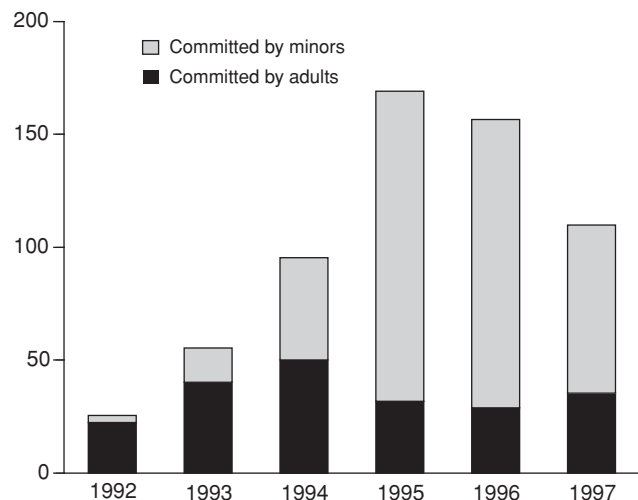


FIGURE 6
Russian Federation: serious crimes

(thousands of incidents)



1997), reminded that “Ukraine is a country in the center of Europe, a country which produced equipment for the space program, and the most modern submarines; a country which had the highest level of education in the world.” After five years of the radical liberalism of “shock therapy,” like Russia’s, Ukraine had shifted to the status of “first in the world in the rate of abortions.”

The 1992-98 rates of population loss in Russia and Ukraine were not a statistical trend, but an abrupt collapse. By 1994 and 1995, when natural population growth in Russia reached the extreme levels of negative 893,000 and negative 840,000 people (excess of deaths over births, with immigration not counted), respectively, the Russian Federation had undergone two years of Mont Pelerinite “reform.”

Epidemics of diseases such as tuberculosis, the classic disease of poverty (Figure 5), reflect a public health collapse, resulting from drastic disinvestment in “soft” infrastructure (education, health care, science) as well as “hard” infrastructure (transport and utilities, including water supply). Diseases that were under control have returned in Russia: TB, diphtheria, poliomyelitis, even cholera. Research by ISPI shows that deaths from accidents and poisonings nearly doubled between 1992 and 1994. Glazyev documents the deaths of 40-50,000 people per year in the mid-1990s from poisoning with low-quality alcohol, including imports, and a similar number from the consumption of substandard food imports, for which the gates were opened under “free trade.”

The disease profile for Russian children is abominable. Russia’s Presidential Commission for Women, Family, and Demography reported that, as of 1996, only 10% of high

school graduates had “normal” health, while 40% suffered from chronic illnesses and another half were acutely ill at any one time. Demographer Murray Feshbach reports that one out of three potential military conscripts for the Russian Armed Forces has been rejected for health reasons, in recent years; in 1996, some 15% of the draftees were underweight.

The pattern of the impact on children, of public health deterioration, and of the growth of crime, depicts a social catastrophe, unfolding in tandem with the economic collapse. Figure 6 shows the surpassing growth of *juvenile* crimes linked with narcotics, within the overall rise of this type of criminality. Likewise, the epidemic of syphilis in Russia was marked by a 32.5-fold increase in total syphilis cases between 1991 and 1996, but for children the rate of infection increased 40-fold (reported cases reached several thousand). Sexually transmitted diseases further ravage the reproductive potential of the Russian population.

Where are these children? At least 2 million children in the Russian Federation are homeless. Estimates of the number of school-age children not regularly attending school run as high as 10 million—approximately one-third. Some of the children are on the street. Some are working, for, as filmmaker Stanislav Govorukhin documented in “The Great Criminal Revolution” in 1994, a child courier for organized crime, at that stage of “reforms,” could “earn more in a single day, than a nuclear physicist in a year.”

