' authority, rights, responsibility and role to raise and educate their children according to their own beliefs in human dignity and conjugal love. These matters are for the parents to impart privately in their homes. Sex education alienates the child from the parent, because the school could destroy the moral and intellectual formation so carefully nurtured in the loving atmosphere of the home. Parents do not want the state to usurp their roles in forming their children's character and values.
- b) Historically proven failure to meet objectives. Classroom-based sex education is supposed to lead to responsible sexual behavior. However, there is no evidence of its success in promoting responsible sexual behavior. Despite the prevalence of sex education programs for American teen-agers, there has been a substantial increase in the number of teen-age pregnancies and sexually transmitted diseases (STDs) in the United States. There are now over 40 different STDs, 3 million new cases of STDs among teen-agers each year, and more teen-age births than ever before - 800,000 per year. If indeed classroom-based sex education had fulfilled its objectives, the last three decades in the United States should have seen a decline, not a massive increase, in the number of teen-age pregnancy and sexually transmitted diseases.
- c) Poorly trained teachers. We have seen the sample modules of the Department of Education entitled "Lesson Guides on Adolescent Reproductive Health (A Population Education Concept)." It is naïve to expect that adolescents and teachers will always behave with maturity and with an emphasis on the right values during case discussions for sex education. There is a considerable amount of latitude granted to the teachers in discussing sensitive topics such as sexuality, abortion and family values. We would assert that teaching the youth in schools on sex education is not within the competency of the teachers, who are already criticized for their inability to teach basic subjects.
- d) Absence of authentic values. While the Bills suggest "education in...values" (Section 5. f) of HB 812), there is an excessive emphasis on contraceptive methods and services, rather than the inculcation of the values of modesty, purity, chastity or morality. The emphasis on contraception in the Bills suggests that as long as the risks of teen-age pregnancy or early marriage are addressed, then sexual behavior becomes acceptable. In addition, HB 17 Section 7a. includes education on the subject of "reproductive health and sexual rights" whereas there is no such thing as "sexual rights." This term has not been defined in any international or local document.
- e) Individual circumstances are disregarded. Teachers engaged in classroom-based sex education have no capacity to know about each student's particular background, readiness and beliefs. The youth would be exposed to information they may not be ready or willing to receive. Since the lessons are taught in front of both young men and women, this also assaults their natural modesty and inhibitions that lead to mutual respect.

According to HB 17, "...the Population Commission shall provide concerned parents with adequate and relevant scientific materials on the age-appropriate topics and manner of teaching sexuality

education to their children. The State recognizes the freedom of parents to decide whether or not to teach sexuality education to their children.” This is a mockery of the Constitutional right and obligation of parents to instill the development of moral character in our children.³¹ The State must support this natural and primary right and duty, and not usurp it. This emphasis on the parents’ prerogative is circumvented by HB 17.

It is not paranoia to anticipate that the value system of our country will change due to sex education in classrooms. We have seen that sex education programs are a significant cause of the sexual permissiveness that has already wrought havoc on the teen-age life of Americans. Let us not permit our children to be corrupted with similar programs.

7. Whether or not contraception is widely used, the situation globally is that “half of all pregnancies are unintended.” Increased access does not change this.

According to the authors of HB 812 and HB 17, half of all pregnancies are unintended. Contraception is supposed to address this concern.

However, this situation occurs even in countries with high contraceptive prevalence. According to The Alan Guttmacher Institute,³² in 2001 (most recent information), 49% or one-half of pregnancies in the United States were unintended³³ – the same rate as the Philippines. This level has not changed since 1994. In fact, almost half (48%) of unintended conceptions in the United States occurred during a month when contraceptives were used. However, more than 9 in 10 women in the United States are already using at least one contraceptive method.³⁴ The government confirms: “Contraceptive use is virtually universal in the United States...98 percent of women of reproductive age have used one or more methods.”³⁵

Because of the high failure rate of contraceptives among American women, 1 in 3 American women have had at least one abortion in their lifetime. Moreover, 54 percent of U.S. women who had an abortion in 2000 were using contraception in the month they became pregnant.³⁶ Therefore, it is not true that providing contraceptives will allow society to avoid abortions for their unwanted children.

