

World Population Trends

The United Nations predicts that the world population will more than double, from the present 4 billion to somewhere between 10 and 16 billion before finally leveling off. But Lester Brown, director of Worldwatch Institute, says in a new report that it's going to level off a lot sooner because the earth's food support systems cannot take the strain and starvation will cause a rise in death rates if governments don't move swiftly on the family planning front.

In the report, "World population trends: Signs of hope, signs of stress," Brown says that the global population growth rate peaked in the early 1970's and is now subsiding. The total population increased by 69 million in 1970, but is now increasing only by 64 million a year. Brown says sooner or later governments are going to come to realize that "the only real choice governments have before them is not whether population growth will slow, but how."

The way it's being done now in many countries is through deterioration of food-producing systems—overfishing, overgrazing, land erosion, and deforestation. The worldwide fish catch peaked at 70 million tons in 1970 and has declined since then because of depleted stocks. This decade has shown us, writes Brown, that "land-based food systems can also give way under intense pressure." Although such deterioration is brought into focus by a catastrophic drought or flood, "The newsworthiness of triggering events often obscures the fact that in some of the poorer, more densely populated countries local food production capacity is quietly deteriorating and in some cases being irreversibly destroyed." One of the most devastating examples of this process was the prolonged drought in the Sahel where nomadic people "capable of eking out an existence in the harshest of environments" have been driven, perhaps permanently, from their lands and have become "ecological refugees."

Whereas in the 1950's and 1960's rich nations could come to the aid of a country suffering from a bad crop year, surplus food stocks have shrunk to perilously low levels, and bad years will mean increasingly frequent and widespread famines. The 1970's, Brown writes, are already seeing a "reversal of the gradual improvement in food consumption and nutrition" that occurred in the prior two decades.

On the optimistic side, Brown says most of the reduction in the population growth rate has come through reduction of birthrates. This global slowing has been concentrated in Western Europe, North America, and East Asia—the latter being influenced by the success of family planning in the People's Republic of China where a precipitous drop in the birthrate, from 32 to 19 per thousand, occurred over a 5-year period.

Other nations, particularly in Latin America and Africa, show little progress, but there have been a few breakthroughs. Mexico, although it is still pouring more babies into the world each year than the United States and Canada combined, has backed off from its pronatalist policy and has so far set up 600 family planning clinics. Other countries are liberalizing their abortion laws—at the beginning of 1971, says the report, 38 percent of the world population lived in countries where legal abortions were available; now the figure stands at 68 percent. India is so desperate that it has become the first nation to consider mandatory sterilization.

Brown appears to dispute the notion, widely held by demographers, that a country must become industrialized and wealthy before it can undergo the "demographic transition" to a stable population. "Apparently, meeting basic social and family planning needs can drive down the birthrate even where income levels are not high." Proof of this is the People's Republic; other countries where decentralized family planning services are said to be effectively infiltrating rural societies are Cuba, Colombia, Thailand, and Indonesia.

He lists five elements needed for effective population reduction: provision of family planning services; good basic nutrition and reduction of infant mortality; education on the effects of overpopulation; economic and social policies that encourage small families; and equal rights for women, including the provision of alternative careers to motherhood.—C.H.

against this kind of federal intervention in academic life.) At a handful of other schools, including Indiana and Stanford, there is talk of rejecting capitation, but a survey of medical schools by the Association of American Medical Colleges (AAMC) indicates that not many are ready to put their money on the line on this matter. By a count of 6 to 1, the polled schools said the AAMC should not urge a presidential veto of the manpower bill.

The message that the new bill may indeed go too far has, however, made it to the White House. President Ford, in signing the bill, said he would introduce legislation to amend the provision which he declared "undermines our medical schools' admission policies by imposing Federal law to override an individual school's admission criteria." If an amendment is brought before the Congress, as is likely whoever is in the White House, the schools may never be forced to take a stand. At present, there is no reason to think that the Senate would object to modifying the law. Spokesmen for Rogers were unavailable to comment on the question.

Ford also noted his opposition to the manpower bill on another ground. He says that, at \$2.3 billion over three years, it costs too much. Clearly it is a very expensive piece of legislation, and one can reasonably ask whether it is worth it in light of what it is meant to achieve.

The manpower bill rests on two premises. The first is that there is a great inequity in the distribution of doctors and other health professionals in this country and that, inasmuch as the public is paying educational costs and then buying services, the inequity must be resolved. Surely it is not fair that inner city dwellers be denied access to decent medical care. And there is no doubt that prompt medical attention to a strep throat goes a long way toward preventing rheumatic heart disease, for example. Access to a doctor is important.

But there is another premise underlying this bill, and it stands on less firm ground. Namely, it is the idea that there is a direct relationship between the health of a population as a whole and the presence of a doctor. In fact, it is quite a suspect premise. The cost of this bill, in terms of dollars and federal intervention in academic life, is high. And the health of the poor depends as much, if not more, on access to nutritious food and well-heated homes as it does on the presence of a doctor down the street. It is not clear that this is the best way to spend \$2.3 billion.—BARBARA J. CULLITON