

Documentation

Zero growth lobby demands more genocide

We excerpt here some of the most important recent statements from the zero population growthers.

To protect the environment, curb population

From the "Priority Statement on Population." This call for a "new commitment" to population control, issued May 22 at a Washington press conference, was endorsed by over 100 groups and individuals, among them: Zero Population Growth, People for the Ethical Treatment of Animals, Environmental Defense Fund, Molly Yard of the National Organization for Women, former Energy Secretary John Sawhill, the World Wildlife Fund of Britain's Prince Philip, and Dr. Edward Wilson.

Among the most important issues affecting the world's future is the rapid growth of human population. Together, the increase in population and in resource consumption are basic causes of human suffering and environmental degradation and must become major priorities for national and international action.

Because of its pervasive and detrimental impact on global ecological systems, population growth threatens to overwhelm any possible gains made in improving human conditions. Failure to curb the rate of world population growth will magnify the deterioration of the Earth's environment and natural resources and undermine economic and social progress. A humane, sustainable future depends on recognizing the common ground between population and the environment.

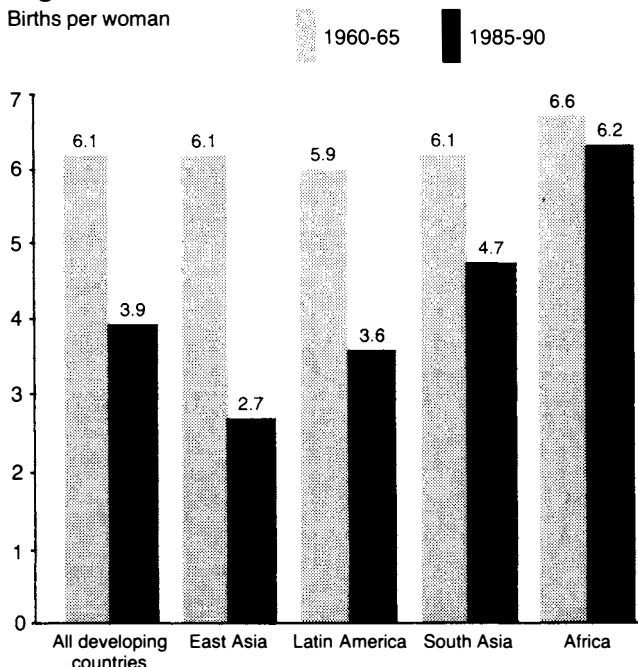
Current national and international efforts to address the world's rapidly expanding population are not sufficient. A new commitment to population programs . . . is urgently needed. The United States and all nations of the world must make an effective response to the issue of population growth a leading priority for this decade.

Fertility declines, sterilization increases

The following section is excerpted from "The State of World Population: 1991," which was issued by the United Nations Fund for Population Activities (UNFPA) in April.

