HUMAN RIGHTS, STATE OBLIGATIONS, AND THE RH BILL

Declaration of Support for House Bill 4244
(The Responsible Parenthood, Reproductive Health and Population and Development Bill)
by individual faculty of the Ateneo de Manila University

We, the undersigned individual faculty of the Ateneo de Manila University, declare our strong support for House Bill 4244, the consolidated Responsible Parenthood, Reproductive Health and Population and Development Bill (or RH Bill). We are heartened by the recent move of the House of Representatives to terminate the protracted debates and interpellations on this bill which has languished in Congress since 1999. We urge our legislators to act swiftly and judiciously on the proposed amendments to the bill, and thereafter vote for its passage.

We issue this call in our individual capacities as educators, researchers, medical doctors, lawyers, and citizens, and in no way speak for our University, the Society of Jesus, or the rest of our colleagues. As members of the academe who value academic freedom and responsibility, we wish to put knowledge at the service of national development goals that promote the wellbeing of the majority of our people. In so doing, we seek to ground our claims on the current scientific consensus and empirical evidence, including the lived experience of the poor and marginalized. We recognize that others who do the same may arrive at a position contrary to ours; however, we view the ability to hold and express divergent opinions on an issue as a sign of a vibrant academic community.

Having read and studied HB 4244 (the Responsible Parenthood, Reproductive Health and Population and Development Bill) as well as the proposed amendments by the bill's authors, *we conclude that it is rights-based; supportive of State obligations to protect and promote health under the Philippine Constitution and international covenants and conventions; and in accordance with what Filipinos want, the vast majority of whom consistently say in surveys that they support the RH Bill. Most important, the RH Bill is an equity measure that aims to reduce differential access to reproductive health and family planning services and information. It is the poor—and in particular poor women and their children—who stand to benefit the most from the passage of this bill.* And should not the poor be the focal concern of any social institution, be it religion, education, or the government?

State obligations, RH rights

We commend President Benigno S. Aquino III for remaining steadfast to his campaign promise of "recognizing the advancement and protection of public health, which includes responsible parenthood, as key measures of good governance" (item 4 in his Social Contract with the Filipino People). Despite intense pressure from Catholic bishops and other groups who vigorously oppose the RH Bill and are campaigning for its defeat in Congress, President Aquino in 2011 endorsed the Responsible Parenthood Bill (popularly known as the Reproductive Health Bill) as among his administration's priority measures, and reiterated the need for responsible parenthood in his State of the Nation Address last July 23, 2012. We are likewise heartened that

members of his Cabinet stand solidly behind the President in supporting the RH Bill. These include the 20 agencies under the Human Development and Poverty Reduction (HDPR) Cabinet Cluster such as the Department of Social Welfare and Development, the Department of Health, the Department of Budget and Management, the Department of Interior and Local Government, the Department of Education, the Commission on Higher Education, the National Economic and Development Authority, the National Anti-Poverty Commission, and the Philippine Commission on Women, among others.

After a decade of neglect of state support for family planning services (except for natural family planning [NFP]) under the administration of former President Gloria Macapagal Arroyo which adopted an NFP-only policy, President Aquino's endorsement of a comprehensive framework for reproductive health initiatives is not only welcome but also long overdue. *Indeed, it is the obligation of the State, as primary duty-bearer, to provide information on and access to the full array of medically safe, effective, and legal family planning services in order to enable women, men, and couples—especially among the poor—to plan the number and spacing of their children.* Government budgetary support for modern family planning methods (which include NFP and "artificial" contraception) is neither unconstitutional nor a breach in good governance (a form of "corruption," according to some bishops). In the same way that the State is obligated to provide free basic education in public schools for the poor, so should it make information and services on family planning and reproductive health available to those who cannot afford these services.

The enactment of a reproductive health law has in fact solid bases in the 1987 Philippine Constitution, particularly in Art. XIII, sec. 11 ("The State shall adopt a comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all people at affordable cost. There shall be priority for the needs of the underprivileged, sick, elderly, disabled, women, and children") and Art. II, sec. 15 ("The State shall protect and promote the right to health of the people and instill health consciousness among them"), among others. The RH Bill is also consistent with the provisions of other national laws such as the 2009 Magna Carta of Women (Republic Act 9710).

