

# POPULATION RESEARCH INSTITUTE REVIEW

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*A review and analysis of worldwide population control activity*

## Franchising Abortion and Sterilization Big Porn, Big Pharma, Big Government and NGOs Are Partnering to Make Abortion and Sterilization Salable in India

Steven W. Mosher and Celeste McGovern

**T**HINK OF FRANCHISES, and McDonald's or Starbucks springs to mind. But how about franchising clinics that do abortions and sterilizations? The population control movement has thought of this, too. In the developing world, so-called "reproductive health clinics" are spreading like fast-food chains in America through a network of organizations that want abortion and birth control drugs as readily available as a slurpee at 7-Eleven.

With their slick marketing and eye-catching logos, these population control franchises are definitely not home-grown. They are not run by local, private entrepreneurs, or by charities scraping by on donation budgets. They are global concerns, backed by a potent combination of Big Government, Big Pharma, Big Porn and Big Money. And they all have a Big Population Control Agenda.

The movement is called "social franchising," and the idea behind it is that you sell "behavior change" the way you sell Coca-Cola or Apple computers. It's a little like anti-smoking or get-out-and-vote campaigns, except it is selling the notion that babies are nuisances that one is better off without.

Governments in populous, developing nations like India have long carried out cruel campaigns that, for example, paid people to bring in women for sterilization. Now, however, they have signed onto sophisticated social marketing campaigns



Image Credit: Flickr

*India is now the target of social marketing campaigns aimed at creating demand for the Western population control agenda*

to "create demand" for the Western population control agenda, helping to underwrite anti-child advertisements in the mass media under the guise of promoting maternal health.

Governments partner with major population control players like Popula-

tion Services International (PSI), the International Planned Parenthood Federation, DKT International, and others. Such groups come loaded with lots of foreign aid, prepared to sell the anti-child message, train the "providers," and

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# President's Page

## Until the Chinese People Are Free to Have Children, Forced Abortions Will Continue

Steven W. Mosher

THE NEWS OUT OF CHINA is that it is relaxing its one-child policy, and this is being touted by *The Washington Post* as “a big deal for human rights in China, as well as for the country’s economic and demographic future.” Well, it would be, if it were true. But as someone who was living in China when the one-child policy was first put in place thirty-four years ago, I have my doubts. Seeing young mothers seven, eight, and even nine months pregnant arrested and forcibly aborted—as I did—tends to make one skeptical of Chinese government pronouncements.

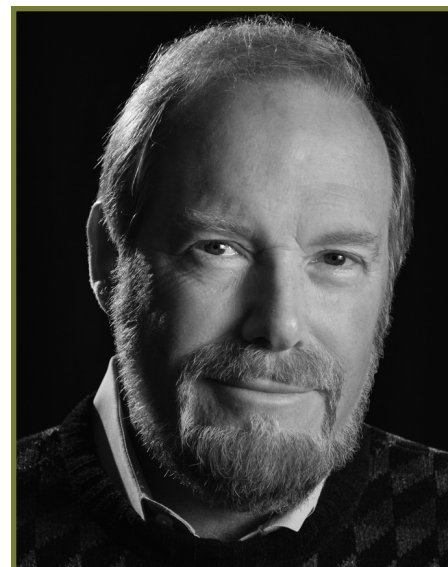
The truth is that the old men who run China have been tinkering with the one-child policy almost from its inception in 1980. For starters, they did not anticipate that limiting couples to one child would lead to a resurgence of female infanticide. Yet this is exactly what happened. Mil-

lions of couples reacted to the news that they could only have one child by eliminating daughters out of a preference for sons. Millions of newborn baby girls died in mysterious circumstances shortly after birth, while others were abandoned to die by the roadside. The old men blinked, and belatedly announced that rural couples whose first child was a girl could have a second. An across-the-board two-child policy for the rural population was announced not long thereafter.

The old men blinked again when a new generation of urban only children began arriving at the marriage altars a decade ago. Noting that birth rates in China’s cities were already below replacement, they decided that it would be safe to allow some urban couples to have a second child. So a new rule was announced: If both husband and wife were both only children, they would be allowed to have two children.

Now, by all accounts, they have expanded the birthing franchise once again, allowing urban couples in which only one of the partners is an only child to have a second child. So what we now have in China—or will have when and if this new policy is fully implemented—is a *de facto* two-child policy across the board.

Two children per couple does not, however, mean that a Chinese baby boom is on the way. The state, not the people, remains in charge of fertility. And those who violate the new rules will still be subject to forced abortions and sterilizations. Last July, a 23-year-old mother was arrested for illegally conceiving a second child. She was ordered to pay a \$6,000 fine or face a forced abortion. She and her husband found it impossible to come up



POPULATION RESEARCH INSTITUTE  
REVIEW

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### STEVE'S TRAVEL SCHEDULE

January 18, 2014, “Prayer Breakfast for Life and the Rally for Life,” North Carolina Right to Life, Raleigh, NC.