Targets in fertility and family planning for the next decade are

FIGURE 1
Fertility trends in the developing world, by region



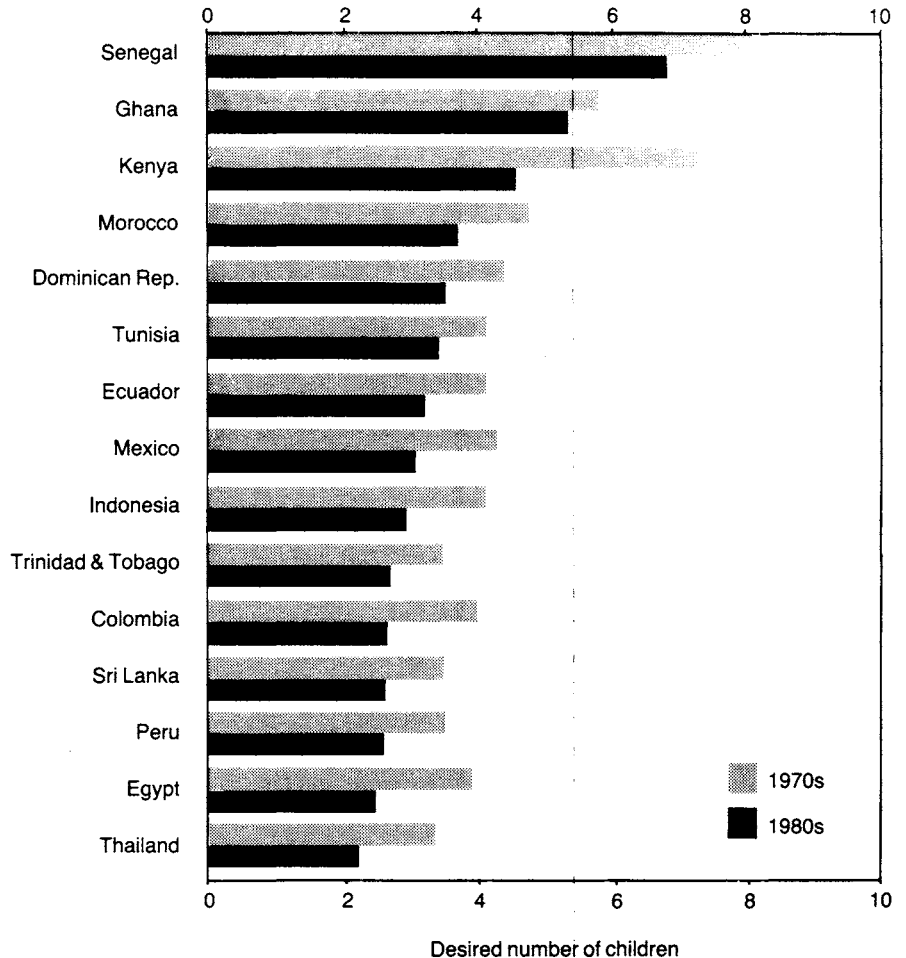
Source: UNFPA, United Nations 1990.

for the first time part of international development strategies. Reaching them will be critical. . . .

New population projections from the United Nations underscore the need for action. The "most likely" estimate for 2025 has been revised upwards by 38 million to 8.504 billion, a small but significant increase. . . . The world may well reach 10 billion by about 2050, and significant growth will continue for another hundred years after that. . . . For the foreseeable future, nearly all (95%) of this growth will be in developing countries. . . . Meanwhile, North American and European countries . . . have growth rates of less than 1%, and many are below 0.5%. . . .

The targets [for population reduction] for the year 2000 are realistic. They can be reached but only if modern, voluntary family planning services can be extended to about 1.5 billion people in developing countries in the next ten years. Success implies that more than 2 billion people will start planning their families or switch to more effective family planning methods during that time. In percentage terms, the target is modest—a move from 51% "contraceptive prevalence" today to 59% by the end of the century. Overall, however, the target implies that the number of couples using family planning will rise by 50%, from 381 million in 1991 to 567 million at the end of the century. It has profound implications for programs and policies in a decade of political

FIGURE 2
Desired family size is declining



Source: UNFPA, Demographic and Health Surveys.

uncertainty and continued economic austerity in developing countries.

The overall cost of meeting the targets . . . will be about \$9 billion a year by the end of the century; double today's expenditures but far smaller than the cost of failure. The cost of providing education and health care from infancy to adulthood for a child in a developing country is much lower than in an industrialized country, but it is still significant: about \$7,000 in India. By that measure, averting 106 million births since 1979, as India's official calculations show, represents a savings of \$742 billion. The uncounted costs—to the environment, to development prospects generally—are much higher. . . .

There are signs of hope. . . . Overall, the voluntary use of contraception in developing countries has grown from 10% of couples in the 1960s to 51% today. . . .

It is estimated that enabling couples to make perfect choices in planning their families might make a difference of 2.2 billion in the population size of the developing world by the year 2100. The difference between effective family planning programs and no programs at all could be 4.6 billion people.

The most recent evidence shows that for the first time, fertility is declining in all major regions of the world. Even in high-fertility, low-contraceptive-prevalence areas such as South Asia and Africa, today's women are having fewer children compared with 1960-65 [Figures 1-3]. . . .