Moreover, the RH Bill's provisions are in fulfillment of our obligations under international human rights law, notably the 1979 Convention on the Elimination of Discrimination Against Women (ratified by the Philippines in 1981), the 1966 International Covenant on Economic, Social and Cultural Rights (ratified by the Philippines in 1974), the 1989 Convention on the Rights of the Child (ratified by the Philippines in 1990), the 1994 International Conference on Population and Development, the Beijing Declaration and Platform for Action adopted at the 1995 Fourth World Conference on Women, and the Millennium Development Goals adopted during the 2000 Millennium Summit. As a state party or signatory to the above, the Philippines must take appropriate measures to ensure the right to reproductive health of all its citizens. In particular, it should enact family planning programs that would guarantee the right of couples and individuals to decide freely and responsibly on the number and spacing of their children. Implicated in the right to reproductive health are other long-established human rights, such as the rights to: life and survival, the highest attainable standard of health, equal treatment, education, development, liberty and personal security.

Filipinos *want* RH information and services

Those who oppose the RH Bill including some bishops have said that President Aquino's support for it is a declaration of "open war" on the Catholic Church, which views natural family planning as the only moral means of fertility regulation. Critics also claim that the RH Bill, which will equally promote natural family planning (NFP) and "artificial" contraception, is an assault on the culture of Filipinos who cherish life, their children, and families. These statements seem to imply that the RH Bill violates religious freedom because it will impose "artificial" contraception on predominantly-Catholic Filipinos who reject it, whether for religious or other reasons.

Contrary to the contention of some groups that the RH Bill infringes on religious freedom, we maintain that it does precisely the opposite. By providing individuals and couples adequate information on and access to a wide range of medically safe, legal, and effective family planning methods, the bill capacitates Filipinos to make informed choices. It neither offers incentives nor imposes sanctions on an individual for choosing one family planning method over another, or for opting to have few or many children, if any at all. *At the heart of the RH Bill is the right to informed choice on and access to one's preferred family planning method, provided that this is legally permissible. This is fully in accord with the principle of mutual respect for religious differences enshrined in our Constitution.*

We even dare say that it is some sectors' insistence on an NFP-only policy by government that encroaches on religious freedoms. The Philippines is a secular State and a pluralist society where various religious groups have competing views on the morality of "artificial" contraception. Whereas the Catholic Church proscribes the use of "artificial" contraception, other religions and religious groups in the Philippines allow it and have expressed support for the RH Bill's passage into law. These include Islam in Muslim Mindanao (where Islamic clerics have issued a *fatwa* (religious edict) supporting all methods of family planning that are legal, safe, and in accordance with the Islamic *shariah* [court]), as well as various Protestant churches including the Iglesia ni Cristo, the National Council of Churches in the Philippines, the Philippine Council of Evangelical Churches, the United Methodist Church, the Philippines for Jesus Movement, the Seventh Day Adventist Church, and the Episcopal Church of the Philippines, among others. More than just the freedom to believe, freedom of religion encompasses the freedom to act or not to act according to one's religious beliefs. Neither political leaders nor religious officials should prevent people from practicing legal family planning methods according to their religious and personal beliefs.

The country needs a reproductive health law precisely to ensure budgetary support for the comprehensive, integrated, and sustainable delivery of reproductive health initiatives across local government units, regardless of the religious and personal convictions of national and local leaders. A case in point is the City of Manila under the term of former Mayor Joselito Atienza, where the total commitment to natural family planning (as provided by Executive Order No. 003 of 2000) resulted in the de facto ban of "artificial" methods of family planning such as condoms, contraceptive pills, intrauterine devices, injectables, and surgical sterilization from city health

clinics and hospitals, thereby depriving thousands of poor women for whom natural family planning was not feasible.

