

Opponent: The Provisions of the RH Bill as Abortive Approaches in Addressing Present Philippine Issues

Emmanuel Rey P. Cruz*

I. INTRODUCTION	229
II. THE RH BILL ISSUES.....	230
III. THE BIRTH OF REPRODUCTIVE HEALTH RIGHTS.....	230
IV. PREGNANCY AND CHILDBIRTH MORTALITY RATES.....	233
V. ON CURBING ABORTION.....	235
VI. ALLOCATION AND DISBURSEMENT OF TAXPAYER’S MONEY.....	237
VII. CONCLUSION.....	239

The blind conviction that we have to do something about other people’s reproductive behavior, and that we may have to do it whether they like it or not, derives from the assumption that the world belongs to us, who have so expertly depleted its resources, rather than to them, who have not.

— Germaine Greer¹

If your parents never had children, chances are you won’t, either.

— Dick Cavett²

The best contraceptive is the word no — repeated frequently.

— Margaret Smith³

* ’12 J.D. cand., Ateneo de Manila University School of Law. Member of the Board of Editors, *Ateneo Law Journal*. He was the Associate Lead Editor of the fourth issue of the 54th volume. The Author has previously written *Outlawing Lolita: Testing the Constitutionality and Practicality of the “Victimless” Provisions of the Anti-Child Pornography Act of 2009*, 55 *ATENEO L.J.* 757 (2010).

Cite as 56 *ATENEO L.J.* 228 (2011).

1. Germaine Greer, Contraception, Birth Control Quotes, *available at* <http://www.quoteland.com/topic/Contraception-Birth-Control-Quotes/658/> (last accessed May 23, 2011).
2. Richard Alva “Dick” Cavett, *available at* <http://www.quotationsbyauthor.com/archives/6639> (last accessed May 23, 2011).
3. Margaret Smith, Quotations About Birth Control, *available at* <http://www.quotegarden.com/birth-control.html> (last accessed May 23, 2011).

I. INTRODUCTION

The Reproductive Health (RH) Bill⁴ is one of the most controversial pieces of legislation in recent history.⁵ Of bills past, it is hard to think of a more contentious, more notorious proposal that pitted, at least in the mass media, Church against State, liberals against conservatives, legislative intent against popular opinion, and experts against laymen.

For the purposes of this Essay, it is important to emphasize, and perhaps harp on the caveat, that the “Pro-RH Bill” and “Anti-RH Bill” labels are misleading, even intellectually unsound, given that RH Bills, by themselves, are numerous and hardly identical in composition, though they have similarities with respect to matters being addressed. However, regardless of consolidation into a singular text, one cannot generalize on the practical good or practical evil of such a bill without going into the *issues* embodied in the same. Thus, this discussion, instead of being labeled an “Anti-RH Bill” Essay, should properly be seen as an Opponent Essay for “RH Bill Issues.”

It is needless to state, but the Author states nonetheless, that “Pro-Choice” individuals are not necessarily “Pro-RH Bill” and “Pro-Life” individuals are not necessarily “Anti-RH Bill.” Hasty conclusions as to the intentions of an individual in opposing the proposals in an RH Bill cannot be left to guesswork. It is on the premise that opinions are divergent with respect to the RH Bill that the Author makes the following analysis and discussion of the RH Bill Issues.

It is easy to argue that the provisions of the RH Bill are crafted with good intentions and that they seek to address some societal ill. However, a blanket declaration that the RH Bill is the solution to a multitude of problems, including but not limited to, pregnancy and childbirth mortality, abortion, and overpopulation, is misguided. The Author believes that these problems (if some of them are, in fact, problems) can be addressed through other means that would refrain from offending sensibilities and from opening

4. An Act Providing for a Comprehensive Policy on Responsible Parenthood, Reproductive Health, and Population and Development, and for Other Purposes, H.B. No. 4244, 15th Cong., 1st Reg. Sess. (Feb. 17, 2011).

5. See generally Eladio C. Dioko, *The RH bill controversy*, PHIL. STAR, Oct. 7, 2010, available at <http://www.philstar.com/Article.aspx?articleId=618733&publicationSubCategoryId=109> (last accessed May 23, 2011); Joaquin G. Bernas, S.J., *The many faces of the RH bill*, PHIL. DAILY INQ., Nov. 3, 2008, available at http://opinion.inquirer.net/inquireropinion/columns/view/20081103169885/The_many_faces_of_the_RH_bill (last accessed May 23, 2011); Jojo P. Malig, Philippines still divided on reproductive health bill, available at <http://www.abs-cbnnews.com/-depth/05/08/11/philippines-still-dividedreproductive-health-bill> (last accessed May 23, 2011).

avenues to effect the very dangers that they seek to eradicate, foremost of all being pregnancy and childbirth mortality. These proposals present the wrong solutions to existing problems and will open a “Pandora’s Box” of unnecessary evils, so to speak.