³¹ 1987 Constitution of the Republic of the Philippines, Article II, Section 12.

³² The Alan Guttmacher Institute is the research and information arm of Planned Parenthood Federation of America, which has as its mission, to “advance sexual and reproductive health and rights in the United States and worldwide.”

³³ Finer, Lawrence B., and Henshaw, Stanley K. Disparities in Rates of Unintended Pregnancy In the United States, 1994 and 2001. Perspectives on Sexual and Reproductive Health, June 2006, 38(2): 90–96 In <http://www.guttmacher.org/pubs/psrh/full/3809006.pdf>

³⁴ The Alan Guttmacher Institute, “Get ‘In the Know’: Questions About Pregnancy, Contraception and Abortion” in <http://www.guttmacher.org/in-the-know/prevention.html>

³⁵ The United States Center for Disease Control and Prevention, “Use of Contraception and Use of Family Planning Services in the United States: 1982-2002 A Fact Sheet for Advance Data No. 350” in <http://www.cdc.gov/nchs/data/ad/ad350FactSheet.pdf>

³⁶ The Alan Guttmacher Institute, “Get ‘In the Know’: Questions About Pregnancy, Contraception and Abortion” in <http://www.guttmacher.org/in-the-know/prevention.html>

In France, another country with widespread use of contraception, two-thirds of unplanned pregnancies occurred in contraception users. These were among the findings of a research paper published on April 30, 2003 in the European reproductive medicine journal, *Human Reproduction*.³⁷

Furthermore, birth control advocates in the United States lament that the “burdens of unintended pregnancy” are still there, despite 40 years of contraceptive use: “More than 40 years after the contraceptive revolution began with the approval of the contraceptive pill, the United States lags far behind its social and economic counterparts when it comes to effectively reducing the burdens of unintended pregnancy and of sexually transmitted infections (STIs) and related fertility problems. Despite the surge of contraceptive products approved by the FDA in recent years, more can and should be done to help close the gap between Americans’ reproductive health needs and the information, technology and services currently available to them.”³⁸ In other words, although the United States exhibits such a high contraceptive prevalence rate and is one of the world’s wealthiest economies, the United States pro-choice movement continues to complain that women are still getting pregnant – what they call the “burden of unintended pregnancy.”

This is clear evidence that there will always be claims of “unintended pregnancies” – whether it is due to the inefficacy of birth control or its inaccessibility to women who supposedly want them.

8. Increased usage of contraception leads to the acceptability and increased usage of abortion, despite its intrinsic immorality and illegality.

One of the objectives of HB 812 is the prevention of abortion, as stated in Section 2 and Section 5.e). However, abortion and contraception are “fruits of the same tree.”³⁹ The close link between abortion and contraception is recognized even by The Alan Guttmacher Institute:

“Abortions will not replace contraceptive use as a means of regulating family size. ... Where contraceptive use remains low or ineffective and the motivation for small families and properly timed births is strong or increasing, abortion levels may increase and take some time to moderate.”⁴⁰

The Philippines with its unchanging contraceptive rate of 49%-50%⁴¹ (ever since the 2001 annual Family Planning Surveys conducted by the Department of Health) is considered a country with low contraceptive usage.

³⁷ Innovations Report, “Study finds two-thirds of unplanned pregnancies in women using contraception” April 30, 2003 in <http://www.innovations-report.de/html/berichte/studien/bericht-18034.html>

³⁸ Report from the meeting, *The Unfinished Revolution in Contraception: Convenience, Consumer Access and Choice*, convened on October 16, 2003, by the Reproductive Health Technologies Project and The Alan Guttmacher Institute, in <http://www.guttmacher.org/pubs/2004/09/20/UnfinRevInContra.pdf>

³⁹ Fr. Frank Pavone, *Abortion and Contraception: Fruits of the Same Tree*, Brochure in <http://www.priestsforlife.org/brochures/fruitsofsametree.htm>

⁴⁰ The Alan Guttmacher Institute, *Sharing Responsibility: Women, Society and Abortions Worldwide*. New York, 1999, in <http://www.guttmacher.org/pubs/sharing.pdf>

⁴¹ National Statistics Office September 2007 QuickStat from the Family Planning Survey 2006. <http://www.census.gov.ph/data/quickstat/index.html> Accessed October 30, 2007.