January 20, 2014, “Ban Sex-Selective Abortion,” Cardinal O’Connor Conference, Georgetown University, Washington, D.C.

January 21, 2014, “Myths that Kill: The Myth of Overpopulation,” Students for Life of America National Conference, Washington, D.C.

March 1-5, 2014, “How USAID Violates the Philippine Constitution,” PRI Co-Sponsored Conference on “Life and Development in Asia,” Manila, the Philippines.

with the money, whereupon the population control police held her down and gave her unborn child a lethal injection. Her child, nearly full term, was born dead the following day.

*The Washington Post* would have us believe that only the reason such tragedies continue to happen is because local officials simply refuse to follow the rules, which clearly forbid forced abortion. Listen to the *Post*’s lament: “...the system can get really messy. The people at the top have a lot less control over

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# Why Do Filipino Women Die in Childbirth?

Steven W. Mosher and Anne Roback Morse

THE PHILIPPINES HAS LONG been under pressure from the U.S and elsewhere to adopt a China-like population control program, with the latest argument being that the mandatory provision of contraceptives will reduce maternal mortality in the island nation.

The Philippines is a target because of its size and its still-robust fertility. It is one of the fifteen most populous nations in the world and has an annual population growth rate of over 2%.<sup>1</sup> Only three countries in the world fit this description (the other two are Ethiopia and Nigeria), and all are in the crosshairs of the population controllers. In the Philippines, this pressure takes the form of the controversial “Reproductive Health Bill” (RH Bill).

Proponents of the bill make many arguments, some ridiculous on their face and others less easily dismissed. It is easy to laugh off the suggestion that, “If the Philippines had had fewer people, fewer people would have died in the recent typhoon.” It is harder to dismiss the suggestion that: “If Filipino women had more access to contraception, they would have lower rates of maternal mortality.” The maternal mortality rate remains stubbornly high in the Philippines, and proponents of the RH Bill attribute this to a lack of contraception. But is this really the problem?

Recently, one of our staff (Anne Morse) attended a forum on public health in the Philippines attended by representatives of the principal agencies pushing population control on the country, including the chief of the Office of Health at US Agency for International Development (USAID) in the Philippines and

a senior advisor to the United Nations Population Fund (UNFPA).

Some of the presenters were honest about where the problem lies. Dr. Naveen Rao, the executive director of Merck for Mothers, for example, admitted that the main problem is not lack of contraception. Rao stated: “We are approaching [maternal mortality] by focusing on the two big killers, and the two big killers worldwide are postpartum hemorrhage and preeclampsia. Again, we know why they are dying, and we know how to save them.”

Of course, being a representative of a Big Pharma company that makes billions from abortifacient contraceptives, he ended with a sales pitch: “And the third

*As the Philippines tries to cope with the aftermath of Typhoon Haiyan, some callous commentators are calling the disaster a failure of population control*

pillar is family planning and reproductive health, because if you don’t get pregnant, you won’t die from it. So we’re focusing on these three targets.”

But the numbers don’t lie, even if the population controllers do. The causes of maternal death in the Philippines are well-known. More than half the deaths are caused by hemorrhage (bleeding)—52% to be exact, while eclampsia (characterized by seizures) accounts for another 27%. Ruptured uteruses and other causes account for the remainder.<sup>2</sup>

So if we take care of women who are hemorrhaging and suffering from eclampsia, we would reduce the number of women dying in childbirth by four-fifths.

To put it another way, women aren’t dying because they don’t have family planning. They are dying from postpartum hemorrhage and preeclampsia. They are dying because they lack primary health care. The Philippines has a contraceptive prevalence rate of 51% and a maternal mortality rate of 209 deaths for every 100,000 births. Japan, a developed country, has an almost identical contraceptive prevalence rate, at 54%. But Japan has one of the lowest maternal mortality rates in the world, suffering only five maternal deaths per every 100,000 births.<sup>3</sup> To repeat, Filipinas are not dying from a lack of so-called “modern contraception.” They are dying from a lack of real health care.

Those who promote contraception under the guise of reducing maternal mortality also claim that they are simply “giving women what they want.” This is simply not true. Filipino women want children—they just don’t want to die while giving birth to them.

Half of all maternal deaths in the Philippines occur during a woman’s first three pregnancies.<sup>4</sup> Filipino women express a desire for 2.5 children on average, so their first three children are wanted children.

And consider this: the poorest women in the Philippines—those who suffer the most maternal deaths—say they would

1 “Central Intelligence Agency.” The World Factbook. Central Intelligence Agency, n.d. Web. 22 Nov. 2013. <<https://www.cia.gov/library/publications/the-world-factbook/fields/2119.html#rp>>.

2 Garces, Roston G. “Reproductive Age Mortality Studies (RAMOS): Analysis on the Risk Factors of Maternal Death, Bukidnon, 2008.”