II. THE RH BILL ISSUES

One of the preliminary issues arising from a discussion of the consolidated RH Bill is the issue of reproductive health rights.⁶ The Author believes that the State can put the protection of reproductive health rights into action through legislation. However, it is submitted that the intention and spirit by which the RH Bill is drafted and passed are not primarily geared towards the protection of reproductive health rights. In fact, the RH Bills merely serve as vehicles for policies and agendas that can be resolved through other equally effective means.

Further, the approach by which the RH Bill seeks to address the consequences arising from pregnancy and childbirth will be discussed in this Essay. The Author believes that the manner by which the RH Bills attempt to solve the problem of pregnancy and childbirth mortality is problematic and incredible.

Also, on a peripheral note, the State’s stance on the crime of abortion and the effective means of curbing the same will be touched upon. The Author believes that the phrasing and underlying message of the RH Bill can undermine the prerogative to fight this crime and that the same should be rethought and reconsidered.

Lastly, the question respecting the allocation and disbursement of taxpayer’s money pursuant to the purchase of “Family Planning Supplies” and the education of the citizenry, both in the public and the private sector, will be answered. It will be argued that such allocation and disbursement is an unnecessary expense and could be utilized for other health-related and anti-abortion matters in the Philippines.

III. THE BIRTH OF REPRODUCTIVE HEALTH RIGHTS

The concept of reproductive health rights first saw its genesis through the United Nation’s (U.N.) 1968 International Conference on Human Rights,⁷ which resulted in the 1968 Proclamation of Teheran.⁸ It was a reaction to

6. See generally H.B. No. 4244.

7. The International Human Rights Conference was held on April 22 to May 13, 1968, which resulted in the Proclamation of Teheran.

8. International Human Rights Conference, Teheran, Iran, Apr. 22–May 13, 1968, *Proclamation of Teheran*, U.N. Doc. A/CONF.32/41, at 3 (1968) [hereinafter *Proclamation of Teheran*].

the adoption of the Universal Declaration of Human Rights,⁹ which did not include reproductive health rights in its provisions.¹⁰ The Proclamation, without using the label “reproductive health rights,” provided that “[p]arents have a basic human right to determine freely and responsibly the number and the spacing of their children.”¹¹ The Provision was reiterated in the 1969 Declaration on Social Progress and Development,¹² a binding resolution issued by the U.N. General Assembly. These statements, however, did not indicate the means and methods, much less the limitations for exercising this right.

While reproductive health rights cover a wide plethora of debatably permissible behavior, the means and methods that would be apt for discussion in the Philippine context is actually that of birth control. The term “birth control,” which goes back as far as 1914, was made popular by Margaret Sanger.¹³ Sanger, a birth control advocate, disseminated information to “prevent conception,”¹⁴ which she believed was “the *only* cure for abortions.”¹⁵

Under Article II, Section 15 of the 1987 Philippine Constitution, it is mandated that “[t]he State shall protect and promote the right to health of the people and instill health consciousness among them.”¹⁶ According to Fr. Joaquin Bernas, S.J., this is “a statement of the basic ideological principles and policies that underlie the Constitution. As such, [Article II, Section 15] shed[s] light on the meaning of the other provisions of the Constitution and [it is] a guide for all departments of the government in the implementation of the Constitution.”¹⁷ Because of this, it may be argued that the Section, as it is, does not provide for “enforceable rights,” and it becomes incumbent

9. See generally Universal Declaration of Human Rights, G.A. Res. 217 (III) A, U.N. Doc. A/RES/217(III), at 71 (Dec. 10, 1948).

10. *Id.*

11. Proclamation of Teheran, *supra* note 8, at 16.

12. Declaration on Social Progress and Development, G.A. Res. 24/2542 (XXIV), U.N. Doc. A/RES/24/2542(XXIV), art. 4 (Dec. 11, 1969).

13. See generally Margaret Sanger, *Suppression*, 1 THE WOMAN REBEL 4, 25 (1914) & JIMMY ELAINE WILKINSON MEYER, ANY FRIEND OF THE MOVEMENT: NETWORKING FOR BIRTH CONTROL (2004 ed.).

