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January 21, 2005

The Honorable Rep. Josefina M. Joson_
Chairman, Committee on Women
The House of Representatives
Constitution Hills, Quezon City 1126

Re: **House Bill No. 16** - An Act Creating a Reproductive Health and Population
Management Council for the Implementation of an Integrated Policy on
Reproductive Health Relative to Sustainable Human Development and
Population Management, and For Other Purposes

Dear Rep. Joson:

We understand that the Committee on Health of the House of Representatives will
be conducting a hearing on January 25, 2005 to consider House Bill No. 16, the
Reproductive Health Act of 2004.

We are enclosing our Position Paper in opposition of this Bill.

Very truly yours,

(original signed)
Rosie B. Luistro
President

(original signed)
Margarita V. Francisco
Vice President

Encl.

This copy is computer generated.
The original signed copies were signed and submitted
to the Committee on January 25, 2005

2-CHILD POLICY: ANTI-FAMILY & UNCONSTITUTIONAL

**A Position Paper Against House Bill No. 16 and its Substitute Bill/s:
AN ACT CREATING A REPRODUCTIVE HEALTH AND POPULATION
MANAGEMENT COUNCIL FOR THE IMPLEMENTATION OF AN INTEGRATED
POLICY ON REPRODUCTIVE HEALTH RELATIVE TO SUSTAINABLE HUMAN
DEVELOPMENT AND POPULATION MANAGEMENT,
AND FOR OTHER PURPOSES
(Introduced by Honorable **Edcel C. Lagman**
for the THIRTEENTH CONGRESS)**

Honorable Legislators, we come before you on behalf of the **ALLIANCE FOR THE FAMILY (ALFI)** in defense of **MARRIAGE and the FILIPINO FAMILY**. We oppose House Bill (HB) 16 and any other Substitute Bill/s as being predicated on a fallacy of over-population, and as unconstitutional and anti-family.

1. HB 16 is predicated on a fallacy of over-population

In the Explanatory Note, HB 16's author alleges that the problems of poverty, poor health and lack of education are "rooted in overpopulation and the lack of an integrated national policy on reproductive health..." This premise is simply not true, and therefore HB 16 is predicated in its entirety on a fallacy.

The simplest and most direct illustration of this 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 Product¹			
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

¹Source: 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>

We cannot reconcile this existing reality with the unsupported propositions that our problems of poverty, poor health and lack of education are rooted in overpopulation.

Consider also the following:

(a) Population growth does not necessarily lead to income and resource decline as proven in studies of the United Nations. The UN Population Division's 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."² 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 it does not follow that population growth in the Philippines will cause the dire consequences imagined by our legislators. Instead, 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.

(b) The real population problem today is the decline in the fertility rate worldwide. A Philippine legislator has said that policy-making is "about asking the difficult questions of where our society will be 10, 20, 50 years down the road."³ True. We can already see, in fact, the rapidly aging populations in developed countries as their fertility rates plummet. United Nations projections indicate that over the next 50 years, virtually all European nations and Japan will face aging and declining populations. The older generation is growing faster than the total population in practically all regions of the world – and the difference in growth rates is increasing.⁴

The international news magazine *Newsweek* featured the article entitled "Birth Dearth" as its cover story on Sept. 27, 2004.⁵ 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.

² United Nations Population Division of the Department of Economic and Social Affairs, "*Concise Report on World Population Monitoring 2001: Population, Environment and Development.*"

³ Nereus Acosta, "*The Great Demographic Debate,*" in Philippine Legislators' Committee on Population and Development <http://www.plcpdfound.org/>