3 “Philippines.” Data Finder. Population Reference Bureau, n.d. Web. 22 Nov. 2013. <<http://www.prb.org/DataFinder/Geography/Data.aspx?loc=399>>.

4 Garces, Roston G. “Reproductive Age Mortality Studies (RAMOS): Analysis on the Risk Factors of Maternal Death, Bukidnon, 2008.”

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# An Open Response to “Overpopulation: Should America Have a One-Child Policy?”

Steven W. Mosher and Anne Roback Morse

RECENTLY, THE WASHINGTON TIMES published an article by Joseph Cotto entitled, “Overpopulation: Should America Have a One-Child Policy?” Despite the provocative title, the article does not present a stimulating thought experiment, but rather a series of half-truths and inconsistencies with dangerous implications.

Because such half-truths have been at the ideological root of every forced abortion this century, we drew up a list of the claims made in the article—and countered them with facts to expose their fallacies.

**Claim 1:** Cotto commences his article by citing Michael Arth, a controversial gubernatorial candidate who advocated the imposition of birth credits. Arth argued that although human innovation often “increases under pressure,” the pressure which inspires it is worse than the innovation itself. The article cites, “One of the most innovative periods of human history was WWII...However, we also had the wholesale destruction of cities, untold suffering, and the massacre of at least 60 million people.”

**Reply:** World War II was indeed a period of both ingenuity as well as suffering. However, Mr. Joseph Cotto confuses correlation with causation. Ingenuity and suffering are not inextricably related. There have been periods of misery without ingenuity, and periods of ingenuity without suffering. For instance, the Silicon Valley technology boom of the 1990s did not produce “misery and sorrow for the sake of innovation.”

**Claim 2:** “The human misery created by overpopulation is comparable to war and one of the main reasons for war. Nazi foreign policy, for example, was based on the need for *Lebensraum*, living space

that would support Germany’s growing population.”

**Reply:** Joseph Cotto again presents another half-truth. Yes, Hitler touted “overpopulation” as a justification for his aggressive and expansionist foreign policy. Germany was not overpopulated at the time, but Hitler used the spectre of overpopulation to provide a justification for his horrific human rights abuses and eugenic policies. Such has been the historical use of the myth of overpopulation: from China’s forced abortions to the sterilization of Ethiopian immigrants in Israel, it has been wielded as a weapon of control.

**Claim 3:** “We are far exceeding the carrying capacity of the planet.”

**Reply:** The world currently produces enough food to feed ten billion people, and there are only seven billion of people. That is, with seven billion human minds at work, we produce enough food for ten billion human bodies. Imagine how much food we could produce with ten billion minds! According to the World Education Service, “World agriculture produces 17% more calories per person today than it did 30 years ago . . . This is enough to provide everyone in the world with at least 2,720 kilocalories (kcal) per person per day.”

**Claim 4:** “The U.S. population grew by 22.5% from 1990–2010. That is the highest growth rate in the industrialized world. By comparison. . . Japan only grew by 4.7% in the same period.”

**Reply:** Yes, the U.S. population grew at a rate of about 1% per year during the twenty-year period between 1990 and 2010. However, the U.S. does not have the highest growth rate in the industrialized world. Australia, Albania, Greenland, Iceland, Ireland, and New Zealand all have higher rates of natural population

increase (growth without immigration or emigration).

A further word about Japan: it has had below-replacement fertility since 1955, and now that their higher fertility generations are dying from old age, Japan is shrinking. It has had negative growth rate since 2009, and their population is already shrinking by over 100,000 people per year. As the Japanese population continues to age, they will shrink faster each year. Academics at Tohoku University have created a clock counting down to the day when Japan will have one only child: Japan is not a model for demographic health.

**Claim 5:** “The Total Fertility Rate of American women has been at or below the replacement level (2.1) for 4 decades. This means that if the net immigration were zero, or even below a few hundred annually, the US population would stop growing in a matter of decades. What keeps our population growing very rapidly and unsustainably is net immigration.”

**Reply:** Mr. Joseph Cotto is correct on this point. American fertility has been at or below replacement level since 1970, and without immigration, the US population would soon shrink. Immigration has accounted for anywhere from one-half to one-quarter of American population growth for decades, and this doesn’t even account for the fact that in addition to bolstering the U.S. population, first-generation immigrants have higher fertility rates than natural-born citizens.

If Mr. Cotto were really concerned with the “overpopulation” of the U.S., then arguing for stringent anti-immigration laws would be a simpler

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regulate the resulting franchises. PRI interviewed Pritpal Marjara, managing director of PSI-India, who declared, “We create the demand and we also have the products to supply it.” He should know. He has fifteen years of experience in the social marketing of anti-people products.