14. Margaret Sanger, Family Limitation, available at <http://www.nyu.edu/projects/sanger/webedition/app/documents/show.php?sangerDoc=320179.xml> (last accessed May 23, 2011).

15. *Id.* (emphasis supplied).

16. PHIL. CONST. art. II, § 15.

17. JOAQUIN G. BERNAS, S.J., THE 1987 PHILIPPINE CONSTITUTION: A COMPREHENSIVE REVIEWER 7 (2006 ed.).

upon Congress to enact further measures.¹⁸ Even if the constitutionality of the proposals in the RH Bills is not in question, the propriety and wisdom of such can still be questioned by the public at large.

What is the extent of reproductive health rights? According to House Bill (H.B.) No. 4244, it refers to “the right of couples, individuals[,] and women to decide freely and responsibly whether or not to have children.”¹⁹ It also enables them “to determine the number, spacing[,] and timing of their children[,] to make decisions concerning reproduction free of discrimination, coercion and violence[,] to have relevant information[,] and to attain the highest condition of sexual and reproductive health.”²⁰

At this point, it needs to be asked: how far should the government go in “assuring” these reproductive health rights? The Author submits that it is common knowledge and there is no need for preamble in stating that “Family Planning Supplies” and “Modern Methods of Family Planning” are widely accessible in the country. These supplies and methods, contraceptives in particular, are *not illegal*, albeit regulated.²¹ There is *no* proscription, statutory or otherwise, that would *absolutely* prevent individuals from availing of these information, services, and products.

The Author further submits that information regarding “Family Planning Supplies” and “Modern Methods of Family Planning” are just as available in the country. Mass media such as television and radio, as well as print media, not to mention the Internet, are all good sources of information on such supplies and methods. It can be argued, though, that these information are neither completely reliable when it comes to veracity nor accessible to some of the poorest sectors of the society.²² The RH Bill, however, is not the only way through which the government can inform the citizenry. In this case, this Author argues that two approaches present themselves. First, by disseminating available information, the government merely *guarantees* the freedom of choice by leaving status quo as is (leaving the citizenry to purchase these supplies by their own means); or second, in addition to disseminating available information, the government actively *spoonfeeds* the public (doling out these supplies by government expenditure). The Author believes, as will be discussed later, that the first approach should be followed.

18. Compare PHIL. CONST. art. II, § 15, with PHIL. CONST. art. II, § 16, which “recognizes an enforceable ‘right.’” BERNAS, *supra* note 17, at 19.

19. H.B. No. 4244, § 4, ¶ 22.

20. *Id.*

21. See An Act to Regulate the Sale, Dispensation, and/or Distribution of Contraceptive Drugs and Devices, Republic Act No. 4729 (1966).

22. See generally Maurice Schellekens & Corien Prins, *Unreliable Information on the Internet: A Challenging Dilemma for the Law*, 4 INFO., COMM. & ETHICS IN SOC’Y 49 (2006).

IV. PREGNANCY AND CHILDBIRTH MORTALITY RATES

The rate of pregnancy and childbirth mortality is a legitimate concern which Congress is justified in addressing and naming as a priority, in the context of reproductive health rights. After all, it is true that death due to complications “related to pregnancy and childbirth is both an aberration and a gross social injustice.”²³ In order to understand Congress’ perspective, one must look into pregnancy and childbirth mortality, which will be henceforth referred to as “maternal death.”²⁴

Maternal death can be defined as “the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.”²⁵ Also, “[t]o facilitate the identification of maternal deaths in circumstances in which cause of death attribution is inadequate, a new category has been introduced: [p]regnancy-related death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the cause of death.”²⁶

From these definitions, it can be gleaned that maternal death can be traced from “any cause related to or aggravated by the pregnancy ... but not from accidental or incidental causes,”²⁷ and even from “circumstances in which cause of death attribution is inadequate.”²⁸ Thus, pregnancy, by itself, is not the evil which should be prevented but those causes external to the actual pregnancy which could cause death due to complications.

Congress, however, from the reading of the Explanatory Notes of the RH Bill proposals,²⁹ seems to be of the opinion that *it is better to prevent*

23. An Act Providing for a National Policy on Reproductive Health, Responsible Parenthood and Population and Development, and for Other Purposes, H.B. No. 96, 15th Cong., 1st Reg. Sess., explan. n. (July 1, 2010).

