



# Congressional Record

PLENARY PROCEEDINGS OF THE 14th CONGRESS, FIRST REGULAR SESSION

## HOUSE OF REPRESENTATIVES

Vol. 4

Tuesday, April 22, 2008

No. 70

### CALL TO ORDER

*At 4:00 p.m., the Deputy Speaker, Rep. Arnulfo P. Fuentesbella, called the session to order.*

THE DEPUTY SPEAKER (Rep. Fuentesbella). The session is called to order.

### NATIONAL ANTHEM

THE DEPUTY SPEAKER (Rep. Fuentesbella). Everybody will please rise to sing the Philippine National Anthem.

*Everybody rose to sing the Philippine National Anthem.*

### PRAYER

THE DEPUTY SPEAKER (Rep. Fuentesbella). Everybody will please remain standing for a minute of silent prayer.

*Everybody remained standing for a one-minute silent prayer.*

### SUSPENSION OF SESSION

THE DEPUTY SPEAKER (Rep. Fuentesbella). The session is suspended.

*It was 4:01 p.m.*

### RESUMPTION OF SESSION

*At 4:43 p.m., the session was resumed.*

THE DEPUTY SPEAKER (Rep. Fuentesbella). The session is resumed.

The Dep. Majority Leader is recognized.

REP. VELARDE. Mr. Speaker, with the kind indulgence of the Chair and of the Members present, we would like to acknowledge the presence of guests in the gallery of our distinguished Chairman of the Appropriations Committee, the Honorable Edcel Lagman: the members of the Liga ng mga Barangay, Tabaco City Chapter led by its Pres. Benjamin B. Bron; Vice-Pres. Reynaldo Borromeo; Auditor Elias Bobiles Jr.; and the members of its board of directors—

Leticia B. Saba, Danilo B. Bognalbal, Ruben B. Bualoy, Elpidio G. Cao, Elmer Uy Gascon, Aurora B. Bariso, Eduardo C. Borjal and Arnulfo C. Onrubia.

THE DEPUTY SPEAKER (Rep. Fuentesbella). They will please rise.

We welcome them to the House of Representatives. *(Applause)*

REP. VELARDE. Likewise, Mr. Speaker, we would like to acknowledge the presence of the guests of the Honorable Ernesto Pablo, Congressman of Party-List APEC, from Binuangan, Obando, Bulacan: the Barangay Council of Binuangan led by Bgy. Capt. Ricardo D.O. Capistrano; Councilors Glen R. Concepcion, Ariel Ibañez, Joel G. Mempin, Jerry. S. Mendoza, Rogilio Tangonan, Rady Capistrano, Herminio Gutierrez; and ex-officials: Alberto dela Cruz, Alfonso dela Cruz and B.O.D. Binuangan RWSA.

THE DEPUTY SPEAKER (Rep. Fuentesbella). They will please rise.

We welcome them to the House of Representatives. *(Applause)*

REP. VELARDE. We would also like to acknowledge the presence of the guests of Honorable Edgar M. Chatto of the First District of Bohol: the faculty and staff of the Christ the King Academy (CKA) from the Municipality of Antequera, Province of Bohol, headed by their school director, Rev. Fr. Ronald M. Camet.

THE DEPUTY SPEAKER (Rep. Fuentesbella). They will please rise.

We welcome them to the House of Representatives. *(Applause)*

REP. VELARDE. Mr. Speaker, we would also like to welcome Mr. Tatsuo Fukuda, Club Democrat, Youth Arm of Democratic Party of Japan; and Ms. Kaori Yamamoto of the University of Tokyo, the guests of Bayan Muna Rep. Teddy Casiño.

THE DEPUTY SPEAKER (Rep. Fuentesbella). They will please rise.

They are most welcome here. *(Applause)*

REP. VELARDE. Mr. Speaker, we move to call the roll.

## ROLL CALL

THE DEPUTY SPEAKER (Rep. Fuentebella). The Secretary General will call the roll.

THE SECRETARY GENERAL, *reading*:

|                                |          |
|--------------------------------|----------|
| Abante .....                   | Present  |
| Abaya .....                    |          |
| Ablan .....                    |          |
| Agbayani .....                 | Present  |
| Aggabao .....                  | Present  |
| Agyao .....                    |          |
| Albano .....                   | Present  |
| Alcala .....                   | Present  |
| Alfelor .....                  | Present* |
| Almario .....                  |          |
| Alvarez, Antonio C. ....       | Present* |
| Alvarez, Genaro Jr. M. ....    |          |
| Amante .....                   |          |
| Amatong .....                  | Present  |
| Angara .....                   | Present  |
| Angping .....                  | Present  |
| Antonino .....                 | Present  |
| Antonino-Custodio .....        | Present  |
| Apostol .....                  | Present  |
| Aquino .....                   | Present  |
| Arago .....                    | Present  |
| Arbison .....                  |          |
| Arenas .....                   | Present* |
| Arnaiz .....                   | Present  |
| Arroyo, Diosdado               |          |
| Macapagal .....                | Present  |
| Arroyo, Ignacio "Iggy" T. .... |          |
| Asilo .....                    | Present  |
| Bagatsing .....                | Present  |
| Balindong .....                | Present  |
| Barzaga .....                  | Present  |
| Bautista .....                 | Present  |
| Belmonte .....                 | Present  |
| Beltran .....                  | Present  |
| Biazon .....                   |          |
| Bichara .....                  | Present  |
| Binay .....                    | Present  |
| Biron .....                    | Present  |
| Bondoc .....                   | Present  |
| Bonoan-David .....             | Present  |
| Bravo .....                    |          |
| Briones .....                  | Present  |
| Bulut .....                    | Present* |
| Cabilao .....                  |          |
| Cagas .....                    | Present  |
| Cajayon .....                  | Present  |
| Cajes .....                    | Present  |
| Cari .....                     | Present  |
| Casiño .....                   | Present  |
| Castelo-Daza .....             |          |
| Castro .....                   | Present  |
| Cayetano .....                 | Present  |
| Celeste .....                  | Present  |
| Cerilles .....                 |          |
| Chatto .....                   | Present  |
| Chavez .....                   | Present  |
| Chiongbian .....               |          |
| Chipeco .....                  | Present  |
| Chong .....                    | Present  |
| Chungalao .....                |          |
| Clarete .....                  |          |
| Climaco .....                  | Present  |
| Codilla .....                  | Present  |
| Cojuangco .....                | Present  |
| Coquilla .....                 | Present  |
| Coscolluela .....              | Present* |
| Crisologo .....                | Present  |
| Cruz-Gonzales .....            |          |
| Cua, Guillermo P. ....         | Present  |
| Cua, Junie E. ....             | Present  |
| Cuenco .....                   | Present  |
| Dangwa .....                   | Present  |
| Datumanong .....               | Present  |
| Dayanghirang .....             | Present  |
| Daza .....                     | Present  |
| De Guzman .....                | Present  |
| De Venecia .....               |          |
| Defensor, Arthur Sr. D. ....   | Present  |
| Defensor, Matias Jr. V. ....   | Present  |
| Del Mar .....                  | Present  |
| Del Rosario .....              | Present  |
| Diasnes .....                  | Present* |
| Diaz .....                     | Present  |
| Dilangalen .....               |          |
| Dimaporo .....                 | Present  |
| Domogan .....                  | Present  |
| Duavit .....                   |          |
| Dueñas .....                   |          |
| Dumarpa .....                  | Present* |
| Dumpit .....                   | Present  |
| Durano .....                   | Present  |
| Dy .....                       | Present  |
| Ecleo .....                    |          |
| Emano .....                    | Present  |
| Enverga .....                  |          |
| Ermita-Buhain .....            |          |
| Escudero .....                 | Present  |
| Estrella, Conrado III M. ....  | Present  |
| Estrella, Robert               |          |
| Raymund M. ....                |          |
| Fabian .....                   | Present* |
| Fernandez .....                | Present  |
| Ferrer .....                   |          |
| Fua .....                      | Present  |
| Fuentebella .....              | Present  |
| Garay .....                    | Present  |
| Garcia, Albert S. ....         | Present  |
| Garcia, Pablo P. ....          | Present  |
| Garcia, Pablo John F. ....     | Present  |
| Garcia, Vincent J. ....        | Present  |
| Garin .....                    | Present  |
| Gatchalian .....               | Present  |
| Gatlabayan .....               |          |

\* Appeared before/after the roll call

|                              |          |                               |          |
|------------------------------|----------|-------------------------------|----------|
| Go .....                     | Present  | Piamonte .....                | Present  |
| Golez .....                  | Present  | Pichay .....                  | Present  |
| Gonzales, Aurelio            |          | Pingoy .....                  | Present  |
| "Dong" Jr. D. ....           | Present  | Piñol .....                   | Present  |
| Gonzales, Neptali II M. .... | Present  | Plaza .....                   | Present  |
| Gonzalez .....               | Present  | Ponce-Enrile .....            | Present  |
| Guingona .....               | Present  | Prieto-Teodoro .....          | Present  |
| Gullas .....                 | Present  | Puentevella .....             | Present  |
| Gunigundo .....              | Present  | Puno .....                    | Present  |
| Hataman .....                | Present  | Ramiro .....                  | Present  |
| Hofer .....                  | Present  | Remulla .....                 | Present  |
| Hontiveros-Baraquel .....    | Present  | Reyes, Carmencita O. ....     |          |
| Ilagan .....                 | Present  | Reyes, Victoria               |          |
| Jaafar .....                 | Present  | Hernandez .....               | Present  |
| Jala .....                   | Present  | Robes .....                   |          |
| Jalosjos .....               |          | Rodriguez .....               | Present  |
| Jalosjos-Carreon .....       | Present  | Rodriguez-Zaldarriaga .....   | Present  |
| Javier .....                 |          | Roman .....                   | Present  |
| Jikiri .....                 | Present  | Romarate .....                | Present  |
| Joson .....                  | Present  | Romualdez .....               | Present  |
| Kho .....                    | Present  | Romualdo .....                | Present  |
| Labadlabad .....             |          | Romulo .....                  | Present  |
| Lacson .....                 | Present  | Roxas .....                   | Present  |
| Lagbas .....                 | Present  | Salimbangon .....             |          |
| Lagdameo .....               | Present  | Salvacion .....               | Present  |
| Lagman .....                 | Present  | San Luis .....                |          |
| Lapus .....                  | Present  | Sandoval .....                |          |
| Lazatin .....                | Present  | Santiago, Joseph A. ....      | Present  |
| Ledesma .....                |          | Santiago, Narciso III D. .... | Present  |
| Lim .....                    | Present  | Seachon-Lanete .....          |          |
| Limkaichong .....            |          | Seares-Luna .....             | Present* |
| Locsin .....                 | Present  | Silverio .....                | Present  |
| Lopez .....                  | Present  | Singson, Eric D. ....         | Present* |
| Macapagal Arroyo .....       |          | Singson, Ronald V. ....       |          |
| Madrona .....                | Present  | Solis .....                   | Present  |
| Magsaysay .....              | Present  | Soon-Ruiz .....               |          |
| Malapitan .....              |          | Suarez .....                  | Present  |
| Mamba .....                  | Present  | Susano .....                  | Present  |
| Mandanas .....               | Present  | Sy-Alvarado .....             | Present  |
| Mangudadatu .....            | Present  | Syjuco .....                  | Present  |
| Marañon .....                | Present  | Taliño-Mendoza .....          | Present  |
| Marcos .....                 | Present  | Tan .....                     | Present* |
| Matugas .....                | Present  | Tañada .....                  |          |
| Maza .....                   | Present  | Teodoro .....                 | Present  |
| Mendoza .....                | Present  | Teves .....                   | Present  |
| Mercado .....                |          | Tieng .....                   | Present  |
| Miraflores .....             | Present  | Tupas .....                   | Present* |
| Mitra .....                  | Present  | Umali, Alfonso Jr. V. ....    | Present  |
| Nava .....                   | Present* | Umali, Czarina D. ....        | Present  |
| Nicolas .....                | Present  | Ungab .....                   | Present  |
| Noel .....                   | Present  | Uy, Edwin C. ....             | Present  |
| Nogralas .....               | Present  | Uy, Reynaldo S. ....          | Present  |
| Ocampo .....                 | Present  | Uy, Rolando "Klarex" A. ....  | Present  |
| Olaño .....                  | Present  | Valdez .....                  |          |
| Ong .....                    | Present  | Valencia .....                | Present  |
| Ortega .....                 | Present  | Vargas .....                  | Present  |
| Pablo .....                  | Present  | Velarde .....                 | Present  |
| Padilla .....                | Present  | Villafuerte .....             | Present  |
| Pancho .....                 | Present  | Villanueva .....              | Present  |
| Pancrudo .....               | Present  | Villar .....                  | Present* |

\* Appeared before/after the roll call

Villarosa ..... Present  
 Vinzons-Chato ..... Present  
 Violago ..... Present  
 Yap ..... Present  
 Yu ..... Present  
 Zamora, Manuel  
 “Way Kurat” E. .... Present  
 Zamora, Ronaldo B. .... Present  
 Zialcita ..... Present  
 Zubiri ..... Present

The House is in receipt of the official advice of absence of the following Members: Representatives Agyao, Almario, Alvarez (G.), Amante, Arbison, Bravo, Castelo-Daza, Cerilles, Chiongbian, Chungalao, Cruz-Gonzales, De Venecia, Dilangalen, Duavit, Dueñas, Ecleo, Enverga, Ermita-Buhain, Estrella (R.), Ferrer, Labadlabad, Ledesma, Limkaichong, Malapitan, Mercado, Salimbangon, San Luis, Sandoval, Seachon-Lanete, Singson (R.), Soon-Ruiz and Valdez.

Representatives Ablan, Javier and Reyes (C.) are on official mission within the country.

Representatives Abaya, Arroyo (I.), Biazon, Cabilao, Clarete, Gatlabayan, Jalosjos, Macapagal Arroyo, Robes and Tañada are on official mission abroad.

The Speaker is present.

The roll call shows 179 Members responded to the call.

THE DEPUTY SPEAKER (Rep. Fuentebella). With 179 Members present, the Chair declares the presence of a quorum.

The Dep. Majority Leader is recognized.

REP. VELARDE. Mr. Speaker, with the kind indulgence of the Chair, we would like to acknowledge the presence of the guests of the Honorable Rufus Rodriguez: the finalists of the nationwide search for Model Barangays for Eco-Waste Management System (EWMS) for the year 2007-2008 – Barangay Gusa, Cagayan de Oro City with Bgy. Chairman Enrico D. Salcedo, barangay representatives and other guests: Bgy. Kagawads Marlo M. Tabac, Joseph M. Baltazar, Benigno Claudio G. Dacut, Florena B. Colonia, Concepcion A. Jabiniao, Regim O. Blanela and Camilo B. Sacala; Felisa C. Anton, brgy. treasurer; Teodora L. Carrasco, bgy. secretary; Edwin Dael and Roscoe Masiba, EWMS technical consultants; Antonieta D. Go, Paulo Candongo and Gina C. Jabol, EWMS community organizers; and Junefel B. Colonia, EWMS documentation.

THE DEPUTY SPEAKER (Rep. Fuentebella). We welcome them to the House of Representatives. *(Applause)*

#### APPROVAL OF THE JOURNAL

REP. VELARDE. Mr. Speaker, we move for the approval of Journal No. 69, dated April 21, 2008.

THE DEPUTY SPEAKER (Rep. Fuentebella). Is there any objection? *(Silence)* The Chair hears none; the motion is approved.

REP. VELARDE. Mr. Speaker, we move to proceed to the Reference of Business.

THE DEPUTY SPEAKER (Rep. Fuentebella). Is there any objection? *(Silence)* The Chair hears none; the motion is approved.

The Secretary General will please read the Reference of Business.

