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January 21, 2005

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

Re: Proposed House Bill No.2029 “The Reproductive Health Care Act”
or, An Act Providing For Reproductive Health Care Structures
and Appropriating Funds Therefor

Dear Rep. Josen:

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. 2029, “The Reproductive Health Care Act.”

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.

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

WE CONTINUE THE OPPOSITION

**A Position Paper Against House Bill No. 2029 and its Substitute Bill/s:
AN ACT PROVIDING FOR REPRODUCTIVE HEALTH CARE STRUCTURES AND
APPROPRIATING FUNDS THEREFOR AND FOR OTHER PURPOSES**

Introduced by Honorables Josefina Josen, Loretta Ann P. Rosales, Liza Largoza-Maza,
Lorna C. Silverio, J.R. Nereus O. Acosta, Gilbert C. Remulla, Emilio C. Macias,
Solomon R. Chungalao, Darlene Magnolia Antonino-Custodio, and Arthur Y. Pingoy Jr.
for the Thirteenth Congress

Honorable Legislators, we come before you on behalf of the **ALLIANCE FOR THE FAMILY** in defense of the institutions of **MARRIAGE and the FAMILY** in the Philippines. We continue to oppose House Bill (HB) 2029, which is substantially the same as HB 4110 from the 12th Congress. We reject this proposed Bill in its totality for the following reasons:

1. HB 2029 is a population control program. However, population control would not address poverty.

In an effort to gain greater acceptance from the public, HB 2029 makes reference in its Explanatory Note to health issues, including maternal, infant, child, youth and male reproductive health. There is no mention of the term “population control” or “population management” in this Bill.

The underlying premise is that public policy should focus on women’s health and the rights of the unborn, rather than deliberately limiting the size of the country’s population. However, we believe that the real goals of the “Reproductive Health Care Act,” when unmasked, are the same as the goals of any population control program: to limit family size and obtain funds for that purpose.

Would population control address poverty? According to the United Nations (UN) Population Division, 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.”¹ 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.

¹ United Nations, Population Division of the Department of Economic and Social Affairs, “*World Population Monitoring 2001: Population, Environment and Development*,” 2001.

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 these dire consequences.

Several comprehensive studies on the lack of correlation between population and poverty have been made. In his 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.²

Another economist who has studied the population and poverty situation is Geoffrey McNicoll of the Australian National University in Canberra. 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 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.”³

If it is not population that causes the problem of poverty, what is it? Since poverty is a problem of economics, then poor economic growth must be a major determinant. 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.

The Asian Development Bank in its annual report on the Investment Outlook in Asia said, of both the Philippines and Indonesia, “It is estimated that economic growth in these two countries would need to accelerate by 1.5–2 percentage points above the average performance in 2002–2003 to ensure a decrease in unemployment and a significant reduction in poverty.”⁴

In addition, corruption in the Philippines is a serious hindrance to economic growth and a favorable investment climate. The headline of the Phil. Daily Inquirer of January 20, 2004 was “RP No. 2 on Corruption List.” The newspaper cited an Asian

² Easterly, William. 2001. *Elusive Quest for Growth: Economists' Adventures and Misadventures in the Tropics*. The MIT Press.

³ McNicoll, Geoffrey. “Population and Poverty: the Policy Issues, Part 1,” January 1999, in <http://www.fao.org/sd/WPdirect/WPre0087.htm> (underscoring ours)

⁴ Asian Development Bank, Economics and Research Department, *Asian Development Outlook 2004*, in http://www.adb.org/Documents/Books/ADO/2004/highlights/ADO2004_highlights.pdf

Development Bank's report, "Improving the Investment Climate in the Philippines" showing that the Philippines ranked second to Bangladesh among 102 countries in terms of the magnitude of irregular payments, including bribery, in public contracts. Corruption, which is conducted through irregularities in public or government contracts, tax payments, business transactions, and so on, affects 34 percent of domestic enterprises, resulting in the retardation of revenues and labor productivity.⁵

Transparency International, in its "Global Corruption Report 2004" said that the Philippines scored 2.5 (10 is the best score), ranking 92nd out of 133 countries in its Corruption Perceptions Index 2003.⁶ This score has been worsening from 2.9 points in 2001 and 2.6 in 2002.⁷

As 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..."⁸

Corruption in the Philippines is so blatant that Philippine journalists from the Philippine Center for Investigate Journalism (PCIJ) have run an entire training course for our Southeast Asian neighbors, called "Investigative Journalism Course for Southeast Asian Journalists."⁹ PCIJ has also published a book, "Investigating Corruption, A Do-It-Yourself Guide" because of the on-the-job training acquired in the Philippines.