In a March 2003 research report, the same pro-choice group observed that as contraceptive use increased in six countries, so did abortion levels. It stated that abortion rates fell only when fertility rates had dropped significantly. The study concluded: “The parallel rise in abortion and contraception...occurred because increased contraceptive use alone was unable to meet the growing need for fertility regulation in situations where fertility was falling rapidly.”⁴²

In other words, it will take many more abortions before Philippine fertility rates fall to the levels considered acceptable to population-control advocates. How many more unborn babies will die if we continue to demand that government should finance contraceptives?

In fact, abortion will increase, not decrease, even with widespread promotion of contraception. Abortion is not eliminated even with high contraceptive usage:

“Even the best practice of contraception will not eliminate the need for abortion. In Western Europe, where couples want very small families and the use of both modern and traditional birth control methods is extremely high, the average annual abortion rate is 11 per 1,000 women of childbearing age, a low but by no means negligible level. One of the reasons why abortion has not disappeared in Western Europe is that all available contraceptive methods have some risk of failure, and all people are fallible, especially when it comes to sexual behavior.”⁴³

As every birth control report affirms, no contraceptive works perfectly every time. Thus, even widespread contraceptive use will not eliminate the “need” for abortion as a last resort for those who have been molded to think that children are unwanted. The more contraception is used, even the small “failure rates” – the number of pregnancies in one year of perfect use of a contraceptive method – translate into more “unwanted” pregnancies each year. This is because the mentality against childbearing is propagated by contraception. The power of human sexuality to produce life is stifled once this contraceptive mentality is established in society. When a child is conceived, the desire to utilize an abortion to block the birth of a child is aggravated, whether abortion is illegal or legal.

Another proof that contraception is linked to abortion is that even the reasons given for aborting the unborn child, when contraception fails, are similar to the reasons given for choosing contraception. These reasons, which have been consistent over several periodic reports prepared by The Alan Guttmacher Institute, are similar to the reasons Filipino women cite when they wish to use contraceptives, as shown by the two tables below:

<p style="text-align: center;">Most Important Reason Given by Filipino Women for Using Contraception (1996)⁴⁴</p>

⁴² Marstan, Cicely, and Cleland, John. “Relationships Between Contraception and Abortion: A Review of the Evidence.” *International Family Planning Perspectives*, Volume 29, Number 1, March 2003. In <http://www.guttmacher.org/pubs/journals/2900603.html>

⁴³ The Alan Guttmacher Institute, *Sharing Responsibility*.

⁴⁴ Kincaid, D. Lawrence. *Why Women in the Philippines Practice Family Planning: A Qualitative and Quantitative Analysis*. Sept. 23, 1998. In www.jhuccp.org/asia/philippines/Whyfp6.doc

1. Prevent/delay getting pregnant
2. Help my husband and family
3. Feel better about myself
4. Improve the relationship with my husband
5. Could find a method suitable for me
6. Other people encourage me to practice birth control

Most Important Reason Given by U.S. Women for Having an Abortion (2004) ⁴⁵	
Reason given	Percent (%)
Not ready for a child/timing is wrong (see 1, above)	25%
Cannot afford having a baby (see 1, 2)	23%
Have completed my childbearing; others are dependent on me (see 2, 3)	19%
Problems with relationship; don't want to be a single mother (see 3, 4)	8%
Too young; not mature enough (see 1, 3)	7%
Interfere with education/career plans (see 1, 2, 3)	4%
Woman has health problem (see 3)	4%
Baby has possible health problem	3%
Pregnancy caused by rape, incest	<0.5%
Other (Husband/parents want and others) (see 6)	6%

9. Artificial contraception consists of abortifacients and cancer-inducing, medically unsafe products and services.

HB 812 aims to “provide accurate information and education and counseling...on the full range of legal and medically-safe family planning methods.” (Section 5.b). HB 17 wishes the State to “guarantee universal access to medically-safe, legal reproductive health care services, methods, devices and relevant information.” These methods would include the Oral Contraceptive Pill (“the Pill”), Intra-Uterine Devices (“IUD”), and so-called “emergency contraceptives.”

