



United Nations Committee against Torture
Office of the United Nations High Commissioner for Human Rights
Palais des Nations
CH-1211 Geneva 10
Switzerland

Re: List of issues prior to the submission of the third periodic report of the Philippines, which falls due to the United Nations Committee Against Torture in 2013

Honorable Committee Members:

The Center for Reproductive Rights¹ (the Center) and the International Women's Human Rights Clinic at the City University of New York School of Law² (IWHRC) would like to take this opportunity to assist the Committee Against Torture's (CAT Committee's) Country Report Task Force (the Task Force) in the formation of the list of issues for review by the Committee in relation to the Philippines at the 48th session. With this letter, we would like to draw your attention to the violations of women's right to be free from torture and cruel, inhuman and degrading treatment (ill-treatment) under the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) in the Philippines stemming from:

- the government's criminal abortion ban, which has no clear exceptions;
- the government's failure to ensure access to humane post-abortion care; and
- the government's failure to revoke and prevent adoption of legal restrictions on modern contraceptives by local government units (LGUs).

With over half a million unsafe abortions a year, 90,000 cases of abortion complications that require hospitalization, and an estimated 1,000 abortion-related deaths, as reported by Guttmacher Institute in 2008,³ the situation in the Philippines is dire. The situation has been exacerbated by the government's refusal to ensure access to modern contraceptives, which continues to put women at risk of unwanted pregnancies, unsafe abortions, and preventable pregnancy-related deaths. The Philippine criminal abortion ban, the government's failure to provide women humane post-abortion care, and lack of access to contraceptive information and services have been repeatedly criticized by UN treaty monitoring bodies and Special Rapporteurs.⁴

The Center has documented how the criminal abortion ban and the government's failure to implement its own post-abortion care policy have resulted in violations under CAT in a fact-finding report entitled *Forsaken Lives: The Harmful Impact of the Philippine Criminal Abortion Ban*⁵ (*Forsaken Lives*) (Annex 1). This report is based largely on testimonies of women and doctors in the Philippines who have either directly experienced or witnessed these violations. Excerpts from this report will be referenced throughout the letter to give voice to the suffering experienced by women in the Philippines under the criminal abortion ban. The Center, along with partners in the Philippines, has also documented the impact of one particularly harsh executive order that effectively bans modern contraceptives, Manila City's Executive Order 003 (EO 003), in the report *Imposing Misery: The Impact of Manila's Contraception Ban on Women and Families*⁶ (*Imposing Misery*) (Annex 2). This ban is illustrative of many such extreme measures that have been adopted by other LGUs in the Philippines recently as part of a national initiative by opponents of women's reproductive rights to eliminate access to modern contraceptives. The Center and the IWHRC respectfully request that the grave nature of the violations experienced by women as a result of the Philippines' criminal abortion ban and legal restrictions on modern contraceptives which are discussed in detail in *Forsaken Lives* and *Imposing Misery* be included in the Task Force's list of issues for the CAT Committee's review of the Philippines. **We have highlighted three key proposed recommendations for inclusion in the List of Issues in this letter, which can be found on pages 3, 7, and 12.**

I. The Philippines Has an Obligation to Prevent Torture and Ill-Treatment Specifically Resulting from the Denial of Reproductive Health Services

As a party to CAT, the Philippines has an obligation to prevent all forms of ill-treatment and torture within its jurisdiction.⁷ Torture is defined as any act causing "severe pain or suffering, whether physical or mental" intentionally inflicted for purposes of obtaining information, punishment, intimidation, "or for any reason based on discrimination of any kind."⁸ In General Comment 2, the CAT Committee has recognized that discriminatory treatment satisfies the specific intent requirement for torture when women are deprived of medical treatment "particularly involving reproductive decisions."⁹ The treaty also prohibits acts that fall short of torture but which constitute ill-treatment.¹⁰ The CAT Committee has stated that there is no need to prove an act was committed for an impermissible purpose in order to establish ill-treatment.¹¹ Similar to torture, proving cruel and inhuman treatment in violation of CAT requires evidence of severe pain or suffering.¹² In order to constitute degrading treatment, however, it is sufficient to show that the act was aimed at humiliating the victim, regardless of whether severe pain was inflicted.¹³

The CAT Committee interprets state obligations to prevent torture as indivisible, interrelated, and interdependent with the obligation to prevent ill-treatment because "conditions that give rise to ill-treatment frequently facilitate torture..."¹⁴ General Comment 2 emphasizes that states

parties are obligated under CAT to identify, prevent, and punish torture and ill-treatment,¹⁵ including through eliminating legal barriers that impede the eradication of torture and ill-treatment, and continually monitoring national laws and performance under the Convention to ensure that where a law is in violation of the Convention, it be revised or a new law adopted.¹⁶

As demonstrated in *Forsaken Lives* and *Imposing Misery*, instead of preventing and punishing the perpetrators of various forms of torture and ill-treatment against women in the context of their reproductive health, the government has been complicit in these violations by criminalizing abortion, ignoring abuses against women who seek post-abortion care, and making modern contraceptives that are needed to prevent unplanned pregnancies unavailable.

II. The Criminal Abortion Ban Violates Articles 1, 2 and 16 of the Convention

Proposed Issue 1: Please clarify the scope of the criminal abortion ban and specify whether there are legal exceptions for abortion in specific circumstances, such as when the pregnancy endangers the life or health of the woman, when it is the result of rape or incest, and in cases of fetal impairment. If abortion is not legally permitted in these circumstances, please explain why. Please provide detailed information about steps taken by the state party to ensure that women are not forced to resort to physically and mentally traumatizing and risky abortion procedures that are personally inhuman and degrading, and known to cause grievous injuries and even death. What system has the government put in place to monitor deaths and morbidities due to unsafe abortion as a means for developing appropriate laws and policies to prevent such deaths?

A. The Criminal Abortion Ban's Lack of Clear Exceptions where Women's Life and Health Are Endangered, when Pregnancy Results from Rape or Incest, and in Cases of Fetal Impairment Violate Articles 1, 2 and 16

The Philippine Revised Penal Code of 1930 (Revised Penal Code) criminalizes abortion without any clear exceptions, even in instances where the pregnancy endangers women's life or health, is the result of rape or incest, or in cases of fetal impairment.¹⁷ The Revised Penal Code imposes severe criminal penalties on women who have undergone abortions and providers of abortions.¹⁸ It contains general legal defenses which exempt liability from criminal penalties, such as justification.¹⁹ Some Philippine legal experts state that in theory, these defenses may be applied to recognize exceptions where a woman needs an abortion to save her life, but this exception has not been recognized by any court in the Philippines nor clarified by the Department of Justice.²⁰ The failure to clearly recognize any exceptions to the criminal abortion ban has created a situation in which a woman in need of an abortion has no clear legal way to access one. The Department of Justice is currently considering reforming the Revised Penal Code, but it is unclear if reform of the criminal law provisions on abortion will be included.