#### REFERENCE OF BUSINESS

*The Secretary General read the following House Bills and Resolutions on First Reading, Communications and Committee Reports, and the Deputy Speaker made the corresponding references:*

#### BILLS ON FIRST READING

House Bill No. 3772, entitled:

“AN ACT ESTABLISHING A SCIENCE HIGH SCHOOL IN THE MUNICIPALITY OF BILIRAN, PROVINCE OF BILIRAN TO BE KNOWN AS THE BILIRAN SCIENCE HIGH SCHOOL AND APPROPRIATING FUNDS THEREFOR”

By Representative Chong

TO THE COMMITTEE ON BASIC EDUCATION AND CULTURE AND THE COMMITTEE ON APPROPRIATIONS

House Bill No. 3773, entitled:

“AN ACT PROVIDING FOR LINE-ITEM BUDGETING WITH RESPECT TO CAPITAL OUTLAYS AND OTHER PROGRAMS AND PROJECTS OF THE GOVERNMENT, AMENDING FOR THE PURPOSE EXECUTIVE ORDER 292, OTHERWISE KNOWN AS THE ‘ADMINISTRATIVE CODE OF 1987’ ”

By Representative Rodriguez

TO THE COMMITTEE ON APPROPRIATIONS

House Bill No. 3774, entitled:

“AN ACT PROVIDING TELECOMMUNICATIONS SYSTEMS ACCESSIBILITY TO THE HEARING-IMPAIRED AND SPEECH-IMPAIRED”

By Representative Rodriguez

TO THE COMMITTEE ON INFORMATION AND COMMUNICATIONS TECHNOLOGY

House Bill No. 3775, entitled:

“AN ACT PROMOTING AND ENHANCING THE DEVELOPMENT, UTILIZATION AND COMMERCIALIZATION OF RENEWABLE ENERGY RESOURCES”

By Representative Rodriguez

TO THE COMMITTEE ON ENERGY

House Bill No. 3776, entitled:

“AN ACT AMENDING CERTAIN PROVISIONS OF PRESIDENTIAL DECREE NO. 1464, OTHERWISE KNOWN AS THE TARIFF AND CUSTOMS CODE OF THE PHILIPPINES, AS AMENDED, AND FOR OTHER PURPOSES”

By Representative Rodriguez  
TO THE COMMITTEE ON WAYS AND MEANS

House Bill No. 3777, entitled:

“AN ACT PROHIBITING THE PRIVATIZATION OF  
GOVERNMENT HOSPITALS”

By Representative Rodriguez  
TO THE COMMITTEE ON HEALTH

House Bill No. 3778, entitled:

“AN ACT TO IMPROVE EMERGENCY MEDICAL  
SERVICES AND TRAUMA CARE”

By Representative Rodriguez  
TO THE COMMITTEE ON HEALTH

House Bill No. 3779, entitled:

“AN ACT CONVERTING THE GAUDENCIO  
ABORDO MEMORIAL NATIONAL HIGH  
SCHOOL (GAMNHS) - BALAGUEN ANNEX IN  
BARANGAY BALAGUEN, MUNICIPALITY OF  
MAGSAYSAY, PROVINCE OF PALAWAN, INTO  
AN INDEPENDENT NATIONAL HIGH SCHOOL  
TO BE KNOWN AS THE BALAGUEN  
NATIONAL HIGH SCHOOL, PROVIDING FOR  
ITS FUNDS AND FOR OTHER PURPOSES”

By Representative Alvarez (A.)  
TO THE COMMITTEE ON BASIC EDUCATION  
AND CULTURE AND THE COMMITTEE ON  
APPROPRIATIONS

House Bill No. 3780, entitled:

“AN ACT CONVERTING THE ABONGAN  
BARANGAY HIGH SCHOOL IN BARANGAY  
ABONGAN, MUNICIPALITY OF TAYTAY,  
PROVINCE OF PALAWAN, INTO A NATIONAL  
HIGH SCHOOL TO BE KNOWN AS THE  
ABONGAN NATIONAL HIGH SCHOOL,  
PROVIDING FOR ITS FUNDING AND FOR  
OTHER PURPOSES”

By Representative Alvarez (A.)  
TO THE COMMITTEE ON BASIC EDUCATION  
AND CULTURE AND THE COMMITTEE ON  
APPROPRIATIONS

House Bill No. 3781, entitled:

“AN ACT CONVERTING THE ROXAS NATIONAL  
COMPREHENSIVE HIGH SCHOOL (RNCHS)  
ANNEX IN BARANGAY SAN JOSE,  
MUNICIPALITY OF ROXAS, PROVINCE OF  
PALAWAN, INTO A NATIONAL HIGH SCHOOL  
TO BE KNOWN AS THE SAN JOSE NATIONAL  
HIGH SCHOOL, PROVIDING FOR ITS  
FUNDING AND FOR OTHER PURPOSES”

By Representative Alvarez (A.)  
TO THE COMMITTEE ON BASIC EDUCATION  
AND CULTURE AND THE COMMITTEE ON  
APPROPRIATIONS

House Bill No. 3782, entitled:

“AN ACT ESTABLISHING A NATIONAL HIGH  
SCHOOL IN BARANGAY CONCEPCION,  
MUNICIPALITY OF AGUTAYA, PROVINCE OF

PALAWAN, TO BE KNOWN AS THE  
CONCEPCION NATIONAL HIGH SCHOOL,  
PROVIDING FOR ITS FUNDING AND OTHER  
PURPOSES”

By Representative Alvarez (A.)  
TO THE COMMITTEE ON BASIC EDUCATION  
AND CULTURE AND THE COMMITTEE ON  
APPROPRIATIONS

House Bill No. 3783, entitled:

“AN ACT PROVIDING FOR THE CONVERSION OF  
THE CORON SCHOOL OF FISHERIES ANNEX  
AT BORAC IN THE MUNICIPALITY OF  
CORON, PROVINCE OF PALAWAN, INTO A  
NATIONAL HIGH SCHOOL TO BE KNOWN AS  
THE BORAC NATIONAL HIGH SCHOOL, AND  
APPROPRIATING FUNDS THEREFOR”

By Representative Alvarez (A.)  
TO THE COMMITTEE ON BASIC EDUCATION  
AND CULTURE AND THE COMMITTEE ON  
APPROPRIATIONS

House Bill No. 3784, entitled:

“AN ACT ESTABLISHING A NATIONAL HIGH  
SCHOOL IN BARANGAY PULARIQUEN,  
MUNICIPALITY OF TAYTAY, PROVINCE OF  
PALAWAN, TO BE KNOWN AS THE  
PULARIQUEN NATIONAL HIGH SCHOOL,  
PROVIDING FOR ITS FUNDING AND FOR  
OTHER PURPOSES”

By Representative Alvarez (A.)  
TO THE COMMITTEE ON BASIC EDUCATION  
AND CULTURE AND THE COMMITTEE ON  
APPROPRIATIONS

House Bill No. 3819, entitled:

“AN ACT AUTHORIZING COMPENSATION  
ADJUSTMENTS TO NATIONAL  
GOVERNMENT PERSONNEL”

By Representative Lagman  
TO THE COMMITTEE ON APPROPRIATIONS

#### RESOLUTIONS

House Resolution No. 511, entitled:

“RESOLUTION TO DIRECT THE COMMITTEE ON  
METRO MANILA DEVELOPMENT TO  
CONDUCT AN INQUIRY, IN AID OF  
LEGISLATION, ON THE HUGE PERSONAL  
TARPAULINS OF THE MMDA CHAIRMAN,  
THE MMDA U-TURN LANES ALONG  
COMMONWEALTH AVENUE AND OTHER  
MAJOR AVENUES, AND THE USE OF NON-  
STANDARD PINK SIGNS AND PINK FENCES  
ALL OVER THE METROPOLIS, TO  
DETERMINE THE AMOUNT OF FUNDS  
EXPENDED OR BEING EXPENDED FOR SAID  
PROJECTS, TO FURTHER DETERMINE  
WHETHER SAID PROJECTS CONFORM WITH  
GOOD ORDER AND PUBLIC POLICY AND  
ASCERTAIN IF THE ATTENDANT  
EXPENDITURES HAVE BEEN AUTHORIZED

AND APPROVED BY THE METRO MANILA COUNCIL IN ACCORDANCE WITH REPUBLIC ACT 7924 AND, FINALLY, WHETHER PUBLIC FUNDS AND GOVERNMENT RESOURCES ARE BEING USED FOR A PERSONAL POLITICAL AGENDA”

By Representative Golez  
TO THE COMMITTEE ON RULES

House Resolution No. 512, entitled:

“RESOLUTION STRONGLY URGING THE HOUSE OF REPRESENTATIVES TO GRANT HER EXCELLENCY, GLORIA MACAPAGAL-ARROYO EMERGENCY POWERS TO IMMEDIATELY AND EFFECTIVELY ADDRESS THE RICE CRISIS IN THE COUNTRY IN THE MOST EFFICIENT AND JUDICIOUS MANNER”

By Representative Dumpit  
TO THE COMMITTEE ON RULES

House Resolution No. 513, entitled:

“RESOLUTION EXPRESSING THE SENSE OF THE HOUSE OF REPRESENTATIVES FOR A STOP TO THE ALARMING ENCROACHMENT OF MINING COMPANIES INTO THE REMAINING FRAGILE HABITAT OF THE ENDANGERED PHILIPPINE EAGLE, OUR NATIONAL BIRD”

By Representatives Casiño, Ocampo, Beltran, Maza and Ilagan  
TO THE COMMITTEE ON NATURAL RESOURCES

#### ADDITIONAL COAUTHORS

Rep. Datu Pax S. Mangudadatu for House Bills No. 720 and 2708;

Rep. Ma. Rachel “Baby” J. Arenas for House Bills No. 2875 and 2936;

Rep. Diosdado Macapagal Arroyo for House Bill No. 3703;

Rep. Mary Anne L. Susano for House Bills No. 3884 and 3819; and

Rep. Jeci A. Lapus for House Bill No. 1613.

#### COMMUNICATIONS

Letter dated March 12, 2008 of Joaquin C. Lagonera, Senior Deputy Executive Secretary and Acting Head, Presidential Legislative Liaison Office, Office of the President, transmitting two (2) certified true copies of the President’s Veto Message dated March 11, 2008 on certain items and provisions of Republic Act No. 9498  
TO THE ARCHIVES

Letter dated March 12, 2008 of Joaquin C. Lagonera, Senior Deputy Executive Secretary and Acting Head, Presidential Legislative Liaison Office, Office of the President, transmitting two (2) original copies of Republic Act No. 9498 (GAA for 2008), entitled:

“AN ACT APPROPRIATING FUNDS FOR THE OPERATION OF THE GOVERNMENT OF THE REPUBLIC OF THE PHILIPPINES FROM JANUARY ONE TO DECEMBER THIRTY-ONE,

TWO THOUSAND AND EIGHT, AND FOR OTHER PURPOSES”  
TO THE ARCHIVES

#### COMMITTEE REPORTS

Report by the Committee on Legislative Franchises (Committee Report No. 385), re H.B. No. 3788, entitled: “AN ACT GRANTING SOUTHEAST ASIAN AIRLINES (SEAir), INC. A FRANCHISE TO ESTABLISH, OPERATE AND MAINTAIN DOMESTIC AND INTERNATIONAL AIR TRANSPORT SERVICES, WITH CLARKFIELD, PAMPANGA AS ITS BASE”

recommending its approval in substitution of House Bill No. 3395

Sponsors: Representatives Biron, Madrona and members of the Committee on Legislative Franchises  
TO THE COMMITTEE ON RULES

Report by the Committee on Legislative Franchises (Committee Report No. 386), re H.B. No. 3789, entitled: “AN ACT GRANTING THE METRO KIDAPAWAN TELEPHONE CORPORATION (MKTC) A FRANCHISE TO CONSTRUCT, INSTALL, ESTABLISH, OPERATE AND MAINTAIN LOCAL EXCHANGE NETWORK IN THE PROVINCE OF NORTH COTABATO”

recommending its approval in substitution of House Bill No. 2954

Sponsors: Representatives Biron, Taliño-Mendoza and members of the Committee on Legislative Franchises

TO THE COMMITTEE ON RULES

Report by the Committee on Local Government (Committee Report No. 387), re H.B. No. 3791, entitled:

“AN ACT RATIONALIZING THE INCOME REQUIREMENTS FOR THE DECLARATION OF HIGHLY URBANIZED STATUS IN THE CASE OF COMPONENT CITIES AND FOR THE CREATION OF A PROVINCE, AMENDING FOR THE PURPOSE SECTIONS 452 AND 461 OF REPUBLIC ACT NO. 7160, OTHERWISE KNOWN AS THE LOCAL GOVERNMENT CODE OF 1991”

recommending its approval in substitution of House Bill No. 2309

Sponsors: Representatives Arnaiz, Garcia (P.J.) and the members of the Committee on Local Government  
TO THE COMMITTEE ON RULES

Report by the Committee on Higher and Technical Education (Committee Report No. 388), re H.B. No. 3792, entitled:

“AN ACT RENAMING THE OCCIDENTAL MINDORO NATIONAL COLLEGE IN THE MUNICIPALITY OF SAN JOSE, PROVINCE OF OCCIDENTAL MINDORO, AS THE OCCIDENTAL MINDORO STATE COLLEGE”

recommending its approval in substitution of House Bill No. 1086

Sponsors: Representatives Villar and Villarosa  
TO THE COMMITTEE ON RULES

Report by the Committees on Suffrage and Electoral Reforms and Foreign Affairs (Committee Report No. 389), re H.B. No. 3793, entitled:

“AN ACT TO AMEND REPUBLIC ACT NO. 9189, OTHERWISE KNOWN AS THE OVERSEAS ABSENTEE VOTING ACT OF 2003”

recommending its approval in substitution of House Bills Numbered 2046, 2812 and 3209

Sponsors: Representatives Locsin and Cuenco  
TO THE COMMITTEE ON RULES

Report by the Committee on Information and Communications Technology (Committee Report No. 390), re H.B. No. 2695, entitled:

“AN ACT INCREASING STIFFER PENALTIES FOR THE UNAUTHORIZED INSTALLATION AND PILFERAGE OF CABLE OR TELEPHONE CONNECTIONS AND THEFT OF CABLE OR TELEPHONE WIRES AND MATERIALS”

recommending its approval

Sponsors: Representatives Santiago (J.) and Singson (R.)  
TO THE COMMITTEE ON RULES

Report by the Committee on Civil Service and Professional Regulation (Committee Report No. 391), re H.B. No. 3825, entitled:

“AN ACT PROVIDING FOR THE DEVELOPMENT OF ENTREPRENEURSHIP SKILLS AMONG GOVERNMENT EMPLOYEES FOR AN INNOVATION-INSPIRED CORPS OF CIVIL SERVANTS AND A PRODUCTIVE POST-SERVICE CITIZENRY”

recommending its approval in substitution of House Bills Numbered 1358 and 1741

Sponsors: Representatives Gonzalez, Silverio and Defensor (A.)

TO THE COMMITTEE ON RULES

Report by the Committee on Basic Education and Culture and the Committee on Appropriations (Committee Report No. 392), re H.B. No. 3829, entitled:

“AN ACT ESTABLISHING A NATIONAL HIGH SCHOOL IN BARANGAY NANENG, CITY OF TABUK, PROVINCE OF KALINGA TO BE KNOWN AS NANENG NATIONAL HIGH SCHOOL AND APPROPRIATING FUNDS THEREFOR”

recommending its approval in substitution of House Bill No. 1510

Sponsors: Representatives De Guzman, Lagman and Agyao

TO THE COMMITTEE ON RULES

Report by the Committee on Basic Education and Culture and the Committee on Appropriations (Committee Report No. 393), re H.B. No. 3830, entitled:

“AN ACT ESTABLISHING AN INTEGRATED NATIONAL SCHOOL IN BARANGAY BUHATAN, CITY OF SORSOGON, PROVINCE OF SORSOGON TO BE KNOWN AS BUHATAN INTEGRATED NATIONAL SCHOOL AND APPROPRIATING FUNDS THEREFOR”

recommending its approval in substitution of House Bill No. 1196

Sponsors: Representatives De Guzman, Lagman and Escudero

TO THE COMMITTEE ON RULES

Report by the Committee on Basic Education and Culture and the Committee on Appropriations (Committee Report No. 394), re H.B. No. 3831, entitled:

“AN ACT ESTABLISHING A NATIONAL HIGH SCHOOL IN BARANGAY SALAPUNGAN, MUNICIPALITY OF SAN RAFAEL, PROVINCE OF BULACAN TO BE KNOWN AS SALAPUNGAN NATIONAL HIGH SCHOOL AND APPROPRIATING FUNDS THEREFOR”

recommending its approval in substitution of House Bill No. 1352

Sponsors: Representatives De Guzman, Lagman and Silverio

TO THE COMMITTEE ON RULES

Report by the Committee on Basic Education and Culture and the Committee on Appropriations (Committee Report No. 395), re H.B. No. 3832, entitled:

“AN ACT ESTABLISHING AN INTEGRATED NATIONAL SCHOOL IN BARANGAY RIZAL, CITY OF SORSOGON, PROVINCE OF SORSOGON TO BE KNOWN AS RIZAL INTEGRATED NATIONAL SCHOOL AND APPROPRIATING FUNDS THEREFOR”

recommending its approval in substitution of House Bill No. 1439

Sponsors: Representatives De Guzman, Lagman and Escudero

TO THE COMMITTEE ON RULES

Report by the Committee on Basic Education and Culture and the Committee on Appropriations (Committee Report No. 396), re H.B. No. 3833, entitled:

“AN ACT ESTABLISHING A NATIONAL HIGH SCHOOL IN BARANGAY BINALIAN, MUNICIPALITY OF KAYAPA, PROVINCE OF NUEVA VIZCAYA TO BE KNOWN AS BINALIAN INTEGRATED NATIONAL HIGH SCHOOL AND APPROPRIATING FUNDS THEREFOR”

recommending its approval in substitution of House Bill No. 1234

Sponsors: Representatives De Guzman, Lagman and Padilla

TO THE COMMITTEE ON RULES

Report by the Committee on Basic Education and Culture and the Committee on Appropriations (Committee Report No. 397), re H.B. No. 3834, entitled:

“AN ACT ESTABLISHING A NATIONAL HIGH SCHOOL IN BARANGAY PATAC, MUNICIPALITY OF STO. TOMAS, PROVINCE OF LA UNION TO BE KNOWN AS STO. TOMAS NATIONAL HIGH SCHOOL AND APPROPRIATING FUNDS THEREFOR”

recommending its approval in substitution of House Bill No. 675

Sponsors: Representatives De Guzman, Lagman and  
Dumpit  
TO THE COMMITTEE ON RULES

ADDITIONAL REFERENCE OF BUSINESS

BILL ON FIRST READING

House Bill No. 3884, entitled:

“AN ACT AMENDING SECTION 24 OF REPUBLIC  
ACT NO. 8424, OTHERWISE KNOWN AS THE  
TAX REFORM ACT OF 1997, BY EXEMPTING  
FROM INCOME TAX INDIVIDUAL CITIZENS  
WHOSE GROSS INCOME FALLS WITHIN THE  
POVERTY THRESHOLD”

By Representative Del Mar  
TO THE COMMITTEE ON WAYS AND MEANS

THE DEPUTY SPEAKER (Rep. Fuentebella). The Dep.  
Majority Leader is recognized.