24. *Id.*

25. World Health Organization, Health statistics and health information systems, available at <http://www.who.int/healthinfo/statistics/indmaternalmortality/en/index.html> (last accessed May 23, 2011).

26. *Id.*

27. *Id.*

28. *Id.*

29. See An Act Providing for a National Policy on Reproductive Health, Responsible Parenthood and Population and Development, and for Other Purposes, H.B. No. 96, 15th Cong., 1st Reg. Sess., explan. n. (July 1, 2010); An Act Providing for a National Policy on Reproductive Health and Population and Development, and for Other Purposes, H.B. No. 513, 15th Cong., 1st Reg. Sess., explan. n. (July 1, 2010); An Act Providing for a National Policy on

*pregnancy in the first place in order to avoid deaths due to complications from pregnancy and childbirth.*³⁰ Simply put, if there is no pregnancy or childbirth, then there will be no death from pregnancy or childbirth. This RH Bill logic, given that pregnancies and childbirths are perfectly natural occurrences, would seem to be absurd.

Without hastily concluding whether this logic is absurd, it is noted that the Explanatory Notes, in fact, make a distinction between “unwanted pregnancies” and “wanted pregnancies.”³¹ It seems that what the RH Bills would like to prevent are the former, while completely allowing wanted pregnancies. In the first place, this attempt to justify the prevention of pregnancies would not work anyway, regardless of the distinction between unwanted and wanted pregnancies. Obviously, maternal death can result from *both* unwanted and wanted pregnancies.³² However, in the perspective of these proposals, what makes maternal death an evil to be prevented is the fact that the *pregnancy is unwanted*. It seems to say that if the pregnancy is wanted, by all means, a mother and a child can die due to complications from pregnancy or childbirth. The RH Bills’ proposal does not address maternal death from unwanted and wanted pregnancies on an equal footing, and does not address the real causes of such deaths and complications.³³

Reproductive Health and Population and Development, and for Other Purposes, H.B. No. 101, 15th Cong., 1st Reg. Sess., explan. n. (July 1, 2010).

30. See H.B. No. 96, explan. n.; H.B. No. 513, explan. n.; & H.B. No. 101, explan. n.

31. *Id.*

32. JOAN PITKIN, ET AL., *OBSTETRICS AND GYNAECOLOGY: AN ILLUSTRATED COLOUR TEXT* 78 (2003). The Authors opined that, “[p]romotion of family planning to reduce maternal mortality is questionable when most maternal deaths occur after wanted pregnancies.” *Id.*

33. Bharati Sadasivam, *The Rights Framework In Reproductive Health Advocacy — A Reappraisal*, 8 HASTINGS WOMEN’S L.J. 313, 343 (1997). Sadasivam opined, thus:

It is true that access to contraceptive services for women who want to limit family size can reduce maternal mortality substantially, by fifteen percent in Sub-Saharan Africa to forty percent or more in parts of South Asia. However, contraceptive access is only a partial solution to the problem of maternal mortality because it does not reduce deaths among pregnant women.

...

In the absence of other services to deal with pregnancy, specifically emergency obstetric care, women are just as likely to die once they get pregnant.

Id.

The Author believes that what Congress should do is to address the “cause[s] related to or aggravated by the pregnancy ... not from accidental or incidental causes,”³⁴ and the “circumstances in which cause of death attribution is inadequate,”³⁵ and not the issue of whether the pregnancy is unwanted or wanted. This is a better solution to the problem of pregnancy and childbirth mortality rates (e.g., the exercise of appropriate care in healthcare service facilities). Surely, spending money on the latter effort, considering that the healthcare service facilities in the Philippines are far from optimum, would be a more practical response to the abovementioned concern.

V. ON CURBING ABORTION

One of the proposals in the RH Bills which seems to be lacking in imagination is the submission that the RH Bill, when enacted, will in fact contribute to a substantial decrease in the commission of the crime of abortion in the Philippines.³⁶ The crime of abortion contemplated in the RH Bills can be classified into three: intentional abortion,³⁷ abortion practiced by the woman herself or by her parents,³⁸ and abortion practiced by a physician or midwife and dispensing of abortives.³⁹ In simple terms, Congress submits that the provisions in the RH Bills either specifically or indirectly targeting abortion will curb the commission of these three crimes.⁴⁰

Again, the question is whether these particular provisions would be the right solution to the situation sought to be remedied. Without going to the data and numbers involved, would it follow again, by RH Bill logic, that the prevalence of abortion can be curbed by preventing pregnancies on a large scale? This flows in the same line of reasoning as preventing maternal deaths by preventing pregnancies on a large scale, save the wanted ones. Granted, this presents a sophistry of sorts. Of course, if there is no pregnancy, there is no child to abort. But the query stands: is this the right approach? Even if family planning methods, natural or otherwise, including contraceptives, are used, the possibility of abortion is not precluded. In the end, having an abortion boils down to choice. If the choice to commit a detestable crime is made, then punishment should be meted out.