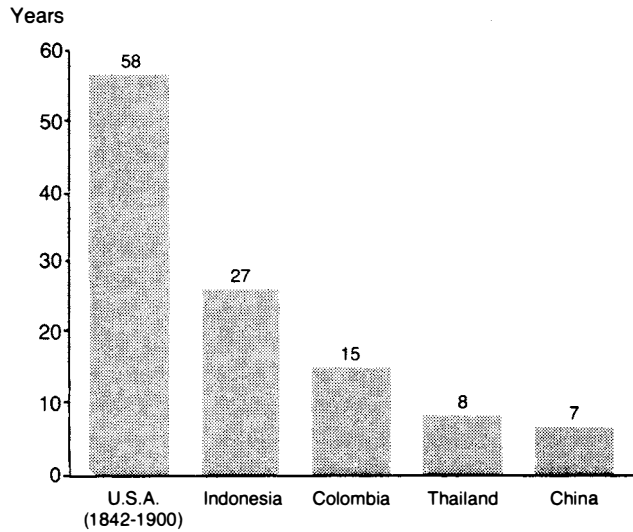
Family planning programs can claim much of the credit. Without them the 1990 population of the developing world would have been bigger by 412 million. China and India respectively claim 200 and 160 million "births averted." . . .

[But] several of the world's largest countries present the greatest challenges. For example, success in India has been limited despite long-standing programs. States such as Kerala and Tamil Nadu have achieved contraceptive prevalence rates of over 60%; but in the four large northern states of the country, where approximately 40% of the total population lives, progress has been much slower. If targets are to be reached, rates in these areas will have to increase from under 30% today to 40% by the year 2000. Another country with a long-standing program, Pakistan, currently has a contraceptive prevalence rate of only 10%. . . .

More couples [who use fertility controls] rely on sterilization than on any other method, not because it is necessarily

FIGURE 3

Comparative speed of fertility decline



Time taken (years) for fertility to decline from 6.5 to 3.5 in different countries. Source: UNFPA, Population Crisis Committee 1989.

the most popular, but because numbers have accumulated over many years.

The largest number of sterilization users—152 million—are in Asia and the Pacific. The method is also popular in Latin America and the Caribbean, where 35% of contraceptive users are sterilized. The proportion is expected to increase; a recent estimate is that on present trends, 80% of women in Puerto Rico and Panama will be sterilized before reaching the end of their reproductive years.

In Africa . . . sterilization is expected to be more widely used as the method becomes more widely available. A recently introduced program in Kenya has attracted women in numbers sufficient to review current assumptions.

It is expected that by the year 2000, the number of couples relying on sterilization will have increased to 254 million over the course of the decade; 151 million additional couples overall taking into account the couples presently covered who will have aged beyond their reproductive years or died or ceased to live together by the year 2000. . . .

Other methods thought likely to grow in importance during the decade include injectables and some of the more recently introduced methods. The demand for injectable contraceptives, though presently small, is growing rapidly and expected to increase by 71% to a total of 21 million users by the year 2000.

Although contraceptive implants [e.g., Norplant] are presently used by only a million women at the present time, the numbers are expected to increase to over 17 million over

the period as they become better known and available in more areas of the world. . . .

The media of mass communication—radio, television, video, films, newspapers, magazines, billboard and poster advertising—can all present family planning information and education effectively. . . . In Ibadan, Nigeria, almost one in four new clients at family planning clinics cited TV shows that broadcast clinic addresses as their source of referral. In Manila, 25% of 600 people, aged between 15 and 25, said that they had sought family planning information after seeing two music videos, produced as part of a campaign to promote sexual responsibility among adolescents in the Manila area.

Perhaps part of the reason for the greater impact of the mass media is that the reach of TV and video is expanding fast. There is now one TV for every 12 people in the developing world. . . .

A number of studies on the use of television in family planning communications campaigns have shown that under the right circumstances, mass media communication can influence behavior as well as providing information and raising awareness.

Research at the Pro-Pater male health clinics in three Brazilian cities, to establish the impact on services of a mass media vasectomy campaign, revealed:

- an 80% increase in the average number of vasectomies performed monthly;
- a 97% increase in the number of new clients visiting the clinics;
- a 174% increase in the number of telephone inquiries about vasectomy.

Target: Africa

On May 22, United Nations Development Program Administrator William Draper III unveiled a new UNDP study entitled the "Human Development Report 1991." The following excerpts are taken from the speech Draper gave to Washington's National Press Club describing the new report's principal points:

I am pleased and proud this afternoon to present what I feel is an important contribution to the development debate and to the very future of our global society: the 1991 edition of the Human Development Report. . . .