CONSIDERATION OF CONF. COMM. RPT.  
ON H.B. NO. 1890 AND S.B. NO. 2009

PERIOD OF SPONSORSHIP AND DEBATE

REP. VELARDE. Mr. Speaker, the House of  
Representatives is in receipt of the bicameral Conference  
Committee Report on the disagreeing provisions on House  
Bill No. 1890 and Senate Bill No. 2009.

I move that we consider the same.

THE DEPUTY SPEAKER (Rep. Fuentebella). Is there  
any objection? (*Silence*) The Chair hears none; the motion  
is approved.

Consideration of the Conference Committee Report on  
the disagreeing provisions of House Bill No. 1890 and Senate  
Bill No. 2009 is now in order. With the permission of the  
Body, the Secretary General will read only the title of the  
consolidated bill without prejudice to inserting in the Record  
the text thereof.\*

THE SECRETARY GENERAL. The consolidated  
version of House Bill No. 1890 and Senate Bill No. 2009,  
entitled: AN ACT ENLARGING THE ORGANIZATIONAL  
STRUCTURE OF THE COURT OF TAX APPEALS,  
AMENDING FOR THE PURPOSE CERTAIN SECTIONS  
OF THE LAW CREATING THE COURT OF TAX  
APPEALS, AND FOR OTHER PURPOSES.

APPROVAL OF CONF. COMM. RPT. ON  
H.B. NO. 1890 AND S.B. NO. 2009

REP. VELARDE. We move to ratify the said bicameral  
Conference Committee Report on the disagreeing provisions  
of House Bill No. 1890 and Senate Bill No. 2009.

THE DEPUTY SPEAKER (Rep. Fuentebella). Is there  
any objection? (*Silence*) The Chair hears none; the motion  
is approved.

The Conference Committee Report on House Bill No.  
1890 and Senate Bill No. 2009 is approved.

REP. VELARDE. Mr. Speaker, we move to recognize  
the Honorable Pryde Henry Teves who would like to rise on  
a personal and collective privilege.

THE DEPUTY SPEAKER (Rep. Fuentebella). The  
distinguished Gentleman from Negros Oriental is hereby  
recognized.

REP. TEVES. Thank you, Mr. Speaker.

I would like to rise on a question of personal and  
collective privilege regarding the current situation of food-  
for-schools program being implemented by the Department  
of Education (DepEd) and the Department of Social Welfare  
and Development (DSWD).

THE DEPUTY SPEAKER (Rep. Fuentebella). The  
Gentleman will please proceed. He has 10 minutes.

QUESTION OF PRIVILEGE OF REP. TEVES

REP. TEVES. Mr. Speaker, my distinguished colleagues:

During the break, I took my rounds in my district to  
check on my constituents. One thing in particular that caught  
my attention was the delivery of rice to the different public  
schools even up to April 17. I immediately requested that  
this be temporarily stopped for obvious reasons. It is vacation  
time.

The incident prompted me to ask pertinent data on the  
matter, hence my knowledge that there is a budget of P821  
million for the food-for-schools program for the whole  
country for school year 2007-2008.

The feeding program in our district was started by my  
predecessor, Congressman Meniong Teves. This was the  
result of the endless debate between parents and teachers.  
Teachers say that children are not intelligent enough mainly  
due to malnutrition, while parents of the students say that  
the teachers are not prepared and lack the proper techniques  
on how to teach their children. So to settle the score for a  
start, we addressed the problem of malnutrition.

At present, I am continuing this program and refining it  
further.

As a backgrounder, this is how the system works in my  
district. The supply of rice and beans, mainly mongo, tajores,  
abitsuelas and others, is being taken care of by the national  
government through my PDAF or priority development  
assistance fund.

The local government units or LGUs help in monitoring  
the program, transporting goods to the schools and regular  
deworming of the school children.

In the Parents-Teachers Community Association or  
PTCA, the parents contribute the vegetables and do the  
cooking and most of the food preparation, and they take turns  
in these duties.

The farmers in the rural areas, who are mostly the parents  
of the students themselves, are contracted to plant the beans  
and they get paid for these at a good price. We are using this  
program as a market niche for these farmers, for them to  
have extra income.

The barangay officials, on the other hand, monitor the  
attendance of the teachers to ensure that they come on time  
in the morning of Monday and go home on time in the  
afternoon of Friday.

\*See MEASURES CONSIDERED (printed separately)

Through this program also, we are able to teach a lot of values and good habits to the children. One is proper hygiene and sanitation. We teach the children how to wash their hands properly before and after eating. We teach them how to brush their teeth properly. We teach them how to prepare the table and proper etiquette; after which, they are trained to wash the plates and other cooking utensils used. And more importantly, we are reviving the spirit of bayanihan in the whole community, and this is being witnessed by the children themselves as they see the whole community—the officials, the parents and everybody involved doing their part to make this successful.

Mr. Speaker, I understand that while the national government wants to implement this program nationwide, it is still starting. Maybe, that is why it is using the simplest method possible—simple rice distribution. However, simple na nga ang programa, hindi pa rin magawa ng tama. They really need our help, especially that the budget for the upcoming school year stands at P2.59 billion. That is three times as much as the budget last year. We must work with them to find a better system to ensure that it would be implemented properly.

If we still believe in the saying of our national hero that our future lies in the hands of our children, then we must help. We must sit down with the concerned agencies, namely: the Department of Education (DepEd), the Department of Social Welfare and Development (DSWD), the National Food Authority (NFA), and the representatives of local government units. Everybody must get involved. This must be a community-based and -led program so that it will become successful with the support of everyone. The upcoming school year starts in June, so we must act fast.

Thank you, Mr. Speaker; thank you, distinguished colleagues.

Good evening.

REP. ANTONINO-CUSTODIO. Mr. Speaker.

THE DEPUTY SPEAKER (Rep. Fuentebella). What is the pleasure of the distinguished Lady, the Honorable Antonino-Custodio?

REP. ANTONINO-CUSTODIO. I would wish to interpellate the Honorable Teves, if he would allow this Representation.

REP. TEVES. Gladly, Mr. Speaker.

THE DEPUTY SPEAKER (Rep. Fuentebella). The Lady will please proceed.

REP. ANTONINO-CUSTODIO. First and foremost, Mr. Speaker, may I congratulate the Honorable Teves—of course, first, for his privilege speech, it being very timely as we were just being briefed by the Department of Agriculture on the supposed “rice crisis”. And I believe that the feeding program of the DSWD and the DepEd is actually composed, right now, of rice. However, I believe that there was a component which we asked to be inserted that it would not only be rice, because we have always believed that rice would not be sufficient in actually addressing the malnutrition of our children.

Is this the budget that the Honorable Teves is referring to, that was distributed by the DSWD?

REP. TEVES. Yes, Mr. Speaker. When I got the data, I was informed that they would like to start the program in March, but then they had delays. One of the reasons for the delay was, according to them, the delay in the delivery of the plastic one-kilo bags. That is why, in spite of the delay, they had this continued up to the end of April.

So, that is the same budget that we are talking about, Mr. Speaker, distinguished colleague.

REP. ANTONINO-CUSTODIO. Mr. Speaker, since this program is undertaken by the DSWD, is this undertaken by the national agency alone?

REP. TEVES. That was one thing that surprised me, because when I made my rounds and I noticed it, I immediately contacted my mayors. Most of them were mad because they were not informed or this did not pass through them. I would have appreciated it if they coursed it through the local governments, so that it would be very easy for us to monitor. It would be easy for us to call the attention of our mayors in case the program will not be handled properly. However, they—the DepEd and the DSWD—went directly to the schools, delivered it and made the teacher in charge or someone in the school who was there sign for it. And right now, I have a problem because, how will I audit them? There is nobody in the school. How would I know if this was really given to the students or the parents? It is very hard to audit them during vacation time.

REP. ANTONINO-CUSTODIO. Iyong nakita niya po, ilang kilo ang na-deliver doon sa eskuwelahan na iyon?

REP. TEVES. This was funny because they started giving one kilo. When they noticed that I was checking, after the end of the month, one school was giving 30 kilos each. It was ironic because the children, grade one pupils, could not carry 30 kilos, so they had to call their parents to bring the 30-kilo bags home. So, I said, if this is how we implement our program, no matter how big the budget is, this will really be useless, and we would not be helping them at all.

REP. ANTONINO-CUSTODIO. In other words, Mr. Speaker, this is actually not about malnutrition. This program is not actually to address the malnutrition of our children. It seems that it is sort of like a food-for-work or food-for-school program where we give the rice to the family and not really to feed the children in school.

REP. TEVES. That is why I would like to sit with them. In Congress, there are a lot of bright minds here. Many of us here have ideas five, 10 or 20 times better than mine. If we sit down with them and teach them how to implement this program, and thereafter monitor it closely, at least, we know that the budget that we give to our schoolchildren will go directly to them and will not be used in other programs, as what the distinguished colleague has stated, Mr. Speaker.

REP. ANTONINO-CUSTODIO. Doon sa pagsisiyasat ng Kinatawan, papaano po ang listahan? Sino po ang nabibigyan na mga bata, kung isa-isang kilo ang dine-deliver?

REP. TEVES. Ang nangyayari nga ngayon ay, ang sinabi

ng taga-NFA sa akin, idi-deliver nila sa school, tatanggapin ng teacher in charge o kung sino mang naiwan sa school, dahil walang tao at bakasyon na. Tapos, siya na ang bahalang magtawag ng mga bata or parents para ipamigay ito. Mahirap ang ganitong sistema kasi hindi natin alam kung ilan ang aktwal na darating at kung ilan ang mawawala. What worries me further is, sa shortage ng bigas ngayon ay baka ibenta pa. But, of course, I do not want to think that way. I just want to improve the system further in the coming years and continue refining it.

REP. ANTONINO-CUSTODIO. First and foremost, I really do not believe that there is a shortage of rice, although I think the prices have increased and, indeed, with the value of rice now and the rationing of NFA rice, it is indeed susceptible to that, especially since there is no counterchecking of where the rice will go. And I am not sure if the DSWD or DepEd will actually check whether this rice was actually delivered to the children.

REP. TEVES. Mr. Speaker, I have a simple solution for that later on when we finally sit down on this. One thing that we can do is involve the PTCA. Let us inform the PTCA at the start of every school year on how much they are supposed to receive from the government. Ang PTCA, maingay iyan, at lalo na pag tungkol sa pera, masyado yata silang... They really want to be accurate and particular on what they are supposed to receive from the government. Let us use them so that instead of us doing the close-guarding, let us give that to the PTCA at maghintay na lang tayo ng report in case may complaints.

REP. ANTONINO-CUSTODIO. And, Mr. Speaker, when the DSWD, in coordination with the DepEd, delivers all these, do I understand that it is just the DSWD regional office which is on top of this?

REP. TEVES. I really am not sure, but I know the DSWD take cares of the day care centers, and I know that the DepEd takes care of the grade one pupils. But sometimes, I tend to believe that way because, why is it that even my most active mayors were not able to know about it? And I am talking of mayors who are, well, awardees, mayors who are really very active. And yet, it missed their sight. They were not able to know what was going on. They were not informed and so, sometimes I tend to think of it that way.

REP. ANTONINO-CUSTODIO. Mr. Speaker, I am actually surprised, but for the information of this Body, this is actually not the first time this has happened. I have heard over the radio several times of rice being delivered to schools, not only this year, but a few years back, during the summer break.

Again, at least for the 2007, as well as the prior budgets, the minority, together with some colleagues from the majority, actually proposed that this budget not be just a dole-out bigas project, but more to focus really on addressing the malnutrition problem in our schools. And that is why eggs as well as biscuits were added to the food program. But it seems, again, parang doon sa policy na nafo-formulate dito sa Kongreso, iba ang nagiging pag-implement. And I hope that indeed na matignan ito ng Kongreso.

As this is one of the biggest concerns, not only of this Congress, but definitely of this administration because we would want to actually be able to fulfill our promises sa ating MDG o mga millennium development goals, pati na sa UN, and malnutrition is one of them. And I am hoping that the committee to which this speech will be referred, will act on this right away, especially since it is not only in the Gentleman's district that this is happening. It is also happening in some other districts, I believe, as well. And I would ask if the Honorable Teves would know whether kasama ito doon sa tinatawag nating supply na nasa NFA, that is considered supposedly the supply of...

REP. TEVES. The whole country.

REP. ANTONINO-CUSTODIO. Yes, the whole country. So, I do not know how much supply they have. And iyon na nga eh, nakikita natin ang mga pictures na ipinapakita ang mga nagpipilahan sa mga iba't ibang NFA stores, sa mga tindahan natin. And in the presentation of the Department of Agriculture, I actually did not see a school-based distribution of rice.

REP. TEVES. Mr. Speaker, I want the suggestion of the distinguished colleague that this not just be a mere dole-out but more of a counterpart. As I said, if we do it in a community-based manner, even the local governments would not bat an eyelash. They would actually give their counterparts. Kasi sa experience namin, ang mga magulang ang nagdadala ng vegetables katulad ng squash, malunggay, sayote at kung anu-ano para isama sa pagkain. I am sure the local governments would also give their share, kahit beans man lang. Gumagastos kami ng P25 million every year galing sa PDAF ng Congressman para sa aming feeding. Hindi man lang sila nagpasabi na mayroon palang P10 million for rice para doon sa distrito ko. Had I known, had we shared it together, then I could have saved P10 million of my PDAF and used it somewhere else—for water, for sanitation, for anywhere. Pero hindi sila nag-coordinate sa amin.

REP. ANTONINO-CUSTODIO. Ang sarap sana kung makaka-relate tayong lahat sa PDAF. Again, I would like to congratulate the Honorable Teves for actually bringing up this topic at a time that, indeed, katulad nga ng sinabi ni Congressman Escudero, this is actually not the time to distribute because the lean months are still coming. And maybe the time to distribute it is actually during the lean months when there might be an even bigger increase in the prices of rice.

REP. TEVES. Yes. Sa ating mga Bisaya, ang atung tawag ana, panahon ibinta iyong iro. Iyan ang panahon na bibitayin natin iyong aso natin kasi wala na tayong mapapakain sa kanila. That is the lean month that Congressman Escudero is talking about.

REP. ANTONINO-CUSTODIO. Thank you again.

I hope that the House takes cognizance of this privilege speech right away so that it can be discussed in the proper committee and that recommendations can be given. And I hope that the DSWD and the DepEd people are listening right now. And if not, I hope that the House may be able to

write them to put a halt to this program, a suspension, at least for now to see how the program is being implemented, not only in the Gentleman's district, but in other areas as well.

Thank you very much, Mr. Speaker.

REP. TEVES. Thank you.

REP. ESCUDERO. Mr. Speaker.

THE DEPUTY SPEAKER (Rep. Fuentebella). What is the pleasure of the Gentleman from Sorsogon?

REP. ESCUDERO. Mr. Speaker, instead of interpellating, may I be allowed to make a manifestation to clarify this project. This project has been going on for years. Although I am a member of the opposition, I have decided to make a clarification because, obviously, there is a lot of misunderstanding on the project.

THE DEPUTY SPEAKER (Rep. Fuentebella). The Gentleman will please proceed.

REP. ESCUDERO. Mr. Speaker, I admire the Gentleman from Negros Oriental for modifying this project. This is known as a nutrition program but actually, it is designed to minimize, if not eradicate, absenteeism in the public schools. Proof to it is that many schools are reporting with pride that they have eradicated absenteeism in grade one. Yet, they call it a nutrition program. We cannot use rice for a nutrition program. It is the best way to have malnourished children since they eat only rice. And it is very defective to give rice to grade one students to encourage them to always be present in school. Students should be told: go to school because you will be learning a lot. And it is the responsibility of the teachers to make learning interesting. That is the best driving force.

If we use rice to minimize absenteeism in grade one, my dear colleagues, when we do not give rice to these pupils when they reach grade two, we will have a scenario of absenteeism not yet seen in this country. So that is the situation. We are telling students to go to school because they will be getting rice. At the time when we do not give rice anymore, they will not be coming to school anymore. Ligaw na nga ang kabataan, lalo po nating nililigaw. And so—Secretary Lapus merely inherited this program—I strongly urge our colleagues to join me in requesting them to modify the program and make it a genuine nutrition program by doing what the Gentleman from Oriental Mindoro is doing, to address malnourished/undernourished children. The basis would be their weights when they come to school. That way we reorient education properly.

Thank you, Mr. Speaker. I also thank the Gentleman from Negros Oriental.

REP. RODRIGUEZ. Mr. Speaker.

THE DEPUTY SPEAKER (Rep. Fuentebella). The Gentleman from Cagayan de Oro City is recognized.

REP. RODRIGUEZ. Thank you.

I wish to interpellate, Mr. Speaker.

THE DEPUTY SPEAKER (Rep. Fuentebella). The Gentleman from Negros Oriental may respond or yield if he so desires.

REP. TEVES. Gladly, Mr. Speaker.

REP. RODRIGUEZ. Thank you.

We thank the Representative from Negros Oriental for bringing out the fact that the DepEd is not giving meals or supplementary feeding but giving rice to the students, and that this is being done now when there is already a break in classes.

We would recall that during the budget hearing for the Department of Education, this Representation specifically said that giving rice to children would not be really food for the children but will become food for the voters. We are not sure whether all the rice given will go to the intended beneficiaries—the children. Now, in that particular hearing, the Secretary of Education promised that henceforth, it will really be a feeding program.

Mr. Speaker, distinguished colleague, is it not that it would be better to arrest the malnutrition of children if what would be given will be food, meaning there will be cooked rice or porridge and mongo or fish or chicken instead of plain rice?