Washington, D.C.—based PSI is the acknowledged frontrunner in the movement to franchise population control. It was founded in 1970 by Philip D. Harvey who, aside from his population control efforts, also started one of the biggest erotica retailers in the world and is a leading producer of pornography. Today, it has an annual budget of \$683 million and is working to undermine fertility in nearly seventy countries. It was PSI that established the first large-scale birth control franchise, launching Greenstar in Pakistan in 1991. In the years since, it has trained more than 24,000 “providers” who in turn operate some 7,000 clinics throughout the country. It offers condoms, IUDs, abortifacient emergency contraception, implants and sterilizations to low-income women, baiting them into the clinics by means of a “voucher scheme.”

Although Greenstar eschews mentioning abortion in connection with its operations in Muslim Pakistan, PSI openly provides abortions in neighboring India. According to Marjara, “Safe abortion is also one of the program elements.” He could not say how many abortions were performed, but insisted that “PSI focuses only on first trimester abortion.” Of course, abortion is never safe for the unborn child. Marjara also said that PSI works closely with the government of India, recruiting and training abortion providers. Through its network of 1,000 private providers in 30 districts, it also sells 180 million condoms annually, hands out 200,000 monthly doses of oral contraceptives, and implants 300,000 IUDs.

Sterilization is not on PSI’s menu in India, claimed Marjara. It is a touchy subject there, where men and women have been sterilized in assembly-line fashion over the years. So, it’s hardly surprising that PSI might want to distance itself from the practice. But you

can hardly say they are taking an active stand against it. For starters, they have no problem partnering with the governments that run the camps. “PSI is a public partnership,” said Marjara. “We have very strong linkages with the government.” Indeed.

Marjara explained that the clinics PSI operates are actually “fractional franchisees.” “PSI does not own the clinics,” he explained. “We have no administrative control over the network.” In reality, this means that while PSI might be responsible for quality training and assurance (as it is called), this oversight only applies to the services to which it chooses to apply it. If one of its providers does sterilizations at the clinic, in addition to abortions and IUD insertions, PSI disclaims responsibility, even though it is

*Rape is, after all,  
the country’s fastest  
growing crime. And  
what is an IUD  
insertion under duress  
but a kind of rape?*

underwriting the clinic with funds from American taxpayers.

This is a win-win situation for PSI and the franchise. PSI can claim to have nothing to do with coerced sterilizations, while the clinics can operate without much oversight and with generous subsidies from unsuspecting taxpayers. The big losers are the women who get whack-and-hack tubal ligations that a North American veterinarian wouldn’t do to a dog.

Still, some foreign population control groups are more uninhibited than others. Porn king Harvey’s DKT International runs a franchising operation in India called Janani, which boasts that since 1996 it has sterilized over 270,000 women, 12,000 men, and surgically aborted 250,000 babies. It also brags that it has sold over 450 million condoms, 150,000

contraceptives, 150,000 IUDs, 250,000 medical abortion pills, and 600,000 emergency contraceptive pills. Quite a record of reproductive ruin.

PSI’s Marjara insisted that the Indian national government has publicly renounced sterilization. “The National Rural Health Mission Strategy has shifted towards birth spacing rather than sterilization,” he claimed. What this means on the ground is that, while the government is still paying “motivators” to bring in people for sterilization, it has now added IUDs to the list of “products” that it is promoting. This is touted as “providing better maternal care.”

Listen to Marjara: “Home-based deliveries are linked to high mortality.” So the government has introduced a scheme to pay women 1400 rupees (about \$30) who have their babies in a hospital franchise. Then, when the baby arrives, the doctor can easily insert a copper IUD in her uterus to prevent any future babies she conceives from implanting there. “If they are in the hospital, then everyone is there, the doctor, the nurse, and it can all be done at the same time and the woman does not have to make a long journey to return to the hospital,” said Marjara. As if she would want to.

Such behavior might cause a stir in litigious America where women would object to being pressured into accepting an IUD when population control agendas are so obviously in play.

But in India, baby girls are selectively aborted by the millions, little girls are forced into early marriage, and older girls are offered to the Hindu goddess Yellamma as “devadasis”—or lifetime prostitutes. Population control franchises that effectively neuter women play into this anti-female mentality. Rape is, after all, the country’s fastest growing crime. And what is an IUD insertion under duress but a kind of rape?

# # #



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- ✦ When a Child Is Born
- ✦ Little Drummer Boy

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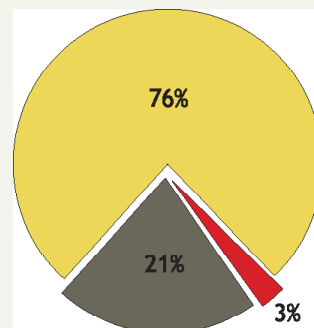
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### PRESIDENT'S PAGE, FROM PAGE 2

mid-level officials than outsiders often assume. Local officials will sometimes go their own way."