The reality is, despite the Philippines being predominantly Catholic, the majority of Filipinos want the full range of family planning services including “artificial” contraception. This has been affirmed consistently by various surveys done by credible polling organizations like the Social Weather Stations and Pulse Asia. According to Pulse Asia’s latest findings on the Reproductive Health Bill from its Ulat ng Bayan (Report of the Nation) National Survey of October 2010, a sizeable majority (69%) of Filipinos are in favor of the bill’s intent “to promote information [on] and access to natural and modern family planning methods as well as to recognize the rights of women and couples to choose the family planning method that they want based on their needs and personal and religious beliefs.” Comparable findings on family planning based on the Second Quarter (June) 2011 Social Weather Stations Survey reveal that a vast majority (82%) of Filipinos say that “the choice of a family planning method is a personal choice of couples and no one should interfere with it,” and that a considerable majority (73%) agree that “if a couple wants to plan its family, it should be able to get information from government on all legal methods.” A majority (68%) also believe that “the government should fund all means of family planning, be it natural or artificial.”

In summary, rather than violating religious and personal freedoms, the RH Bill in fact respects and guarantees them. It is *not* a “population control bill” which rewards or penalizes couples depending on the number of their children, or imposes a limit on the number of children one could have. To avert misconceptions about the bill being about “population control,” the framers of HB 4244 have proposed the deletion of Section 20 which says that the State shall encourage couples, parents and individuals “to have two children as the ideal family size,” even as that provision clearly states that this is “neither mandatory nor compulsory.”

Finally, the RH Bill responds to the clamor of Filipinos for information on and access to the full array of family planning methods, as revealed by survey after survey. In that light, the RH Bill should not be viewed as an “assault” on Filipino sensibilities or as a “Western imposition” on the Filipino populace. Rather, the strong popular support for it only shows the deeply-felt need for reproductive health services by Filipinos, especially the poor.

Filipinos *need* RH information and services

No legislation by itself can solve all or even most of the country’s problems; the authors and supporters of the RH Bill have never claimed that it is a panacea for poverty. But if passed, the RH Bill can have a decided impact on alleviating pressing social concerns such as our high maternal mortality ratio, the rise in teenage pregnancies, and the increase in the number of HIV/AIDS cases, among others.

Maternal deaths

The most recent statistics on maternal deaths from the 2011 Family Health Survey of the National Statistics Office (NSO) reveal the worrisome finding that *the Philippines' maternal mortality ratio has increased by 36 percent*, from 162 women dying from pregnancy-related complications and childbirth for every 100,000 live births in 2006 (based on the NSO's 2006 Family Planning Survey), to 221 maternal deaths per 100,000 live births in 2011. In this day and age when advancements in health and medical science should be able to save more and more women from pregnancy-related deaths, the rise in the country's maternal mortality ratio is simply unconscionable. At its current trajectory, the Philippines will not be able to meet Millennium Development Goal (MDG) 5, which aims to reduce its maternal mortality ratio by 75 percent, from 209 maternal deaths per 100,000 live births in 1990, to 52 per 100,000 in 2015. Of the eight MDGs, it is MDG 5 on reducing maternal deaths that several government and international agencies have identified as the least likely to be achieved by 2015.

Sadly, many of these deaths stem from the high incidence of induced abortions. An estimated 473,400 women had induced abortions in 2000, translating to an abortion rate of 27 abortions per 1,000 women aged 14-44, and an abortion ratio of 18 abortions per 100 pregnancies (Juarez, Cabigon, Singh and Hussain, "The Incidence of Induced Abortion in the Philippines: Current Level and Recent Trends," 2005). Projections for 2008 based on the 2000 data indicate that 1,000 Filipino women died in 2008 as a result of abortion, and that about 90,000 were hospitalized because of complications (Guttmacher Institute, *Meeting Filipino Women's Contraceptive Needs*, 2009). For these women, terminating a pregnancy is an anguished choice they make in the face of severe constraints. When queried about their reasons for doing so, their top three reasons were: they could not afford the economic cost of raising another child; their pregnancy occurred too soon after the last one; and they already have enough children (Juarez, Cabigon, and Singh, "Unwanted Pregnancies in the Philippines: The Route to Induced Abortion and Health Consequences," 2005). Thus, for these women, *abortion has become a family planning method*.