The CAT Committee has repeatedly criticized criminal abortion bans that do not have exceptions for life-threatening pregnancies, medical risks, rape, and incest.²¹ In its 2009 concluding observations to **Nicaragua**, the Committee expressed deep concern over a general prohibition of abortion without any clear exceptions for rape, incest, or life-threatening pregnancies.²² The CAT Committee has urged states parties to adopt legislation to clarify the scope of legal abortions²³ and consider providing exceptions for cases of “therapeutic abortion and pregnancy resulting from rape or incest.”²⁴ In its 2006 concluding observations to **Peru**, the CAT Committee expressed concern that women were forced to put their lives at risk through illegal abortions because of the state’s denial of safe abortion procedures.²⁵ The Committee stated that legislation severely restricting access to voluntary abortion indicates that, “the State party has failed to take steps to prevent acts that put women’s physical and mental health at grave risk.”²⁶ Based on these observations and recommendations of the CAT Committee, the Philippines’ refusal to legally allow abortions on these grounds violates its obligation to take effective measures to prevent torture and ill-treatment under Articles 2 and 16.

1. The Criminal Abortion Ban Violates CAT by Endangering Women’s Lives and Health by Forcing Women to Either Continue a Dangerous Pregnancy or Resort to Unsafe Abortion thereby Putting their Physical and Mental Health at Grave Risk

The Philippines’ lack of clarity concerning life and health exceptions for abortion, and the resulting denial of abortion where necessary to preserve women’s lives and health, constitute ill-treatment. In its 2011 concluding observations to **Ireland**, the CAT Committee expressed concern about women’s lack of access to abortion in situations where continuing the pregnancy constitutes a medical risk, stating that there are violations of Articles 2 and 16 where lack of clarity concerning exceptions to criminal abortion bans leads to women and their healthcare providers being exposed to the risk of criminal prosecution.²⁷ The Human Rights Committee (HRC), which interprets the right to freedom from ill-treatment and torture as it relates to Article 7 of the International Covenant on Civil and Political Rights (ICCPR), has found in the case of *K.L. v. Peru* that where there are foreseeable risks, either physical or mental, to the life of a pregnant woman, denial of an abortion can constitute ill-treatment.²⁸ This case is discussed in more detail later.

Haydee, a forty-year old married mother of one living in a poor urban squatter settlement who was interviewed for *Forsaken Lives*, experienced life-threatening complications during her first pregnancy and during her second pregnancy, she suffered a hypertension-induced stroke.²⁹ “*I was swollen in my hands and face, and my mouth was twisted to one side,*” she recalls.³⁰ Haydee was fortunate that her physician induced a delivery to save her life despite the fact that she was only five months pregnant.³¹ After the stroke, her doctor told her not to become pregnant again stating that it could kill her; however, she was not counseled about a method of contraception suitable for her medical condition and her doctor advised that if she became pregnant again, she

should go to a private doctor.³² Haydee was not able to afford regular contraception, and as a result, had two subsequent unplanned pregnancies.³³ Despite the clear danger to Haydee's life, when she sought to end her third pregnancy, her new doctor declared that she would never induce an abortion because it would be a sin.³⁴ Scared of death, Haydee was forced to self-terminate her third and fourth pregnancies by taking misoprostol pills³⁵ that she procured on the black market.³⁶ She was able to terminate her third pregnancy without suffering complications, but her attempt to terminate her fourth pregnancy resulted in profuse bleeding that did not cease for weeks and serious complications that required hospitalization.³⁷ Ultimately, Haydee survived, but only after taking great risks with her life to avoid the certain death her physician had predicted if she continued the pregnancy. Her situation illustrates that the absence of clear legal exceptions for abortion leaves women at the mercy of individual healthcare providers, who themselves may be risking criminal prosecution if they do induce an abortion and are therefore deterred from doing so. Almost a third of Filipino women who have abortions do so because they fear their pregnancies could damage their health.³⁸ These women are effectively forced to gamble with their lives by either letting a dangerous pregnancy continue or by resorting to an unsafe procedure.

These unsafe procedures can be excruciatingly painful and traumatic for women, and have deadly consequences. Abortion in the Philippines does not happen legally in a doctor's office with sterile instruments, anesthesia, and humane, quality healthcare; rather, women undergo these procedures in their homes with sticks that puncture the uterus or crude herbal concoctions that cause painful cramps and bleeding, through experimentation with medication of questionable origin and quality procured from unlicensed vendors that can result in incomplete abortion and deadly infections, or at the hands of untrained traditional midwives who contort and manipulate women's uteruses through an excruciating procedure called "abdominal massage" to terminate the pregnancy.³⁹ Mercedes, a street vendor and mother of four, described her experience with a traditional midwife, known as a *hilot*: "*The massage continued thrice a week . . . The hilot would press her open hands with all the fingers extended together and hard . . . I felt like my insides would tear apart. I was screaming in agony . . . Every session lasted for about ten minutes . . . I felt like dying . . . I went through that ordeal for four weeks.*"⁴⁰ Under these circumstances, abortion, which is known to be one of the safest medical procedures when performed by skilled providers in medically appropriate settings,⁴¹ becomes a significant cause of maternal mortality and morbidity including infertility.

By failing to ensure that women have access to therapeutic abortions in life or health threatening situations, the Philippines is in violation of the Convention.⁴² From the perspective of women in the Philippines, abortions can be one of the most degrading, painful, inhumane, and traumatic experiences of their lives. For women who have undergone the unsafe abortions, as revealed by the testimonies documented in *Forsaken Lives*, torture would likely be the most appropriate way to describe what many of them have gone through. The crude methods of self-induced abortion

employed by women in the Philippines and the significant incidence of unsafe abortion – over half a million cases each year – reflect the nature and scope of the impact of the criminal abortion ban, and are indicative of the government’s failure to prevent ill-treatment, which in some extreme cases may even constitute torture.

