



ALLiance for the FAMILY Foundation Philippines, Inc.
(ALFI)

Unit 206, Southgate Building, Finance Drive, Madrigal Business Park, Ayala Alabang, Muntinlupa City
Metro Manila, Philippines Tel./Fax No. (63-2) 807-6848
E-Mail: allianceforthefamily@gmail.com Website: www.alfi.org.ph

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The Honorable Senator **PIA S. CAYETANO**
Chair, Committee on Youth, Women and Family Relations.
Senate of the Philippines

Re: Draft Bills for the Protection of the Unborn Child
(Senate Bill Nos. 2497, 2584 and 2635)

Dear Senator Cayetano:

Alliance for the Family Foundation Philippines, Inc. (ALFI) is a multi-sectoral organization committed to uphold and protect life at all stages of development. This it aims to do by monitoring proposed legislations and expressing support for or opposition thereto.

Thank you for granting us the opportunity to present our views on the draft bills for the Protection of the Unborn Child.

We are attaching hereto our Position Paper, in support of the draft Bills.

Very truly yours,

Atty. MARIA CONCEPCION S. NOCHE
President

As we all know, the Philippine Constitution imposes upon the State the duty to “equally protect the life of the mother and the life of the unborn from conception.” (Article II, Section 12). The life of the unborn (equally with that of the mother) is entitled to protection at and from conception. This protection to be meaningful should be from any form and degree of harm or injury and death—not only actual but also any risk or threat thereof. And “conception” here refers to “fertilization” since these terms were used interchangeably during the deliberations of the 1986 Constitutional Commission.

Article II, Section 12 recognizes the existence of Life at the moment of conception and accords protection and respect for that Life at conception. There was consensus among the members of the 1986 Constitutional Commission that there is Human Life at conception, and so they decided to take the safer approach and protect that Life at and from conception lest Human Life be destroyed.

Under our law, a conceived child is endowed with the dignity and worth of a human being from his conception and thus is recognized to have the right not only to be born, but to be born well. (Article 3, Child and Youth Welfare Code). This necessarily includes the right of the unborn to develop to its full term and not to be expelled prematurely from the mother’s womb. Thus, at the point of conception, the unborn child is already recognized and treated as a Human Being who possesses certain rights, foremost of which is the Right to Life.

We, therefore, support any proposed legislation that aims and leads to the protection of the unborn from conception. Senate Bill Nos. 2497, 2584 and 2638, we believe, are such legislation.

There is a wide divergence of estimates of the number of abortions taking place in the Philippines each year. In 2006, the Alan Guttmacher

Institute, the research arm of the strongly pro-abortion Planned Parenthood of the United States, published a report "Unintended Pregnancies and Induced Abortions in the Philippines: Causes and Consequences", by Susheela Singh et al., which estimated that there were 473,000 induced abortions in the Philippines in 2000. Prof. Roberto De Vera of the University of Asia and the Pacific, however, found errors in the methodology of this study. He thus wrote that "Using modified version of the Singh et al methodology,... we arrived at an alternative estimate of 25,924 induced abortions in the Philippines in 2000 (1.3 abortions per 1,000 women in the reproductive age). Using a second method, we multiplied 0.0117, the share of induced abortions to live births by the number of live births in 2000, to arrive at second estimate of 20,831 induced abortions in the Philippines in 2000 (1.1 abortions per 1,000 women of reproductive age)."

Of course, even one abortion is too many, because each abortion is the murder of a defenseless, innocent child.

If we are to reduce the number of abortions in the Philippines, we must look first to the causes. The prime motivator for abortion in the modern world—though certainly not the only one—is contraceptive failure. The occurrence of abortion is increased exponentially with the general acceptance of contraception, beginning with the introduction of the birth control pill in 1960. This correspondence between contraception and abortion was recognized by the U.S. Supreme Court in its ruling in the case of *Planned Parenthood vs. Casey* when it said that "In some critical respects, abortion is of the same character as the decision to use contraception. For two decades of economic and social development, people have entered into intimate relationships and made choices that define their views of themselves and their places in society, in reliance of the availability of abortion in the event that contraception

should fail.” One-half of unintended pregnancies in nations where contraceptives are readily available and widely used occur to women who are using contraceptives. About half of these pregnancies end in abortion, because when they occur, women who were confident that they could not become pregnant feel forced to turn to abortion to rectify the contraceptive failure. This makes perverse sense, because contraceptives foster a climate of indifference and antipathy to new life because their purpose is to avoid creating it—as if it is an evil to be avoided. Consequently, if abortion is to remain prohibited indefinitely, it will be necessary for the State to discourage contraception. If it does not, abortion will eventually be legalized because our people will expect it. This has occurred in many nations. In fact, only four nations in the world, out of approximately two hundred, currently have absolute prohibitions against the deliberate killing of a child within the mother’s womb. We are fortunate indeed that the Philippines is still one of the four left—so far.

In view of the legitimate needs of couples for means to plan their families according to their obligations and circumstances in life, the State, if it wishes to indefinitely maintain a prohibition against abortion, must necessarily promote Natural Family Planning, which allows spouses to effectively plan their families, but does not foster a climate of indifference and antipathy to new life, because it constantly recognizes that new life is a normal outcome of sexual relations during periods of fertility.