REP. TEVES. That is correct, Mr. Speaker. Tama ho ang sinabi ng Kinatawan. Pag binigay natin ay rice lang, baka on the way home, kung sino man ang kumuha noon, baka mapalitan pa ng tanduay o gin iyong rice.

REP. RODRIGUEZ. Yes.

REP. TEVES. Mas maganda, iluto natin at ipakain natin direkta sa mga kabataan.

REP. RODRIGUEZ. Yes. In the case, for example, of Cagayan de Oro, we have 41,200 children from grades one to six, and based on the weighing of these children in June of 2007, 15,300 are malnourished. And malnourished children are those whose weights are not commensurate to their height and age. Scientifically, all the children in school are being weighed. That is why it was the suggestion of this Representation that the Department of Education, if they have money for food, first, should not also indiscriminately give to everybody because we do not have the resources to feed all the children in our public elementary system, more so with our preschoolers, meaning those aged one to six years old, and that we should be able to give a feeding program to the malnourished children and that is a percentage of the total children.

As far as Negros Oriental is concerned, would the distribution of rice of the DepEd be given to all students irrespective of whether the student is malnourished or not, if the distinguished colleague knows?

REP. TEVES. I requested for the suspension of distribution, Mr. Speaker. What I intend to do is, when the President will visit our province on April 25, I would specifically request her if I can use the same rice for our feeding program in which we feed all grade one to six students, regardless of them being malnourished or not.

REP. RODRIGUEZ. That would be a better procedure than giving rice, of course, to the students.

Now, in the process of giving this, I was really supposed to start the feeding program—in June and July last year—but we do not have the support yet, we do not have our PDAF yet. And so, for June this year, I have allocated P5,000,000 from my pork barrel for the PDAF for the children in elementary school and P3,000,000 for the preschoolers, and we would be weighing all the children. And because of the limited resources, we will now cook the supplemental feeding.

Based on studies, a malnourished child can only be restored to his proper weight, to be elevated from being malnourished to being a child with a proper weight, in 120 days of feeding. And the 120 days of feeding would either be straight four to five months or staggered over 10 months, during the period of the classes.

In my case, it will be staggered to 10 months. So, we divide the 120 days by 10, and this will be 12 days a month. And these 120 days is based on the studies of experts. By weighing the students, we will determine who are malnourished, whether severe or mild, because we have children who are normal, who are severely malnourished and who are mildly malnourished. So, we will be able to have these children reach the weight that is desired so that they will be developed in body and the mind.

Does the distinguished colleague not think that the DepEd should coordinate with the different Representatives in all the districts? Because I am sure that, like the Gentleman and I, all of us are very particular on this feeding program.

In fact, just to inform the distinguished colleague, the first bill that I filed, is House Bill No. 6.

REP. TEVES. Yes.

REP. RODRIGUEZ. The only reason this House bill became No. 6 was, when I sent my secretary to sleep in front of the door of the Bills and Index Service—this was a Thursday, five days before the opening—may natulog na pala doon na mga tao ni Congressman Biron for the No. 1 House bill. And they slept there for one week already and my secretary, just five days. And so, No. 6 na lang ako.

But the House bill that I have filed is entitled: AN ACT INSTITUTIONALIZING PRE-SCHOOL AND PUBLIC ELEMENTARY SCHOOL CHILDREN FEEDING PROGRAM, APPROPRIATING FUNDS THEREFOR.

So, does the Gentleman not think that the DepEd should consult, should coordinate, should make a partnership with the Congressmen? I think all of us are minded to be able to eradicate malnutrition. That is one of the goals of the millennium development goals (MDG)—eradication of poverty and hunger, the number one goal of the MDG. Does he not think that is the proper procedure?

REP. TEVES. Yes, Mr. Speaker. If we already have our P5,000,000 ready, and they will give us their counterpart of rice worth another five million pesos, then I am sure we could stretch our number of days to double. They should coordinate and should work with the Congressmen and the local governments.

REP. RODRIGUEZ. Thank you, Mr. Speaker.

We also would note that there are foundations. In my case, I have already two foundations that will partner with me. The first one is the Catalyst Foundation of the Philippines and they are able to get vitameal from United States. A meal is about P10 - 11, but since they get donations, we only give five pesos and the six pesos would come from the foundation.

There are two foundations now which will give us a 50/50 partnership. The other foundation is Food for the Children Foundation. These two big foundations in this country, well-recognized abroad, will be the ones that will provide the vitameal and we will provide for the rice, mungo and the others. So that is what we do in Cagayan de Oro City, together with our representatives from Barangay Gusa, and this will be starting in June. But the Gentleman also said correctly that, aside from the feeding program, there should be a deworming first or that a deworming program done.

REP. TEVES. Yes, and I would like to thank the Gentleman for that information regarding that foundation. As I said a while ago, there are many ideas here just waiting to be discovered that are much, much better. I also hope to have a partnership with such foundations.

REP. RODRIGUEZ. I will refer to the Gentleman the two foundations, the Catalyst Foundation of the Philippines and the Food for the Children Foundation, which are both recognized internationally. They bring in vitameal free and so, instead of the meal costing P11-12, we will just give five pesos and they will take care of the six pesos.

And so with that, I congratulate the distinguished colleague for his privilege speech today. We hope that the Department of Education will be able to receive his privilege speech so that henceforth, there should be no distribution of rice from now until June, until the opening of classes. First, as far as I am concerned, the weighing of the children will be done in June because we cannot give to everybody. Congressman Teves can probably give more for everybody, but Cagayan de Oro is so big that we can only give to the malnourished children. And then, we can have the deworming program and the feeding of the children, giving them real meals in 120 days so that we will be able to restore the physical strength of the children and more importantly, their mental condition because malnutrition affects the brain.

With that, Mr. Speaker, I urge and I move that the privilege speech of the honorable Representative from Negros Oriental be referred to the Committee on Basic Education and Culture so that the committee can call DepEd. And we will have a joint implementation of a feeding program in all the districts, using the money of the DepEd and the money of the Congressmen through their PDAF and also, with the help of the foundations so that we can reach as many children as possible.

Thank you very much, Mr. Speaker.

REP. TEVES. Thank you, Mr. Speaker.

THE DEPUTY SPEAKER (Rep. Fuentesbella). There is a motion to refer the privilege speech of the Gentleman to the Committee on Basic Education and Culture.

Is there any objection? (*Silence*) The Chair hears none; the motion is approved.

REP. GARIN. Mr. Speaker.

THE DEPUTY SPEAKER (Rep. Fuentebella). What is the pleasure of the distinguished Lady from Iloilo?

REP. GARIN. Mr. Speaker, I would like to rise on a matter of personal and collective privilege with regard to the unethical and illegal practice of medicine in our country.

THE DEPUTY SPEAKER (Rep. Fuentebella). The distinguished Lady has 10 minutes. She will please proceed.

#### QUESTION OF PRIVILEGE OF REP. GARIN

REP. GARIN. Thank you.

Mr. Speaker, distinguished colleagues:

I rise today on a matter of personal and collective privilege over the recent scandalous and unethical acts committed in the field of medicine. Just recently, the nation and the world were shocked by a scandalous video clip that found its way to the YouTube website. The video clip showed the rectal operation being performed at the Vicente Sotto Memorial Medical Center (VSMMC) in Cebu City.

The disgusting and controversial YouTube video showed that there were at least 10 people inside the operating room. They were cheering, jeering and making cruel gay jokes while the whole procedure was being recorded thru a cellular phone camera.

I am quite disgusted that some colleagues in the medical profession can be capable of doing such cruel acts. All of us in the medical profession swore never to do harm to anybody.

Mr. Speaker, distinguished colleagues, it was unfortunate that the VSMMC incident was reported publicly, and the public cried for justice. The Department of Health was then forced to act immediately on the matter.

But such unethical practice of medicine is not an isolated one. For years, we have heard and read accounts of various illegal practices all over the country.

Perhaps more shocking, more detrimental to a patient's health, if not outright deadly, are those illegal medical procedures performed outside the confines of medical hospitals and authorized clinics.

To be precise, Mr. Speaker, I am referring to the illegal practice of aesthetic surgery, plastic surgery and cosmetic surgery in the Province of Iloilo.

A masked cosmetic practitioner, who goes by the name of "Dr. Eugene De Rossa" or "Dr. Eugene Dela Rossi" or simply "Dr. De Rossa", was able to practice for at least seven years in our province even though he is not a physician.

Some recalled knowing him as a clinical assistant or an engineer. And up to this day, his real identity cannot be ascertained.

For years, he has performed his illegal activities in high-end hotels in Iloilo City. In fact, in one hotel alone, he booked two rooms 105 times under the name of "Dr. De Rossa." He performed his lucrative, illegal and deadly activities doing rhinoplasty or nose-lift, blepharoplasty or the removal of eyebags, face-lift, even liposuction and body sculpturing in these very septic venues.

It was also very surprising to know that there were even patients that he was serving on a home-service basis, and nobody knew him in Iloilo except that he was known to have

a clinic in Bacolod. And from Bacolod, he is a continuously traveling physician doing cosmetic operations right and left.

It was only last February that a particular hotel in Iloilo refused to welcome him as a guest when they discovered trash cans filled with bloodied cotton and gauze in one of the rooms he has used.

One former patient of this fake doctor suffered tremendously from the slipshod medical procedure he has performed on her. She recounted that an Ilongga friend brought her to De Rossi to have her eyebags removed. Her friend convinced her that she might as well undergo a nose lift or rhinoplasty. So they went to De Rossi's Bacolod clinic.

She noted that De Rossi's clinic was filthy, but she still went on to undergo the procedure because there were agents who were testifying that, indeed, he was a good physician.

Ten days after the procedure, she grew alarmed because her nose reddened and pus came out in the area where she was operated on by the fake doctor. Later on, she had this pimple-looking lesion in between her eyes and it started to erupt, creating a hole where pus was continuously oozing. She tried to contact the fake doctor but she failed.

And since she was scheduled to go to Japan, she decided to see another doctor in that country. She underwent a corrective procedure in Japan and her doctor told her that instead of a silicone implant or a cartilage, De Rossi implanted what looked like a glue stick. Her doctor told her that the implanted material was similar to that being used in glue guns. She spent a large amount of money to improve her appearance, but she ended up endangering her health and spending more to correct the complications.

There have been increasing morbidities and some mortalities arising from complications of illegal cosmetic surgery, and the sad thing about the situation is that patients end up being financially drained as the "pseudo doctor" who operated on them cannot correct the defect. Had the operation been done by properly trained specialists, there will be minimal complications, if ever there are, and the doctor would be very easy to call and visit so as to correct the morbidity, usually without the exorbitant fees.

One of the patients that this Dr. De Rossi operated on, who also hails from Iloilo but has requested anonymity of her name simply because she holds a vital government position, showed to me how this fake doctor operated her. And, indeed, her nose was repaired three times. Sad to say, there were keloid formations in her face and it was actually a look that placed everybody in an alarming situation.

More alarming is the fact that this fake doctor has resorted to using reputable people and members of the elite society as "agents" for securing patients, hence, luring more victims into the dreadful scheme. Even the Department of Health (DOH) regional office, which has known these ongoing procedures for several years, remained meek with the continuous illegal operations, not lifting any finger and allowing continuous morbidity.

Precisely on December of 2007, Dr. Jay Estoya, who is a plastic and reconstructive surgeon from Bacolod, informed the Philippine Medical Association (PMA) in a letter, allow me to read this:

Let me inform you that I have recently managed three morbidities of rhinoplasty in your city. I am not reporting to you, in particular, these morbidities, but the person who performed the procedures. (I am

reluctant to use the term “surgeries”.) I am told that these procedures were done, not only by a non-qualified person, but by someone without a medical license. I am also informed that this concerned individual has been performing a number of medical procedures in various hotel rooms in Iloilo.

I believe this is the same person who used to carry out his illegal activities in Bacolod City. I have managed a number of his morbidities there as well. He comes in different pseudo-names and one of which is “Dr. De Rossa”. He wears a surgical mask in and out of his office—the patients hardly recognize him.

This warrants due investigation and proper course of action.

Respectfully yours,

(Sgd.) DR. JAY ESTOYA  
Plastic and Reconstructive Surgery

Generally speaking, plastic surgery aims to restore body parts or change them in order for the patient to look better. Cosmetic surgery is usually performed to enhance the patient’s appearance. Plastic surgery is commonly resorted to by patients who want to correct birth defects and skin problems.

If performed in the proper manner, such procedures will benefit patients immensely. It is not simply looking good or better that is the objective of aesthetic procedures. Patients undergo the procedure so that their self-perceived defects or imperfections can be corrected. Guided by proper medical advice, aesthetic surgeries immensely help increase the patient’s self-esteem and confidence. Thus, he or she can integrate more effectively in the society.

I am not saying that cosmetic surgery is not good. In fact, it is a procedure that is legally accepted and has uplifted many patients. It is even a procedure that some of our colleagues, especially a colleague who would be a victim of the bombing within the Batasan, can actually avail of because it is a corrective surgery, especially in patients who will have car accidents which would damage not only their fingers and their feet but also their faces. It is a highly acceptable procedure but the problem is, it is being tainted by unscrupulous persons. Some are licensed physicians but inadequately trained. Others are not physicians at all, but they have physicians or some lawyers acting as their agents, thereby giving credibility to the procedures that they are doing.

In the above-mentioned cases, these surgeries threatened the lives, health and the general well-being of the people.

Mr. Speaker, distinguished colleagues, several of these illegal procedures have already been exposed by media in recent months. I recall watching a lady who was married to an overseas worker and who, I believe, underwent a skin bleaching or peeling procedure somewhere in either Laguna or Cavite. She ended up not only with infected legs, but with legs burnt to the second and third degrees and she was told that recuperation will take a minimum of 15 years. Her legs were flashed on TV and it was beyond repair.

Last January 2008, four complainants, whose faces swelled reportedly from silicone oil injections, sought the

help of the National Bureau of Investigation (NBI) to arrest those responsible for the botched operations. One of the victims reported that instead of getting prominent cheekbones, he ended up with welts and numbness in his face. Another victim said pus came out of his eye as a result of the procedure.

According to the investigation, the suspect named Kiel Gamana San Miguel, alias “Kelly”, used silicone oil or liquid silicon in his illegal operations. Silicon implants are considered unaccepted, but silicon oil is actually a banned substance in the US and other countries and even here because it is an industrial lubricant commonly used to make the vehicle tires shiny. So, it is not actually for cosmetic surgery. Collagen is usually the substance used in cheekbone and chin operations. But San Miguel later turned out not to be a licensed physician and he was paid by his four victims P18,000 for the illegal procedure.

The fake doctor posing in Iloilo would collect P40,000 for a rhinoplasty and P120,000 for a face-lift. I was told that 25 percent of that would go to the agents who are members of the elite society. There were recent rumors that a patient died after undergoing liposuction in a prominent clinic in Metro Manila. Within the medical profession, there were talks that the said procedure was done by a fresh graduate from a certain medical school without the necessary training and experience needed.

There were also talks about a foreigner who underwent penile enhancement, who was given good assurances about it, but ended up complaining. The death of a 24-year old woman who died early this March after a breast and buttocks enhancement in Quezon City opened the eyes of the Department of Health to the escalating illegal practice of medicine in salons, spas and beauty parlors.

Such incidences are not confined in our national jurisdiction alone. A fake plastic surgeon named Dean Faiello was meted out with a 20-year jail term by a United States court after he pleaded guilty to assault in the first degree under conditions evincing a depraved indifference to human life.

His victim was a 35-year old Filipina working as a financial analyst at Barclays Capital. The victim went to Faiello’s Skin Ovations Center at West 16<sup>th</sup> Street in April 2003 seeking for treatment of a benign growth on her tongue. But she did not know that Faiello did not have a license to practice medicine and much worst, she did not know that her “doctor” is a notorious cocaine addict.

Faiello admitted to the court that he gave the victim an injection of lidocaine. Lidocaine is a local anesthetic. Afterwards, the victim had seizures and eventually died. Then the quack doctor stuffed her victim’s dead body into a suitcase and transported it to his home in an upscale Forest Hill section of New York where he eventually entombed it in concrete. The victim had been a regular patient of the fake dermatologist for three years. Unknowingly, she has entrusted her life to a fake doctor.

This is because advertisements were allowed to persist.

Meanwhile, illegal plastic surgery by unlicensed doctors appears to be a growing concern and Luiz Carlos Ribeiro, who claims to be a licensed doctor in Brazil, pleaded not guilty in a Framingham Court against charges of practicing medicine without license and the illegal distribution of narcotics. His victim was a young Brazilian woman who died

after Ribeiro performed liposuction operations on her.

These are but a few of incidents of illegal, unethical practice of medicine. Its alarming replication in our country, and the fact that the culprit is allowed to transfer from one province to another, is dangerous. It brings disgrace not only to the noble profession of medicine, but also to the country as a whole.

It comes at a time when the government is promoting the country as a hub of medical tourism. But now, who would dare to seek medical treatment in our country? It is not only that the quality of medical services that is at question now. Patients will now get worried whether they will have their personal dignities intact after entering our medical hospitals. Our patients will undertake procedures and entrust their lives to doctors or pseudo doctors they perceive to be adequately trained to take care of them.

Worth mentioning at this point are the sentiments of Dr. Carlos Lasa Jr., a Filipino cosmetic surgeon. He noted that in the Philippines, having a medical license allows a doctor to perform a wide array of surgeries, including cosmetic surgery even if the doctor does not have extensive training in this particular field. Allow me to quote him:

I surmise that the reason why the law has not been updated or revised is to enable medical practitioners in underserved rural areas to be able to perform life-saving surgery in emergency cases. However, in urban areas where one can avail of the expertise of specialists, it still is the case that patients are not able to distinguish who are the doctors who have undergone legitimate training in cosmetic surgery.