2. The Criminal Abortion Ban Violates CAT by Compounding the Trauma of Rape and Incest and Forcing Women to Either Continue a Traumatic Pregnancy or Resort to Unsafe Abortion

The Philippines’ refusal to allow women access to abortion in instances where pregnancy results from rape or incest violates CAT. In its concluding observations to **Nicaragua**, the CAT Committee expressed concern about the unavailability of abortion in cases of rape. Examining the issue from a woman’s perspective, it stated, “[f]or the woman in question, this situation entails constant exposure to the violation committed against her and causes serious traumatic stress and a risk of long-lasting psychological problems such as anxiety and depression.”⁴³

Denial of abortion where the pregnancy is a consequence of rape has been recognized as a violation of the right to freedom from ill-treatment and torture under the ICCPR. In 2011, the HRC held in *L.M.R. v Argentina* that a state’s failure to provide an abortion to a girl who had become pregnant as a result of rape resulted in physical and mental suffering and constituted a violation of Article 7 of the ICCPR, the right to be free from torture and ill-treatment.⁴⁴ The HRC rejected the state’s claim that forcing the girl to endure a pregnancy resulting from rape and undergoing an illegal abortion could not constitute torture because the pregnancy did not cause physical harm.⁴⁵ Instead, the HRC reasoned that the rights protected in Article 7 related not only to acts that cause physical pain but also to acts that cause mental suffering.⁴⁶

As a result of the criminal abortion ban, women in the Philippines who become pregnant as a result of rape or incest must either continue the pregnancy or resort to illegal abortions. While many cases of rape are unreported, the Philippine National Police recorded almost 5,000 rape cases from January to November 2010.⁴⁷ *Forsaken Lives* includes the story of Mylene, a twenty-six year old doctor, who became pregnant after being raped.⁴⁸ Faced with an unwanted pregnancy and unable to legally obtain an abortion, Mylene confided in almost no one and decided to self-induce an abortion.⁴⁹ She developed a severe infection and sought treatment in a hospital; tragically, Mylene died on the operating table due to renal failure from sepsis (a potentially deadly medical condition where the bloodstream is overwhelmed by bacteria) caused by the unsafe abortion.⁵⁰ As discussed below in Section IV, emergency contraception (EC), which is commonly administered in other countries to prevent pregnancy in instances of rape, is currently unavailable in the Philippines, making women who become pregnant in these circumstances more vulnerable to abortion-related injuries, trauma, and death.

The criminal abortion ban is particularly traumatizing for women in abusive relationships. While abortion is criminalized by the Revised Penal Code, marital rape is not explicitly recognized as a punishable offence.⁵¹ The CD enclosed in the hard copy of this submission and Annex 3 attached to the soft copy of the submission contain video testimony of Ana, who sought an abortion after her eighth pregnancy, which resulted from marital rape.⁵² She stated, “*My husband used to beat me and forced me to have sex My courage alone will not be enough to raise my children – who were mostly conceived due to my husband’s abuse.*”⁵³ Like Ana, many women are unable to protect themselves from repeated pregnancies resulting from marital rape.⁵⁴ Because abortions are illegal, women who terminate pregnancies resulting from marital rape or incest have the added fear that their abusers might report them to the police for illegally inducing an abortion if they try to leave the relationship.⁵⁵ As will be discussed in Section IV, this situation is compounded because contraception is unavailable to many women, especially poor women, due to official restrictions that ban contraceptives in public health facilities and bar the government from funding contraceptives.⁵⁶

III. The Philippines’ Failure to Ensure Women’s Access to Humane Post-Abortion Care Constitutes a Violation of Articles 1, 2, 10, 11, 13, and 16.

Proposed Issue 2: Please provide detailed information on steps taken by the state party to investigate, prevent, and punish incidents of ill-treatment of women seeking post-abortion care in government hospitals. Please explain what steps have been taken to implement the Prevention and Management of Abortion Complications Policy (PMAC Policy) to ensure that women are able to access humane post-abortion care without discrimination, as stated in the policy, and provide information about training programs instituted by the government to change negative and judgmental attitudes toward women who undergo abortions and to eliminate unethical practices by health service providers that contribute directly to the ill-treatment of women.

Forsaken Lives is the first in-depth human rights report to document the impact of the abortion ban on women seeking treatment for abortion complications.⁵⁷ The Philippines’ PMAC Policy establishes a framework for the provision of humane medical care in the treatment of complications for “women who have had abortion, regardless of cause.”⁵⁸ However, key officials interviewed for the report were not even familiar with the policy,⁵⁹ clearly indicating that the government has failed to prioritize the program. Despite guarantees under the policy, the government has not provided the necessary training, allocated adequate funding to, or ensured the availability of appropriate drugs to treat complications and to provide appropriate, humane, and dignified life-saving care.⁶⁰ As a result, women seeking emergency medical care for abortion complications such as sepsis and intense bleeding fear being reported to the authorities for having illegal abortions,⁶¹ are harassed and abused, and face delay or denial of medical

treatment.⁶² Even women who have suffered from spontaneous abortions (miscarriages) are indiscriminately harassed and encounter delays in treatment.⁶³

Under Articles 2 and 16 of CAT, the Philippines has an obligation to prohibit, prevent, and redress abuses in post-abortion care in state-run medical facilities and an obligation to intervene and regulate private medical facilities to prevent such abuse and to ensure that women have access to post-abortion care in emergency situations.⁶⁴ In General Comment 2, the CAT Committee emphasizes that women are at risk of torture or ill-treatment in certain circumstances including deprivation of medical treatment, particularly involving reproductive decisions.⁶⁵ It states that each state party “should prohibit, prevent and redress torture and ill-treatment in all contexts of [its] custody or control,” and includes the specific example of hospitals.⁶⁶ General Comment 2 also notes that state parties have a duty to protect individual rights in “contexts where the failure of the State to intervene encourages and enhances the danger of privately inflicted harm.”⁶⁷

A. Denial and Delay in Access to Appropriate Medical Treatment to Address Post-Abortion Complications Constitute a Violation of Articles 1, 2, and 16

Delays and denials in access to necessary medical treatment violate the Philippines’ obligation under Articles 2 and 16. In its concluding observations to **Nicaragua**, the CAT Committee noted with concern delays and denial of post-abortion care, including “several documented cases in which the death of a pregnant woman has been associated with the lack of timely medical intervention to save her life, in clear violation of numerous ethical standards of the medical profession,” and urged the state party to ensure “immediate and unconditional treatment for persons seeking emergency medical care” in compliance with World Health Organization (WHO) guidelines.⁶⁸ Similar to the case of Nicaragua, women in the Philippines report delays in post-abortion care purposefully inflicted to punish them for having abortions. Women seeking post-abortion care state that healthcare providers have told them that they would be made to wait specifically to “teach them a lesson.”⁶⁹ Community health workers state that it is not uncommon for women to be turned away from health facilities when seeking post-abortion care.⁷⁰ One health worker interviewed for *Forsaken Lives* recalled vividly an incident in which a woman was left to bleed in the hallway because physicians refused to provide her timely care.⁷¹ The woman suffered from sepsis but was denied treatment because she had undergone an abortion.⁷² Similarly, another health worker shared the story of a woman who was taken to Las Piñas District Hospital after taking misoprostol pills that she procured on the black market and was hemorrhaging.⁷³ Although the doctors had initially scheduled her to undergo an operation necessary to treat her complications, they refused to perform the procedure when they learned that she had intentionally tried to terminate her pregnancy.⁷⁴