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

In the Philippines, the Total Fertility Rate (TFR), a statistic measuring expected births in a woman's reproductive lifetime, has been declining rapidly. The United Nations statistics differ from those of the National Statistics Office, which prepared the National Demographic and Health Survey of 1998 (updated in 2003), as quoted in the Explanatory Note of HB 2029.

⁵ Philippine Daily Inquirer, Headline News, January 20, 2005, "RP No. 2 on Corruption List."

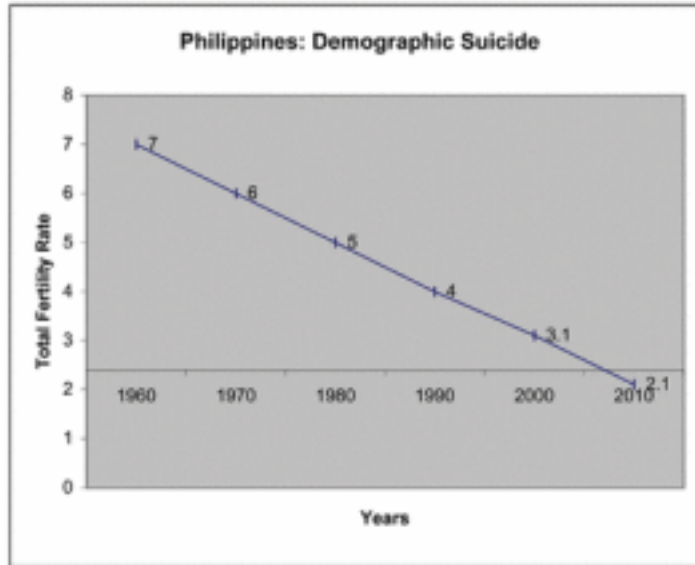
⁶ Transparency International, Global Corruption Report 2004, London, Pluto Press, and in http://www.globalcorruptionreport.org/download/gcr2004/11_Country_reports_L_Z.pdf

⁷ Amando Doronila, "Perceptions of corruption" in Philippine Daily Inquirer, October 15, 2003.

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

⁹ Philippine Center for Investigative Journalism, Training Desk, in <http://pcij.org/training/ijcourse.html>

According to the United Nations data, TFR is approaching 2.93, rather than remaining at 3.7.¹⁰ 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 2029 would exacerbate the existing negative trend.

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

Moreover, the TFR is projected to drop to below replacement level by the year 2010. UN 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 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.

¹⁰ 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>

**PHILIPPINES: TOTAL FERTILITY RATES, 2000-2040
(Medium Assumptions)**

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 Assumption)*, 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.

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, 2004.¹¹ 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.

¹¹ Michael Meyer, “Birth Dearth” in *Newsweek Magazine*, September 27, 2004.

3. 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. With a few semantic changes, HB 2029 is substantially the same as HB 4110 of the 12th Congress.

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 of these terms involving “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.”¹² (underscoring ours)

This is not new, as the HB 2029’s authors may know. In the ICPD 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.”¹³

HB 2029 may not be seeking the approval of abortion, but it is clear from the references to ICPD in the Bill’s Explanatory Note and the language of the Bill that this is the intended direction.

¹²Declaration 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>

¹³ 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>

4. Government-mandated reproductive health care 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 mere euphemism for the impeding of the natural reproductive process of conception and birth through artificial contraception and legalized abortion. 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, government tramples upon the basic human right of couples to control their own fertility and determine their own family size.¹⁴ Government involvement in reproduction is also dangerous because of the potential abuses it can bring.

China, for instance, launched in 1979 its severe “One Child Policy,” but it has been given world attention only in recent years. This so-called “voluntary” family planning was coercive. It has led to the killing of the unborn and infants who are “unwanted,” because they are girls (female infanticide), or because they are second children. Abortions are often forced on women who are pregnant with their second child. There have been reports of mass sterilizations. The result has been disastrous, not only from a human-rights viewpoint, but from a demographics viewpoint also. The ratio of Chinese males to females is estimated at as high as 118:110, as opposed to the world average male-to-female sex ratio of 101:100, causing concerns about future populations.