Pity the poor Chinese leadership, which despite its secret police, prisons, and propaganda machine, simply lacks the tools to govern its own lower-level officials. Oh, if only those benighted rural cadres would properly carry out the enlightened policies of the center...

Are you kidding me? This is exactly what the old men who rule China want the Chinese people, along with the rest of us, to believe. If you like your baby, you can keep your baby, they say. It's local officials who are to blame if she's killed. Except that ... the truth is that these old men have deliberately put local officials in a double bind. On the one hand, they hand out birth quotas to provincial and local officials, and tell them that they will be promoted or demoted based on whether they meet them or not. This is

called the "job responsibility system." On the other hand, they tell officials that the population control policy is "voluntary," and that forced abortions or forced sterilizations are to be avoided. Of course, they know quite well that when an official's career is on the line, pregnant women are going to be tied down on operating tables. But this approach gives the central government plausible deniability.

*The Washington Post* argues that "the only real way for China to end forced abortions and sterilizations is by ending the one-child policy." I have a newsflash for the *Post*'s reporters: China has already effectively ended the one-child policy, but the abuses continue.

The question that China's leaders should be debating is not whether to move from a one-child policy to a two-child policy, or even to a three-child policy. The question they should be asking themselves is this: Should the policy of regulating

births, instituted by the late Chairman Mao Zedong, be abandoned once and for all?

The Chinese people are not a herd of cattle to be rounded up, inseminated, and bred. All human beings have a natural, God-given right to decide for themselves how many children they will have. Even the U.N. Population Fund, no bastion of reproductive freedom, acknowledges the right of couples to decide for themselves the number and spacing of their children.

The Chinese government needs to get out of the bedrooms of China, and let Chinese couples decide the size of their families for themselves.

*Steven W. Mosher*



## FROM THE COUNTRIES

### Germany: 1 in 5 Women Remain Childless

(Fox News) – Statistics show more than one woman in five in Germany remains childless even though the government spends more than 50 billion euro (\$67 billion) each year to boost birth rates. Official figures [recently] published found twenty-two percent of women between the ages of 40 and 44 surveyed last year had never given birth. This was up from 20 percent in 2008. Since first-time childbirth after that age is rare, the figure is taken as an indicator of lifetime childlessness. The Federal Statistical Office says Germany had an overall fertility rate last year of 1.38 children per woman. This is far below the rate of 2.1 needed to keep a population steady. Even by generous estimates Germany's population of 80 million is predicted to drop by 10 percent by 2050.

See the Source: <http://www.foxnews.com/world/2013/11/07/more-than-1-in-5-german-women-remaining-childless-despite-heavy-government/?intcmp=obinsite>

# # #

### Africa: Harmful Contraceptives Coming

(www.turtlebayandbeyond.org) – ... Family planning and abortion advocates will come out in force for an International Family Planning conference co-hosted by Ethiopia's Ministry of Health and the Bill and Melinda Gates Institute for Population. The three-day conference opens in Addis Ababa with the theme "Full Access—Full Choice." Stakeholders will present on greater access to abortion and how to scale up delivery of contraceptive Depo Provera to women of color – with a new push to adolescent girls.

It is highly unethical for the U.S. to fund the distribution of this and other substandard contraceptives to poor

women overseas, like Jadelles (Norplant 2), also rejected by American women. Congressman Chris Smith will hold a congressional hearing to examine the Unethical Medical Practices in Africa on December 3, 2013 in the House subcommittee on Africa, Global Health and Global Human Rights.

See the Source: <http://www.turtlebayandbeyond.org/2013/11/07/african-women-beware-harmful-contraceptive-coming-your-way-in-bulk/>

# # #

### China: End of the One-Child Policy?

(The Washington Post) – China is relaxing its 34-year-old one-child policy, which prohibits most families from having more than one child. Parents who themselves do not have siblings are now permitted to have two children, a change that one demographer estimated could boost the birthrate by about 10 percent. It's a big deal for human rights in China, as well as for the country's economic and demographic future.

See the Source: <http://www.washingtonpost.com/blogs/worldviews/wp/2013/11/15/why-chinas-one-child-policy-still-leads-to-forced-abortions-and-always-will/>

# # #

### India: Victims of coercive population control in Tamil

(www.tamilnet.com) – Widespread complaints have been registered from the Tamil women in three villages of the Ki'linochchi district, India, that they are suffering from side effects such as blood pressure, weight gain, irregular periods as well as traumatic stress, two months after they have been subjected to coercive population control by the occupy-

ing Colombo using Progestogen-only subdermal implants inserted into their bod[ies], said the Chairman of Justice and Peace Commission (JPC) of the Catholic Diocese of Jaffna, Fr. S.V.B. Mangalarajah. Terming the population control experimented on Tamil women in Vanni as "Mu'l'livaaykkaal-2", the JPC has urged the provincial health ministry to remove the implants and assist the victims to return to normal lives.