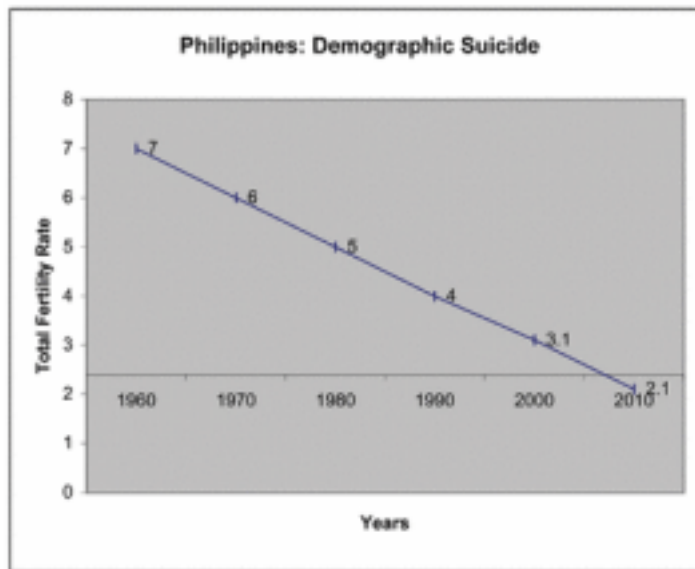
⁴ United Nations Population Division of the Department of Economic and Social Affairs, "*The World Population Ageing: 1950-2050,*" in <http://www.un.org/esa/population/publications/worldageing19502050>

⁵ Michael Meyer, "*Birth Dearth*" in *Newsweek Magazine*, September 27, 2004.

The article says governments of many developed nations facing bankruptcy and social problems within the next few decades due to declining populations. Even the country with the world's largest population, China, "could well lose 20 to 30 percent of its population every generation" by mid-century, according to the article. Enacting HB 16 would be a major step toward putting our Philippines in exactly the same predicament as that of China and developed nations.

Indeed we are ignoring the alarm bells raised over the impending world population implosion. The same article 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.

(c) In the Philippines, the Total Fertility Rate (TFR), a statistic measuring expected births in a woman's reproductive lifetime, has been declining rapidly. TFR is not at 3.7, as cited in HB 16's Explanatory Note, but is now approaching 2.93, according to United Nations data.⁶ This is a significant drop from 6.9 in the 1960s and 4.1 in the 1990s, as shown in the Table, "Philippines: Demographic Suicide" below.



Note: This graph is based on current data, without any legislation. Enactment of HB 16 would greatly exacerbate the existing negative trend.

Source: United Nations Population Division of the Department of Economic and Social Affairs, *World Population Prospects: The 2002 Revision and World Urbanization Prospects: The 2001 Revision*, in <http://esa.un.org/unpp/p2k0data.asp>

⁶ United Nations Population Division of the Department of Economic and Social Affairs, *World Population Prospects: The 2002 Revision and World Urbanization Prospects: The 2001 Revision*, in <http://esa.un.org/unpp/p2k0data.asp> (low variant)

Moreover, the TFR is projected to drop to below replacement level by the year 2010. United Nations data project the Philippines' TFR to drop to 2.1, or a range of 2.0 (low variant) or 2.5 (medium variant) by then. For the past decades, the UN's low variants have been shown to be more accurate in predicting actual population changes than the medium variants.

Even the Philippine government projects that the country's TFR will drop from 3.41 to 2.07 within the next forty years, as shown by the National Statistical Coordination Board's report of Population Projections. While the rate of decline is slower than that of the United Nations' projections, there is a clear trend: replacement-level fertility rates are expected for the Philippines.

PHILIPPINES: TOTAL FERTILITY RATES, 2000-2040 (Assumptions of the NSO)	
Year	Rate
2000-2005	3.41
2005-2010	3.18
2010-2015	2.96
2015-2020	2.76
2020-2025	2.57
2025-2030	2.39
2030-2035	2.23
2035-2040	2.07

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

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 which have fallen below replacement birth levels has been able to reverse the trend. There is no reason why the Philippines will be an exception.

2. Philippine population growth is already slowing even without legislation.

In the Explanatory Note, HB 16 refers to “an extremely huge population” as one of the “overriding problems that bedevil the Philippines” and says the Bill addresses the “uncontained population escalation” citing that the “population growth rate is 2.36%.” In Section 13, HB 16 also suggests an ideal family size “in order to attain the desired population growth rate.”

The decline of the population growth rate is already happening, even without state-mandated family size or incentives, as shown in the following data.

(a) The Population Growth Rate of the Philippines is 1.61%, according to United Nations Data, not 2.36%, which is the frequently-quoted Population Growth Rate statistic from the National Statistics Office. The Growth Rate of 2.36% is based on a Year 2000 census of 76.5 million persons compared to the Year 1995 census. Therefore, the average annual Population Growth Rate of 2.36% published by the NSO does not correctly reflect the Growth Rate for the Years 2000-2005. The United Nations data uses population projections instead of using the historical rate.