India was among the first nations to launch a state-sponsored family-planning program to curb its population 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. Like 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 2029, Section 10. If indeed people want them, let the private sector provide the funding. The National Demographic and Health Survey shows that almost half of all married Filipino women want to have more children. This is the reverse of the often-cited 50.6% of married women who do not want to have any more.¹⁵ Should half of all Filipino women sacrifice other health care benefits of the government for the sake of the other half who

¹⁴ Stephen Moore, “Don't Fund UNFPA Population Control,” Washington Times, May 9, 1999 in <http://www.cato.org/dailys/05-15-99.html>

¹⁵ National Statistics Office (NSO) [Philippines], and ORC Macro. 2004. *National Demographic and Health Survey 2003*. Calverton, Maryland: NSO and ORC Macro.

do not want more children? Who should have the power to make decisions about reproduction, the involved couples or the state?

6. Sex education in school usurps the parents' role.

HB 2029 proposes to “provide education and information on human sexuality and responsible parenthood in schools...” (Section 5. i) We do not support classroom-based sex education, because it will focus on information about sex rather than value formation.

Sex education in schools disrespectfully defies the duty of parents to raise their children as responsible, God-loving and patriotic citizens in accordance with their cultural, moral and religious beliefs. Parents do not want the state to usurp their roles in forming their children’s character and values. Parents do not wish to turn over to the schools their desire to educate their children on human sexuality within the context of human dignity and conjugal love. Parents object to the exposure of their children, particularly young children, to information they are not ready or willing to receive. Such education damages the children’s natural stages of development and will not make them wholesome persons but hedonistic, promiscuous, and selfish youth who will become irresponsible adults.

Teaching our children and teen-agers sex education, and thereby removing from us parents the chance to do that, alienates the children from those who know them best. Not all children are ready for all the information at the same time. Nor should they be told about sexuality if this education is devoid of the family’s attitudes and beliefs. The schools could undo the moral and intellectual formation so carefully nurtured in the loving atmosphere of the home.

We want to protect our children from sexually transmitted diseases, which can maim and kill, and yes, from unintended pregnancies. However, we want to do all that is possible to increase all children’s chances to remain abstinent until marriage. It is dangerous to make our children “sex-perts” by giving them sex education in school.

7. Birth control does not work.

We know for a fact that birth control does not work. Let’s take the United States as an example. The proponents of birth control such as The Allan Guttmacher Institute (a 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”) report that “about half of all pregnancies are unintended.” Yet more than 9 in 10 women in the United States who are “at risk of unintended pregnancy” (defined as “women who are sexually active, able to become pregnant, and neither

pregnant nor trying to become pregnant”) are using at least one contraceptive method.¹⁶ Even the Birth Control Pill, said to be the most effective, has an 8 percent “failure rate” for typical use. (Sadly, the creation of an “unplanned” human being is deemed a “failure.”) Sometimes even women who use their contraceptive method “perfectly” become pregnant.

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 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.¹⁷

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.”¹⁸ 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 birth control does not work.

¹⁶ The Allan Guttmacher Institute, “Get ‘In the Know’: Questions About Pregnancy, Contraception and Abortion” in <http://www.guttmacher.org/in-the-know/prevention.html>

¹⁷ Innovations Report, “Study finds two-thirds of unplanned pregnancies in women using contraception” in <http://www.innovations-report.de/html/berichte/studien/bericht-18034.html> (underscoring ours)

¹⁸ 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>

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

One of the objectives of HB 2029 is the prevention of abortion, as stated in Section 4. Subsection e) 3. However, abortion and contraception are “fruits of the same tree.”¹⁹ The links between abortion and contraception are recognized, as follows:

- (a) They have the same mentality – the stifling of the power of human sexuality to produce life. This temptation is aggravated when a child is indeed conceived.
- (b) They are linked sociologically. Every culture that has opened the doors to contraception has also experienced an increased practice of abortion. Even the reasons given for aborting the unborn child, when contraception fails, are similar to the reasons given for choosing contraception.

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.²⁰ Therefore, it is not true that providing contraceptives will allow society to avoid abortions for their unwanted children.