We must act immediately to curb and possibly eradicate these despicable practices. The country cannot afford any more similar scandals in the field of medicine. Let us consider the detriment these scandals bring to the health sector, their ability to taint the reputable profession of medicine and even endanger the booming medical tourism in our country.

Mr. Speaker, distinguished colleagues, I actually prepared a video presentation documenting some of the patients who are victims of either the illegal practice of medicine, or victims of doctors posing as specialists but who are actually non-specialists. But since we have a problem in the compatibility of the video presentation, I am very much willing to present that later on in a committee hearing. But allow me to show three pictures to the Body.

First is the picture of a young lady—this is a picture of the patient who underwent rhinoplasty or nose-lift. Three days after the procedure, she started developing bumps, and some would perceive these to be pimples. She then went back to the fake doctor, Dr. De Rossi as he claims, and she was told to just take antibiotics for seven days and it will go away. But these were not ordinary pimples. These were actually pustules that have erupted, brought about by the injection of liquid silicon. At the outset, we will notice na parang konting bump o bukol lang, but that infection is very dangerous because this liquid silicon can actually go through the bloodstream and cause infection, resulting in a patient's death.

Liquid silicon carries life-threatening risks. If injected improperly, it travels through the bloodstream, causing the blood to coagulate in the lungs, creating circulatory obstructions that can be immediately life-threatening, if not identified and treated quickly. That is the very reason they

call it pulmonary embolism. The silicon injection has been banned, but people still seek this because it is cheaper and easier to get than professional plastic surgery or even implants. This has become very famous because of ongoing pumping parties wherein a group of members belonging to the elite society will hire somebody to come to their party and inject silicone, not only in their noses, but also in their lips, cheeks, buttocks and hips.

There were also reports of ruptured implants from botched breast enhancement. And sad to note, these effects do not fade with time with collagen as injections. This can produce bumps and unattractive swelling, and the defect is almost always permanent. So, it appears as just a small growth on the outside, but it is actually a very deep infection downstream leading to sepsis or infection of the blood, or even to pulmonary embolism.

Next slide, please.

This is another patient who underwent rhinoplasty. It was done, not in a clinic, not in a hospital setting, but in a salon, a beauty parlor. It was allegedly performed by a doctor who turned out to be a general practitioner but not an aesthetic surgeon. We can notice the very small lesion on the upper portion on the left side of his nose, on the bridge of his nose.

At a first glance, people might think it is just a small wound, but upon examination by a specialist, it is actually an infection, which actually signifies that deep inside, whatever was implanted was probably unsafe or not sterile, causing sepsis, and that the infection has spread into the patient's nose, creating a blister outside the skin. Ibig sabihin, pumuputok na siya sa labas kasi gustong makalabas ng dumi. So, that appears as just a small blister pero sa loob, masyadong marami na ang pus o nana. And this is again a case wherein the patient was operated by a physician but not by a specialist who is actually allowed to perform that operation and, at the same time, in a salon setting which is not sterile.

*At this juncture, Deputy Speaker Fuentebella relinquished the Chair to Rep. Victor E. Agbayani.*

The next slide is a picture of the young lady—they might look like pen marks on the skin but these are actually burns and at this stage, she has already been treated. She has been treated for second and third-degree burns which were brought about by a skin peeling procedure done in a beauty parlor. Skin peeling, removal of warts and even other procedures that are being done in some unauthorized institutions, with blatantly good advertisement luring patients to be another victim of the illegal practice of medicine, all these are alarming problems.

I still have some other pictures and videos to present which I opt to reserve during the committee hearing, considering the time and the fact that I would like to ask some of the specialists to come over to explain.

Mr. Speaker, distinguished colleagues, I wish to propose the following measures to address the compounding problems besetting our country today in the field of medicine.

First is the certification of House Bill No. 3703 as urgent. I filed this bill, entitled: AN ACT REGULATING THE EDUCATION AND LICENSURE OF PHYSICIANS AND THE PRACTICE OF MEDICINE IN THE PHILIPPINES, REPEALING FOR THE PURPOSE REPUBLIC ACT NO.

2382, AS AMENDED, AND FOR OTHER PURPOSES, which seeks to establish the following:

- Recognize the vital role of physicians in the preservation, maintenance, safeguard, cure and enhancement of life, health and the general welfare of the citizenry;
- Standardization, upgrading and regulation of medical education, including internship training;
- The administration of the medical licensure profession;
- The integration of the Philippine Medical Association or PMA;

Unlike the Integrated Bar of the Philippines (IBP), membership into the Philippine Medical Association is not mandatory and usually a doctor who will be sent a memo or apprehended for unethical conduct or an illegal practice would resign from the Philippine Medical Association so that he or she would not be covered by the rules of the association. Hence, the creation of an Integrated Philippine Medical Association would collate all medical organizations into one umbrella with powers to sanction its members and to suspend or revoke their license.

- An integrated PMA shall govern and promote the competence, moral values and professional attitude; and the
- Grounds for cancellation or revocation of registration.

The current Medical Act of 1959, which is a very old law, holds only three bases for revocation which are: the final conviction by a court competent jurisdiction of any criminal offense involving moral turpitude; immoral or dishonorable conduct; and insanity.

The bill that I filed calls for the addition of other grounds for cancellation or revocation, and this includes the following:

1. Fraud in the acquisition of the certificate of registration and professional license or temporary/special permit;
2. Gross negligence, ignorance or incompetence in the practice of his profession, resulting in an injury to or death of the patient;
3. Addiction to alcoholic beverages, to any habit-forming drug, or to any form of illegal gambling, rendering him incompetent to practice his profession;
4. False misleading extravagant or unethical advertisements wherein things other than his name, profession, limitation of practice, clinic hours, office and home address are mentioned;

Some of our colleagues have the tendency to advertise a lot of procedures which actually they are not trained to perform. We also have colleagues who have the tendency to advertise millions and millions of procedures, and even procedures that are actually done by another colleague and they would only resort to fee splitting. They will sometimes have the tendency to hire prominent people in the movie industry just to lure other victims.

5. The performance of or aiding in any criminal abortion is also an additional ground that I am proposing;
6. Negligently issuing any false medical certificate;
7. The issuance of any statement or spreading any news or rumor which is derogatory to the character and reputation of another physician without justifiable motive;
8. The aiding or acting as a dummy of an unqualified or unregistered person to practice medicine, to include acting as an agent of a quack doctor, and promoting or patronizing the illegal practice of medicine;

In the situation in Iloilo that I was referring to, sad to say, there were some doctors who allowed themselves to be patients of a nondoctor and this added to the credibility of that fake doctor.

Some doctors and professionals would even resort to acting as agents and getting commissions for the performance of surgeries that are done by fake doctors, and they would allow their clinics to be used.

9. The violation of any provision of the Code of Ethics for Physicians as prescribed by the integrated PMA, and adopted and promulgated by the Professional Regulation Commission subject to approval by the commission;

This would answer the public uproar created by the Don Vicente Sotto Memorial Medical Center scandal—the practice of profession during the period of his suspension or revocation of his license to practice. There is that tendency. Like in the case of Brazil, a suspended doctor in the United States would just transfer probably to the Philippines or any developing country for that matter and continue practicing. Even some doctors who have Filipino roots but are not practicing in the United States anymore would have a tendency to come back to the Philippines and practice very difficult procedures like stem cell transplant and collect millions from patients. And indeed, Mr. Speaker, distinguished colleagues, they are not permitted to do so.

10. The expulsion or termination of membership in the integrated PMA and a violation of this Medical Act, the rules and regulations, and other policies of the board;

Upon its passage, the bill will pave the way for one organization that will help uplift the standards of medical profession in our country. The integrated PMA shall also be primarily responsible in disciplining its erring members.

Updating the Medical Act of 1959 will address and put a stop to the growing sophistication of the practitioners of the illegal practice of medicine.

My second proposal is a resolution urging the executive department to immediately create a task force to investigate the practice of illegal medicine in our country. We have to show to the world that our country is worthy and capable of being a hub of the medical profession. With the creation of such an investigative body, we will be able to show to the world that we have all the intention and the political will to run after people who endanger the medical tourism program.

My third proposal is a resolution urging the Department of Health to create an office within the Central Office and this will be tasked to:

1. Receive complaints, even an anonymous one, on cases regarding unethical and illegal practice of medicine;
2. Institute a mechanism wherein complaints may be filed online at the DOH's website;

This is similar to the online filing of cases at the Ombudsman website, and the complaints should be verified by the regional office concerned within a reasonable period of two months. And if verified, the Department of Health should immediately inform the public and the trimedia sector, through advisories, detailing the *modus operandi* of illegal practitioners of medicine in the area and in other areas as well, and giving the necessary precautions. This should be circulated in all regional offices so as to deter violators from transferring to another province and seeking a new batch of victims.

I have personally observed, Mr. Speaker, distinguished

colleagues, that the fake doctor, Eugene de Rossa, in his pseudo name, has the habit of jumping from one province to another, establishing his practice three years after an initial province because he is probably predicting that during the time that his practice is at its peak, then he can establish another practice in another province, giving him the full authority to conquer another batch of victims in either a province across, or a neighboring province, or a province in the South, in the North or in any other parts of the world.

By instituting a system wherein anonymous complaints can be acted upon by the DOH, the victims will be able to seek justice without fear of having to be humiliated publicly. The DOH can then issue the proper warning to the would-be victims, and their problem will not be so grave as to attract international attention.

In closing, Mr. Speaker, distinguished colleagues, I would like to appeal to this august Chamber for the immediate passage of the proposed Physicians Act of 2008. Likewise, I ask for the Body's support for the other proposals I have put forward to prevent acts constituting as illegal and unethical practice of medicine from being repeated again. With all these in place, we cannot allow a few to prosper for personal gain.

We must not allow the few to stain the image and potential of our medical community, a community with a tradition and culture for excellence, integrity and capability.

With that, I humbly and most respectfully appeal for the Body's support. Together, let us work in getting the message across—Do no harm.

Thank you, and a pleasant good evening to all of us.

REP. DEL MAR. Mr. Speaker.

REP. CAJAYON. Mr. Speaker.

THE PRESIDING OFFICER (Rep. Agbayani). The Honorable Del Mar is recognized. What is the pleasure of the Gentleman from Cebu?

REP. DEL MAR. Mr. Speaker, will the Lady from Iloilo be willing to yield to a few questions and observations.

REP. GARIN. Willingly, Mr. Speaker.

REP. DEL MAR. Thank you, Mr. Speaker.

At the outset, let me commend the Honorable Garin for a very incisive privilege speech, citing objectionable, illegal practices by quack doctors who cause not only injury but death to their patients, and calling for reforms, and which this Representation joins her, and in requesting the certification of her House Bill No. 3703 as urgent. So that this measure regulating the education and licensure of physicians in the practice of medicine in the Philippines will update a very old law, the Physician's Act of 1959 which, by next year, will be 50 years old and really needs updating. But more than just updating this, the true worth of this measure will be to serve as an effective deterrent to the acts of illegal practice of fake doctors, which measure this Representation joins the Lady from Iloilo in asking to be certified as urgent.

However, in so citing these reasons for the urgent consideration of the measure, the Lady mentioned an isolated incident in the Don Vicente Sotto Memorial Medical Center in Cebu City. Although it is located in my district in Cebu

City, this serves the entire region as the medical center of the Central Visayas, Region VII. And so this incident cited tends to create a very bad impression of the Don Vicente Sotto Memorial Medical Center, which it does not deserve, considering the true worth of the hospital to the region.

This medical center has been performing very well, the doctors, nurses and medical staff thereat have been very professional in their operations, and they have been commended and have received favorable citations for their good performance. And I hope that this one incident will not destroy the many commendable works of this medical center.

Is the Lady aware or can she confirm this fact that the Don Vicente Sotto Medical Center is a reputable hospital/medical center and has been performing above par, even beyond the number of rooms that they are entitled to, but is not receiving that much of financial support and budget from the national government? Does the Lady confirm this fact?

REP. GARIN. Mr. Speaker, distinguished colleague, I am not a resident of the City of Cebu. I just heard that this is a government hospital, but I cannot confirm its performance. I would be very much willing to accept any report of its good performance.

However, if indeed this is an isolated case in the Vicente Sotto Memorial Medical Center, it is not an issue that it is being known worldwide. If indeed the Vicente Sotto Memorial Medical Center has earned several awards before, it is not an issue that the international community has understood. And the mere fact that this scandalous video reached the YouTube and was made open to all the public with access to computers, it is something that is detrimental to the whole medical society because our potential patients for medical tourism will think of only a single instance, a single situation. They will not be thinking of what the hospital is, but they will be thinking of a Philippine hospital being manned by a Filipino surgeon, with Filipino nurses, with Filipino assistants ridiculing a patient.

Mr. Speaker, distinguished colleague, medical jurisprudence dictates a captain of the ship doctrine, which doctrine is accepted worldwide. Meaning to say that in an operating room, everything is under the command of a surgeon. Had it been that some students, or even some people there were laughing, cheering, jeering, or making crude gay jokes, it would have been better for the surgeon to ask these people to be silent, or probably to ask them to keep their mouths shut or to discipline their actions.

On the contrary, what the YouTube video showed was that everybody was tolerating it, and everybody within the room was trying to be a part of that incident. This is a very sad incident which I believe the society will not tolerate, lest we lose our faces in the eyes of the public.

If this is indeed an isolated case in the Vicente Sotto Memorial Medical Center, then it is very sad that this happened. I am not calling for the removal of the doctor or a revocation of the license, but the fact is that there is no deterrent for the members of the medical community, and that is the reason everybody has the tendency to abuse. Had it been that there is indeed a medical association which has jurisdiction to update its members, to inform them of the proper conduct and the code of ethics, and to remind them of the Hippocratic oath, then this situation would have never happened.

REP. DEL MAR. Yes, Mr. Speaker, this Representation was not in any way trying to justify the inappropriate incident cited in the Don Vicente Sotto Memorial Medical Center. What this Representation was merely clarifying is that there has been, to my knowledge and to the knowledge of many of my colleagues from Cebu, no such deplorable behavior on the part of the doctors and medical staff of the Don Vicente Sotto Memorial Medical Center in the past and so, that is why I am really emphasizing that this is an isolated incident which, truly, is very unfortunate.

But it is not unusual that, in an operation in government hospitals and even in private hospitals, there are medical interns and other doctors who are made to learn from the operation by even requiring their presence as part of their education in the medical profession. Is this not correct, Mr. Speaker?

REP. GARIN. Mr. Speaker, that is actually true. Observation duties are being required so that the students will be able to learn from certain cases, from special cases like this. But what I saw in the YouTube video was that one of the doctors—I presume that was the surgeon—who operated on the patient, got the body spray out, put it up in the air and was cheering and saying: “The baby is out, the baby is out.” And somebody in Cebuano was speaking, was even chanting the words: “Ibalik. Ibalik. Ibalik.” Like, “Put it back, put it back.”

The whole incident is actually a violation of the patient’s rights. And I do agree that it is not reflective of the whole hospital. It is not even reflective of the Filipino community, nor is it reflective of the Filipino morals and ethics.

But the proper attitude of the surgeon, being the captain of the ship in that situation, would have been for him to tell everybody to lie low, to speak in a low voice and not to chant because the patient can hear what they are saying, and at the same time, not to play with the foreign object that was extracted from the rectum of the patient by throwing it in the air and passing it to the other people within the operating room. Because that will affect the sterility of the room and that will also affect the work of the other doctors and the other people therein. It was probably a candid joke, and everybody thought it was just a joke. But the mere fact that the incident was publicized in the YouTube put malice on the incident that actually tainted not only the Filipinos but in particular, its medical community.

REP. DEL MAR. That is true, Mr. Speaker. The conduct of the doctors and other medical personnel like the nurses in that incident was very unprofessional, to say the least. It is, as I said, I started by saying that it was most unfortunate, that it was deplorable. And I join in condemning this inappropriate professional conduct on their part. But what I was just emphasizing is that, let us not judge Don Vicente Sotto Memorial Medical Center by this one solitary incident; let us not judge hospitals in the Philippines, where foreigners who have seen this incident on the YouTube will view such as normal incidents happening in hospitals in the country.

This is what this Representation is emphasizing—that this one singular solitary incident should not be taken to mean that this is the normal happening in operating rooms in all hospitals in the country and even in all operations in the

Don Vicente Sotto Memorial Medical Center. I believe that the other cases cited by the Lady from Iloilo are not only unprofessional, the other incidents and acts of illegal practice causing death and injury to their patients she has presented are really more condemnable, to say the least, than this incident.

So, this is just what this Representation seeks to achieve by rising and getting clarification from the Honorable Garin, Mr. Speaker—that let it not be said that the Don Vicente Sotto Memorial Medical Center is not a good hospital. It is one of the best hospitals in the country. And this unfortunate incident started, perhaps, as an innocent gesture or act of one that went out of hand. Because a perfume canister being removed from the rectum of any human being is unusual and is prone to be the subject of laughter and jokes. But the incident went too far to be really considered as appropriate behavior on the part of medical professionals. So, let me just say to the entire country that the Don Vicente Sotto Memorial Medical Center and the doctors and nurses thereat are medical professionals who are doing their job well through the years, and that such operation in the country as viewed in this Youtube is a very unusual happening.