There is nothing “medically safe” in these birth control products. They are all abortifacients. They prevent conception or implantation of the embryo in the uterus, and thereby cause the unborn child’s life to end. Even pro-choice literature confirms this, as evidenced in a research report of the Alan Guttmacher Institute stating that all hormonal contraceptive drugs and devices, including emergency contraceptives, “also may prevent pregnancy either by preventing fertilization by blocking the sperm and egg from uniting or by preventing implantation of a fertilized egg in the uterine lining.”⁴⁶ (underscoring ours) Therefore, even abortion advocates support the view that contraceptives prevent implantation and have an abortifacient capacity.

⁴⁵ Finer, Lawrence B. et al., Reasons U.S. women have abortions: quantitative and qualitative perspectives, *Perspectives on Sexual and Reproductive Health*, September 2005, 37(3): 110–118. In www.guttmacher.org/pubs/journals/3711005.pdf

⁴⁶ Kaeser, Lisa. “What Methods Should Be Included in a Contraceptive Coverage Insurance Mandate?” *The Guttmacher Report on Public Policy*. September 1998 in <http://www.guttmacher.org/pubs/tgr/01/5/gr010501.pdf> and Cohen, Susan A., “Objections, Confusion Among Pharmacists Threaten Access to Emergency Contraception,” *The Guttmacher Report on Public Policy*. June 1999 in <http://www.guttmacher.org/pubs/tgr/02/3/gr020301.html>

The reason that these devices are not illegal is that with the influence of the pro-choice movement in the United States, the medical definition of pregnancy was changed in 1972. According to this new, flawed definition, which has found its way in medical literature, pregnancy occurs only if implantation has already occurred; thus, “emergency contraceptives” and the Pill do not interfere with pregnancy.

However, leading medical experts disagree with this view. For instance, Dr. John Wilks said, “I do not use, nor do I accept the minority view, influenced as it is by the politics of abortion, that dates a pregnancy from the time of implantation.”⁴⁷ In his many research papers, Dr. Wilks provides evidence that the Pill, IUDs and “emergency contraceptives” thicken the uterine lining and thus interfere with implantation if life has been created, causing the death of the unborn child, often without the knowledge of the mother.

The author of HB 17 seems to have been influenced by this erroneous and unconstitutional belief. In the Explanatory Note of HB 17, the author states, ...”this bill does not only protect the life of the unborn from the moment of implantation...” in blatant violation of Article II, Section 12 of the Philippine Constitution, which states, ““The State recognizes the sanctity of family life and shall protect and strengthen the family as a basic autonomous social institution. It shall equally protect the life of the mother and the life of the unborn from conception.”

Moreover, after “a thorough review of the published scientific evidence,” the Pill has also proven to be carcinogenic by the World Health Organization.⁴⁸ This convincingly contradicts the claim of HB 17 that the State can provide “medically safe” reproductive health goods and services.

Artificial contraception leads to many vicious offenses in society, as it facilitates the sexual revolution that eventually leads to more unexpected pregnancies. As shown by the U.S. experience, so-called unwanted pregnancies then lead to a lowering of morality, and inevitably, abortion becomes an option after contraceptive failure. Where there is contraception, abortion is not far behind, either induced as a medical procedure, or in the form of so-called “emergency contraception.”

10. Encouraging a 2-Child “Ideal Family Size” Policy is unconstitutional and discriminatory.

Our legislators should be faithful to the Constitution in promoting and defending life, the institution of marriage, and the rights of children. However, under Section 11 of HB 17 entitled, “Ideal Family Size,” the State “shall...encourage [couples/parents and individuals]” to having the number of children at an affordable and manageable level of two children per family.” This 2-child family policy violates our Constitutional provisions. Limiting the number of members of a family cannot be reconciled with promoting its total development. Nor can the State be sincere in respecting the conjugal decisions of married couples if this endorsement is stated in this manner. Whether or not there is any penalty for larger families, the damage is done in cultural indoctrination of couples towards two children as being the norm or ideal size.