According to the Physicians for Reproductive Choice and Health and The Alan Guttmacher Institute, women give 3-4 reasons, on average, for choosing abortion, as follows:

Most Important Reason Given for Terminating an Unwanted Pregnancy	
Reason given	Percent (%) of Women
Inadequate finances (for child)	21%
Not ready for responsibility	21%
Woman’s life would be changed too much	16%
Problems with relationship; unmarried	12%
Too young; not mature enough	11%
Children are grown; woman has all she wants	8%
Fetus has possible health problem	3%
Woman has health problem	3%
Pregnancy caused by rape, incest	1%
Other	4%

¹⁹ Fr. Frank Pavone, Abortion and Contraception: Fruits of the Same Tree, Brochure in <http://www.priestsforlife.org/brochures/fruitsofsametree.htm>

²⁰ The Allan Guttmacher Institute, “Get ‘In the Know’: Questions About Pregnancy, Contraception and Abortion” in <http://www.guttmacher.org/in-the-know/prevention.html>

Source: Physicians for Reproductive Choice and Health and The Alan Guttmacher Institute, "An Overview of Abortion in the United States," January 2003, in http://www.agi-usa.org/presentations/abort_slides.pdf

(c) They are linked in law and jurisprudence. In 1973, the United States Supreme Court's "Roe versus Wade" decision legalizing abortion used the "right of privacy" as the primary reason.²¹ This "right to privacy" was the same reason used to allow contraception in Connecticut in 1965.²² In 1992, the Supreme Court reaffirmed the decision in the "Planned Parenthood versus Casey" case, saying they could not remove the "right" to abortion from "people who, for two decades...have made choices...in reliance on the availability of abortion in the event that contraception should fail."²³

(d) They are linked by being identical. Many of the so-called contraceptives are actually abortifacients. (See below.)

9. Artificial contraception consists of abortifacients.

HB 2029 aims to "provide accurate information and education and counseling...on the full range of legal and medically-safe family planning methods." (Section 5. b) These methods are expected to include so-called contraceptive means such as the Birth Control Pill, Intra-Uterine Devices (IUD), and so-called "emergency contraceptives." These are all abortifacients. They prevent conception and implantation of the embryo into the uterus, and thereby cause the unborn child's life to end.

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 the definition, pregnancy occurs only if implantation has already occurred; thus, "emergency contraceptives" 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, 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.

Artificial contraception leads to many vicious offenses in society, as it facilitates the sexual revolution that eventually leads to unexpected pregnancies. As shown by the U.S. experience, unwanted pregnancies then lead to a lowering of morality, and inevitably, abortion becomes an option after contraceptive failure. Where there is

²¹ U.S. Supreme Court, *Roe v. Wade*, 410 U.S. 113 (1973).

²² U.S. Supreme Court, *Griswold v. Connecticut*, 381 U.S. 479 (1965)

²³ U.S. Supreme Court, *Planned Parenthood Of Southeastern Pa. V. Casey*, 505 U.S. 833 (1992).

contraception, abortion is not far behind, either as a medical procedure, or in the form of so-called “emergency contraception.”

It has been asked whether not knowing about the abortifacient effect of contraceptives may mean that no wrong has been committed. However, if we know that an action might kill a person, and we still do it, we declare our willingness to kill that person. This is the same situation as the taking, or the prescribing and legislating the availability, of these abortifacients. We beg our legislators not to remain ignorant of these personal risks.

10. Prohibited Acts are discriminatory

Based on the list of Prohibited Acts (Section 7), the use of these so-called “reproductive rights” will become mandatory. All health care service providers – which include the private sector – are now 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 officials in health care and private practitioners are now required to dispense family planning products and services regardless of their personal pro-life and pro-family principles and convictions. This violates medical ethics and human rights of these health care practitioners.

Furthermore, third-party authorizations will not be required for any health procedures involving sexual or reproductive concerns. This would allow teen-agers to purchase artificial contraceptives, have sterilizations or undergo abortions, or even to sue their parents for not purchasing artificial contraceptives for them. It would also encourage spouses to undergo sterilizations in secret, thereby destroying the trust between married couples.

10. More bureaucracy that will mean a higher budget and fiscal deficit.

HB 2029 proposes to establish a Reproductive Management Health Council in the Department of Health 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.” (Section 6) This will 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 (Section 10).

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)

For the **ALLIANCE FOR THE FAMILY:**

Rosie B. Luistro
President