These most egregious demographic and social anomalies match perfectly the Mandevillian ideology that guided economic policy in Russia until September 1998: Let users drive for loot as hard as they can, gaining from the destruction of the weak, of children, and of the nation-state.

Mortality rates rising in Africa

by Linda de Hoyos

“Evidence continues to accumulate that the countries of Sub-Saharan Africa are failing to keep pace with gains achieved elsewhere in the developing world. Though the reasons for this divergence are complex and the gap between Sub-Saharan Africa life expectancy and that of other developing regions has been widening since the 1950s (United Nations 1969), a substantial part of the stagnation of the region’s life expectancy during the 1990s and during the coming decade can be attributed to the HIV/AIDS epidemic,” states the “World Population Profile: 1998” published by the U.S. Agency for International Development based on statistics of the U.S. Census Bureau’s International Data Base.

But HIV is clearly not the only problem. The same report

FIGURE 1
Life expectancy
 (years)

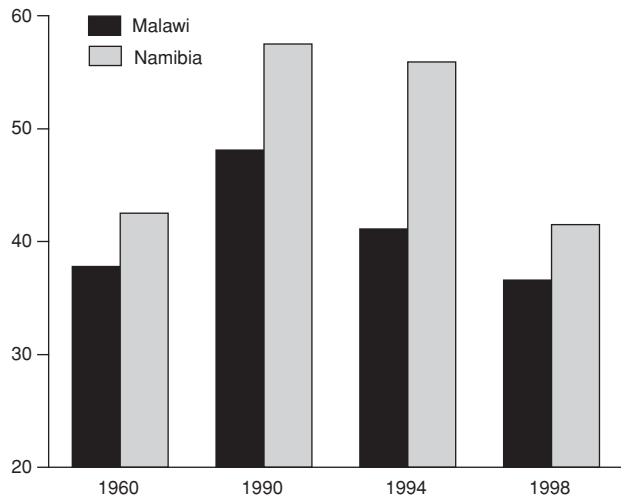
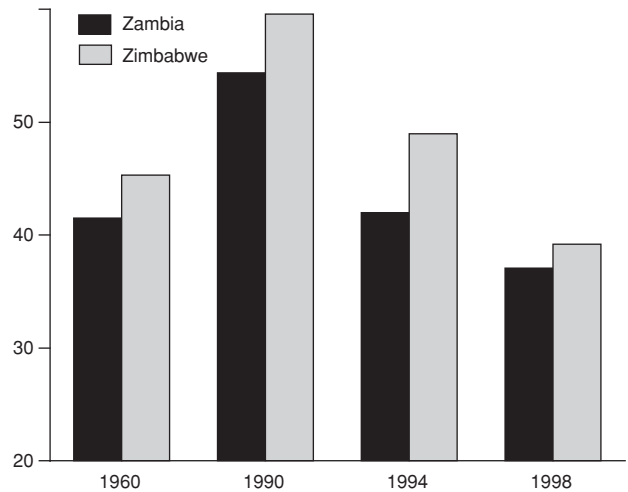


FIGURE 2
Life expectancy
 (years)



notes that the Program of Action put forward by the United Nations, calls upon developing countries to achieve “mortality goals” in terms of levels of infant and child mortality (deaths per 1,000 live births) for the years 2000 and 2015, and in terms of life expectancy at birth, for the year 2015. “The Program of Action calls for all nations to cut infant mortality rates to under 35 per 1,000 live births by 2015; to cut child mortality to under 45 per 1,000 live births by that year; and to raise life expectancy to at least 70 years by 2015. . . . Of the less-developed countries, only 6 of 51 Sub-Saharan African countries are likely to attain the target of fewer than 45 child deaths per 1,000 live births. The average level of child mortality projected for Sub-Saharan Africa for 2015 is 117 per 1,000 live births.”

In short, HIV alone does not account for the lack of progress in reducing mortality (death) in Sub-Saharan Africa. Children are also dying.