In fact, this is the first time that I came across such an incident in my entire life, and I am sure that this is equally true on the part of the experience of my colleague. Let us not allow this one solitary incident to put judgment on the doctors and the nurses in the hospital and of the entire country, which unfortunately tends to be the attitude taken by those viewing this incident in other countries. They might say ask: “Is this how operations are being conducted in the Philippines?”

So, to put the incident in proper perspective, let us say here and now that this is the first such incident that has transpired so far in the country and this is an incident we find deplorable. The behavior was inappropriate and unprofessional, but this is just the behavior of a few, of 10 people, and I do not think even the entire 10 persons thereat participated in playing with this perfume canister and in making gestures which made fun of, not only the incident, but of the rights of the patient.

So, I thank my distinguished colleague, Mr. Speaker. We join the Honorable Garin in all the other recommendations that she filed—the resolutions for the executive department to immediately create a task force to investigate the practice of illegal medicine in the country as well as to put in place a mechanism of receiving and acting promptly on complaints of illegal and unethical practice of medicine by the Department of Health.

Thank you, Mr. Speaker, for giving this Representation the opportunity to set things in their proper perspective.

REP. GARIN. Mr. Speaker, actually there are a lot of Cebuano doctors who have performed well here and abroad and who are reputable specialists. That is why I join Rep. Del Mar in saying that this is an isolated case and this is not reflective of the City of Cebu nor is it reflective of the Vicente Sotto Memorial Medical Center. Indeed, the Department of Health and the management of the Vicente Sotto Memorial Medical Center have released the names and they are willing to discipline the doctors and nurses. The mere fact that they are doing this shows that, indeed, they do not tolerate erring doctors.

REP. CAJAYON. Mr. Speaker.

THE PRESIDING OFFICER (Rep. Agbayani). What is the pleasure of the Lady from the Second District of Caloocan City?

REP. CAJAYON. Mr. Speaker, may this humble Representation be allowed to propound some questions of the distinguished Lady from Iloilo?

REP. GARIN. Willingly, Mr. Speaker.

THE PRESIDING OFFICER (Rep. Agbayani). The Lady can proceed.

REP. CAJAYON. Thank you, Mr. Speaker.

First of all, I would like to congratulate the distinguished Lady for bringing this alarming issue on illegal practice of aesthetic surgery before this august Body. However, would the distinguished Lady agree with the observation that the medical tourism, specifically under the Philippine medical tourism program, will help create more jobs for the Filipinos and earn more revenues for the country amounting to, more or less, \$300,000,000?

REP. GARIN. Mr. Speaker, the hemorrhage of doctors, the hemorrhage of nurses, and the declining availability of medical health care providers are actually big problems that our country is facing today.

The proposed plan and the proposed booming medical tourism industry is one of the best solutions that we have. It will not only provide the adequate income to doctors, nurses and other medical and paramedical professionals, but it will also boost the economy of the Philippines. Because what we can actually boast of is not only the quantity of educated people that we have, but the quality of medical professionals that we have.

Indeed, my proposal to put forward the Physicians Act of 2008 is something that will show to the whole world and the whole nation that we Filipinos are very serious in uplifting the booming medical tourism industry.

REP. CAJAYON. Mr. Speaker, the distinguished Lady said that the Philippines will be receiving revenues and will benefit from the earnings in medical and surgical care, traditional and alternative health care, health and wellness, and international health and wellness.

However, would the distinguished Lady agree that the incidents of illegal and unethical practice of medicine are alarming not only because they endanger the well-being of patients, especially the women, but because they will also affect the country's potential as a medical tourism destination?

REP. GARIN. Mr. Speaker, I totally agree. Take, for instance, the patient I cited who had her nose operated here. She underwent rhinoplasty here, and when she went back to Japan where she was working in a commercial bank, she went to a Japanese doctor who corrected the complication arising from the rhinoplasty done here. And the Japanese doctor, having the impression that the procedure was done by a Filipino doctor and not knowing that it was a fake

Filipino, will ask: What kind of doctor is this who inserts a glue stick instead of the appropriate silicon implant for a rhinoplasty?

So this incident would taint and would probably deter the booming medical tourism industry here. The other situation that I mentioned is about the Filipino-American who, because of advertisements, he decided to have a penile enhancement in the Philippines, which turned out to be quite morbid. There were also patients, who are balikbayans or American relatives of Filipinos who intermarried, who would come to our country and seek consultations in beauty parlors, salons and other clinics because of attractive advertisements and later on, they would find themselves victims of an illegal practice simply because the attendant or even the physician who did the procedure on them was not qualified to do so.

Mr. Speaker, distinguished colleague, this information will not be confined within our country. It is an information that will be spread from country to country, from province to province, from city to city. It will reach the premises of Europe, Japan, United States and even South America, where there are actually potential customer-patients who will be lured to the booming medical tourism industry here.

That is why I decided to come forward and signify the urgency for this Congress to pass the Physicians Act of 2008. Without the proper law in place, without the proper grievance mechanism that should be set up by the Department of Health, without a task force that would run after violators of this law, and without the necessary task force that will coordinate with the National Bureau of Investigation, these illegal practices will be carried on from one province to another, and the victims, who are usually employees abroad or who usually have relatives abroad, will go back to the country where they are working and complain about these fake doctors who give the Philippine Medical Association a bad name.

So, this is something that we should act upon immediately, as the passage of this bill and the compliance of these two resolutions will deter similar incidents. And probably, what saddens us is the fact that we have no people to tell the international community that we do not tolerate these acts. We only have people who will keep on complaining about these doctors who are actually fake doctors.

REP. CAJAYON. The distinguished Lady has mentioned a number of incidents of illegal and unethical practice of medicine, like the case of Kiel Gamana San Miguel. She also made reference to a certain foreigner who underwent penile enhancement. Is she particularly talking about the case of a certain Louem Martinez, an American citizen who, according to the news reports, has filed a case against Dr. Manny Calayan?

REP. GARIN. Mr. Speaker, I would very much want to cooperate with our good colleague here, and I am also one with her in pushing for a resolution that she recently filed. I saw the resolution during the Committee on Rules meeting and it was, indeed, a very good resolution. But I would opt to withhold naming names as of the moment simply because my intention is not to prejudice cases filed in court, but to deter and possibly avoid similar instances in the future. I am of the opinion that these people should be run after; I am of

the opinion that they should be prosecuted; but I am more concerned that these situations should not be repeated.

REP. CAJAYON. I do understand the feelings of the Lady right now, but may I just ask her: Is the distinguished Lady also aware of the case of Monina Velasco who allegedly went to the Belo medical dermatological clinic for the carbon dioxide coherent laser treatment for her syringoma, only to have her face disfigured? Is she aware of that incident?

REP. GARIN. Mr. Speaker, I have heard of such morbidity from the medical community, but since I do not know the patient personally and I have not come across the patient, I leave it to the authorities to act on this. But in mentioning the Belo Medical Center, which has been a subject of some complaints from the medical society, I do agree in saying that this is actually one of the situations being addressed by the Physicians Act of 2008.

I refer to the mere advertisement and the practice of a specialty that is beyond one's area of specialization, and actually, I have a file of morbid pictures. But because most of the patients, if not all of them, are members of the elite society, I am trying to talk to them one by one if they will allow their pictures to be published for the public to see that these will be the effects of the operations not being done by doctors. I know of a victim who died because of liposuction in a prominent clinic in Metro Manila, which I am sure, my good colleague here will be very familiar with, and I was told that the surgery was performed by the physician's boyfriend.

This is just but a few of the situations and instances that I have been repeatedly telling people, and it is actually time for us to move. Take, for instance, a patient of a very good friend of mine who is a dermatologist. It alarmed her that her patient underwent wart removal in a beauty parlor where the technician, not being able to distinguish a wart from a skin tag, cauterized everything. Even I, as a physician, am not an expert on that because I am not a dermatologist, and though I am a physician, I did not undergo the proper training in the field of dermatology. Sad to say, according to my dermatologist friend, her patient repeatedly went back to that parlor when the alleged wart grew again, and the technician again cauterized it. But it kept on coming back because it was not a wart, it was actually a skin cancer. It might look very small on the outside the skin but it is actually a deep tunnel inside. It is like a flask. It looks like a very small point in the skin but it is actually a big flask, a big cancer embedded within the body.

This is again another reason for the urgency of this bill. We have to act now. We do not want more harm to come to our people.

REP. CAJAYON. That case that the Lady has just cited is very disgusting. I believe we can really do something for the resolution that I just filed.

Anyway, before I proceed to citing my resolution, may I just ask again the distinguished Lady: Did she hear about the case of Rina Laud who got scars and wounds after undergoing permanent laser hair removal at the Body and Face Weighless Center? Did she also hear of that case?

REP. GARIN. Mr. Speaker, I would admit that I have

not heard of that case, but I have photos sent to me by e-mail by some dermatologists who were approached by patients who underwent procedures done by an untrained physician or untrained attendant or assistant and ended up in the clinics of reputed dermatologists.

I remember these photos were actually of second or third-degree burns. So I am not very sure if these were from that clinic, but I saw the pictures and I pity the patient because these scars would probably be there for the next 20 years.

REP. CAJAYON. Yes. Is the Lady also aware of Janet Ang who died while undergoing a liposuction surgery at the EPG Cosmetic and Aesthetic Surgery Clinic in Alabang?

REP. GARIN. Mr. Speaker, I heard of the case and I believe it was brought about by a complication of the anesthetic being injected.

This is precisely why I am pushing for a resolution for the Department of Health to create an agency and for a task force to identify situations where these should not be allowed. Because, if we talk about liposuction where a general anesthetic is being inducted into a patient, complications may arise. Although these complications are rare, they are part of the normal process. They are rare but complications may arise. There is always a complication for some procedures. That is why this should be performed in the proper institutions like hospitals so that when a complication arises, this can be addressed immediately.

If, take for instance, a pulmonary embolism occurs because of the injection of a foreign material like silicon, this can be identified very early in a hospital. And if there is shock brought about by the induction of anesthesia, the setting in a hospital would actually allow not only a few doctors, but many specialists to take care of the patient. The patient can immediately be brought to the ICU or intensive care unit where the patient can be monitored well. The patient can be properly taken care of in the ICU so as not to result death.

But the problem is, if the procedure is performed outside the confines of a hospital, like the Brazilian woman who died because the operation was done in a condominium, in a hotel, where the environment is dirty—we will never know if somebody checked into that room and was actually smoking for the past few days—there is already a probable morbidity or danger to the patient because of infection. And the fact that we are allowing this to happen is something that is a deterrent for the prospective customers of the medical tourism industry.

REP. CAJAYON. I will cite one last incident and I would like to know, has the distinguished Lady also heard about the case of Sheila Mae Santarin Maliksi who, accordingly, died from liposuction a few years back?

REP. GARIN. Again, I believe it was performed not within the confines of a hospital. And aside from hospitals, there are actually ambulatory clinics that are licensed by the Department of Health, but the problem, Mr. Speaker, distinguished colleague, is that there are only limited procedures allowed but they would opt to do all the procedures.

This is a very sad story—I would actually like to pose a

picture of a patient who agreed to such but she already died. She was 24 years old and really beautiful. If I were a man, I would marry her because she was really very beautiful. I wanted to flash her picture here. But that lady died at the age of 24 because, again, of a liposuction that was improperly done.

REP. CAJAYON. Mr. Speaker, I mentioned just a few of many controversies surrounding the practice of cosmetic surgery to emphasize the urgent need to look into this problem. That is the reason this Representation has filed House Resolution No. 501, entitled: RESOLUTION DIRECTING THE HOUSE COMMITTEE ON HEALTH TO CONDUCT AN INVESTIGATION IN AID OF LEGISLATION ON THE SPATE OF NEGLIGENT PRACTICES OF COSMETIC PROCEDURES BY CERTAIN PROVIDERS RESULTING IN THE INJURY AND DEATH OF SOME PATIENTS UNDERGOING COSMETIC PROCEDURES, AND TO RECOMMEND APPROPRIATE SAFETY STANDARDS IN THE CONDUCT OF COSMETIC PROCEDURES TO UPHOLD THE WELL-BEING OF ALL PATIENTS AND BOOST THE COUNTRY'S POTENTIAL AS A TOURIST DESTINATION OF CHOICE FOR HEALTH AND MEDICAL SERVICES to highlight the fact that if we are, indeed, serious about promoting the Philippines as hub for medical tourism, we should give primordial consideration to the well-being of patients by ensuring safety standards.

Moreover, Mr. Speaker, to the issue of malpractices in cosmetic surgery, this Representation has also filed House Bill No. 3417, entitled: AN ACT PROVIDING FOR THE MANDATORY PREGNANCY TESTING OF ALL WOMEN OF CHILDBEARING AGE WHO WILL UNDERGO COSMETIC PROCEDURES THAT ARE HARMFUL TO PREGNANT WOMEN AND UNBORN CHILDREN, AND THE DISCLOSURE OF THE POTENTIAL RISKS OF SUCH PROCEDURES.

This bill intends to ensure that proper medical attention and consideration is provided to every patient undergoing cosmetic procedure, particularly female patients who might be aware and unaware that they are pregnant. This will require all cosmetic surgeons to conduct a mandatory pregnancy test on every female patient of childbearing age, not only because of the state's interest in protecting the welfare of women, but more importantly, to protect the unborn children who cannot defend themselves against the possible harms that may be caused by cosmetic procedures.

Moreover, the measure provides for a mandatory disclosure of available choices with respect to cosmetic procedures and the potential risks associated with them to ensure the safety of all patients.

Would the distinguished Lady be willing to support this measure as well as in order to bolster the initiative of preventing the recurrence of various scandals involving the practice of cosmetic surgery in the Philippines that may tarnish the reputation of the country as the potential tourism destination of choice for health and medical services?

REP. GARIN. Mr. Speaker, distinguished colleague, I am very much willing to support the proposed resolution of our good colleague from Caloocan City. Her concern, her resolution, and her proposed move will not only take care of

the present community. This will actually protect the Philippines from a grueling reputation.

REP. CAJAYON. Mr. Speaker, I therefore wish, to once again express my congratulations to the distinguished Lady for her timely speech and my full support for the measures she is proposing to address this problem.

Thank you, Mr. Speaker. I also thank the Honorable Garin to her responses to my queries.

REP. GARIN. Mr. Speaker.

REP. ABANTE. Mr. Speaker.

REP. CLIMACO. Mr. Speaker.

REP. ABANTE. Mr. Speaker.

THE PRESIDING OFFICER (Rep. Agbayani). The Dep. Majority Leader is recognized.

REP. VELARDE. Mr. Speaker, the Honorable Beng Climaco has made a reservation to interpellate the Honorable Janette Garin prior to the Honorable Abante. So we move that we recognize her for the interpellation.

THE PRESIDING OFFICER (Rep. Agbayani). Is the Lady from Iloilo willing to proceed with the interpellations?

REP. GARIN. Willingly. Yes, Mr. Speaker.

THE PRESIDING OFFICER (Rep. Agbayani). The Lady from Zamboanga City may proceed.

REP. CLIMACO. Thank you, Mr. Speaker.

I would like to ask the Lady from Iloilo: What can patients do and where can they go to right now, the victims of complications of illegal aesthetic medical practices, in order for them to seek justice, given the different cases that the Lady has presented earlier?

REP. GARIN. Mr. Speaker, distinguished colleague, in the present situation, the patient who feels aggrieved will file the necessary case in court and also file a complaint addressed to the Philippine Medical Association. But there is no mandatory membership in the PMA; it is not obligatory. Thus, the complaint will no prosper if the practitioner is not a member of the PMA. At the same time, the Philippine Medical Association is just one among the medical associations in our country.

So if we are a victim, let us say, of a fake doctor, we can file a case in court or ask the NBI to do such, but we spend our own money on this. Now, if we are a victim of a physician who is not trained to perform the specialty, then we can again go to court and file a case. But the method of prosecution is actually a long process and a very expensive one, and the problem is that sometimes the concerned patient cannot come out in the open, especially if it is cosmetic surgery since this is being done secretly.

And there are other instances, especially the cases mentioned by our good colleague, where the patient already died. So the complainant would either be the family member

who will not get the information because when the patient went to that clinic or institution, chances are that she or he went there alone or probably with a companion who is acting as an agent of the clinic or salon. The usual case is that, if I am the agent, I will just bring the patient to the hotel or salon or my house. The bottom line is that people have the tendency to go on fishing for information.

That is precisely the reason, Mr. Speaker, distinguished colleague, that I put forward the proposal for the Department of Health to assign a certain office within its jurisdiction to open a website for anonymous complaints because, if a patient dies, the word will spread. There can be a pro forma like, if I knew about that illegal operation being done in Iloilo, I could just file the information online and then, the DOH would hand it down to the regional office for it to confirm if, indeed, it is happening or not, and if, indeed, it is happening, the DOH can issue an advisory not only to the specific region, but to the other regions as well.

What I am intending, Mr. Speaker, distinguished colleague, is to spread information to would-be victims. Hindi po natin sinasabi, dahil mayroong isang namatay o mayroong isang naging morbid, na papayagan nating gawin ito sa iba. Death is always an eye-opener to everybody, and a single death would open the eyes of the local community, but it would not open the eyes of a neighboring community or province. So the suspect or the criminal will just transfer from one place to another, getting victims after victims, and establishing again another practice and thus, luring people. This is a proposal that is not yet in place, but if the Department of Health will agree with me, then they can usually issue memoranda or even notices and advise the press and other media that there is a *modus operandi* of, allegedly, a doctor, but actually, he is not a doctor and he has some pending cases, et cetera.