Because most women who abort a child report feeling pressured to do so (Rue VM, Coleman PK, Rue JJ, Reardon DC. Induced abortion and traumatic stress: A preliminary comparison of American and Russian women. *Med Sci Monit*, 2004 10(10): SR5-16.), ALFI does not, at this time, support increasing the penalty for mothers who abort. We must

recognize that fear is almost always the reason a woman has an abortion. There are different reasons for this fear. It can arise from being pregnant and unmarried, or pregnant from adultery, or pregnant with no income. For some, it is fear that their sin will be discovered and they will be shamed. For many, it is fear of punishment: by God, by parents, or by abusive spouses or lovers. For most, perhaps, it is simply fear of the future—fear that they cannot deal with their pregnancy alone, and will not receive needed help from others. Increased punishment is not the answer to this fear.

Women who are pregnant and desperate do not need increased penalties, they need our help. They need crisis-pregnancy centers, supported by public-private partnership, in every barangay in the country, to help provide moral and emotional support for their pregnancies in the form of counseling, referrals to available public and private agencies for assistance, and even direct material assistance for a mother who does not have sufficient resources for carrying her child to term and providing for his upbringing. Such crisis-pregnancy centers can take advantage of the existing programs available to help, as well as creatively seek and produce new ones. All this can only take place in a climate of love for mothers, for children and for family. Fortunately, this is something which we Filipinos readily understand and wholeheartedly support at present.

Moreover, all women who are pregnant—not just those who are relatively well off financially—specifically need and deserve (a) Pre-natal checkups, (b) Skilled birth attendant at delivery, and (c) Access to timely emergency care when this is required. These things are within our capacity to provide to all pregnant women, if we only decide to do so. What is needed from us is a firm decision that we are willing to provide

the care that Filipino mothers need, when they need it, and action to implement this decision.

We can learn something from the experience of Chile, which has a national campaign to promote and defend the sanctity and value of pre-natal lives, to discourage abortion, and to encourage good care for unborn children and their mothers, thus, creating a climate of love for mothers and children, born and unborn. It is the culmination of long-term efforts that have reduced Chile's maternal mortality rate to the lowest in Latin America. We too should mount such a campaign, so that all mothers and potential mothers will know that every abortion takes a human life, and that each child who is conceived is precious: a child to love, and who will love her or his mother, and help to care for her when one day she is too old or otherwise prevented from caring for herself.

With regard to increasing the penalties for persons who perform abortions, and for those who facilitate or encourage them, whether parents or physicians, midwives, pharmacists, or anyone else, ALFI does strongly support increasing the existing penalties, because these activities constitute both discrimination against pregnant women, and the murder of a defenseless innocent child. ALFI further proposes that the penalty if the pregnant woman is a minor should be more severe, regardless of whether or not she consents. Also, the penalty for physicians, midwives, pharmacists or anyone else who take advantage of their scientific knowledge or skill should be like that imposed for murder.

ALFI likewise proposes that, for both intentional and unintentional abortions, aside from the use of violence, the administering of abortive drugs and substances be expressly included as one of the ways to commit abortion. As currently drafted, the bills do not penalize abortive acts that do not actually result in abortion. This should not be the case, both because such acts are equally reprehensible, and failure to include

them provides less of a deterrent to actual abortion. Therefore, we recommend that every abortive act be penalized whether or not it actually results in abortion.

Regarding the definitions of abortifacients contained in the bills, we would like to point out a problem with the wording in two of the three. These two qualify the definition of abortifacient with the words "intended" The primary, but not the only problem with this qualification is that oral contraceptives and other hormonal contraceptives, as well as IUD's, all have as one of their mechanisms of action the rendering of their users wombs inhospitable to new life. Their prescribing literature in the Physicians' Desk Reference, the standard reference work for prescriptions in the U.S., includes this information. Consequently, these contraceptives routinely cause very early abortions among the women who use them. But these abortions are not "intended," at least not by most contraceptive users in our land, where we still largely respect the value of unborn life. Nevertheless, the children that are killed by these contraceptives are still dead, intended or not. For this reason, the definition of abortifacients should not include the word "intended." The abortifacient effects do not cease simply because they are unintended.

We strongly recommend that language prohibiting and penalizing the manufacture, importation, sale and purchase of abortifacient medicines, substances and devices be added to whatever bill results from your deliberations. Such language should include an exception for devices, medicines, and substances which are standard medical treatments -- for which there are no effective non-abortifacient alternatives -- for illnesses which threaten life or serious impairment of physical health, and neither the primary nor unavoidable effect nor purpose of such device, medicine, or substance is to cause abortion when used by a woman who is carrying a child. Use of such excepted

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medicines, substances and devices should be expressly restricted to the treatment of such illnesses, and only if non-abortifacient alternatives are not available. Otherwise, there will be an easy avenue for those who wish to circumvent the entire purpose of this legislation.

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

Atty. MARIA CONCEPCION S. NOCHE
President