Philippines: Population Growth Rate <i>(United Nations, Population Division)</i>		
	Growth Rate (%) (Low Variant Projections)	Growth Rate (%) (Medium Variant Projections)
1970-1975 Actual	2.79	2.79
1975-1980 Actual	2.70	2.70
1980-1985 Actual	2.42	2.42
1985-1990 Actual	2.37	2.37
1990-1995 Actual	2.26	2.26
1995-2000 Actual	2.03	2.03
2000-2005 Forecast*	1.61	1.79
2005-2010 Forecast	1.28	1.59
2010-2015 Forecast	1.06	1.43
2015-2020 Forecast	0.92	1.28

Source: United Nations Population Division of the Department of Economic and Social Affairs, *World Population Prospects: The 2002 Revision* and *World Urbanization Prospects: The 2001 Revision*, <http://esa.un.org/unpp>

**The 2000-2005 Growth Rate was forecasted by the United Nations in 2001.*

(b) The National Statistics Office itself projected five years ago that the Philippine population would grow by 2.05% per annum on average from 2000-2005, and below 2.0% from 2005 and beyond, as shown in the Table on the next page. However, that this projection is being realized in the years 2000-2005 does not seem to be given sufficient importance. Nor is there any reason to believe a national census will be conducted in 2005 to confirm the validity of the lower growth rate. Meanwhile, we are basing proposed legislation on overstated Population Growth Rate levels.

Philippine Population Projections Average Annual Growth Rates (Medium Assumptions by NSCB and NSO)	
Period	Projected Average Annual Population Growth Rate
2000-2005	2.05
2005-2010	1.94
2010-2015	1.81
2015-2020	1.63
2020-2025	1.44
2025-2030	1.26
2030-2035	1.09
2035-2040	0.92

Source: National Statistical Coordination Board
Population Projections, in
http://www.nscb.gov.ph/secstat/d_popnProj.asp

(c) Both the United Nations and Philippine National Statistics Office projections show that our Population Growth Rate will drop to 0.92%, either within two decades or within three. By then, the United Nations projects that the Philippine population would have peaked at around 100 million. After this, projections show that the Philippine population will decline, as the consequence of falling fertility rates.

3. Encouraging a 2-Child 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 13, HB 16 declares that the State “shall encourage two (2) children as the ideal family size.” This policy violates our Constitutional provisions. Article XV, Section 3 grants the spouses the right “to found a family in accordance with their religious convictions and the demands of responsible parenthood.” Article II, Section 12 declares, “The State recognizes the sanctity of family life and shall protect and strengthen the family as a basic autonomous social institution.” Article XV, Section 1 affirms that “The State recognizes the Filipino family as the foundation of the nation. Accordingly, it shall strengthen its solidarity and actively promote its total development.” Limiting the number of members of a family cannot be reconciled with promoting its total development.

HB 16 also proposes that “Children from these [two-child] families shall have preference in the grant of scholarships at the tertiary level.” This is clearly discriminatory and unjust, since it gives priority to family size as the criterion for granting college scholarships, rather than academic excellence, leadership potential or athletic skill. Larger families are precisely those that may need financial aid so that their children can complete their education at the tertiary level. Yet HB 16 envisions a society that penalizes the third, fourth and younger children and their parents.

4. Creation of a Health Council and Secretariat duplicates DOH functions, violates the Local Government Code and adds to the fiscal deficit with its heavy financial demands.

HB 16 would promulgate the creation of the “Reproductive Health and Population Management Council” (“the Council”), which will consist of DOH and NEDA officials together with other members (Section 5). The Council will act as “central advisory, planning and formulating body of the comprehensive and integrated policy on reproductive health.” (Section 6) It will appoint a Secretariat with broad powers for the execution of this policy (Section 7).

The establishment of this Council and its Secretariat unnecessarily duplicates the efforts of existing government agencies such as Population Commission and the Department of Health. The Council and its Secretariat will act as another agency of government with a huge budget appropriation of P100 million (Section 23). This budget can be better used to provide basic health care. This appropriation will add to the fiscal deficit of our nation.