Our current maternal mortality ratio of 221 maternal deaths per 100,000 live births translates to about *15 Filipino women dying every day*, according to a recent statement of the United Nations (WHO, UNFPA, UNICEF, and UN Information Centre Manila, 5 August 2012). It is tragic that most of these deaths are from entirely preventable causes related to pregnancy and childbirth, such as infection, obstructed labor, and hypertensive disorders, among others. More Filipino women's lives would be saved if they had access to family planning information and services. Births that are too frequent and spaced too closely take a debilitating toll on their health, so that many of them die during pregnancy or at childbirth. In addition to family planning, women need access to good prenatal, delivery, and postpartum care.

The passage of the RH Bill can enable the government to improve and expand its delivery of reproductive health services in order to promote and save women's lives. Among the Bill's notable provisions are:

- Information on and provision of the full range of all legal (i.e., registered with the DOH's Food and Drug Administration), medically safe, and effective modern methods of family planning (whether "natural" or "artificial," "without bias for either")
- Modern family planning products and supplies recognized as "essential medicines" in the National Drug Formulary to facilitate volume procurement (based on the World Health Organization's categorization of contraceptives as "essential medicines")
- Department of Health centralized procurement and distribution of family planning supplies
- Adequate number of midwives for skilled birth attendance at delivery
- Capability building on reproductive health for barangay health workers
- Access to basic and comprehensive emergency obstetric and newborn care through hospitals adequately staffed and supplied; maternal and newborn health care in crisis situations like disasters
- Conduct of maternal death reviews to analyze the causes of maternal deaths
- Mobile outreach services in every Congressional district
- Pro bono RH services for indigent women by the private sector/NGOs
- Maximum PhilHealth benefits for serious, life-threatening RH complications
- Age-appropriate RH and sexuality education beginning grade 6 (amended from Grade 5)
- Budgetary appropriation for implementation under the General Appropriations Act

Contrary to what critics say about HB 4244 being "anti-life" because it abets abortion, the bill emphatically enunciates that it "recognizes that abortion is illegal and punishable by law" (sec. 3, no. 1). By giving couples, especially women, information on and access to medically safe, legal, affordable, and quality family planning methods, *the bill in fact seeks to avert unwanted, unplanned, and mistimed pregnancies which are the root cause of induced abortions*. "Artificial" contraceptive methods such as pills, female sterilization, injectables, intrauterine devices, and male condoms are all legal in the Philippines and have usage rates of 19.8%, 8.6%, 3.4%, 3.1%, and 1.2%, respectively (NSO 2011 Family Health Survey). What HB 4244 merely seeks to do is to make family planning methods that are *legal* (or registered with the Department of Health's Food and Drug Administration) *available* for those who cannot afford them. Based on the NSO 2011 Family Health Survey, 16.2 percent of married or cohabiting women aged 15 to 49 were not using any family planning method because it was inaccessible to them ("hard to get").

As regards treating modern family planning products and supplies as "essential medicines" to facilitate volume procurement, this is not a new, Philippine formulation offered by HB 4244's authors. Since the late 1970s, the World Health Organization has included contraceptives as part of the WHO core list of essential medicines. While pregnancy is not a disease, women can die from it as well as from childbirth. To regard contraceptives as "essential medicines" is to recognize the life-saving effects of contraceptives which help a woman limit and space her pregnancies based on what she deems safe for her body, as well as compatible with her beliefs and family situation.

Teenage pregnancies

Like the maternal mortality ratio, the number of teenage pregnancies in the Philippines has been increasing. According to the 2011 Family Health Survey (FHS), the fertility rate (defined as the number of live births per 1,000 women) of girls 15-19 years old rose by 38 percent, from 39 in 2006 (2006 Family Planning Survey [FPS]) to 54 in 2011. For female youth in the 20-24 age group, the fertility rate increased by 7 percent, from 149 in 2006, to 159 in 2011 (2006 FPS, 2011 FHS). As educators and guardians of our youth, we are concerned about the increase in teenage pregnancies (usually unplanned) which can lead to early marriage, aborted schooling, curtailed work opportunities, frequent pregnancies, and sometimes separation, abortions, and even early death.