34. World Health Organization, *supra* note 25.

35. *Id.*

36. See H.B. No. 96, explan. n. & H.B. No. 101, explan. n.

37. An Act Revising the Penal Code and Other Penal Laws [REVISED PENAL CODE], Act No. 3815, art. 256 (1932).

38. *Id.* art. 258.

39. *Id.* art. 259.

40. See H.B. No. 96, explan. n. & H.B. No. 101, explan. n.

The Author submits that the problem of abortion can be addressed by stricter policy: *crack down and prosecute abortionists and expunge the market of abortives and abortifacients*. Surely, the State can be more *creative* in fighting this widespread crime. It seems, however, that Congress is taking the easy and lazy way to combat abortion.

Aside from the impropriety of approach, are there any other issues resulting from Congress' intention to address the curbing of abortion through the provisions of the RH Bills? It is possible, especially when the ideal stance of the Philippine government is juxtaposed with the abortion-related provisions of the RH Bills. On one hand, the Philippine government *should* have a hard-lined stance against abortion, since it is punishable in the Revised Penal Code,⁴¹ and should be considered *mala in se*. On the other hand, the RH Bills, on the matter of treating post-abortion complications,⁴² seem to be offering a softer stance with respect to the incidence of abortion. Make no mistake, every woman suffering from post-abortion complications, especially in emergency or serious cases, should be given immediate medical service. However, it seems that the intention of this provision, perhaps the wording, would weaken a hard-lined stance against abortion, and could possibly *encourage individuals to undergo abortions without fear* under the impression that there are no fatal consequences anyway, considering that the government would extend *subsidized* treatment and counseling notwithstanding the fact of abortion.⁴³

Regardless, a better way to word this Guiding Principle, instead of merely stating that “[w]hile this Act recognizes that abortion is illegal and punishable by law, the government shall ensure that all women needing care for post-abortion complications shall be treated and counseled in a humane, non-judgmental[,] and compassionate manner,”⁴⁴ is to make it read as “[w]hile this Act recognizes that abortion is illegal and punishable by law, the government shall ensure that all women needing care for post-abortion complications shall be treated and counseled in a humane, non-judgmental and compassionate manner [*without prejudice to the filing of criminal charges for abortion against the person or persons who performed the same act*].” With this wording, the stance of the Philippine government on abortion will be clarified and will not be compromised or misinterpreted, while at the same time indicating the policy to extend medical treatment and counseling to those who are in need of the same.

41. See generally REVISED PENAL CODE, arts. 256-259.

42. H.B. No. 4244, § 3 (j).

43. *Id.*

44. *Id.*

VI. ALLOCATION AND DISBURSEMENT OF TAXPAYER'S MONEY

At the outset, it becomes imperative to clarify that the Author does not advocate the notion that any RH Bill-related spending is a possible waste of the Filipino taxpayer's money. Spending for additional information or better healthcare facilities and services is *a must* in the present Philippine context. However, these information, facilities, and services do not necessarily include particular supplies or products that the RH Bill seeks to prioritize. It should be clarified that the Author takes exception to birth control supplies or products that are commercially available, particularly *contraceptives*. It is no secret that the central feature of the RH Bills, except for the Syjuco Bill,⁴⁵ is the availability of contraceptives through the expenditure of taxpayer's money.⁴⁶

Again, spending taxpayer's money for *contraceptives* can be justified in a number of ways, most of them very easy to shoot down as valid arguments. Prioritize funding for contraceptives because contraceptives can prevent maternal death? The better option is to prioritize funding for top-notch medical services and facilities, since most of the time the lack for the latter is the *reason* for maternal death, not the mere fact of pregnancy.⁴⁷ Prioritize funding for contraceptives because contraceptives can curb abortion? The better option is to prioritize funding for cracking down and prosecuting abortionists and expunging the market of abortives and abortifacients, since abortionists thrive because of the present inability of the government to punish these criminals. If spending is Congress' solution to these ills, then Congress should fund solutions that *directly* address these concerns, not a spending project that would leave fruition to "maybes" and guesswork.⁴⁸

Of course, the most popular argument for government funding is because the poor sector of our society cannot afford the purchase of contraceptives.⁴⁹ Yes, it is obvious that at times, they cannot even afford their basic needs, such as food, clothing, shelter, or schooling; how much

45. An Act to Protect the Right of the People to Information about Reproductive Health Care Services, H.B. No. 1520, 15th Cong., 1st Reg. Sess., explan. n. (July 19, 2010).

