

LETTERS

WHY SC ISSUED TRO ON CONTRACEPTIVES, IMPLANON

Some weeks ago Peter Wallace, in his column "It's not an SC decision," (Opinion, 12/1/16) on the reproductive health (RH) law, mentioned our organization. Wallace is someone we respect. However, his column contained inaccuracies about us and the controversy. In the interest of fairness and of completing the picture, allow us to respond.

Why did the Supreme Court issue the temporary restraining order (TRO) prohibiting: (1) the granting of applications for registration or recertification of any contraceptive products or supplies; and (2) the purchase, sale, distribution, administration or promotion of the contraceptive Implanon? When the RH law was

ruled constitutional in April 2014, the Court took note of the submitted data from pharmacology sources. This data showed that hormonal contraceptives (pills, injections, implants, etc.) and IUDs sometimes prevent births by preventing implantation of newly-conceived children into the wombs of their mothers. This results in the death of the child. It simply isn't contraception, because a child is conceived and then is caused to die, which is equivalent to a very early abortion.

This method of preventing births is prohibited both by the Philippine Constitution and the RH law, so the Court directed the Food and Drug Administration (FDA) to test contracep-

tives, observing basic requirements of due process in doing so, before they could be certified as safe for purchase, sale or distribution. This testing concerns public interest and welfare, so it is important that it be conducted in a transparent manner. Unfortunately, up to this day, the FDA has not given any indication that it has taken steps to conduct these tests. This is why the Court issued the TRO and has refused to lift it.

Lifting the TRO without performing the tests will mean that abortifacient contraceptives will again be distributed, resulting over time in the preventable deaths of very large numbers of Filipino children. This fact does not lessen the appalling tragedy of the deaths

of women resulting from complications of pregnancy. But it is clear that we can't ethically and legally reduce maternal deaths by resorting to the mass deaths of children.

In an address to the Perinatal Association of the Philippines in September 2006, then health secretary Francisco Duque stated: "Two decades of experience with the Safe Motherhood Initiative, for instance, have shown across countries that only essential obstetric care can effectively bring down maternal mortality. Prenatal care alone will not, considering that 80% of all maternal deaths are due to complications not detected by prenatal screening. Contraceptives alone will not, and this is shown by the high

mortality ratios observed mostly in wanted pregnancies... and which occur even in countries which have stabilized their fertility rates. Even improving women's status and educational opportunities offers no guarantee. Only skilled obstetric care at birth has been proven to effectively spell the difference between maternal death and survival."

The high maternal mortality which is said to exist in our country can't be effectively reduced by contraceptives. It can and will be brought down when skilled obstetric care is available to every Filipino mother. What is needed is political will. A decade has gone by since Duque spoke, and we aren't there yet, but we are

heartened by recent steps of the government.

Contraceptives provide no aid to mothers who are dying in childbirth, nor can they reduce their numbers to an acceptable degree. They divert funds and attention from the programs that can. Abortifacient contraceptives are unconstitutional, as the Supreme Court has ruled, illegal under the RH law—and immoral, because they take the lives of numerous Filipino children in the earliest stages of their development.

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