One of the most controversial features of HB 4244 is age-appropriate reproductive health and sexuality education in the formal and non-formal educational system beginning in grade 5 up to fourth year high school (President Aquino, however, in consideration of the bishops' concerns expressed during dialogues between Cabinet members and officials of the Catholic Bishops Conference of the Philippines, has conceded to make grade 6 the start of RH and sexuality education, which the bill's authors will take into consideration). As expressed in the CBCP's pastoral letter "Choosing Life, Rejecting the RH Bill" (dated 30 January 2011), the bishops "condemn compulsory sex education that would effectively let parents abdicate their primary role of educating their own children, especially in an area of life—sexuality—which is a sacred gift from God." The RH bill's authors have thus proposed an amendment (dated 15 March 2011) to give parents the "option of not allowing their minor children to attend classes pertaining to Reproductive Health and Sexuality Education." However, despite this proposed opt-out provision, some sectors including the Catholic Church hierarchy remain strongly opposed to the inclusion of RH and sexuality education in the curriculum, arguing that doing so would arouse young people's curiosity about sex, encourage them to try premarital sex, and promote promiscuity. A review of the evidence, however, shows that these fears are unfounded.

Does sexuality education lead to earlier or increased sexual activity outside of marriage? In December 2009, the United Nations Educational, Scientific and Cultural Organization (UNESCO) published *The International Technical Guidelines on Sexuality Education* which reviewed all the studies on the impact of sexuality education on the sexual behavior of the participants. A total of 87 sexuality education programs all over the world were reviewed, of which 29 programs were in developing countries, 47 programs in the United States, and 11 programs in other developed countries.

According to the report, sexuality education is "an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information. It aims to provide opportunities for young people to explore their own values and attitudes, and to build decision making, communication, and risk-reduction skills about various aspects of sexuality." While the parents and family are valuable and key sources of information, the reality is, some parents are reluctant to discuss sex with their children, or are themselves uninformed about it. Findings from the 2002 Young Adult Fertility and Sexuality Survey conducted by the University of the Philippines Population Institute reveal that only 15.7

percent of the youth aged 15-24 freely talk about sex at home with their family. The study also shows that the youth learn about sex from pornographic materials, or turn to their peers who are not the most reliable sources of information on sex, or try to learn firsthand about sex by actually engaging in it. Sexuality and RH education in the formal and non-formal educational system should be viewed as complementing—rather than contravening—the right of parents to be their children's most important source of information on sex and sexuality. In any case, the authors of HB 4244 have proposed an amendment that would allow parents to opt-out their children from sexuality and RH education programs in school.

Based on the 2009 UNESCO impact study results for 87 sexuality education programs worldwide, for the world as a whole, *no sexuality program (0%)—whether in developed or developing countries—resulted in hastening the participants' initiation into sex*. Thirty-seven percent of the programs resulted in delayed initiation into sex, and 63% had no significant impact. As regards the effects of sexuality education on frequency of sex, the results showed that 31 percent of the programs for the world as a whole led to decreased frequency of sex, compared to only 3 percent which resulted in increased frequency of sex; 66 percent of the programs had no significant impact on the frequency of sex. The 3 percent increase in frequency of sex was reported for developed countries; *no (0%) sexuality education in the developing countries resulted in increased frequency of sex among its participants*. With regard to the effect of sexuality education on the number of one's sexual partners, while 56 percent of all sexuality education programs studied had no significant impact, 44 percent resulted in a decreased number of sexual partners for the participants. What is significant to stress is that *no sexuality education program resulted in an increased number of sexual partners*.

In summary, the UNESCO's comprehensive impact study on sexuality education programs unequivocally shows that these did not result in increased promiscuity or sexual laxity. On the contrary, not only was the initiation of sex delayed, but the frequency of sex and the number of sexual partners of those who participated in the programs also declined.

Proponents of HB 4244 are therefore pushing for the inclusion of age-appropriate reproductive health and sexuality education in the educational system, believing that doing so would help decrease the incidence of youth having their sexual debut at increasingly younger ages, bereft of sufficient knowledge on reproductive health, particularly the consequences of early and unprotected sex such as teenage pregnancies.