Every day, a quarter of a million people are added to the planet. Over 90% are born in the developing countries. Between now and the year 2000, world population is expected to grow by more than a billion people—the size of present-day China. Yet the world cannot adequately care for those who are here today. . . . The developing world is becoming a powder keg ready to explode.

The problem . . . is most acute in Africa. While the incomes of the majority of the world's poor rose in the 1980s, they fell by nearly 20% in Africa. Social services have stag-

nated or declined. Only one in five children born in Africa today receives adequate nutrition to lead a healthy, productive life. Yet by the time that child is 23, Africa's population will have doubled. By the time he or she is 45, the population will have quadrupled. Poverty, says the economic commission for Africa, will reach "unimaginable dimensions."

Can something be done? The "Human Development Report" says that it can. The thrust of the report is that the lack of political will—not financial resources—is the real cause behind human neglect. If priorities were shifted—in both the developed and the developing world—the money to provide basic services for all could be found.

What is also needed is a total rethinking of the way we define and measure progress. Income is not the sum total of the human experience. It is a means by which people can widen their range of choices. Economic growth is necessary for human development. But it is a means, not an end in itself.

The crux of the "Human Development Report" is the Human Development Index. The new index replaces the traditional yardstick of per capita GNP as a measure of national progress. The index gives as much weight to life expectancy and to education as it does to basic purchasing power. . . .

We have also taken a long, hard look at the spending patterns of countries around the world. In Angola, Chad, Pakistan, Peru, Syria, Uganda, and Zaire, for example, spending on arms is at least double the amount spent on health and education together. In Iraq, military spending is seven times greater than the amount spent on health and education.

Over the last 30 years, in fact, military expenditures in the developing countries have grown by 7.5% per year—jumping from \$24 billion in 1960 to around \$200 billion today.

The report points out that a mere freeze in defense spending by the developing countries could free at least \$15 billion a year for the most urgent human needs. Another \$35 billion could be saved by mustering the political will to sell off inefficient public enterprises, halt extravagant prestige projects, and crack down on rampant corruption.

Currently, spending on priority human needs accounts for less than one-tenth of the total public spending in the developing countries. This means that only 10% of government budgets go toward basic education and primary health care, clean water, family planning, food subsidies and social security.

As the report points out, government priorities vary substantially from country to country. . . . Brazil has twice the per capita income of Jamaica, but a Brazilian child's chances of dying before the age of five are four times greater. . . .

A lot depends on where governments choose to direct their efforts. It is my contention that governments should focus on those areas where they can do the most good. Areas like primary education, preventive health care, and family planning—the foundations of human development. This is

where government is most productive. Not in mining, shipping, and building steel mills and cement factories. This should be left to the private sector. . . .

We will need a shift in thinking—about how we want to progress, and where we, as a planet, are headed.

You will recall that in the first days after the start of the war with Iraq, President Bush referred to the decisive action taken by the United Nations as "an opportunity to forge for ourselves and for future generations a 'new world order,' a world where rule of law, not the law of the jungle, governs the conduct of nations."

What I would like to propose here today is that this "new world order" embrace not only international law, but a global commitment to building more caring societies. Societies in which the alleviation of poverty and disease is given greater priority than the buildup of arms. Societies in which the preservation of nature is regarded with as much urgency as the preservation of accustomed lifestyles. Because, over the long term, it is human deprivation and environmental neglect that will undermine any efforts toward a better world.

As initial targets, I propose that we aim for universal primary education and health care, access to family planning, safe water for all and the elimination of malnutrition. . . .

AID's approach called 'too narrow'

The Population Crisis Committee, one of the premier population control organizations, issued a critique of the U.S. Agency for International Development (AID) in April 1991 under the title "U.S. Population Assistance: Issues for the 1990s." The excerpts below come from the report's executive summary:

Over the years, AID has provided over \$4 billion in population aid and has developed a large, sophisticated, and highly successful population assistance program. From about one-third to one-half of AID's population assistance has been provided directly to about 40 developing countries for projects managed by AID field missions. . . . The results of combined efforts by national governments, AID and other donors over the past 25 years are impressive; family planning programs are now institutionalized in the developing world outside of China use modern contraception, and average family size is falling rapidly in many countries.