See the Source: <http://www.tamilnet.com/art.html?catid=13&artid=36806>

# # #

### Bangladesh: Efforts to Impose Birth Control Rebuffed

(Khabar South Asia) – Bangladesh's disaster management ministry has nixed a parliamentary team's recommendation to impose birth control in Rohingya refugee camps due to the refugees' high fertility rate. [According to] Mesbah ul Alam, secretary of the Ministry of Disaster Management and Relief: "We have no right to impose birth control decision; what we can do is motivation." Alam said Bangladesh earned the praise of the international community for hosting thousands of Burmese nationals for decades, despite having the world's highest population density ... The ministry allocates 12kg of rice for [babies and] even newborns—which "encourages the refugees to give birth [to] more babies". A probe report recommended the ration policy be reviewed. One Rohingya refugee, who gave his name as Alam, said Muslims should not go for birth control, as babies were the gift of Allah.

See the Source: [http://khabarsouthasia.com/en\\_GB/articles/apwi/articles/features/2013/11/15/feature-03](http://khabarsouthasia.com/en_GB/articles/apwi/articles/features/2013/11/15/feature-03)

# # #



## Debunking the Myth of Overpopulation

([www.pncius.org](http://www.pncius.org)) – A quick rebuttal against arguments that the world is overpopulated, “How to Debunk the Myth of Overpopulation in Three Easy Steps”, has been issued by the Population Research Institute. It begins with a definition of ‘overpopulation’—the number of people exhausts the resources in a closed environment such that it can no longer support that population. Authors Steve Mosher and Anne Roback Morse also explain that ‘overpopulation’ is also typically defined as a “problem created by numbers of people, rather than their behaviors.” Addressing the three main points of overpopulation (the world is running out of food, the world is running out of water, and the world population is quickly growing), Mosher and Morse counter each point.

See the Source: <http://www.pncius.org/newsletter.aspx?id=76>

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## “In Search of the Real China”: A Review of My First Trip to China

(Foreign Affairs) – ... Mosher, one of the first American students to do fieldwork in China, arrived in 1979 in a village in the Pearl River Delta. He brought with him a faith in Mao’s socialism, but disillusion set in fast; the squalid life of rural Guangdong Province disabused him of the notion that China was a workers’ and peasants’ paradise. Then, he witnessed the unveiling of

China’s one-child policy, which played out in a high tide of forced abortions and sterilizations; he saw the operations firsthand. Once a fellow traveler, Mosher quickly became a sworn enemy of China’s population policies. “The sense that all of this was truly wicked grew,” he writes.

See the Source: <http://www.foreignaffairs.com/articles/140168/john-pomfret/in-search-of-the-real-china>

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## Steven Mosher Speaks at Barefoot for Babies

(Denver Catholic Register) – Students at the University of Northern Colorado are walking barefoot on campus this week in hopes to convert hearts. “We don’t want to win arguments,” said 20-year-old Melissa Timmermeyer, a student ministry leader. [The] Catholic campus ministry sponsors the week-long prayerful student initiative with a series of pro-life events including a life chain, adoration, inspiring talks and a Eucharistic procession. Steve Mosher, president of Population Research Institute, will give a talk on The Myth of Overpopulation.

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## One Snip for Man, One Giant Snip for Mankind

(Ruthblog.org) – ... For Paul Ehrlich and Dr. Doug Stein, [October 18] is World Vasectomy Day! Their video on WorldVasectomyDay.org does not pretend that vasectomies are for men’s health or for healthy relationships. Instead, the video highlights “population” as the problem

behind “global warming, war, and poverty,” and prescribes vasectomies as the cure. “It all comes down to human beings,” they claim, “Are you willing to put your balls on the line for Mother Earth?” As a woman, that appeal doesn’t work for me. Besides, the earth isn’t overpopulated. But there are points of convergence between the vasectomists and PRI. We agree that “we need to take better care of the people already on the planet,” for example.

We just disagree on how that should be accomplished. While the vasectomists advocate eliminating people to get rid of poor people, we at PRI think this approach is analogous to, well ... throwing the baby out with the bathwater. We believe we can adequately take care of our existing population and our future generations by exercising our ingenuity and responsibly drawing upon the cornucopia of natural resources with which the world is blessed. The anti-people ideology of World Vasectomy Day is not a joking matter; it causes real harm.

See the Source: <http://www.ruthblog.org/2013/10/18/one-small-snip-for-man-one-giant-snip-for-mankind/>

##

# Refugees Subject to Population Control

## How U.S. Aid Is Being Abused for Eugenic Ends in Bangladesh

Anne Roback Morse

THE BANGLADESH PARLIAMENT recommended imposing a population control program on tens of thousands of Rohingya refugees from Myanmar in September of this year. Ironically, the Rohingya refugees fled from an oppressive regime in Myanmar which included a two-child policy. No one wants them to have children!