⁴⁷ Wilks, John. The Impact of the Pill on Implantation Factors – New Research Findings. *Ethics & Medicine*, 2000, Vol. 16, No.1, pp. 15-22. In <http://www.trdd.org/ETHMEDE.HTM#N107>

⁴⁸ World Health Organization, International Agency for Research on Cancer, “*IARC Monographs Programme Finds Combined Estrogen-Progestogen Contraceptives and Menopausal Therapy are Carcinogenic to Humans.*” Press Release, July 29, 2005.

The coercive nature of HB 17 is revealed in two other provisions: in Section 5.h., indigent mothers are designated as targets for free litigation services, and in Section 5.l., the Population Commission is tasked to expand national health insurance coverage to include Pills and such other “reproductive health commodities and supplies.”

Mothers who have just delivered their children are in no condition to provide informed consent, yet this is what HB 17 will force upon them if they deliver in public hospitals. Health insurance is not adequate to cover the most basic of health services, yet HB 17 would require an allocation for health insurance to reimburse users of contraceptives.

11. Prohibited Acts are discriminatory.

Based on the list of Prohibited Acts (Section 7 of HB 812 and Section 15 of HB 17), the support and endorsement of these so-called “reproductive rights” will become mandatory. We will become a society where no one can express and exercise personal opinions and beliefs regarding this matter. Those who express their concerns and fears about the reproductive health care programs of government implemented under HB 17 and HB 812 could even be accused of engaging in “willful disinformation” (Section 15. d) and imprisoned and/or penalized. Even submitting a position paper like this could be a criminal act, punishable by imprisonment, if HB 17 is enacted.

Under these Bills, all health care service providers – which include the private sector – will be required to provide all information “regarding programs and services on reproductive health including the right to informed choice and access to a full range of legal, medically-safe and effective family planning methods.” Health care providers are required to provide “the delivery of reproductive healthcare and services” and perform “voluntary sterilizations and other legal and medically-safe reproductive healthcare and services on any person of legal age” even without third party consent or authorization.

This means that government workers and private practitioners in health care would be compelled to dispense family planning products and services, regardless of their personal pro-life and pro-family principles and convictions. Even though conscientious objection is mentioned, the healthcare practitioner is required to refer the patient to another healthcare service provider, thereby rendering as moot his personal, moral objection.

A healthcare practitioner would never consent to a referral that he knows would endanger his patient. Compelling him to do so violates his right of conscientious objection and medical ethics, aside from causing potential adverse medical consequences for his patient. Karen Bauer, President of Pharmacists for Life in the United States, believes that a pharmacist should not only refuse to dispense medication based on conscience, but that providing referrals “would be like saying, ‘I don’t kill people myself, but let me tell you about the guy down the street who does.’”⁴⁹ In other words, if a medical worker refers the patient to another practitioner who will then provide the act he morally objects to, he becomes an accomplice to the crime subsequently committed by the patient and his health worker.

The Center for Bioethics and Human Dignity also states, “Forcing people to violate their consciences forces them to deny their uniquely constructed self-identities and is unjust.”⁵⁰

⁴⁹ Stein, Rob. “Pharmacists’ Rights at Front of New Debate.” Washington Post, March 28, 2005, Page A01 in <http://www.washingtonpost.com/ac2/wp-dyn/A5490-2005Mar27>

⁵⁰ Collett, Teresa Stanton. “Protecting the Health Care Provider’s Right of Conscience” by The Center for Bioethics and Human Dignity in http://www.cbhd.org/resources/healthcare/collett_2004-04-27.htm

Another proposed “Prohibited Act” is a private employer’s possible unwillingness “to provide reproductive health care services and devices to all workers, more particularly the women” whether or not this is required under a Collective Bargaining Agreement. This infringement of the rights of employers is imposed under HB 17, Section 15. c) which states that it is a prohibited act if “Any employer...shall fail to comply with the employer’s obligation under Section 10 [ALFI’s note: this should be Section 12] hereof.” Again, this violates the right of conscientious objection.