In fact, on the African continent today, there are two notable trends: a rise in mortality across all ages, and a decrease in the fertility rate. Africa, although it may still be attaining an incremental rise in population at rates below 2% per annum, is heading toward a net decrease in population.

The understated bureaucratic style of the “World Population Profile: 1998” belies the horrific reality which produces the trends reported: people are dying from war, famine caused by war and drought; widening epidemics of all types; and the collapse of medical services in the face of the onslaught against the population. Despite its high fertility rate—high only in contrast to the low fertility levels else-

where—Africa is a dying continent. Births cannot keep up with the *continuous* catastrophe that is now hitting more and more countries.

A survey of the various statistical data bases for the population of Sub-Saharan Africa reveals that none of the data bases are consistent with each other, and often not consistent within themselves. The fact is that no one knows what the actual population of Sub-Saharan Africa is; no one knows the actual birth and death rates, because these figures are largely unreported in African countries. Figures are extrapolations and projections based on incomplete information. This causes major problems, when an area of the world, such as Sub-Saharan Africa, goes through a phase-change in its normal reproductive cycle because of calamity—as Sub-Saharan Africa has experienced throughout the 1990s.

Hence, as *EIR*'s Paul Gallagher reported in December 1998, the United Nations Population Division was forced to release a *1998 Revision* of its population estimates in October 1998, which revealed a collapse of population growth in Africa. According to the *1998 Revision*, the total population in Africa had to be revised *downward* by 30 million, relative to the 1996 estimate and its updates. Dr. Joseph Chamie, director of the UN division, said that the average life expectancy in some nations of Africa “is falling like a stone.”

The “revision” really raises the question as to how many of the 30 million dropped had ever existed, and calls into question the accuracy of the entire data base. The revision, however, does correspond with reality on the ground. In the

FIGURE 3
Life expectancy

(years)

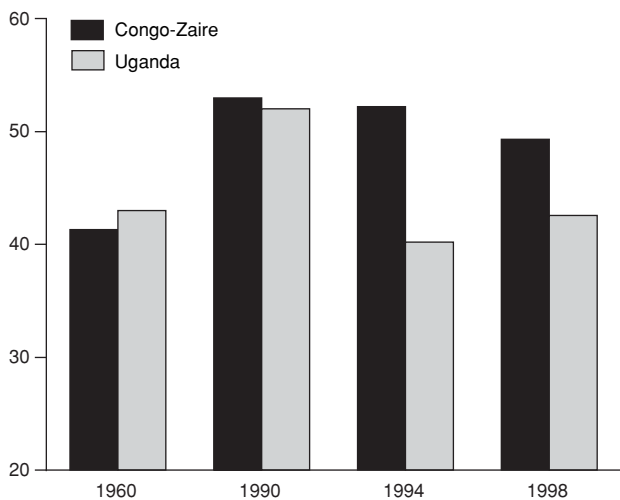
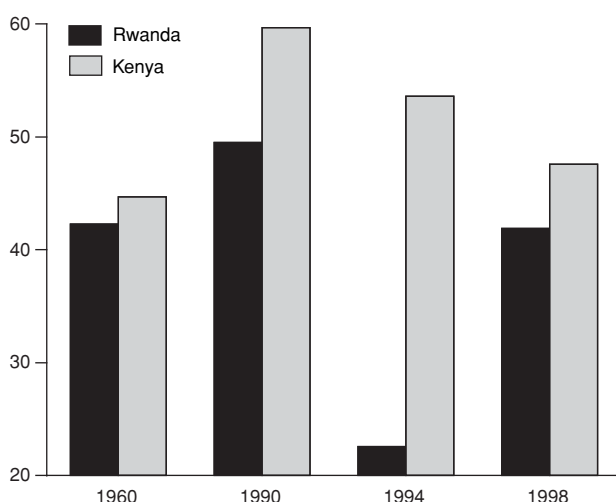


FIGURE 4
Life expectancy

(years)



HIV epicenters of the mid-1990s—Kenya, Uganda, Zaire, the Central African Republic—life expectancy plummeted by a decade or more to nearly pre-independence levels (see **Figures 1-5**).