Bangladesh has hosted refugees from Myanmar's ongoing ethnic cleansing of non-Burmese for 20 years, and is apparently growing weary of the task. On September 18, the standing committee on the Ministry of Foreign Affairs of Bangladesh recommended birth control for Rohingya mothers and cutting off food rations for any refugee children after the first two. As a member of the Bangladesh parliament, Ms. Nilufer Zafar Ullah, put it: "One of the problems is their outnumbering the locals and so, birth control measures have been recommended."

Nor are these violations of rights a mere local squabble. The monthly 12-kilogram bag of rice which some in the Bangladeshi government seek to withhold from children is provided by the international United Nations Refugee Agency (UNHCR) and the United Nations World Food Program (WFP).

According to a 2012 UNHCR report, "WFP and UNHCR have been assisting the current population of registered refugees in Bangladesh since 1992. WFP provides food assistance to approximately 24,000 registered refugees and is responsible for provision of basic food commodities."

A 2013 UNHCR news story stated: "Some 30,000 registered refugees in Kutupalong and Nayapara...are relying on

regular distributions of food rations and relief items such as shelter and clothing. Basic water, sanitation and health services are provided by the government, UNHCR and its partners."

Chris Lewa, the coordinator of the Arakan Project, spoke against the coercive measure by highlighting the existing chronic malnutrition in the refugee camps: "Cutting food rations to already malnourished children will put their lives at risk." The local Arakan Rohingya association noted another problem: the already short rations are forcing refugees to send children whom they cannot feed to local villages to work as child laborers. The number of children sent away to work as laborers will only increase if food rations are eliminated to only the first two.

Yet while local activists decry the proposed eugenic deprivation of food, international aid agencies which provide the food have not moved to condemn it. In fact, the month before the Bangladesh parliament proposed mandatory birth control, the UN High Commissioner for Refugees (UNHCR) Country

Representative Stina Ljungdell actually praised Bangladesh's "good work and best practices" in the refugee camps.

The United States is the largest donor to the UNHCR by far, providing over \$790,000,000 last year alone. And the use of food to coerce people into contraception or sterilization programs is specifically prohibited in U.S. law. Under the Tiahrt Amendment, which was drafted by PRI, it is illegal to "den[y] ... rights or benefits as a consequence of an individual's decision not to accept family planning."

In November, Bangladesh's disaster management ministry finally vetoed the proposal, citing international law. Yet, the secretary of the Ministry of Disaster Management, while condemning coerced birth control in one hand, supported "motivation" to use birth control in the other. Bangladesh remains a country to watch.

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### SHOULD AMERICA HAVE A ONE-CHILD POLICY? FROM PAGE 4

solution than his proposed "birth license plan." In fact, Joseph Cotto quotes the executive director of Californians for Population Stabilization (CAPS) in his article as "the foremost group addressing overpopulation," who, without debate, are passionately anti-immigration. According to the CAPS website, the U.S. should stop immigration by "saying 'NO' to amnesties" and "end 'birthright citizenship.'"

We at PRI do not argue for expelling those with higher fertility, denying entrance to those who need amnesty, nor

for preventing the reproduction of those whom the government deems "unfit."

Historically, such ideologies have been responsible for more atrocities than betterments. Nor is the historical scoreboard the mere result of badly implemented policies; any policy rooted in lies and distortions can never produce good fruit. We at PRI fight against coercive population control, because we believe in human dignity and ingenuity.

###



## PRI Junior Seminary in Thailand Producing Priests

*Editor's Note: Ten years ago, with the help of a couple of generous donors, we built a junior seminary in the Archdiocese of Thare and Nonseng, located in northeast Thailand. PRI was responding to a request from our good friend, Archbishop Lawrence Khai, who told us that there were many young men in his diocese who, with the proper formation, would consider a priestly vocation.*

*His words have proven prophetic. As of this year, dozens of young men have gone on to study at a major seminary, and 12 have been ordained. As the Archbishop's longtime assistant writes:*

"Thank God that ... the following seminarians became priests already since

our good benefactors helped [with] the construction of our seminary. They are:

–Rev. Fr. Michael Parinya, ordained a priest on April 18th, 2009

–Rev. Fr. John the Baptist Hatthachai, ordained a priest on April 18th, 2009

–Rev. Fr. Philip Salan, ordained a priest on May 1st, 2010

–Rev. Fr. John The Baptist Jeerasak, ordained a priest on May 1st, 2010

–Rev. Fr. Francis Yanaranop, ordained a priest on May 5th, 2010

–Rev. Fr. Michael Danai, ordained a priest on May 1st, 2010

–Rev. Fr. Peter Sarayuth, ordained a priest on May 1st, 2010

–Rev. Fr. Peter Den, ordained a priest on May 21st, 2011

–Rev. Fr. Paul Panon, ordained a priest on May 21st, 2011

–Rev. Fr. Peter Wallop, ordained a priest on February 1st, 2012

–Rev. Fr. Joseph Thepnarong, ordained a priest on October 6th, 2012

–Rev. Fr. Joseph Thinnakorn, ordained a priest on October 6th, 2012

So, there are twelve young priests in past ten years now!