And I also have a proposal which includes in the cases to be filed, not only the fake doctor or the doctor without the proper training in the field of specialty that he is practicing, but also the agents. It will include not only the fake practitioner but also his agents because there are some doctors who would allow their licenses to be used by non-doctors, giving credibility to the non-doctor. Take for instance this fake doctor, this Eugene de Rossa that I am referring to. As far as I know, he operated on three doctors and since the doctors agreed to be his patients despite them knowing that he is a non-doctor, de Rossa will use it as an example to the would-be patients, saying that, "Look, I operated on Dr. John Doe and he has a good look." And therefore, the other patients, believing that he has doctor-patients but who are actually victims at the same time, would be lured to that fake doctor.

As of the moment, we do not have a concrete system of reporting. We do not have a concrete method of reporting. Usually, what happens is that the case would die or would be totally forgotten and the family is left to grieve. And sometimes, what is worst is that these fake doctors continue victimizing other people because there are no advisories whatsoever.

I recall that, early this March, Secretary Duque issued a memorandum for the local government units to watch over salons and beauty parlors offering breast and buttocks enhancement because of the death of a 24-year old patient in Quezon City who underwent such. Although this warning,

following the death of that patient, is actually good, it comes at a time when the parlors, spas and other unrecognized institutions were already practicing these procedures for several years. Even now, we can see advertisements on chin upliftment, cheek enhancement, buttock enhancement, breast augmentation, wart removal, skin peeling and bleaching in the local newspapers and even in some national newspapers, but these are actually not allowed. So we do not have a concrete system which will address the grievances of the victims and where the Department of Health can warn the would-be victims.

REP. CLIMACO. Mr. Speaker, we really lament this situation because it really is a very lucrative business right now and sad to say, most of the victims are women. And being women at that, beauty has its price and based on the revelation of the Lady from Iloilo, it seems that there is no standardization in the process and practice, and there is no regulatory provision for this aesthetic practice in terms of the medical profession.

Last March 5, 2008, I had my opportunity to represent the lady legislators in a Kapihan for the Media, and I think this is an issue wherein the media practitioners can also assist us in this advocacy to prevent would-be victims of these medical aesthetic malpractices. Because this is an issue that will also affect not only women but the families as well. Among the names mentioned thereat, one of them is somebody whom we have prayed for, a mother, and I think that her life has been put without justice because of what transpired.

In line with this, Mr. Speaker, I would also like to ask the Lady from Iloilo about the integration of the PMA, similar to the IBP. I have met with some officers of the Philippine Medical Association and they were really asking for my support to also come up with an integration of the PMA because this will hopefully put together the different medical practitioners in such a way that will also help regulate their practice.

So I would like to find out now from the Lady from Iloilo how we, as a legislative Body, can support her campaign in integrating the PMA and also the passage of the Physicians Act of 2008.

REP. GARIN. Mr. Speaker, distinguished colleague, House Bill No. 3703, the Physicians Act of 2008, calls for the creation of an integrated PMA. This is, more or less, similar to the Integrated Bar of the Philippines because it calls for a mandatory membership. It also calls for an integrated umbrella, where all other organizations will be under that umbrella. Kasi ang nangyayari po ngayon ay kanya-kayang pag-create ng organization and so, we have many associations, and sometimes the real specialist, who is adequately equipped and trained for that kind of specialty, has an organization of accredited and trained specialists. On the other hand, some doctors would go on a very quick, as in one week or one month training abroad and come back here and create their own specialty board. And this is actually something that is very detrimental because there is an overlapping of functions and thus, the more it has the tendency to deceive patients.

Take for instance, I am a physician, I can just go to Bangkok or Thailand for a week's training and then come

back and claim that I am a dermatologist. A specialization for the diseases of the skin, called dermatology, would actually take a minimum of four years, and we cannot learn that in a span of one month. So, the integrated PMA calls for one umbrella organization which will determine the rules and regulations governing all medical organizations. There will be a group of organizations composed of specialists and another organization composed of non-specialists.

When we talk about non-specialists, these are general practitioners who undergo a quick training or a quick course, but they cannot be at par with the several number of years spent by other specialists who underwent both oral and written comprehensive examinations. There is a basic difference between a specialist and a non-specialist who underwent a quick training in that the specialist, after a minimum of four years' training, for example, in the case of cosmetic surgery, one can be a cosmetic surgeon by having four years' study in the field of general surgery plus an additional two years in the field of plastic surgery. An obstetrician would train for a minimum of four years and can have another one year of sub-specialization as perineotologist and that specialty involves the ultrasound examination of babies.

Now, on the issue of the integrated PMA, they will identify the organizations that are legal—these are the areas of specialists and these are the areas of non-specialists. The would-be specialist usually undergoes oral and written comprehensive examinations and once he or she passes, a group of doctors will observe him or her and watch as he or she actually performs the procedures. Meaning to say, they have to pass through the eye of the needle in that they are actually adequately prepared and trained in that kind of specialty. The non-specialists, on the other hand, will still have their organization, but their practice will be limited to the areas where they have trained.

Let us take, for example, the area of dermatology because some of the cases mentioned by the Honorable Cajayon involve malpractice in the field of dermatology. If a doctor underwent a one-week training on the diamond peeling procedure, then that doctor can only perform a diamond peel. But that doctor cannot perform a buttock injection, laser and other procedures and cannot treat patients in pathologic cases. Meaning to say, hindi lamang ang pagpapaganda kundi iyong mayroon talagang mga sakit, because this is actually a problem that is besetting our community. Sometimes the patient does not know who the specialist is and who is the non-specialist because some doctors have the tendency to advertise everything in their billboard or through their walking billboard involving people in the movie industry. This integrated PMA will again identify the specific roles and the specific limits wherein they can practice.

REP. CLIMACO. Thank you, Mr. Speaker.

I strongly support the provisions mentioned by the Lady from Iloilo. I think it would also be best if these matters can be referred to the Committee on Health so that the technicalities on the matter can be further studied by a technical working group. And we really hope that with this revelation mentioned in the floor today, we will avoid or at least diminish the number of would-be victims of medical malpractices.

*Muchas gracias y vaya con Dios.*

REP. GARIN. Mr. Speaker, I would like to thank our distinguished colleague for the support, and rest assured that the support will not go to anywhere else because the creation of an integrated PMA will be an advocacy that I will pursue even if I am not a Member of Congress anymore.

REP. ESCUDERO. Mr. Speaker.

THE PRESIDING OFFICER (Rep. Agbayani). What is the pleasure of the Gentleman from Sorsogon?

REP. ESCUDERO. May I make a manifestation, Mr. Speaker.

Tonight, we see Rep. Dr. Janette Garin at her best. Again, I will never get tired making mention of the fact that it is unfortunate, to the border of being tragic, that there are very few of us seeing her at her best.

REP. ABANTE. Mr. Speaker.

REP. GARIN. Mr. Speaker, I would like to thank our good colleague here, one of the legislators that....

REP. ABANTE. Mr. Speaker.

THE PRESIDING OFFICER (Rep. Agbayani). What is the pleasure of the bishop Congressman from the Sixth District of Manila?

REP. ABANTE. I was about to give in to my good kabayan, Congressman Escudero, if ever he is going to question the quorum. I am so glad he did not.

At any rate, Mr. Speaker, I also would like to make use of this brief time to be able to ask some clarificatory questions.

THE PRESIDING OFFICER (Rep. Agbayani). The Gentleman may proceed.

REP. ABANTE. Mr. Speaker, distinguished colleague from Iloilo, I am just wondering, and I should have mentioned some of these illegal medical practices, in her experience as a medical doctor or as a matter of procedure, are cellphones allowed inside operating rooms during operations?

REP. GARIN. Mr. Speaker, distinguished colleague, some hospitals would allow it and some would not. But the doctors, being areas in a field where they are 24 hours on call, are allowed to bring cellphones. This is done simply because in some hospitals, especially if in hospitals where there is a lack of doctors and there is an admission of a patient, the admitting nurse or attendant will inform the doctor through text.

REP. ABANTE. Obviously, distinguished colleague, Mr. Speaker, in the case previously cited, the cellphone was not used to make a call but to take pictures of the procedure. Am I right in that the cellphone was not used to communicate, but was used to actually videotape the whole procedure? Would the Lady think that the one who took the video during the operations, perhaps, was allowed by the attending doctor?

REP. GARIN. Mr. Speaker, distinguished colleague, as I have mentioned, one medical jurisprudence is the captain of the ship doctrine, and this situation would not happen if the captain of that ship, the ship being the operating room in this case, called the attention of the perpetrators and told them that that act is not allowed within the code of conduct of the medical profession.

While recordings of operations are allowed within the bounds of the medical profession, this is usually done with consent of the patient, and this is done not to ridicule patients but to be a demonstration for teaching, especially in isolated cases like a foreign object being stuck in the rectum of a patient. This is usually recorded and shown to the medical students in the confines and privacy of the classroom where the measures to be undertaken in such a case are taught, like the areas that will need suture, and the areas that cannot be touched because the rectum is a very vascular area.

But in this case, Mr. Speaker, distinguished colleague, the video was being taken not for purposes of educating the would-be doctors or medical professionals, but it was probably done as a joke, to place the same in the YouTube. I cannot understand what was going on in the mind of those perpetrators. Probably, it is either they forgot the code of conduct and the oath which they had sworn to before, or probably because they are too confident because this Medical Act, which is about to turn 50 years old by next year, has not been amended and no law is in place to penalize perpetrators in this case.

REP. ABANTE. Perhaps, Mr. Speaker, that would be a very good excuse by the captain of the ship, allowing a member of the operating team to take the video to use it for training or education. But without the consent of the attending doctor or the surgeon, the one who took the pictures actually put them on the YouTube. Would the Lady think that that would be a very good excuse to be able to go around the law and not be prosecuted?

REP. GARIN. Mr. Speaker, distinguished colleague, even if it is a conduct done by a subordinate or staff, the captain of the ship doctrine says that the surgeon's sphere of control is under the master-servant relationship in the operating room. Therefore, he must be responsible for the safety of the crew, and not only the crew, but also of the passenger in the vessel. Even if it was downloaded by another person, the mere fact that he allowed the taking of a video, and the mere fact that the other doctors participated in such act, even jeering and making fun of the body spray that was retrieved from the patient's rectum, is something that is not only within the bounds of an unethical conduct, but it is actually a violation of the patient's right.

And therefore, Mr. Speaker, distinguished colleague, no excuse can be said of this dishonorable conduct. It has put some people in jeopardy; it has tainted the medical community; it has tainted the City of Cebu; it has put the Philippines again on a negative perspective; and it has tainted the medical tourism. There is no excuse for such animalistic act.

REP. ABANTE. I am saying this, Mr. Speaker, because we do not have enough laws to actually prosecute and penalize these acts. That is why, I would like to say, at the

outset, that I am supporting the bills and proposals of my colleague from Iloilo because there should be a current law to change a very antiquated law. But I would also like to mention, on moral grounds—not really related to what we are talking of now but perhaps is worth mentioning—if it is a crime for a person to cohabit without the benefit of marriage, if it is a crime for two people of opposite sex to have sexual intercourse without marriage, and that I think, on moral grounds, we should also craft a law to make it a crime for two people of the same sex to perform sexual acts like this. Because what is embarrassing is not only what the doctors did. What is embarrassing is the sexual act itself that is now being talked about in YouTube.

I agree with the Gentleman from Cebu that we ought not to judge the whole medical profession, including the hospitals, but we have a saying in Tagalog, “Ang sakit ng kalingkangan ay sakit ng buong katawan.” It means that, even if this is an isolated case, this affects the whole medical profession. Does the distinguished colleague agree to that?

REP. GARIN. Indeed, it has not tainted only the hospital concerned but the whole medical society. People in the international community who used to respect and look up at Filipino doctors and nurses with a reputation of good capability and quality, now are looking at us as persons who cannot be trusted anymore.

Mr. Speaker, distinguished colleague, I understand the sentiment of our good colleague here from Manila that, indeed, certain acts of making love, especially involving two persons of the same sex, are quite unacceptable. But my concern here is more of the responsibilities of the physician and the other persons within the paramedical bounds.

We are faced here with a patient who probably would have condemned that night he agreed to have that condemnable act. But we should not have added insult to injury and made fun of him. We should have persisted with the oath that we took and that is to protect and preserve life. It is not within our bounds to ridicule people and while, indeed, it is a sin to God to commit acts like that—and I am referring to the act of the patient committed with the same sex—it is for the doctor not to add insult to that injury.

It is more or less similar to a case of induced abortion. Many hospitals managed by the Catholic hierarchy would not accept a bleeding patient who underwent an induced abortion.

The term “induced abortion” refers to the manner where a person uses a prohibited substance, sometimes they will use a catheter, a hanger or metal to forcibly induce an abortion. And usually the patient, after a complicated induced abortion, would come to the hospital bleeding, having a low blood pressure, with nary a palpable pulse, very pale and near death, sometimes near shock. Usually, they are septic patients because their abortion was carried in a septic manner.

Mr. Speaker, distinguished colleague, as a medical doctor, I think the attitude should be for the hospital to accept that patient, bombard her with antibiotics, curette to stop the bleeding and save her life. But some hospitals would refuse patients with complicated induced abortion simply because they say these patients had committed a sin. And while I do agree that they had committed a sin, it is for us to save them from that sin and to allow them to have a new life.

And in the case of this patient, he might have sinned on

that eve of the new year of 2008, but he had also all the intention of correcting that sin and putting his life back to where it was before.

Therefore, Mr. Speaker, distinguished colleague, let me repeat by saying that an injury has been done and we should not add insult to it. The conduct of these specific doctors and nurses is unbecoming. It has tainted the whole society, it has tainted the Filipino people, it has tainted our community.

REP. ABANTE. I fully agree to the statement of the distinguished colleague. Is she also aware that clandestine surgical operations on organ transplants are rampant in the country?

REP. GARIN. Organ transplantation, Mr. Speaker?

REP. ABANTE. I refer to sexual organs, Mr. Speaker.

REP. GARIN. Mr. Speaker, distinguished colleague, I have heard of such operations on transvestites.

REP. ABANTE. What do we call that? Is that organ change?

REP. GARIN. Yes, and it involves transvestites. It is actually cutting off the penis and converting it to *labia major*.

REP. ABANTE. Yes.

REP. GARIN. I am quite aware of these procedures being performed in Thailand, but not in the Philippines.

REP. ABANTE. It is being performed here in the Philippines, and it is getting rampant nowadays.

REP. GARIN. Mr. Speaker, distinguished colleague, the creation of an integrated PMA as well as the definition of the scope of work that is allowed within that profession and within the bounds of each respective organization is covered by the Physicians Act of 2008. The concern of our good Congressman here can again be answered by the urgent passage of the Physicians Act of 2008.

REP. ABANTE. Mr. Speaker, distinguished colleague, may I congratulate the good Congresswoman from Iloilo for her privilege speech. I would like to assure her that I will support House Bill No. 3703 and all proposals that would protect the patient's rights and would also uplift the medical profession. I would be one of those Members who will support it.

Thank you very much, Mr. Speaker.

REP. GARIN. Mr. Speaker, allow me to thank our honorable colleague for his support.

REP. HONTIVEROS-BARAQUEL. Mr. Speaker.

THE PRESIDING OFFICER (Rep. Agbayani). What is the pleasure of the Lady from Akbayan?

REP. HONTIVEROS-BARAQUEL. Mr. Speaker, may I just make a brief manifestation in support of some of the points raised by the good Gentlewoman from Iloilo.

THE PRESIDING OFFICER (Rep. Agbayani). The Honorable Hontiveros-Baraquel can proceed.

REP. HONTIVEROS-BARAQUEL. Thank you, Mr. Speaker, distinguished colleague. I thank her very much for mentioning at the beginning of her speech of personal and collective privilege that recent case involving a gay man who was operated on last week at the Vicente Sotto Memorial Medical Center in Cebu City. I do thank all the Members of the House who spoke tonight and, as one, expressed that that was totally unacceptable behavior.

At the same time, Mr. Speaker, distinguished colleague, I wish to add that, notwithstanding the record cited of that good hospital in terms of good performance in medical services, by no stretch of the imagination could we accept that that videotaping of the operation could have started merely as an innocent action that went too far. It is certainly, as the good Gentlewoman from Iloilo said, a behavior that is totally unacceptable from a medical professional even to initiate. Also, the Akbayan looks forward to the day that we will not think it normal that the extraction of a foreign object from a person's body be the subject of laughter and jokes instead of empathy and utmost professional concern on the part of the medical professionals attending to the patient.

In that spirit, Mr. Speaker, distinguished colleague, I wish to again thank the good Gentlewoman from Iloilo for mentioning that case at the beginning of her speech, and also to express that Akbayan has the concern to seek justice for the victim of that hate crime and of the totally disrespectful behavior of the doctors and nurses involved in that incident through a resolution we have filed seeking inquiry into the incident. For us, it also dramatizes the urgency of passing or of hearing our anti-discrimination bill, outlawing discrimination against the lesbian, gay, bisexual and transgender (LGBT) community in the Philippines.

In closing, Mr. Speaker, distinguished colleague, and in relation to the advocacy of the LGBT community, may I also respectfully put on record that I do not believe it is wise to even seek to craft a bill making it a crime or, to borrow a word used tonight, "a sin" for two people of the same sex to be in intimate relationship with each other or to judge, as a House of Representatives, their behavior as unacceptable. I do believe that in our personal and our community morality and our personal ethics, their legislation should not always go that way, especially in the matter of personal relationships between human beings, between citizens, including those who may not be of the same gender orientation as the majority, but who seek in their own way to be in committed relationship with each other or to be family to each other, though in models that may not be so familiar to the majority of us.