46. See generally H.B. No. 96 & H.B. No. 101.

47. See We Oppose the Reproductive Health Bill (HB 4244), available at <http://www.petitiononline.com/no2rh/petition.html> (last accessed May 23, 2011).

48. See Alliance for the Family Foundation Philippines, Inc., 12 Reasons Why We Oppose HB5043, available at <http://alfi.org.ph/home/index.php/2008/10/12-reasons-why-we-oppose-hb5043/> (last accessed May 23, 2011).

49. See Likhaan Center for Women's Health Inc., The RH Bill as pro-poor, available at <http://www.likhaan.org/content/rh-bill-pro-poor> (last accessed May 23, 2011).

more can they afford the purchase of contraceptives? This is of primary concern to Congress; otherwise, it would have proposed the allocation of funds for other poverty-related concerns, such as social services, education, job generation, even basic needs. However, Congress sees the prevention of pregnancies on a large scale as paramount, warranting a budget of more than ₱700 million.⁵⁰ To reiterate the recurring submissions, the better option is to prioritize funding for social services, education, job generation, and basic needs, since this will directly address the problem sought to be remedied.

Assuming that the budget was accordingly spent on RH Bill expenditures, including but not limited to the purchase of contraceptives, a huge chunk of the same can still go to waste. Distributing free contraceptives and educating the recipients on how to use the same is *not* an assurance that the recipients will *actually make use* of these contraceptives. Also, informing the citizenry that free contraceptives are available is *not* an assurance that the citizenry will all avail of these benefits, leading to the possibility of surplus and subsequent wastage. It is a fact that some contraceptives have shorter shelf lives than others, subject to wear and tear,⁵¹ and either mass purchase or mass distribution will almost inevitably lead to non-consumption.

Again, the argument goes back to freedom of choice:⁵² Filipino men and women have the *choice* whether to use or not to use and the *choice* whether to avail or not to avail. But this proposed exercise of choice is incredibly *taxing* on the Philippines' already limited resources, considering that this same choice is present in status quo. Making this choice may be difficult without the RH Bill, considering limitations in finances on the part of the poor Filipino man or woman, but that makes the choice *worth making*; it teaches the Filipino man or woman to choose responsibly since the choice is *worth something*.

Once more, a caveat has to be stated to avoid misconstruing the abovementioned submissions. To be fair, the allocation of taxpayer's money for contraceptives will surely have an effect, though not on the level of *direct* solutions in the Philippine situation. This proposal *can possibly* contribute to solving the present problems enumerated in this discussion. The question is, is it *actually responsive* to the demands of time and place, the Philippines here and now? Does this contingent, but certainly not modest, proposal warrant

50. Rio Rose Ribaya, *House OKs ₱700-M budget for RH bills*, MANILA BULL., Feb. 16, 2011, available at <http://www.mb.com.ph/articles/304653/house-oks-p700m-budget-rh-bills> (last accessed May 23, 2011).

51. Department of Health and Human Services, Centers for Disease Control and Prevention, *Contraceptive Shelf Life and Storage Conditions*, available at <http://www.cdc.gov/reproductivehealth/global/Contraceptives.htm> (last accessed May 23, 2011).

52. See H.B. No. 4244, § 3 (a).

£700 million in taxpayer money, taking into account possible wastage? The Author believes that the answer is no.

VII. CONCLUSION

In the end, the Author believes that the discussed provisions of the RH Bills are not necessarily fruitless, but could be largely unsuccessful in addressing concerns such as maternal death, abortion, and even overpopulation and poverty. The efforts and resources that will soon be expended to implement the provisions of the RH Bill can, in fact, be funneled into other more productive and possibly more successful recourses. The bottom line is, the responsiveness of these proposals should be rethought, reconsidered, and if need be, reworded to be more responsive to the problems they seek to address.

While this Essay does not categorize all the provisions of the RH Bills as abortive proposals, it places emphasis on the fact that the final version of the RH Bill that would be drafted into law will not be perfect; by all means, it will never be flawless. Thus, this does not mean that such a bill would pass the strict scrutiny of the public nor that it would be accepted without protest or objection.