HB 16 proposes that funding for reproductive health services will be taken from the 20% Internal Revenue Allotment (IRA) share of local government units (LGUs). The IRA is mandated to be appropriated for local development projects. HB 16 would mandate that half of the said 20% IRA will instead be dedicated to reproductive health services (Section 9). The use of a centralized disbursing agency to replace the process of IRA allocation violates the Local Government Code of 1991 (RA No. 7160). This is an unreasonable and illegal imposition on the LGUs, which are given the authority to determine the allocation of their IRAs under the Local Government Code of 1991 (RA No. 7160). Furthermore, not only will the independent decision-making and autonomy of LGUs be thwarted, but since the Bill mandates that half of the 20% IRA will be dedicated to reproductive health services, LGUs will no longer have sufficient funds for their other projects. The Bill implies that reproductive health services are more significant than any other project for poverty alleviation and rural development. This is certainly not valid.

5. The “full range of family planning methods,” by definition, includes abortifacients among the artificial contraceptive methods. The experience of every country in the world that has promoted contraception shows that abortion itself will eventually be included, despite legislators’ intentions.

HB 16 defines “reproductive health care” to include “availability and access to a full range of methods, techniques and services that contribute to reproductive and sexual health and well-being...” (Section 4.e.) and “family planning” as “a program which enables couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to carry out their decisions, and to have informed choice and access to a full range of safe and effective family planning methods, techniques and devices...” (Section 4.g.) HB 16 also gives the Council the function of fully implementing the Reproductive Health Care Program, which includes,

as one of its components, “Reproductive and sexual health education including but not limited to counseling on the full range of legal and medically-safe family planning methods.” (Section 6.e.1.)

We are gravely concerned about the artificial means of contraception that will be offered by government through the Council and its Secretariat. Abortifacients such as Intra-Uterine Devices, the Birth Control Pill, Depo-Provera and other implants, and “Emergency Contraceptives” are methods that regularly prevent implantation of the embryo into the uterus, thereby causing the killing of the unborn child. These methods are homicidal, and therefore fundamentally opposed to a just society. We object to these methods as being anti-life and anti-family.

Artificial contraception leads to many vicious and damaging distortions in society. Not only does it take innocent lives, but it also creates a false understanding of sexuality, and facilitates sexual promiscuity, eventually leading to even more unexpected pregnancies. This is amply demonstrated by published research – even those studies from pro-choice groups such as the Alan Guttmacher Institute.

For instance, in France, a country with widespread use of contraception (over 9 of 10 married women use 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 a European reproductive medicine journal, *Human Reproduction*. A fifth of the unplanned pregnancies happened among women using the Birth Control Pill and a tenth among women using Intra-Uterine devices – both theoretically highly effective medical methods of contraception.⁷

Unwanted pregnancies result in the lowering of moral standards, and eventually, abortion becomes a perceived necessity because contraception has failed. Because of the high failure rate (over 50%) 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.⁸ Therefore, it is not true that providing contraceptives will allow society to avoid abortions for their unwanted children.

6. Abortifacients are unconstitutional.

The reason that abortifacients are not illegal is that with the influence of the pro-choice movement in the United States, the medical definition of pregnancy was changed

⁷ Margaret Wilson, “*Study finds two-thirds of unplanned pregnancies in women using contraception*” in *Innovations-Report*, Forum for Science, Industry and Business in <http://www.innovations-report.de/html/berichte/studien/bericht-18034.html>, April 30, 2003.

⁸ The Allan Guttmacher Institute, “Get ‘In the Know’: Questions About Pregnancy, Contraception and Abortion” in <http://www.guttmacher.org/in-the-know/prevention.html>

in 1972. According to the definition, pregnancy occurs only if implantation has already occurred; thus, “emergency contraceptives” and the Birth Control Pill do not interfere with pregnancy.

Since pregnancy does occur upon conception, and before implantation, as attested to by international medical experts, our Constitution has enshrined this doctrine in Article II, Section 12, as follows: “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 Birth Control Pill, Intra-Uterine Devices 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.

7. Introducing “reproductive health rights” means, eventually, access to abortion.

The terms “reproductive health,” “reproductive rights,” and “reproductive health care” and “reproductive health services” confront us once again in the 13th Congress through Bills like HB 16. We maintain that the usage of this term, as reinforced in international population conferences, is universally accepted to include abortion.