In addition, the Philippines has further endangered women's lives by banning misoprostol from health care facilities because it can be used to induce abortions,⁷⁵ even though the WHO has formally listed the drug an essential medicine for the management of incomplete abortion and miscarriages.⁷⁶ The ban on misoprostol denies healthcare providers a crucial drug needed to treat complications such as hemorrhaging, thereby further endangering women's health and lives.⁷⁷ One doctor at Fabella Hospital recounted a tragic case in which he was unable to assist his patient evacuate her dead fetus with misoprostol after his attempt to do so with oxytocin failed.⁷⁸ As a result, the woman had no choice but to wait for in the hospital for several days for it to be expelled naturally.⁷⁹ The ban is particularly detrimental for women who have had to resort to unsafe abortion, as they often experience incomplete abortions and hemorrhaging, which can become life-threatening complications, and need misoprostol to treat these conditions.

B. Abusive and Humiliating Treatment of Women Seeking Post-Abortion Care Constitutes a Violation of Articles 1, 2, and 16

Although post-abortion care is legal, the criminal ban on abortion has led to abusive practices against women seeking post-abortion care and to a lack of accountability for such actions. The ban has legitimized the stigma surrounding abortion and has been used to justify the informal punishment of these women with impunity.⁸⁰ Healthcare providers routinely subject patients to public humiliation, judgment, stigmatization, and mental and physical abuse without suffering any consequence for their inappropriate and unethical behavior.⁸¹ *Forsaken Lives* establishes that the Philippines has failed to take steps to investigate, prevent, and end the abuse of women seeking post-abortion care in government-run health facilities, despite it being widely known that such practices are a routine occurrence in these facilities. These failures constitute a violation of the obligation to prevent torture and ill-treatment under Articles 2 and 16.

The CAT Committee has recognized that subjecting women seeking medical care to degrading treatment and denying them confidential care implicates rights protected by the Convention. The CAT Committee has specifically expressed concern where health workers provide reproductive healthcare to women in a degrading and humiliating manner, including shackling women during childbirth.⁸² In concluding observations to **Slovenia** and the **Czech Republic**, the CAT Committee also stated that parties should ensure that medical examinations are private and confidential.⁸³ In its concluding observations to **Austria**, the Committee expressed concern about "reports of alleged lack of privacy and humiliating circumstances amounting to degrading treatment during medical examinations" at a community health center providing reproductive healthcare, and called upon the government to ensure that "medical examinations are carried out in an environment where privacy is safeguarded and in taking the greatest care to preserve the dignity of women being examined."⁸⁴

These standards of care are consistently violated in the Philippines, where women are routinely verbally scolded and publicly humiliated by health workers entrusted with their care. As documented in *Forsaken Lives*, after a week of severe bleeding, excruciating pain, and fever, Lisa arrived at the hospital hemorrhaging and scared.⁸⁵ Upon entering the hospital, Lisa was continually verbally abused and intimidated by doctors and nurses who coerced her to admit she had an abortion and then threatened her, saying “*Do you want me to report you to the police? Don’t you know that having an abortion is evil?*”⁸⁶ After being given an intravenous anesthetic, her hands and feet were tied to the operating table. Lisa remembers, “[m]y legs were spread apart What was only lacking was to tie me around my neck.”⁸⁷ Like the practice of shackling women during childbirth, which the CAT Committee has criticized, the health workers’ decision to tie Lisa to the bed constitute humiliating and degrading treatment that undermined Lisa’s dignity and her medical care.⁸⁸ She stated, “*I did not want to fall asleep out of fear of what they might do to me.*”⁸⁹ After the procedure, a nurse put a notebook-sized sign on Lisa’s bed bearing the word “abortion”⁹⁰ leading to further public humiliation and shame.

It is not uncommon for women who have suffered spontaneous miscarriages to be similarly abused. Maria suffered a miscarriage while four months pregnant.⁹¹ At the hospital, the doctor stated he thought she may have tried to illegally abort her pregnancy.⁹² As a result, Maria experienced delays and the same type of abuse as women who self-terminate their pregnancies: “*I thought they were going to give me a D&C*⁹³ *but they just let me bleed all over the floor.*”⁹⁴ After an hour, she was told to go to another hospital without the necessary procedure having been performed. The hospital refused to provide an ambulance because, as the doctor said, “*We don’t use the ambulance for cases like this.*” Maria, still hemorrhaging heavily, was forced to travel in the sidecar of a motorcycle to Tondo General Hospital, where she again was questioned about whether she had induced the miscarriage.⁹⁵

The intensity of abuse perpetrated against women in health facilities is revealed by testimonies of women documented in *Forsaken Lives* that point to the fact that many women who have clandestine abortions would rather face death or silently endure painful infections rather than risk abuse and humiliation from healthcare providers.⁹⁶

C. Coercing Information from Women as a Condition for Receiving Medical Care Constitutes a Violation of Articles 1, 2, 11, and 16

Coercing women into confessing that they had abortions or into signing disclosures or releases and threatening them with criminal sanctions constitutes a violation of CAT. Article 1 of CAT expressly prohibits torture, which can be an infliction of pain or suffering for the purposes of obtaining information or confessions or for the purpose of intimidation or coercion.⁹⁷ In its concluding observations to **Chile**, the CAT Committee has expressed concern that health providers coerced women seeking emergency medical care into providing information about who

performed their abortions.⁹⁸ The Committee recommended that Chile eliminate the practice of extracting confessions from women seeking emergency medical care as a result of illegal abortions.⁹⁹ Reporting requirements have also been criticized by other treaty monitoring bodies. The HRC has expressed concern that such requirements discourage women from seeking medical treatment, endangering their lives.¹⁰⁰ The Committee on the Elimination of Discrimination against Women (CEDAW Committee) and the Committee on Economic, Social and Cultural Rights (ESCR Committee) have also stressed that states should require health services to respect women's right to confidentiality.¹⁰¹

The Philippines' failure to prevent coercive interrogations of women seeking post-abortion care for induced as well as spontaneous abortions violates Articles 2 and 16. Interviews from *Forsaken Lives* reveals that many healthcare providers erroneously believe that they are legally required to report induced abortions and that failing to report creates the danger of being implicated as an accomplice.¹⁰² This confusion encourages providers to report women to avoid criminal liability and protect themselves.¹⁰³ The gravity of the situation for women is revealed by a doctor from a government hospital in Manila City who explained how the reporting works: "*We report induced abortions to the security guard, who lists the abortion in the hospital blotter and then conducts an investigation—if induced, where it was done, who did it, and so on The guard interviews women behind a curtain The guard is supposed to give the name [of the woman] to the National Bureau of Investigation.*"¹⁰⁴

The interrogation is often accompanied by the coerced signing of statements which are incredibly intimidating for women. Nurses gave Lisa a form written in English, which she did not understand, and ordered her to sign it, saying: "*You sign here that if we get something [an abortive drug] from your uterus, we can have you imprisoned.*"¹⁰⁵ Lisa said, "*I signed the document because I was scared They were stronger than I was because they have the authority; I was only the patient.*"¹⁰⁶

D. The Philippines' Failure to Educate and Train Medical Professionals to Provide Humane and Ethical Care Violates Articles 10 and 16.