Increase in HIV/AIDS cases

Unprotected sex (reported for 75.1 percent of sexually-active unmarried youth by the 2002 Young Adult Fertility and Sexuality Survey) and lack of knowledge about sex can also result in HIV/AIDS. According to *Global Report on the Global AIDS Epidemic in 2010* by the United Nations Programme on HIV/AIDS (UNAIDS), although the Philippines has a relatively low prevalence of HIV cases, it is one of only seven countries in the world (the other Asian country being Bangladesh) that have recorded a sharp increase in the number of HIV cases from 2001 to 2009. In 2001, there were 600 HIV cases in the Philippines. Since then, 4,600 new

infections were monitored by the Department of Health. Three thousand seven hundred Filipinos have died from AIDS-related causes since 1984. Similar to our Millennium Development Goal (MDG) prospects for maternal health, the Philippines is unlikely to meet MDG 6 on halting and reversing the spread of AIDS, according to the United Nations Programme on HIV/AIDS (UNAIDS) in Manila. The enactment of the RH Bill can thus help arrest the increase in the number of HIV cases and AIDS-related deaths through its programs to prevent and manage HIV/AIDS and other sexually transmittable infections, and through education and counseling programs on sexuality and reproductive health.

Call to action

Our reflected and collective appraisal of the Responsible Parenthood, Reproductive Health and Population and Development Bill (HB 4244) is that it is a vital piece of legislation that needs to be passed urgently. It upholds the constitutional right of couples to found a family in accordance with their religious convictions; honors our commitments to international covenants and conventions; and promotes the reproductive health and reproductive rights of Filipinos, especially of those who are most marginalized on this issue—our women, poor families, and young people.

Moreover, as faculty of a Catholic university, we believe that the key principles of the RH Bill—promotion of reproductive health, subsidizing the health needs of the marginalized and vulnerable, guarantee of the right to information and education of adults and young people alike, respect for the freedom of choice of individuals and couples in planning their families—are compatible with core principles of Catholic social teaching, such as the sanctity of human life, the dignity of the human person, the preferential option for the poor, integral human development, human rights, and the primacy of conscience. Responding to the reproductive health needs of the poor, especially of the women among them, is also in keeping with the Second Vatican Council's thrust of being a church in solidarity with the "joys and the hopes, the griefs and the anxieties of the men [and women] of this age, especially those who are poor or in any way afflicted" (*Gaudium et Spes* 1965, no. 1). It is likewise consistent with the commitment of the Philippine Church to be a "Church of the Poor," described by the 1991 Second Plenary Council of the Philippines (PCP-II) as "one where the entire community of disciples… will have such a love of preference for the poor as to orient and tilt the center of gravity of the entire community in favor of the needy" (PCP II, no. 134).

In view of the crucial vote of the House of Representatives on August 6, 2012 to terminate the interpellations on House Bill 4244 and to move to the period of amendments, we call on our Representatives to act judiciously in considering the proposed amendments to the bill, and thereafter vote on and ratify the amended bill for immediate transmission to the Senate. We urge the Senate to terminate the interpellations on its counterpart measure, Senate Bill 2865 (the Reproductive Health Bill). We believe that all the possible arguments in favor of or against the Reproductive Health Bill have already been put on the floor and debated on at length in the last 14 years, in the various incarnations of the bill from the 11th to the present 15th Congress. The time has come to vote on and pass the bill, and to make its enactment one of the enduring

legacies that the 15th Congress and the administration of President Benigno S. Aquino III can offer to the Filipino people. We ask our legislators to muster the courage and wisdom to vote, not on the basis of vested interests, but in the service of the Filipino people and especially the poor from whom they derive and to whom they owe their mandate.

Speaking only for ourselves and not for the rest of our colleagues, the University, or the Society of Jesus, we reiterate our full and unequivocal support for House Bill 4244 and sign this statement as individual faculty.

Signed: 192 individual faculty of the Ateneo de Manila University (18 August 2012)

ERRATUM: In this updated list of signatories, the name of "Arturo A. Valencia, MBA, Department of Leadership and Strategy" has been deleted at his request. We would like to apologize to Mr. Valencia for the inadvertent inclusion of his name in our prior release of the list of signatories.