Any doubts about the all-encompassing definition and understanding of terms such as “reproductive health” should be erased with 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,” 10 years later, to the 20-year goals of the 1994 International Conference on Population and Development (ICPD). Among these goals was the achievement by 2015 “of universal access to a package of basic reproductive health services and for specific measures to foster human development, with particular attention to women.”

The Global Roundtable Declaration said, in part, “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.”⁹ (underscoring ours)

Therefore, this anti-life mentality is real, not merely perceived. Consider also that at the same conference, the Director-General of the International Planned Parenthood Foundation (IPPF), Mr. Steven W. Sinding, said in his Closing Statement that “We believe the time has come to press ahead, to reinforce a global movement to ensure that

⁹Declaration 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>

every woman in every country has access to safe abortion services when she needs them.”¹⁰

The Bill’s author cannot claim that “reproductive health” and similar terms do not mean what we fear. The proof is evident in both the Global Roundtable Declaration and the Closing Statement made at this recent population conference.

All this is not new, as the HB 16’s author may know. In the ICPD 1994 Programme of Action, the intention to remove legal barriers to abortion was made, as follows: “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.”¹¹

The ultimate goal of population-control advocates has been articulated in a precise and deliberate manner. No further evidence is necessary. The advocates wish to have eventual access to abortion, as and when desired. HB 16 is merely the first step.

8. Mandatory sex education in the schools usurps the duty of parents to inculcate their values in their children, and offers false security.

Teaching sexuality education is not within the competence of schools. Sexuality education cannot be done adequately by those who do not bear the responsibility of bringing up their dependents. Responsible parents do not want the state to usurp their roles in forming their children’s character and values. Responsible parents do not wish to turn over to the schools their desire and ability to educate their children on human sexuality within the context of human dignity and conjugal love. Responsible parents object to the exposure of their children to information they are not ready or willing to receive. Schools and teachers cannot know the children’s readiness for sexuality education, because they do not live in family situations with their students.

Parents may be told of the merits of the “Sexuality Education curriculum” envisioned by HB 16 (Section 11). Indeed government may suggest that sex education in schools will protect the youth, so that they can eliminate the risks of unplanned pregnancies and sexually transmitted diseases. In reality, there is no form of protection to eliminate these risks totally, except abstinence. We can cite medical evidence against the lack of condom effectiveness and the health risks of other devices.

No contraceptive can completely prevent all sexually transmitted diseases – and there are over 40 recognized sexually transmitted diseases. An estimated 15 million new

¹⁰Statement by Steven W. Sinding, Director-General, International Planned Parenthood Federation (IPPF) in Countdown 2015 Global Roundtable Conference, “Sexual and Reproductive Rights for All” in <http://www.planetwire.org/details/4953>, September 2, 2004

¹¹ ICPD ’94 Summary of the Programme of Action, Chapter VII, Reproductive Rights and Reproductive Health, September 1994, in <http://www.un.org/ecosocdev/geninfo/populatin/icpd.htm#chapter7>

cases of STDs occur in the United States each year, and as many as 900,000 Americans are estimated to be infected with HIV. The United States spends US\$8.4 billion each year on STD treatment.¹² Recent published research indicates that many contraceptives significantly increase, not decrease, the risk of acquiring sexually transmitted diseases, even without factoring in increased promiscuity.

Teaching the youth about these devices would give them false security, and endanger their future. Teaching youth about abstinence and, at the same time, discussing birth control as an acceptable option, is a mixed message with serious consequences.¹³ Countries with classroom-based sex education end up with greater numbers of sexually active children and adolescents, pregnancies, abortions and sexually transmitted diseases. Again, there is no reason to believe our country would be an exception if we mandate classroom-based sex education.

9. Prohibited acts are forceful and coercive.

Based on the list of Prohibited Acts (Section 19), HB 16 would promulgate a society where no one can express and exercise their own opinions and beliefs regarding their “reproductive rights.” Health care providers in private or government establishments and government officials would be compelled to offer and disseminate information on “family planning” regardless of their own pro-life and pro-family principles and convictions. Persons who express their concerns and fears about the reproductive health care programs of government implemented under HB 16 could even be accused of engaging in “willful disinformation” (Section 19. d) and imprisoned and/or penalized. Even submitting this position paper would be a criminal act, punishable by imprisonment, if HB 16 is enacted.