The Philippines' failure to train and educate medical professionals to provide dignified post-abortion care in accordance with the PMAC Policy and widely accepted ethical standards of professional behavior applicable in the context of healthcare violates its obligation under Articles 10 and 16 to ensure that education and information regarding the prohibition against torture and ill-treatment are included in the training of medical personnel.¹⁰⁷ In its concluding observations to **Turkey**, the CAT Committee emphasized the need to intensify training of medical personnel regarding Convention obligations.¹⁰⁸ In its concluding observations to the **Republic of Moldova**, it urged the inclusion of human rights education in its training of medical professionals.¹⁰⁹ Training and education are essential to proper implementation of the PMAC Policy and for the

improvement of women’s healthcare, and have proven to be effective solutions to ending abusive practices in the Philippines. Healthcare providers interviewed for *Forsaken Lives* who participated in sensitization programs and workshops on post-abortion care and human rights reported a positive change in their own attitudes.¹¹⁰ Speaking of a previous training, one of the doctors noted, “[b]efore, I thought that it was right to scold the patients, to scare them, and to call in the police. Now, I don’t do this. I have changed a lot after the training.”¹¹¹

E. The Philippines’ Failure to Ensure that Women Have Access to a Complaint Mechanism and to Ensure Prompt Investigations of Torture and Ill-Treatment Violates Articles 12, 13, and 16.

Under Articles 12 and 16, state parties must ensure prompt and impartial investigations of alleged torture and ill-treatment, and Articles 13 and 16 require that individuals have the right to complain to, and have the case examined by, an authority who shall protect that individual against ill-treatment.¹¹² In the Philippines, women who face abuse from post-abortion care providers have no practical legal recourse and are thereby caught in a vicious cycle of abuse and impunity. Hospitals report that they do not have formal redress mechanisms for complaints of abuse.¹¹³ Because women would have to admit to having abortions, to establish the occurrence of abuses in post-abortion care, which under the Revised Penal Code is tantamount to a crime punishable with up to six years in prison, they often decide to endure the abuse in silence.¹¹⁴ The testimonies of women reveal that abusive practices have become a routine part of post-abortion care that women must tolerate without protest in order to obtain the medical care that they need.

IV. By Denying Women Access to Contraceptive Information and Services, the Philippines Puts Women at Risk of Unwanted Pregnancies and Life-Threatening Illegal Abortions in Violation of Articles 1, 2, and 16.

Proposed Issue 3: Please provide detailed information on steps taken by the state party to remove unreasonable restrictions imposed by local governing units on modern contraceptives and to ensure funding for a full range of contraceptive information and services as a means to reduce the incidence of unplanned and unwanted pregnancies and the need for abortion. Please explain the steps that are being taken to restore access to emergency contraceptives for victims of sexual violence.

Philippine laws and policies that deny women access to contraceptive information and services exacerbate the threat to women’s lives and the risk of torture and ill-treatment resulting from the criminal abortion ban and the failure to ensure quality, humane post-abortion care. Indeed, rather than taking steps to prevent torture and ill-treatment as required under Articles 2 and 16, restrictions on modern contraceptives adopted by LGUs and the national government’s failure to introduce laws and policies needed to ensure access to these methods have placed women at even

greater risk for unwanted pregnancies and unsafe abortion. The CAT Committee has recognized the role that access to contraceptives play in preventing torture or ill-treatment resulting from restrictive abortion policies. As an expression of its concerns about the criminalization of abortion in cases of rape or incest, the Committee has recommended to **El Salvador** that the government “effectively prevent . . . all acts that put the health of women and girls at grave risk, by providing the required medical treatment, by strengthening family planning programmes and by offering better access to information and reproductive health services . . .”¹¹⁵ The Philippines has been repeatedly criticized by treaty monitoring bodies, including the Committee on the Rights of the Child,¹¹⁶ the CEDAW Committee,¹¹⁷ and the ESCR Committee,¹¹⁸ for denying women and girls access to modern contraceptives, which has put their lives and health in danger by increasing their risk of unplanned pregnancy and unsafe abortion.

Rather than implementing its obligations to ensure women’s access to contraceptive information and services, over the last twelve years the Philippines has adopted a number of retrogressive measures that have incrementally restricted women’s access to modern contraceptives despite the fact that these offer the greatest protection against unplanned and unwanted pregnancies. In 2000, Manila City issued EO 003, which acts as a total ban on modern contraceptives and related information and services in local government funded health facilities,¹¹⁹ including condoms, pills, intrauterine devices, and surgical sterilization.¹²⁰ As a result, access to modern contraceptives, including both information and services, disappeared in health facilities in Manila City, including nongovernmental and private clinics, which were intimidated into halting the provision of services and information.¹²¹ On October 21, 2011, Manila City adopted a new executive order (EO 30) that even more explicitly articulates the government’s opposition to modern contraceptives.¹²² EO 30 states that “[t]he City shall not disburse and appropriate funds or finance any program or purchase materials, medicines for artificial birth control.”¹²³

Other local governments have gone even further than Manila City to restrict access to modern contraceptives. In 2011 seven local governments in the province of Bataan passed ordinances that penalize the sale, promotion, advertisement, and prescription of contraceptive information and services.¹²⁴

Efforts to limit access to contraceptives have also occurred at the national level. In 2001, in response to a petition by a conservative religious group, the Philippine Department of Health deregistered the EC drug Postinor.¹²⁵ The purported rationale was that the drug is an “abortifacient,”¹²⁶ despite the fact that the WHO has clarified that EC does not cause abortion as it acts prior to implantation.¹²⁷ Following a challenge to the Department of Health’s (DOH’s) action, a DOH expert committee voted to permit the use of the drug.¹²⁸ However, the DOH has not taken any steps to make Postinor available to women. As a result, EC remains unavailable in the Philippines.