There are also some seminarians who are Deacons, Acolytes and Lectors. I will tell you the details of them when I send you the numbers of major seminarians next time.

*Father Tom*

## Letter from the Philippines

Dear Steve, Vera and the PRI staff,  
Many thanks for your generosity with the PRI Review you had been faithfully sending. We really appreciate the news as we are also updated.

This year is one of those times when we have been led to the "tunnel" experience because after more than fourteen years of trying to avoid it, no less than the man at the helm, our president, has brought it upon us by pressuring our lawmakers with all the "resources" at his command to pass a bill (RHBill or Responsible Parenthood bill) undeniably promoting the culture of death. More appalling and excruciating here is the public perception that our own president is advancing the cause of foreign governments and foreign interest groups which originally drafted the bill aimed at controlling the population growth in less

developed countries like the Philippines by the use of artificial control methods like contraception and sterilization.

If the president and his cohorts in congress sincerely believe that the intent of the bill, even foreign dictated, is good for our country and people, then there is nothing wrong with the means to achieve that end, particularly reproductive health of women through contraception and compulsory sex education. If this is really the case, the president should not have surreptitiously signed the bill into law. If he is convinced that there is nothing wrong with the bill, he should have courageously signed it openly as he has done with other bills passed in congress. His actions have once more cast doubt on his integrity and honesty. I'm proud to say I have not voted for him. It is good that the bill has finally become a law because

now the issue of right and wrong about it will be conclusively and authoritatively settled in the third branch of government, the Supreme Court upholding the supremacy of the Constitution by finding out whether or not RA10354 is in conformity with it. We must hope Pomory will exercise statesmanship by not meddling and influencing the SC Justices as he did to congress and the SC justices will not succumb to such meddling. Just pray because Pro-life KAPATIRAN is starting the fight now. I was lucky to join the Holy Land pilgrimage and I prayed for you in each place we set foot. Nov. 12 – 14 last month. God keep you always in the palm of His hand. Be assured of our prayers, the prayer warriors old and sick sisters here. Sincerely with prayers,

*Sister Marie Martha T. Orencio, SPC*





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### Our Work Needs Your Financial Support

PRI is a 501(c)(3) educational organization working with a growing, global network of pro-life groups in over 30 countries to stop the spread of abortion and to roll back population control programs, as well as to educate young people and married couples on the blessings of chastity and childbearing.

PRI has successfully reduced or eliminated over \$800 million in funding for radical population control groups and organizations that wrongly seek to eliminate poverty, illiteracy and pollution by eliminating children.

All donations are both appreciated and tax-deductible.

Reply envelope enclosed.

#### WHY DO FILIPINO WOMEN DIE IN CHILDBIRTH? FROM PAGE 3

like to have three or four children.<sup>5</sup> In other words, international agencies who attempt to reduce maternal mortality by preventing women from conceiving children are violating the rights of these women to decide for themselves how many children they should have. They are throwing wanted babies out with the dirty bath water of maternal death.

The truth is that those who promote family planning are much more interested in controlling fertility than in actually helping women. In fact, according to the numbers, they are about three times more interested in controlling fertility.

The most recent numbers from USAID show that while USAID spent 15 million dollars on family planning in the Philippines, it only spent \$5 million

on maternal health, and a measly \$1.7 million on clean water and sanitation.<sup>6</sup>

Let's not be fooled by the latest de-

**The most recent numbers from USAID show that while it spent 15 million dollars on family planning in the Philippines, it only spent 5 million on maternal health**

ception of the population controllers, namely, that they are simply interested in reducing maternal mortality. No woman should ever die in childbirth, but she does not have to give up her dream

of being a mother to avoid this fate. Tens of millions of women safely give birth in developed nations every year, not because of contraception, but because they receive adequate prenatal and postnatal care. Artificial contraception does not make pregnancies safer, it just makes pregnancy less frequent.

If international aid agencies and their Filipino stooges are truly concerned with helping Filipino women, they will focus on increasing access to primary health care. They will work to reduce maternal deaths, rather than to reduce maternity itself. Of course, that would mean they would have to abandon their obsession with "overpopulation."

*Editor's Note: If you would like to make a donation to help the victims of Typhoon Haiyan in the Philippines, please indicate that on your check.*

<sup>5</sup> "STATcompiler." STATcompiler. Demographic and Health Surveys, n.d. Web. 22 Nov. 2013. <<http://www.statcompiler.com/>>.

<sup>6</sup> "Health in the Philippines." Dollars to Results. USAID, n.d. Web. 22 Nov. 2013. <<http://results.usaid.gov/philippines/health>>.

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