Despite the unprecedented, rapid decline in fertility over the past 25 years, the 1990s pose new demographic challenges to the global community. The coming decade represents the last opportunity to avoid another doubling of the world's population before its projected stabilization at the end of the twenty-first century or early in the twenty-second century. The number of couples who need family planning will increase by about 75% over the next decade. Concerted action on the part of both the industrialized and developing countries and a massive infusion of resources will be re-

quired to address the magnitude of these needs. . . .

Meeting this demand and avoiding another doubling of the world's population will require that annual expenditures on family planning in developing countries rise from the current \$3-\$4 billion to over \$10 billion by the year 2000.

Renewed and vigorous leadership by the President and Congress is required immediately on the population issue. . . . The population program needs a substantially increased budget, combined with a more demographically appropriate allocation of resources. . . . Funding should be substantially increased for virtually all of AID's country level population programs. . . . Greatly increased resources are needed to expand assistance to demographically important countries, such as India, to help significantly a much larger number of countries, and to finance proven innovative approaches on a scale sufficient for rapid demographic change.

A high priority should be to resume adequate financial support to the United Nations Population Fund and the International Planned Parenthood Federation. . . .

AID's focus on family planning services has been both appropriate and effective. But the approach has been too narrow. For largely political reasons, AID has backed away from supporting injectable contraceptives, safe abortion . . . and adolescent and sexuality educational programs, all of which are important elements of a comprehensive approach to fertility control. . . .

AID should also support a broader spectrum of fertility control methods and programs, including safe abortion services and related research and training. However, before AID can adopt a more rational policy vis-à-vis abortion, Congress must repeal the Helms Amendment and overturn the Mexico City Policy; at a very minimum, the U.S. government should not penalize other donor countries, developing country governments or private groups for support to abortion activities.

Call for more funding for population control

The following excerpt is taken from "Partnership for Sustainable Development: A New U.S. Agenda and Environmental Security." Published in May 1991, this report is the handiwork of a Task Force on International Development and Environmental Security sponsored by the Environmental and Energy Study Institute. The ESSI describes itself as the "only independent organization established by congressional leaders to produce better informed congressional debate and credible, innovative policies for environmentally sustainable development."

The task force which produced this report was chaired by James Gustave Speth, chairman of the Council on Environmental Quality in the Carter administration and now president of the World Resources Institute.

America's future is linked inextricably with the future of the developing countries. With nearly four-fifths of the world's

people and one-sixth of the world's economic output, the developing world has a major impact on our economy, our environment, and our security. . . .

Action in the 1990s could determine whether the world will eventually face a human population that has doubled or one that has tripled. . . .

Recent studies indicate that, if quality family planning services were available, about 75% of reproductive-age couples in most countries would use them, compared to about 50% today. . . . Increases in adolescent pregnancy and the spread of sexually transmitted diseases compound the need to meet demand for contraceptive information and services.

Widespread access to family planning services is essential to achieving a two-child family average, or "replacement-level fertility," and population stabilization. . . . Achieving replacement-level fertility by 2015 would result in the stabilization of the world population at about 9.3 billion in about 2095. . . .

Huge numbers of couples are now entering reproductive age, and the need for family planning services to accommodate them will increase.

Congress took an important step toward restoring AID's capacity to support developing country family planning needs by appropriating \$250 million for the population account in FY 1991, along with \$80 million for population in AID's fund for Africa. Even so, these increases are not keeping pace with the increased demand for family planning. . . .

The United Nations Fund for Population Activities (UNFPA) estimates that getting family planning to 75% of all people in developing countries in the year 2000 would cost between \$9 billion and \$11 billion annually. Developing country consumers and their governments can be expected to meet about half of these expanded costs, but the remainder will have to be met through development assistance.

Using increased funding and other means, the United States should support the goal of stabilizing world population in the next century through meeting the worldwide demand for family planning services. This should be accomplished by expanding the availability of quality family planning and reproductive health services and extending these services to countries not now reached by U.S. support.

The United States should plan now to increase its AID funding for global population and family planning to approximately \$1.2 billion annually by the end of the decade. This level represents the U.S. share of the estimated funding needed to reach the year 2000 goal of getting family planning services to 75% of developing world families. The U.S. contribution is based on the U.S. share of total industrial country GNP. To ensure the achievement of this goal, U.S. spending on population and family planning should increase from its current level of \$330 million to at least \$500 million annually within the next two years.