Thank you very much, Mr. Speaker, distinguished colleague.

REP. ALFELOR. Mr. Speaker.

THE PRESIDING OFFICER (Rep. Agbayani). The Honorable Alfelor is recognized.

REP. ALFELOR. Thank you.

Will the distinguished Lady from Iloilo yield to one question?

REP. GARIN. Willingly, Mr. Speaker.

THE PRESIDING OFFICER (Rep. Agbayani). The Gentleman may proceed.

REP. ALFELOR. First, I would like to congratulate the Lady for bringing up this delicate matter to this Body, and for proposing that immediate measures be taken on the same. What about the healing sessions? Does the Lady remember Dr. Agpaoa? And now, we have the healing priest from Canada. Does she have any plans of regulating this kind of activity, considering that a lot of these people who go to these sessions come out empty-handed? I mean, would this be classified as a sort of a malpractice that could be included in the bill that she is contemplating to pass?

REP. GARIN. Mr. Speaker, distinguished colleague, is the Gentleman referring to a spiritual healing where there is no manipulating or touching the body parts of a patient, or luring the patient to undergo a pseudo-operation wherein some healers will put a blade and let the patient bleed a few drops of blood, and this is the operation allegedly performed by supernatural powers. These are actually illegal acts.

But if our good colleague here is referring to the spiritual healing being conducted by blessed persons without the collection of appropriate professional fees, then that is within legal bounds.

REP. ALFELOR. So the Lady would require that the healer should touch the patient. I mean, would that not constitute any sort of malpractice contemplated under her bill?

REP. GARIN. Yes, Mr. Speaker, if it is just healing spiritually without touching the body parts. But if they start manipulating the body parts of a patient, then that is a violation of the practice of medicine.

On the other hand, Mr. Speaker, distinguished colleague, some healers would have the tendency to allow the patient to be within the confines of a private room and later on, harass her or him sexually, that is again a violation of the patient's right. They are taking advantage of the position of the faith of the patient in them. But if we talk about priests or blessed persons who would do this through spiritual mass healing, then that is a different case.

REP. ALFELOR. What about the healer touching the head, hand or shoulder of the patient, would that constitute malpractice, considering that there is already body contact?

REP. GARIN. If it is touching the head in a public place, yes, although touching the head or tapping the shoulder is not a practice of medicine. As long as it is not an assurance of healing the patient 100 percent and it is not an assurance of healing a patient who is suffering a specific ailment, then there is no practice of medicine. The true healers, especially spiritual healers, will not tell the patient to stop the medical treatment. If someone tells the patient to stop medical treatment because "I can 100 percent cure you," then that is actually a healer trying to fool a patient.

REP. ALFELOR. What about a healer who does not

touch the patient but instructs her or him to touch parts of her or his own body? The healer did not touch the patient whatsoever, but he instructed the patient to do the touching on his or her own body, would that still be considered malpractice?

REP. GARIN. Mr. Speaker, distinguished colleague, if the patient is appropriately clothed or wearing the proper clothing, pero kung pinapahubad iyong pasyente...

REP. ALFELOR. Of course, oo.

REP. GARIN. Then there is no practice of medicine in that sense because the practice of medicine will have an intention to heal, diagnose and treat specific ailment of a patient.

REP. ALFELOR. Yes. But this is a case wherein instead of the healer doing the action, it is the patient doing it at the instruction of the healer. I mean, if it were done by the healer, that would constitute a malpractice. But then, in order to circumvent the law, the healer instructed the patient to do it. Would that still be considered malpractice?

REP. GARIN. Mr. Speaker, distinguished colleague, it will not be malpractice because the act itself is not within the bounds of the practice of medicine. Even the healer himself who touches the head or pats the shoulder of a patient is not practicing the science of medicine.

The following acts constitute the practice of medicine: First is, we physically examine a person and diagnose. We physically examine a person and treat him or her. We physically examine a person and operate, we physically examine a person and prescribe a remedy. So, these are the four definitions of the practice of medicine. And thus, a spiritual healer who would not physically examine and diagnose, treat, operate or even give a remedy, then he is not practicing medicine.

On the other hand, there are some healers who would operate. It is a manual operation, not within the bounds of an operating room but with alleged supernatural powers, especially when they put a blade and try to wound some of the patients just so they can see a drop of blood, that is illegal practice of medicine. It is actually tantamount to a case of manslaughter, especially if they take away some body parts.

REP. ALFELOR. Thank you, Mr. Speaker, I also thank the distinguished Lady.

THE PRESIDING OFFICER (Rep. Agbayani). The Dep. Majority Leader is recognized.

REP. ESCUDERO. Mr. Speaker.

THE PRESIDING OFFICER (Rep. Agbayani). The Honorable Escudero is recognized.

REP. ESCUDERO. May I request that the Chair and the staff take note of the Members of the House who are still around, as to their names and the districts they represent, without making an announcement, for our consumption and satisfaction.

THE PRESIDING OFFICER (Rep. Agbayani). The Secretary General is so directed.

The Dep. Majority Leader is recognized.

#### SUSPENSION OF SESSION

REP. VELARDE. May I ask for a suspension of the session, Mr. Speaker.

THE PRESIDING OFFICER (Rep. Agbayani). The session is suspended.

*It was 7:31 p.m.*

#### RESUMPTION OF SESSION

*At 7:31 p.m., the session was resumed.*

THE PRESIDING OFFICER (Rep. Agbayani). The session is resumed.

The Dep. Majority Leader is recognized.

REP. VELARDE. Mr. Speaker, we move to refer the speech of the Honorable Garin and all the interpellations thereon to the Committee on Health.

THE PRESIDING OFFICER (Rep. Agbayani). Is there any objection? (*Silence*) The Chair hears none; the motion is approved.

REP. VELARDE. Mr. Speaker, we move to recognize the distinguished Gentleman from the First District of Parañaque, the Honorable Ed Zialcita, to rise on a personal and collective privilege.

THE PRESIDING OFFICER (Rep. Agbayani). The Honorable Ed Zialcita is recognized.

#### QUESTION OF PRIVILEGE OF REP. ZIALCITA

REP. ZIALCITA. The housing and land development sector in the Philippines views with grave concern the looming food crisis in our country (as well as other countries of the world). What a pity that this should happen just when our economy was beginning to show signs of recovery and resurgence. Many serious observers of our economy were in agreement that the upsurge was due, in large part, to unparalleled investments and frenetic business activity in housing and real estate and the multiplier effect of such investments all over the country.

These positive and welcome developments could have given sufficient breathing spell for our national partners and leaders to catch up on other sectors of the economy that, for several years now, have not been faring as well as everyone had hoped.

One of these sectors is agriculture. On it depends the vast majority of our citizens for their daily sustenance and livelihood. Notwithstanding official pronouncements to the contrary, the incidence of poverty has risen inexorably the past several years. Now, all of a sudden, more and more of our people are not only poor, but are in real danger of becoming "food poor".

Those who make light of the looming food crisis by calling it a crisis only in price, and not really of rice, may not realize that, for the poor, any crisis in rice is, in effect, a total crisis of survival. They earn so little, if at all, that any surge in the price of a critical commodity effectively curtails their ability to purchase any of it.

To be sure, there have been some intervening factors beyond anyone's immediate control. But there were also other factors that could have been better managed. All that seemed lacking were priority attention, focus, judicious use of resources, sustained activity, and unwavering political will of the concerned office holders.

So now, we are in a quandary. Where can we source enough stocks of our staple food to make available to our citizens? Can we afford the going price? We are not sure of the answers. What is certain is that we have not planted enough for the food when we could have done so, nor installed the necessary technology and systems for more efficient harvesting and storage for the long term. This is why we have not been able to produce enough food for all of us.

We have been caught again with our proverbial pants down. But to make matters worse, some of our leaders and the all-knowing social and political commentators are barking at the wrong tree. They are blaming the wrong parties, without even bothering to verify the substance of their wild allegations.

In knee-jerk fashion, for instance, some are pointing at the developers and the real estate sector as the culprit behind the food shortage. They are saying that if these developers and real estate brokers had not converted agricultural land into residential, commercial and industrial use, and if so many golf courses had not been built on land which should have planted to food crops, we would not now be experiencing the food shortage that looms large in the horizon.

Is this true? Is this correct? What do the facts indicate?

The housing industry in the country has been continuously increasing since the late 1960s. Estimates differ, but the numbers range from a low of 1.17 million to the more likely levels of 3.7 to 4.5 millions. One does not have to be a scholar to discern this. In Metro Manila and most of the cities of this country, the number of illegal settlers or squatters continues to rise. Our population growth rate continues to be one of the highest in our region.

How much land is needed for this purpose? One rule of thumb suggests the need for 200,000 hectares of land to construct some 13 million houses over a period of 20 years, or 10,000 hectares of land every year for 20 years to build more than 200,000 new units per year.

There is a more recent program that suggests more specific and conservative numbers. This is the recently-launched one million homes program under the aegis of Congress being championed by Congressman Rodolfo G. Valencia and the Housing and Urban Development Coordinating Council (HUDCC) in partnership with the private sector.

Under the broad goal of one million new houses in five years or an average of 200,000 units each year, the land requirements of the program, even under fairly liberal assumptions, would require 5,400 hectares of land per year.

The total land requirement for one million new homes in five years would only be 27,000 hectares. The grand total

land requirement for four million new homes in 20 years would be 108,000 hectares.

It must be stressed that these estimates of land requirements for the targeted number of new houses to be built are quite liberal. In other words, depending on the design of some of the projects, the actual land requirements may even be much less.

Using the data officially released by the Department of Agriculture to the National Statistics Office and eventually posted on Google in the Internet, the total agricultural land area in the year 2002 stood at 9,700 hectares or 32 percent of the country's total land area.

According to the same report, over the period 1991-2002, the total number of farms increased by 4.6 percent, but the average farm size declined 2.2 hectares per farm in 1991 to two hectares per farm in 2002, or a minimal .2 hectare decline in one decade.

What these statistics show is that the land that is used for housing and real estate development is only less than 2 percent of the total agricultural land that is available in the country.

Clearly, the blame that is being thrown at the housing and real estate industry for the looming food shortage in the country is not only baseless but illogical.

The economic and social empowerment of all sectors of our society has always been a primordial goal of all of us in Congress.

It does not make good business sense to seek profit at the expense of the basic needs of one's fellow human beings.

It is my position and that of all our industry partners that the greatest good of the greatest number of our people must always be paramount in all our undertakings.

For this reason, we call on government leaders, our partners in business and industry and all the sectors of our society to close ranks and act as one during critical times such as we are now faced with.

In the meantime, we shall be unwavering in advancing the housing program for the millions of Filipino families who do not yet have decent and affordable homes of their own. From experience, we know that this has been our best contribution to the growth of our economy and the realization of the benefits of progress for our people.

May I summarize the salient points of my speech, for the record.

The Philippines has a land area totaling 30 million hectares. Of this, 9.7 million are cultivated. The rest of the 20 million hectares, all two-thirds of the total, are categorized into forest, industrial, residential, non-arable and land classified as "agricultural".

Developers in the Philippines cannot—and this is absolute—convert cultivated land under the existing laws. What are being converted are properties that have, by fluke of our property taxation laws, been classified as "agriculture" in tax declarations but inherently non-arable.

The matter of classified lands covered by existing laws which are being subjected to unnecessary conversion procedures in clear violation of pertinent laws will be the subject matter of a future privilege speech that I will deliver.

Point No. 2 – housing requirements are "a drop in the bucket". The average area needed to build the targeted one million houses in the next five years aggregates to only 27,000

hectares, which is less than one percent of total agricultural land.

Point No. 3 – the ban on conversion is unnecessary and redundant, considering that the existing laws will not allow conversion of land currently being used for agriculture.

Such a ban or moratorium will also give room for more graft and corruption to rear its ugly head again in the land conversion and documentation processes.

In conclusion, may I say that housing continues to be the best pump-primer of our economy. We take justifiable pride in its invaluable multiplier effect of 1:16 in generating job opportunities, revenues for government, business opportunities for interrelated industries and uplifting the quality of life of our people. Not to mention that housing positively affects 52 industries allied to it.

Together, let us solve the looming food crisis. Let us look for real solutions and not convenient scapegoats. The real estate industry has got nothing to do with the housing—with the rice prices today.

Thank you very much, Mr. Speaker.

THE PRESIDING OFFICER (Rep. Agbayani). The Dep. Majority Leader is recognized.

REP. VELARDE. Mr. Speaker, we move to refer the speech of the Honorable Zialcita to the Committee on Rules.

THE PRESIDING OFFICER (Rep. Agbayani). Is there any objection? (*Silence*) The Chair hears none; the motion is approved.

REP. VELARDE. Mr. Speaker, we move to consider some House resolutions.

THE PRESIDING OFFICER (Rep. Agbayani). The Gentleman will please proceed.

#### CONSIDERATION OF H. RES. NO. 444

REP. VELARDE. Mr. Speaker, I move that we consider House Resolution No. 444, embodied in Committee Report No. 335, as reported out by the Committee on Rules.

THE PRESIDING OFFICER (Rep. Agbayani). Is there any objection? (*Silence*) The Chair hears none; the motion is approved.

REP. VELARDE. Mr. Speaker, since copies of the resolution have been previously distributed, I move that we dispense with the reading of the text of the resolution.

THE PRESIDING OFFICER (Rep. Agbayani). Is there any objection? (*Silence*) The Chair hears none; the motion is approved.

Consideration of House Resolution No. 444 is now in order. With the permission of the Body, the Secretary General will read only the title of the resolution without prejudice to inserting in the Record the text thereof.\*

THE SECRETARY GENERAL. House Resolution No. 444, entitled: RESOLUTION CALLING UPON MEMBERS

\* See MEASURES CONSIDERED (printed separately)

OF THE HOUSE OF REPRESENTATIVES TO WORK TOGETHER IN THE INTEREST OF PEACE, UNITY, ECONOMIC DEVELOPMENT AND IN THE ACHIEVEMENT OF THE COMMON GOAL OF GENUINE AND MEANINGFUL CHANGE REGARDLESS OF POLITICAL AFFILIATIONS AND ADVOCACIES.

REP. VELARDE. Mr. Speaker.

REP. MAZA. Mr. Speaker.

THE PRESIDING OFFICER (Rep. Agbayani). Congresswoman Maza is recognized.

REP. MAZA. Mr. Speaker, I have several questions regarding House Resolution No. 444.

#### SUSPENSION OF SESSION

THE PRESIDING OFFICER (Rep. Agbayani). The session is suspended.

*It was 7:45 p.m.*

#### RESUMPTION OF SESSION

*At 7:46 p.m., the session was resumed.*

THE PRESIDING OFFICER (Rep. Agbayani). The session is resumed.

The Dep. Majority Leader is recognized.

REP. PADILLA. Parliamentary inquiry, Mr. Speaker.

THE PRESIDING OFFICER (Rep. Agbayani). The Gentleman from Nueva Vizcaya is recognized.

REP. PADILLA. I was looking at my file, I could not see a copy of the said resolution. May I know when the copies were distributed by the secretariat.

THE PRESIDING OFFICER (Rep. Agbayani). The Secretary General informed us that the copies were distributed today.

REP. PADILLA. Mr. Speaker, I also consider this resolution to be very important because it calls for unity. But how can we unite if we are just very few in the plenary?

#### SUSPENSION OF SESSION

THE PRESIDING OFFICER (Rep. Agbayani). The session is suspended.

*It was 7:47 p.m.*

#### RESUMPTION OF SESSION

*At 7:49 p.m., the session was resumed.*

THE PRESIDING OFFICER (Rep. Agbayani). The session is resumed.

#### SUSPENSION OF CONSIDERATION OF H.RES. NO. 444

REP. VELARDE. Mr. Speaker we move to suspend consideration of House Resolution No. 444.

THE PRESIDING OFFICER (Rep. Agbayani). Is there any objection? (*Silence*) The Chair hears none; the motion is approved.

We suspend further consideration of House Resolution No. 444.

#### CONSIDERATION OF H. RES. NO. 230 PERIOD OF SPONSORSHIP

REP. VELARDE. Mr. Speaker, I move that we consider House Resolution No. 230.

THE PRESIDING OFFICER (Rep. Agbayani). Is there any objection? (*Silence*) The Chair hears none; the motion is approved.

Consideration of House Resolution No. 230 is now in order. With the permission of the Body, the Secretary General will read only the title of the resolution without prejudice to inserting in the Record the text thereof.\*

THE SECRETARY GENERAL. House Resolution No. 230, entitled: RESOLUTION DECLARING OCTOBER 16, 2007 TO OCTOBER 16, 2008 AS THE CENTENNIAL YEAR OF THE HOUSE OF REPRESENTATIVES OF THE CONGRESS OF THE PHILIPPINES.

#### ADOPTION OF H. RES. NO. 230

REP. VELARDE. Mr. Speaker, we move for the adoption of House Resolution No. 230, and that the Members here present and raising their hands be made coauthors of the same.

THE PRESIDING OFFICER (Rep. Agbayani). Is there any objection? (*Silence*) The Chair hears none; the motion is approved.

House Resolution No. 230 is hereby unanimously adopted.

#### ADJOURNMENT OF SESSION

REP. VELARDE. Mr. Speaker, we move to adjourn the session until 4:00 p.m. tomorrow.

THE PRESIDING OFFICER (Rep. Agbayani). Is there any objection? (*Silence*) The Chair hears none; the session is adjourned until 4:00 p.m. tomorrow, Wednesday, April 23, in the year of our Lord 2008.

*It was 7:50 p.m.*

\* See MEASURES CONSIDERED (printed separately)