Conclusion

We hope that the information provided in this letter will be useful to the Task Force in drafting the list of issues for the 48th session of the CAT Committee, and we respectfully urge the Committee to include the three proposed paragraphs on the criminal abortion ban, post-abortion care, and access to contraceptive information and services suggested above. Please do not hesitate to contact Melissa Upreti at mupreti@reprorights.org should you have any questions.

Sincerely,



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Payal Shah
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¹ The Center for Reproductive Rights is an independent, non-profit organization with ECOSOC consultative status since 1997 that works to protect women's reproductive rights throughout the world.

² The International Human Rights Clinic at CUNY Law School works with domestic and international partners to advance and ensure women's human rights, including equality and non-discrimination, reproductive and sexual rights, economic and social rights and freedom from violence.

³ Guttmacher Institute, *Meeting Women's Contraceptive Needs in the Philippines*, 1 IN BRIEF 2 (2009). available at http://www.guttmacher.org/pubs/2009/04/15/IB_MWCNP.pdf. (Philippines will hereinafter be referenced as Phil.)

⁴ Comm. on the Rights of the Child (CRC Comm.), *Concluding Observations (CO): Phil.*, paras. 61-62, U.N. Doc. CRC/C/PHL/CO/3-4 (2009) [hereinafter CRC Comm., *CO: Phil.*]; Comm. on the Elimination of Discrimination against Women (CEDAW Comm.), *CO: Phil.*, paras. 27-28, U.N. Doc. CEDAW/C/PHI/CO/6 (2006) [hereinafter CEDAW Comm., *CO: Phil.*]; Comm. on Economic, Social and Cultural Rights (ESCR Comm.), *CO: Phil.*, para. 31, U.N. Doc. E/C.12/PHL/CO/4 (2008) [hereinafter ESCR Comm., *CO: Phil.*]; Special Rapporteur on the Right to Health, *Right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, para. 53, U.N. Doc. A/66/254 (2011); Special Rapporteur on Violence against Women, *Addendum, Comments to and from Gov'ts*, paras. 314, 317, U.N. Doc. A/HRC/14/22/Add.1 (2010).

⁵ CENTER FOR REPRODUCTIVE RIGHTS, FORSAKEN LIVES: THE HARMFUL IMPACT OF THE PHILIPPINE CRIMINAL ABORTION BAN (2010), available at http://reproductiverights.org/sites/crr.civicaactions.net/files/documents/phil_report_Spreads.pdf [hereinafter FORSAKEN LIVES].

⁶ CENTER FOR REPRODUCTIVE RIGHTS, IMPOSING MISERY: THE IMPACT OF MANILA'S CONTRACEPTION BAN ON WOMEN AND FAMILIES (2010), available at <http://reproductiverights.org/sites/crr.civicaactions.net/files/documents/Imposing%20Misery%20Updated.pdf> [hereinafter IMPOSING MISERY].

⁷ Comm. against Torture (CAT Comm.), *General Comment No. 2: Implementation of article 2 by States parties*, (44th Sess., 1992), paras. 1, 16, U.N. Doc. CAT/C/GC/2 (2008) [hereinafter CAT Comm., *General Comment No. 2*].

⁸ Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, *adopted* Dec. 10, 1984, art. 1, para. 1, G.A. Res. 39/46, UN GAOR, 39th Sess., Supp. No. 51, U.N. Doc. A/39/51 (1984), 1465 U.N.T.S. 85 (*entered into force* June 26, 1987) [hereinafter CAT].

⁹ CAT Comm., *General Comment No. 2*, *supra* note 7, para. 22.

¹⁰ CAT, *supra* note 8, art. 16, para. 1.

¹¹ CAT Comm., *General Comment No. 2*, *supra* note 7, para. 10.

¹² See Memorandum from Matthew Goodro, Law and Health Initiative, Open Society Institute to Jonathan Cohen and Tamar Ezer, Law and Health Initiative, Open Society Institute, *Health Care and the Prohibition Against Torture and Cruel, Inhuman, and Degrading Treatment or Punishment* 7-8 (May 12, 2009) (on file with the Center). Prohibitions of torture and cruel, inhuman and degrading treatment are non-derogable under both the International Covenant on Civil and Political Rights (ICCPR) and CAT, which does not permit derogation for any of its provisions. See Manfred Nowak, *Report of the Special Rapporteur on*

Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment: Civil and Political Rights, Including Questions of Torture and Detention, (62nd Sess.), para. 36, U.N. Doc. E/CN.4/2006/6 (2005) (citing ICCPR art. 7 (concerning torture and CIDT) and art. 4(2) (concerning derogation during states of emergency)) [hereinafter *Special Rapporteur on Torture—Civil and Political Rights 2005*].

¹³ *Special Rapporteur on Torture—Civil and Political Rights 2005*, *supra* note 12, para. 35.

¹⁴ CAT Comm., *General Comment No. 2*, *supra* note 7, para. 3.

¹⁵ *Id.* para. 11.

¹⁶ *Id.* para. 4.

¹⁷ REVISED PENAL CODE (1930), Act No. 3815, arts. 256-259 (Phil.).

¹⁸ *Id.*

¹⁹ *Id.* art. 11(4).

²⁰ VINCENTE L. FRANCISCO, *THE REVISED PENAL CODE, ANNOTATED AND COMMENTED*, BOOK ONE 232, BOOK TWO 719 (2d, 1954) (citing American jurisprudence); LUIS B. REYES, *THE REVISED PENAL CODE: CRIMINAL LAW: BOOK ONE 205* (11th ed., 1977). *See also* FORSAKEN LIVES, *supra* note 5, at 29, 78, 80-81.

²¹ CAT Comm., *CO: Nicaragua*, para. 16, U.N. Doc. CAT/C/NIC/CO/1 (2009) [hereinafter CAT Comm., *CO: Nicaragua*]; CAT Comm., *CO: Ireland*, para. 26, U.N. Doc. CAT/C/IRL/CO/1 (2011) [hereinafter CAT Comm., *CO: Ireland*]; CAT Comm., *CO: Peru*, para. 23, U.N. Doc. CAT/C/PER/CO/4 (2006) [hereinafter CAT Comm., *CO: Peru*].

²² CAT Comm., *CO: Nicaragua*, *supra* note 21, para. 16.

²³ CAT Comm., *CO: Ireland*, *supra* note 21, para. 26.

²⁴ CAT Comm., *CO: Nicaragua*, *supra* note 21, para. 16.

²⁵ CAT Comm., *CO: Peru*, *supra* note 21, para. 23.

²⁶ *Id.*

²⁷ CAT Comm., *CO: Ireland*, *supra* note 21, para. 26.