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84. Zachery Feinberg, MA cand., Department of History
85. Francis Alvarez Gealogo, PhD, Department of History
86. Brian Paul A. Giron, MA, Department of History
87. Olivia Anne M. Habana, PhD, Department of History
88. Nicolo Paolo P. Ludovice, MA cand., Department of History
89. Isabel Consuelo A. Nazareno, MA, Department of History
90. Leo Angelo A. Nery, MA cand., Department of History
91. Ambeth R. Ocampo, Ph.D (honoris causa), Department of History
92. Michael Domingo Pante, MA, Department of History
93. Jose Ma. Edito Kalaw Tirol, PhD cand., Department of History
94. Patricia Ysabel E. Wong, MA cand., Department of History
95. Mercedes T. Rodrigo, PhD, Department of Information Systems and Computer Science
96. Rofel G. Brion, PhD, Department of Interdisciplinary Studies
97. Nikki B. Carsi Cruz, PhD, Department of Interdisciplinary Studies
98. Judy Celine Ick, PhD, Department of Interdisciplinary Studies
99. Nicanor G. Tiongson, PhD, Department of Interdisciplinary Studies, and Department of Communication
100. Armando G. Miclat, Jr., BS, JGSOM Business Resource Center
101. Roberto Martin N. Galang, PhD, Department of Leadership and Strategy
102. Ma. Teresa L. Galura, MBA, Department of Leadership and Strategy

103. Fructuoso T. Sabug, Jr., PhD, Department of Leadership and Strategy
104. Arnold F. de Vera, LL.B., Department of Marketing and Law
105. Eunice April T. Gan, BS, Department of Marketing & Law
106. Anna A. Mendiola, MBA, Department of Marketing and Law
107. Debbie Marie B. Verzosa, PhD, Department of Mathematics
108. Catherine P. Vistro-Yu, EdD, Department of Mathematics
109. Christa Velasco, MA, Department of Modern Languages
110. Rowena Anthea Azada-Palacios, MA, Department of Philosophy
111. Remmon E. Barbaza, PhD, Department of Philosophy
112. Mark Joseph T. Calano, PhD, Department of Philosophy
113. Jacklyn A. Cleofas, PhD, Department of Philosophy
114. Manuel B. Dy, Jr., PhD, Department of Philosophy
115. Geoffrey A. Guevara, MA, Department of Philosophy
116. Jacqueline Marie D. Jacinto, MA, Department of Philosophy
117. Philip Ryan N. Junginger, MA cand., Department of Philosophy
118. Albert M. Lagliva, PhD cand., Department of Philosophy
119. Antonette Palma-Angeles, PhD, Department of Philosophy
120. Agustin Martin G. Rodriguez, PhD, Department of Philosophy
121. Jean Emily P. Tan, PhD, Department of Philosophy
122. John Carlo P. Uy, MA cand., Department of Philosophy
123. Carmel Veloso Abao, MA, Department of Political Science
124. Benjamin Roberto G. Barretto, Master in Management, Department of Political Science, and Ateneo School of Government
125. Lisandro E. Claudio, PhD, Department of Political Science
126. Lydia N. Yu Jose, PhD, Department of Political Science
127. Anne Lan Kagahastian-Candelaria, PhD, Department of Political Science
128. Ma. Elissa Jayme Lao, DPA, Department of Political Science
129. Rene Raymond R. Raneses, Jr., MA, Department of Political Science
130. Alma Maria Ocampo Salvador, PhD, Department of Political Science
131. Jennifer Santiago Oreta, PhD, Department of Political Science
132. Benjamin T. Tolosa, Jr., PhD, Department of Political Science
133. Ma. Lourdes Veneracion-Rallonza, PhD, Department of Political Science
134. Liane Peña Alampay, PhD, Department of Psychology
135. Marcial Orlando A. Balgos, Jr., MBA, Department of Psychology, and Ateneo Graduate School of Business
136. Mendiola Teng Calleja, PhD, Department of Psychology
137. Judith M. de Guzman, PhD, Department of Psychology
138. Melissa R. Garabiles, MA, Department of Psychology
139. Aileen S. Garcia, MA, Department of Psychology
140. Ma. Regina M. Hechanova, PhD, Department of Psychology
141. Maria Isabel E. Melgar, PhD, Department of Psychology
142. Cristina Jayme Montiel, PhD, Department of Psychology
143. Ma. Belinda Morales, MA, Department of Psychology
144. Jocelyn M. Nolasco, PhD cand., Department of Psychology
145. Mira Alexis P. Ofreneo, PhD, Department of Psychology
146. Josephine P. Perez, MA, Department of Psychology
147. Maria Cristina F. Samaco, PhD cand., Department of Psychology
148. Chona S. Sandoval, MA, Department of Psychology
149. Anne Marie D.C. Topacio, MA, Department of Psychology
150. Pocholo Andrew E. Velasquez, MA, Department of Psychology
151. Ricardo G. Abad, PhD, Department of Sociology-Anthropology, and Fine Arts Program
152. Leslie V. Advincula-Lopez, PhD cand., Department of Sociology-Anthropology
153. Elizabeth Uy Eviota, PhD, Department of Sociology-Anthropology
154. Marcia Czarina Corazon M. Medina, MA, Department of Sociology-Anthropology
155. Emma E. Porio, PhD, Department of Sociology-Anthropology
156. Mary Racelis, MA, PhD (honoris causa), Department of Sociology-Anthropology, and Institute of Philippine Culture
157. Roberto O. Guevara, PhD, Department of Theology
158. Michael J. Liberatore, MA, Department of Theology
159. Ruben C. Mendoza, PhD, Department of Theology