9. Removal of third-party consent/authorization is anti-family and anti-marriage.

Under HB 16 (Section 19), third party consent or authorizations will not be sought by health practitioners when an individual of legal age presents himself or herself for voluntary sterilization or “other legal and medically-safe reproductive health care services.” Even adolescents may take any personal or collective action falling under the broad definitions of the “exercise of reproductive rights.”

Therefore, a parent’s authorization will not be required for any health procedure involving sexual or reproductive concerns of their children. The Bill could make legal any court case to be initiated by teen-age children against their parents, perhaps for not

¹² NA-RAL Pro-Choice America, *Expanding Choices: The Need For Contraceptive and STD Prevention Research and Development* in http://www.naral.org/facts/expanding_choices.cfm

¹³ “Why Abstinence? Answering the Tough Questions About Abstinence Education” by “Choosing the Best” abstinence education advocate, in http://www.choosingthebest.org/why_abstinence/index.html

purchasing artificial contraceptives for them or for discouraging them from sterilization. HB 16 would encourage pregnant minors to turn to reproductive health centers for any procedure without prior parental consent (Section 19. a) 2.). Rather than finding a way to help the 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.

Thus, HB 16 usurps our parental rights and authority, alienates us from our children, and threatens us in our role to educate our children in accordance with our beliefs. If these health procedures are undertaken in secret, and government is a willing accomplice due to legislation, it will be the government attempting to raise our children, rather than parents.

If HB 16 were passed, even strong marriages could be made vulnerable because married men and women would be encouraged by the state to secretly obtain such “reproductive health services.” These would include artificial contraceptives and sterilization. HB 16 would encourage spouses to undergo sterilization as part of encouraging the “two-child policy” as the “ideal family size.” What is the meaning of a marriage where one of the spouses can have himself or herself sterilized without the knowledge or consent of the other? HB 16 would therefore destroy marital solidarity and creates animosity between spouses.

10. Financial incentives granted to contraceptives manufacturers, importers and donors are unjust.

Aside from the people having to shoulder the financial demands of the Council and its Secretariat, HB 16 would allow manufacturers of artificial contraceptives to be granted personal and corporate income tax exemptions for three years and low-interest-bearing loans from government banks, while importers of imported artificial contraceptives will benefit from reduced tariffs (Section 14). We object to this misuse of the tax incentives program of the government. Instead of allocating tax incentives to industries that will lead to economic development, government will unjustly promote the manufacture and importation of condoms, pills and other devices, instead of agricultural equipment or capital goods.

In addition, manufacturers and importers of drugs and contraceptives are promised a quick boost in their sales revenues as a result of HB 16, Section 15, which would require all Collective Bargaining Agreements (CBAs) to include a provision for “reproductive health care services and devices” such as free condoms, Intra-Uterine Devices, Birth Control Pills, sterilization and so on. Workers need the maternity and paternity benefits that will make them better parents, not contraceptives.

To top it all, foreign funders with their own depopulation agenda would be given tax exemptions for all their donations (Section 18). Our tax collection effort becomes a

farce if such donations were granted tax exemptions. We do not even welcome donations, if these are to be used for depopulation; and we certainly do not wish such donations to be remitted tax-free.

11. Constitutional Violations.

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)

12. Committee Referral

HB 16 is of interest not only to the Committee on Women, since it would greatly affect various national concerns. We respectfully recommend therefore that the Bill be referred to the following Committees for their review: 1) Committee on Government Reorganization; 2) Ethics; 3) Health; 4) Population and Family Relations, 5) Youth and Sports Development; 6) Revision of Laws; and 7) Appropriations.

This Bill is too important not to be reviewed by other Committees.

We thank you for the opportunity to express our views against HB 16 and its Substitute Bill(s), since we value the Constitutional right under Article XV, Section 3, as a family association, “to participate in the planning and implementation of policies and programs that affect” us. 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, we would destroy our nation as well.

For the **ALLIANCE FOR THE FAMILY:**

Rosie B. Luistro
President

Margarita V. Francisco
Vice President