Furthermore, in African countries hit by the HIV epidemic, death rates will soar upward immediately. This is because HIV kills an African person, whose immune system is already weakened by protein deficiency, by malaria, parasites, and other disease, *in a matter of months*, not years, as occurs in industrialized countries. Further, Africans live in countries in which the International Monetary Fund has insisted that governments shut down social services. In most Sub-Saharan countries, while up to 50% of the export earnings go to debt service, less than \$5 per capita is spent on medical services. In Uganda, there is one doctor for every 27,000 persons, according to the UNDP. Needless to say, the drugs which have proven to extend the life of the HIV-infected person in industrialized countries are not available to the HIV-infected person in Africa. The AIDS death rate is a marker for the overall collapse of the physical economy and consequent physical depletion of the people of the African countries.

Thirty Years' Wars

In most cases, the population data bases do not register the declines in population due to wars. Since the end of the Cold War, wars in Africa have been fomented by the British Commonwealth financial nexus and its partners in Washington and Paris as the most efficient means for destroying the

institutions of government. Even if peace is negotiated in such wars, there is no money channeled for reconstruction of the decimated physical and social services infrastructure of the country, making the country even more vulnerable to new rounds of internal strife, such as in Sierra Leone.

This policy of war for the African continent has led to millions of deaths. For example, in the East and Central African theater, we can attain the following rough estimates of deaths caused by wars, beginning with the 1983 launching of the civil war in southern Sudan:

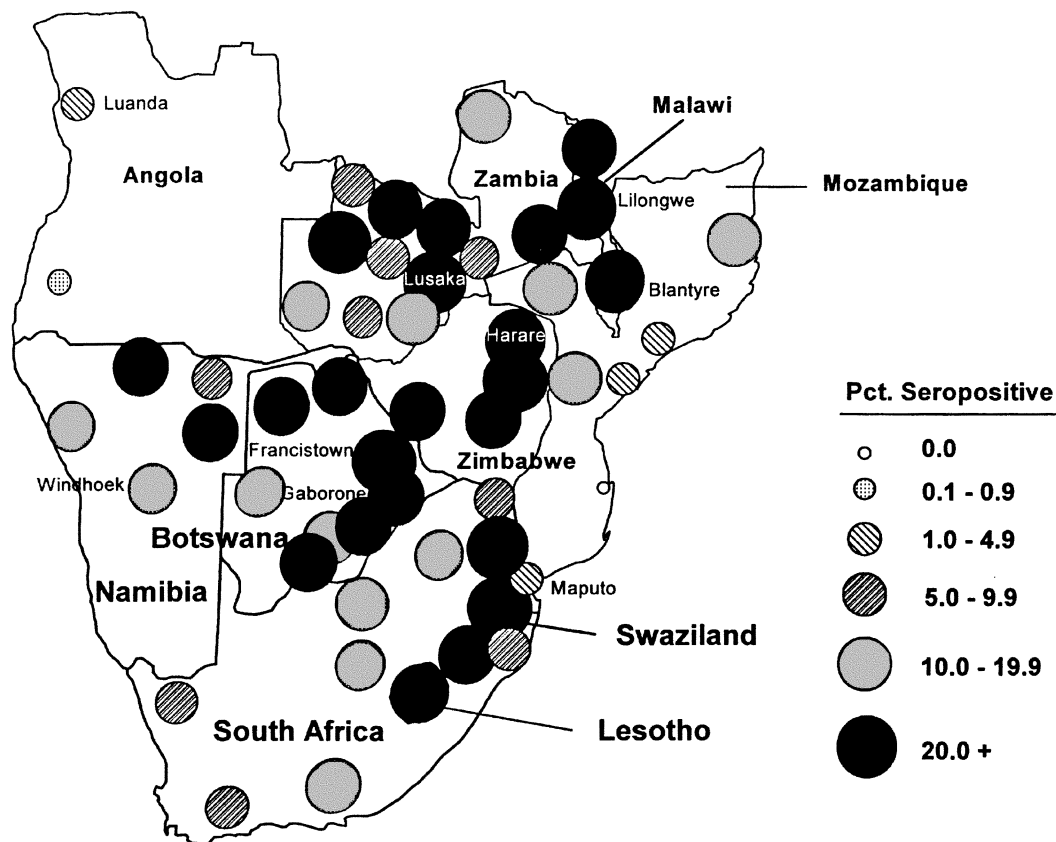
1. Southern Sudan civil war (1983-99): 2 million deaths by war, but mostly by famine caused by war, according to the U.S. Committee for Refugees 1999 report.