²⁸ *K.L. v. Peru*, Human Rights Comm., Communication No. 1153/2003, paras. 6.2-6.3, U.N. Doc. CCPR/C/85/D/1153/2003 (2005).

²⁹ FORSAKEN LIVES, *supra* note 5, at 38, citing Metro Manila-based NGO, Interview with Haydee, Metro Manila (Apr. 2, 2002).

³⁰ *Id.*

³¹ *Id.*

³² *Id.*

³³ *Id.*

³⁴ *Id.*

³⁵ Misoprostol is a drug used to prevent gastric ulcers, for early abortion, to treat missed miscarriages, and to induce labor. It is a small pill that can be taken orally or broken in pieces and inserted vaginally. In hospitals it is used to ripen a woman's cervix and induce labor. When administered to pregnant women unmonitored, it can cause abortion, premature birth, or birth defects. Since it is banned in the Phil., as discussed in section III(A), it is impossible for women to ensure that they are actually purchasing misoprostol, which always poses a risk that they may buy a fake or poor quality version of the drug that could be dangerous to their health. *Id.* at 5.

³⁶ *Id.* at 38, citing Metro Manila-based NGO, Interview with Haydee, Metro Manila (Apr. 2, 2002).

³⁷ *Id.* at 40.

³⁸ The Millennium Development Goals – Goal 5: Improve maternal health, *available at* http://www.undp.org.ph/?link=goal_5, citing the 2004 NATIONAL SURVEY OF WOMEN.

³⁹ FORSAKEN LIVES, *supra* note 5, at 46-50.

⁴⁰ *Id.* at 47, citing Metro Manila-based NGO, Interview with Mercedes, Metro Manila (Sept. 29, 2001).

⁴¹ WORLD HEALTH ORGANIZATION (WHO), SAFE ABORTION: TECHNICAL AND POLICY GUIDANCE FOR HEALTH SYSTEMS 14 (2003), *available at* <http://whqlibdoc.who.int/publications/2003/9241590343.pdf> (last visited Nov. 9, 2009).

⁴² FORSAKEN LIVES, *supra* note 5, at 96.

⁴³ CAT Comm., *CO: Nicaragua*, *supra* note 21, para. 16.

⁴⁴ *L.M.R v. Argentina*, Human Rights Comm., Communication No. 1608/2007, paras. 2.2, 9.2, U.N. Doc. CCPR/C/101/D/1608/2007 (2011).

⁴⁵ *Id.* para. 9.2.

⁴⁶ *Id.*

⁴⁷ Bureau of Democracy, Human Rights, and Labor, *2010 Country Reports on Human Rights Practices, Phil.*, U.S. DEPARTMENT OF STATE, 23 (2011), *available at* <http://www.state.gov/documents/organization/160099.pdf>.

⁴⁸ FORSAKEN LIVES, *supra* note 5, at 49-50, 63, citing Metro Manila-based NGO, Interview with Dr. Sam, Metro Manila (Dec. 10, 2009).

⁴⁹ *Id.* at 50, 63.

⁵⁰ *Id.*

⁵¹ Atty. Fred, *Anti-Rape Law of 1997*, PHILIPPINE E-LEGAL FORUM (Sept. 25, 2006), <http://jlp-law.com/blog/anti-rape-law-1997-republic-act-8353/>.

⁵² FORSAKEN LIVES, *supra* note 5, at 46, citing Christy Marfil, counselor at Institute for Social Studies and Action, Interview with Ana, Quezon City (Mar. 27, 2009); Interview with Ana, Caloocan City (May 21, 2010).

⁵³ *Id.*

⁵⁴ *Id.* at 46.

⁵⁵ *Id.* at 46, citing Interview with health counselor, Women’s Crisis Center at East Avenue Medical Center, Quezon City (Feb. 25, 2009).

⁵⁶ Restrictions on access to contraceptives are documented in the Center’s report *Imposing Misery: The Impact of Manila’s Contraception Ban on Women and Families*. IMPOSING MISERY, *supra* note 6.

⁵⁷ FORSAKEN LIVES, *supra* note 5, at 52-60 for information about post-abortion care.

⁵⁸ DOH, Prevention and Management of Abortion and its Complications, Admin. Order No. 45-B s. 2000 (2000) (Phil.), sec. 1.

⁵⁹ FORSAKEN LIVES, *supra* note 5, at 71, citing Interview with directors of OnM and Tondo General, Metro Manila (May 17, 2010); Interview with Undersecretary, DOJ, Metro Manila (Feb. 2010).

⁶⁰ *Id.*, citing Interview with consultant, Department of Obstetrics and Gynecology, PGH, Metro Manila (Feb. 24, 2009); Interview with Dr. Marita Reyes, Chair of the Philippine Health Research Ethics Board (PHREB), Metro Manila (Feb. 17, 2009); *see also id.* at 72, citing Interview with physician, Department of Obstetrics and Gynecology, PGH, Metro Manila (Feb. 24, 2009).

⁶¹ *Id.* at 56-57, citing Christy Marfil, counselor at ISSA, Interview with Irene, Quezon City (Mar. 27, 2009); Metro Manila-based NGO, Interview with Josie, Metro Manila (June 18, 2002).

⁶² *Id.* at 42-60 for accounts of harassment.

⁶³ *Id.* at 56, citing Metro Manila-based NGO, Interview with Maria, Metro Manila (Feb. 7, 2003).

⁶⁴ CAT, *supra* note 8, arts. 2, 16; CAT Comm., *General Comment No. 2*, *supra* note 7, paras. 15, 22.

⁶⁵ CAT Comm., *General Comment No. 2*, *supra* note 7, para. 22.

⁶⁶ *Id.* para. 15.

⁶⁷ *Id.*

⁶⁸ CAT Comm., *CO: Nicaragua*, *supra* note 21, para. 16.

⁶⁹ FORSAKEN LIVES, *supra* note 5, at 55, citing Christy Marfil, counselor at ISSA, Interview with Jess, Quezon City (Mar. 20, 2009).

⁷⁰ *Id.* at 56.

⁷¹ *Id.*, citing Interview with anonymous counselor, East Avenue Medical Center, Quezon City (Feb. 2009).

⁷² *Id.*

⁷³ *Id.* at 56, citing Christy Marfil, counselor at ISSA, Interview with Cristina, Quezon City (Mar. 28, 2009).

⁷⁴ *Id.*

⁷⁵ *Id.* at 84, citing Bureau of Food and Drugs, Advisory 2002-02 (Aug. 12, 2002).

⁷⁶ WHO, MODEL LIST OF ESSENTIAL MEDICINES 28 (16th ed., updated, 2010), http://www.who.int/medicines/publications/essentialmedicines/Updated_sixteenth_adult_list_en.pdf.