Furthermore, under Section 7 of HB 812 and Section 15 a) 2 of HB 17, third-party authorizations will not be required for any health procedures involving sexual or reproductive concerns. This would permit teen-agers to purchase artificial contraceptives, have sterilizations or undergo illegal abortions, or even to sue their parents for not purchasing artificial contraceptives for them. The Bills would permit any court case on reproductive issues to be initiated by teen-age children against their parents. Rather than finding a way to help a promiscuous or pregnant daughter reconcile with the family in her turmoil, the State wishes to further divide the family by secretly offering so-called “reproductive health services” during a daughter’s personal crisis. Should abortion be legalized separately in the future, parental intervention would be illegal.

The Bills would also encourage spouses to undergo sterilizations or acquire contraceptives secretly, thereby destroying the trust between married couples. Even strong marriages could become vulnerable because of secretly obtained “reproductive health services.” In an effort to comply with the legislators’ encouragement of two children, marital animosity would be created by these Bills.

11. More bureaucracy will mean a higher budget and fiscal deficit due to HB 812; HB 17 merely reemphasizes that the Population Commission has been implementing population policies since 1971.

A Reproductive Management Health Council is proposed as the “central advisory, planning and policy-making body for the comprehensive and integrated implementation of all reproductive health care programs and services in the country” under Section 6 of HB 812, just like in HB 2029 and Section 5 of HB 3773. The initial appropriation of P50 million would be consolidated with funds for reproductive health and family planning services.

This would create a new, separate, special bureaucracy for one specific purpose only, further burdening the Department of Health with annual reporting systems and increasing the fiscal deficit with additional budgetary appropriations that could be increased annually by the Department of Health with Congressional approval (Section 10).

On the other hand, HB 17 proposes to utilize the Population Commission as the lead agency in its implementation. This Commission has been operating under RA 6361 since 1971. It is not clear why HB 17 is relevant if all the documents and reports of the Population Commission discuss the same principles. For instance, the most recent Directional Plan of the Population Commission for 2001-2004 states that the Population Commission will act as “champion” in “helping couples to achieve their fertility preferences through [the] Responsible Parenthood and Family Planning Program.”⁵¹

⁵¹ Commission on Population, 2000. *The Directional Plan of the Philippine Population Management Program 2001-2004*, POPCOM, Mandaluyong City.

12. Constitutional violations abound in the Bills' provisions.

Our legislators should be faithful to the Constitution in promoting and defending life, the institution of marriage, and the rights of children. The following Articles support our views:

“The State recognizes the sanctity of family life and shall protect and strengthen the family as a basic autonomous social institution. It shall equally protect the life of the mother and the life of the unborn from conception. The natural and primary right and duty of parents in the rearing of the youth for civic efficiency and the development of moral character shall receive the support of the Government.” (Art. II, Sec. 12)

“The State recognizes the vital role of the youth in nation-building and shall promote and protect their physical, moral, spiritual, intellectual, and social well-being. ...” (Art. II, Sec. 13)

“The State recognizes the Filipino family as the foundation of the nation. Accordingly, it shall strengthen its solidarity and actively promotes its total development.” (Art. XV, Sec. 1)

“The State shall defend (1) The right of spouses to found a family in accordance with their religious convictions and the demands of responsible parenthood.” (Art. XV, Sec. 3)

We believe that the far-reaching implications of these Bills necessitate referral to other Committees as follows: 1) Committee on Government Reorganization; 2) Ethics and Privileges; 3) Population and Family Relations, 4) Youth and Sports Development; 5) Revision of Laws; and 6) Appropriations.

We hope that you will review our objections carefully and come to realize that in passing any measure that would destroy the security of the Filipino family by moving closer towards legalization of abortion, we would destroy our nation as well.

For the **ALLIANCE FOR THE FAMILY FOUNDATION (ALFF):**

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President/CEO