2. Uganda civil wars (1983-99): 1 million estimated deaths including the mass deaths in the Luwero Triangle during the bush war that brought Yoweri Museveni to power in 1986 and subsequent wars in eastern, western, and northern Uganda to the present, including 300,000 war deaths among the Acholi people of northern Uganda. In Uganda today, 44% of the population is not expected to survive to the age of 40.

3. Rwanda, invasions and war (1990-99): Close to 3 million. This includes 200,000 in 1990; 1 million in 1995, including 200,000 dead of cholera in the refugee camps; another 1 million inside the country since the Rwandan Patriotic Front came to power; and another 2-300,000 killed in eastern Congo during the Zaire war of 1996-97. While war deaths generally seem to be ignored in the "projections" based on extrapolations of the data bases, it is noteworthy that the U.S. Census

FIGURE 5

Seroprevalence of HIV-1 for low-risk populations in Southern Africa



Source: U.S. Bureau of the Census.

Bureau International Data Base does register a drop in the Rwandan population from 7.721 million in 1993, to 6.682 million in 1994, and another such decline to 5.980 million in 1995. However, also according to the IDB, the population quickly scrambled up to 7.956 million by 1998, which is not coherent with the picture given from the ground inside the country.

Burundi civil wars (1993-99): Upwards of 500,000 people in continuing violence. This does not include the unknown deaths that have occurred through the government’s policy of herding the Hutu civilian population into concentration camps, which produced epidemics of typhoid and other diseases.

Zaire-Congo, wars of invasion (1996-99): There is no estimate for this, but 500,000 would be a minimum number of Congolese who have died in these wars, which still continue.

This means deaths by war over a region of Africa up to 7 million people. The “readjustments” downward in data bases reflect the fact that the deaths were not registered at the time, but projections went ahead willy-nilly, as the Malthusian view of most such statisticians prompts them to prove that population levels in Africa are rising—despite the news to the contrary.

The death rate is in general under-reported in Africa. For example, up until 1993, the UNDP gathered and reported on how many children under five died in African countries each year. In general, the number represented 1% of the population. If then, this is 10 out of every 1,000 live births, the overall death rate must be significantly higher than 10. Nevertheless, the average rate for Sub-Saharan Africa is listed at 16. Given the HIV epidemic which is ravaging *adult* populations and given the proliferation of wars, this death rate is very likely a gross understatement. The United States, a country at relative peace with relatively low levels of infant mortality, has a crude death rate of 9.

Behind the contrived data bases on Africa, it must be presumed is a cover-up of the reality that today, Africa is a dying continent, not because of any Malthusian logic, but because of a policy imposed on it throughout the years of neo-colonialism, of constriction of its productive economies, looting of its natural resources, and now wars designed to totally eliminate any institutions that might stand in the way of the heightened looting and property grabs by foreign interests. It is not the logic of Malthus, but the inexorable result of a continuation of the bankrupt financial and economic policies of the IMF and globalization.