ADDENDA: Since August 13, 2012 when this Declaration of Support was first released, an additional 33 faculty of the Ateneo de Manila University have signified their interest in affirming this Declaration, for a total of 192 individual faculty signatories. Their names are listed below.

160. Maria Julieta V. Germar, MD, FPOGS, FSGOP, FPSCPC, Ateneo School of Medicine and Public Health
161. Cesar Joseph Gloria, MD, Ateneo School of Medicine and Public Health
162. Zarinah G. Gonzaga, MD, DPOGS, FPSUOG, FPSMFM, Ateneo School of Medicine and Public Health
163. Valerie T. Guinto, MD, MSc, FPOGS, FPSMFM, FPSUOG, Ateneo School of Medicine and Public Health
164. Irene B. Quinio, MD, Ateneo School of Medicine and Public Health
165. Delfin A. Tan, MD, FPOGs, Ateneo School of Medicine and Public Health
166. Primo B. Valenzuela, MD, Ateneo School of Medicine and Public Health
167. Maria Eufemia C. Yap, MD, MSc, Ateneo School of Medicine and Public Health
168. Ray Paolo J. Santiago, JD, Ateneo Human Rights Center, Ateneo Law School
169. Daisy C. See, PhD cand., Chinese Studies Program
170. Mariel Vincent A. Rapisura, ME, Development Studies Program
171. Emilenn Kate D. Sacdalan, MA, Development Studies Program
172. Edwin M. Salonga, MPA, Development Studies Program
173. Noel P. De Guzman, PhD, Department of Economics
174. Roy Tristan B. Agustin, MA cand., Department of English
175. Miguel Antonio N. Lizada, MA, Department of English
176. Ariel A. Diccion, MA, Kagawaran ng Filipino
177. Yolando B. Jamendang, Jr., MA cand., Kagawaran ng Filipino
178. Sandra A. Lovenia, MS, Department of Information Systems and Computer Science
179. Jonathan A. Coo, Master in Music, Department of Interdisciplinary Studies
180. Hiroko Nagai, PhD, Japanese Studies Program
181. Ma. Assunta C. Cuyegkeng, PhD, Department of Leadership and Strategy
182. Carmina Maria Veronica L. Bautista, MA, Department of Modern Languages
183. Sarah Domingo Lipura, MA cand., Department of Modern Languages
184. Michael Stephen G. Aurelio, MA, Department of Philosophy
185. Leovino Ma. Garcia, PhD, Department of Philosophy
186. Michael Ner E. Mariano, PhD cand., Department of Philosophy
187. Lovelyn Corpuz Paclibar, PhD cand. (on study leave), Department of Philosophy
188. Marc Oliver D. Pasco, MA, Department of Philosophy
189. Jesus Deogracias Z. Principe, PhD, Department of Philosophy
190. Ramon C. Reyes, PhD, Department of Philosophy
191. Benjamin N. Muego, PhD, Department of Political Science
192. Pia Anna P. Ramos, PhD, Department of Psychology