⁷⁷ FORSAKEN LIVES, *supra* note 5, at 17.

⁷⁸ *Id.* at 67, citing Interview with anonymous doctor, Fabella Hospital, Santa Cruz, Metro Manila (Apr. 2008).

⁷⁹ *Id.*

⁸⁰ *Id.* at 52-60.

⁸¹ *Id.* at 52-57.

⁸² CAT Comm., *CO: United States of America*, para. 33, U.N. Doc. CAT/C/USA/CO/2 (2006).

⁸³ CAT Comm., *CO: Slovenia*, para. 6(e), U.N. Doc. CAT/C/CR/30/4 (2003); CAT Comm., *CO: Czech Republic*, para. 6(h), U.N. Doc. CAT/C/CR/32/2 (2004).

⁸⁴ CAT Comm., *CO: Austria*, para. 22, U.N. Doc. CAT/C/AUT/CO/4-5 (2010).

⁸⁵ FORSAKEN LIVES, *supra* note 5, at 91, citing Metro Manila-based NGO, Interview with Lisa, Metro Manila (Apr. 1, 2009).

⁸⁶ *Id.*

⁸⁷ *Id.*

⁸⁸ *Id.*

⁸⁹ *Id.*

⁹⁰ *Id.*

⁹¹ *Id.* at 56, citing Metro Manila-based NGO, Interview with Maria, Metro Manila (Feb. 7, 2003).

⁹² *Id.*

⁹³ Dilation and curettage (D&C) is the dilation (widening/opening) of the cervix and surgical removal of part of the lining of the uterus, or its contents, by scraping, “curettage.” It is a therapeutic gynecological procedure that is used to complete abortions, and can be a means of abortion itself. *Id.* at 5.

⁹⁴ *Id.* at 56, citing Metro Manila-based NGO, Interview with Maria, Metro Manila (Feb. 7, 2003).

⁹⁵ *Id.*

⁹⁶ *Id.* at 16.

⁹⁷ CAT, *supra* note 8, art. 1, para. 1.

⁹⁸ CAT Comm., *CO: Chile*, para. 6(j), U.N. Doc. CAT/C/CR/32/5 (2004).

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- ⁹⁹ *Id.* para. 7(m).
- ¹⁰⁰ Human Rights Comm., *CO: Chile*, para. 15, U.N. Doc. CCPR/C/79/Add.104 (1999); *Venezuela*, para. 19, U.N. Doc. CCPR/CO/71/VEN (2001).
- ¹⁰¹ See CEDAW Comm., *General Comment No. 24: Women and Health*, (20th Sess., 1999), paras. 22, 31(e), U.N. Doc. A/54/38/Rev.1 (1999); ESCR Comm., *General Comment No. 14: The right to the highest attainable standard of health*, (22nd Sess., 2000), para. 12(b)-(c), U.N. Doc. E/C.12/2000/4 (2000).
- ¹⁰² FORSAKEN LIVES, *supra* note 5, at 71.
- ¹⁰³ *Id.*
- ¹⁰⁴ *Id.* at 53, citing Interview with anonymous doctor, Department of Obstetrics and Gynecology, OnM, Metro Manila (Feb. 24, 2010).
- ¹⁰⁵ *Id.*, citing Metro Manila-based NGO, Interview with Lisa, Metro Manila (Apr. 1, 2009).
- ¹⁰⁶ *Id.*
- ¹⁰⁷ CAT, *supra* note 8, arts. 10, 16.
- ¹⁰⁸ CAT Comm., *CO: Turkey*, para. 7(k), U.N. Doc. CAT/C/CR/30/5 (2003).
- ¹⁰⁹ CAT Comm., *CO: Republic of Moldova*, para. 6(m), U.N. Doc. CAT/C/CR/30/7 (2003).
- ¹¹⁰ *Report from "Improving Quality Care for Post-Abortion Complications Using a Human Rights Approach,"* Training for Reproductive Health Providers with the Center for Reproductive Rights and Planned Parenthood of America, Barcie International Center, Malolos City, Bulacan, Phil. (Apr. 22, 2008).
- ¹¹¹ *Id.*
- ¹¹² CAT, *supra* note 8, arts. 12, 13, 16.
- ¹¹³ See FORSAKEN LIVES, *supra* note 5, at 84.
- ¹¹⁴ See, e.g., *id.* at 74.
- ¹¹⁵ CAT Comm., *CO: El Salvador*, para. 23, U.N. Doc. CAT/C/SLV/CO/2 (2009).
- ¹¹⁶ CRC Comm., *CO: Phil.*, *supra* note 4, paras. 61-62.
- ¹¹⁷ CEDAW Comm., *CO: Phil.*, *supra* note 4, paras. 27-28.
- ¹¹⁸ ESCR Comm., *CO: Phil.*, *supra* note 4, para. 31.
- ¹¹⁹ Declaring Total Commitment and Support to the Responsible Parenthood Movement in the City of Manila and Enunciating Policy Declarations in Pursuit Thereof, Executive Order No. 003, (2000) (Phil.).
- ¹²⁰ *Id.*
- ¹²¹ IMPOSING MISERY, *supra* note 6, at 24.
- ¹²² Further Strengthening Family Health Services, Executive Order No. 30 (2011).
- ¹²³ *Id.* sec. 2.
- ¹²⁴ ENGENDERRIGHTS, INC., POSITION PAPER ON THE UNCONSTITUTIONALITY OF SEVEN BARANGAY ORDINANCES IN BALANGA, BATAAN THAT INFRINGE ON REPRODUCTIVE HEALTH RIGHTS 1-2 (2011).
- ¹²⁵ Reproductive Health Advocacy Network, Position Paper to Government of the Phil., Department of Health, Bureau of Food and Drugs in re: Withdrawal of Registration and Prohibition of Importation and Distribution of Postinor through Memorandum Circular No. 18, at 2-3, 12, 15 (Dec. 2001) (on file at the Center for Reproductive Rights).
- ¹²⁶ See *Supplementary Information to the CEDAW Comm.: Phil.*, ENGENDERRIGHTS, INC., sec. 2 (Aug. 8, 2006), <http://www.engenderights.org/?q=node/35>.
- ¹²⁷ WHO, Emergency Contraception, Fact sheet No. 244 (updated, Oct. 2005).
- ¹²⁸ E-mail from Carolina S. Ruiz Austria, SJD Candidate, University of Toronto, Chairperson of Womenlead, to Melissa Upreti, Senior Regional Manager and Legal Advisor to Asia, Center for Reproductive Rights, New York (Sept. 26, 2009, 12:58am EST).