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Bill Gates and the Myth of Overpopulation

 [Jacob Levich](#) Apr 26, 2019 · 12 min read

The following is adapted from my chapter in the forthcoming second edition of the Palgrave Encyclopedia of Imperialism and Anti-Imperialism, Immanuel Ness & Zak Cope, eds. I am publishing this excerpt now because the poisonous ideology of “population control” — a branch of eugenics — is rapidly being revived in Western public discourse, typically under cover of the corporate climate change movement. — Jacob Levich



Contraception and Population Control

The ideology of birth control embraces two very different traditions. Whereas feminists generally have supported contraception and abortion as a way of enhancing the health and freedom of women, capitalist elites have sought to leverage birth control in order to manage population trends, especially in the Global south. Marxist feminists warned that by the 1970s

the influx of professionals into the cause [had] changed the goals of the birth control movement, from a campaign to increase the area of self-determination for women and all working-class people to a campaign infused with elitist values and operated in an elitist manner. These professionals were mainly of two groups: doctors and eugenis (Gordon 1977:10).

This transformation was enthusiastically sponsored by Western foundations and governments. The Rockefeller Foundation invested in eugenics research beginning in the 1920s and helped found the German eugenics program that undergirded Nazi racial theories (Black 2003). After a brief period during which widespread horror at Nazi atrocities forced eugenic theory underground — as neoconservative jurist Richard Posner lamented, Hitler had given eugenics “a bad name” (Posner 1992: 430) — a number of powerful white men, notably John D. Rockefeller III, became obsessed with “differential fertility.” Taking note of the higher birth rate in poor countries, some imagined a future world overrun by hungry, unruly brown masses — people who would inevitably demand food and justice, enforcing their will through the sheer weight of numbers. Rockefeller organized the Population Council in 1953, predicting a “Malthusian crisis” in the developing world and financing extensive experiments in population control. These interventions were embraced by US government policymakers, who agreed that “the demographic problems of the developing countries, especially in areas of non-Western culture, make these nations more vulnerable to Communism” (Critchlow 1995: 85).

In India, traditionally the laboratory of choice for Western demographic experimentation, the Ford Foundation worked with USAID to tie development aid to “contraceptive acceptor targets,” i.e., numerical quotas. Ford Foundation money, coupled with pressure from the Population Council and USAID, culminated in an era of unbridled aggression in the area of government-sponsored “family planning” and incentivized a brutal sterilization campaign that forcibly vasectomized 6.2 million men and killed at least 1,774 during the 1970s (Biswas 2014). Thereafter India redirected its efforts toward women, using a “target-driven” approach that resulted in further

thousands of deaths and countless coercive procedures, often conducted in camps designed for mass sterilizations.

Widespread horror at these policies inspired the 1994 International Conference on Population and Development (ICPD), which issued a Programme of Action that became known as the “Cairo Consensus.” The ICPD condemned coercion and repudiated sterilization quotas; however, much of the ICPD Programme reflected the values and imperatives of market capitalism, emphasizing above all “individual rights” that would permit “individual choice and responsible decision-making.” At the same time, the ICPD’s criticism of state actors meshed conveniently with a key part of the imperialist agenda: increased intervention by Western non-governmental actors, not excluding private enterprise. The Population Reference Bureau declared with satisfaction that “NGOs, religious and community leaders, and the private sector (what the UN calls ‘civil society’) are now active partners with governments in deliberations on new policies and programs” (Population Reference Bureau 2004).

Thus Cairo set the stage for the 2012 London Family Planning Summit, at which representatives of more than 70 governments, NGOs, and private firms announced their financial commitments to a stunningly ambitious program of population control. Unlike the ICPD, which had made some gestures toward inclusion of Global South feminists, this was a top-down, ruling-class affair, organized and orchestrated by the Gates Foundation. Melinda Gates, who emerged as the world’s most visible spokesperson for access to contraception, revealed that BMGF intended to donate \$1 billion toward supplying birth control to 120 million women and prevent 110 million unwanted pregnancies by 2020 (Goldberg 2012); an additional \$3.6 billion was pledged by organizations ranging from Planned Parenthood to the foundations endowed by Michael Bloomberg and Hewlett-Packard. With one flamboyant stroke, commentators agreed, BMGF had moved contraception to the top of the global public health agenda.

The putative urgency of the project was puzzling to say the least. In fact the global rate of population growth had been in steep decline for more than four decades. From its peak of 2.1% in 1971, the rate had fallen to 1.17%, a postwar low, in the year of the London Summit (World Bank 2017). In order to marshal support for a crash contraceptive program targeting Third World women, BMGF and its allies had needed to manufacture a sense of crisis. This was done in part through a canny reframing of the issue of “differential fertility” that had so troubled an earlier generation of family planning advocates. The world’s poorest countries, mostly in Africa, still reported

alarmingly high fertility rates (the highest of these include Niger, with an average of 6.76 children born per woman; Burundi, 6.09; and Mali, 6.06 (CIA 2015). These numbers were repeatedly deployed by BMGF and friendly journalists in what appeared to be a coordinated effort to rekindle overpopulation hysteria. In the post-Cairo world, however, it was advisable to avoid any taint of racism and eugenics. Thus publicity surrounding the Summit blithely revived long-discredited arguments that overpopulation is the cause, rather than the result, of poverty, climate change, and all manner of social ills. According to Melinda Gates: “When women and their partners have access to contraceptives, everyone benefits. Maternal mortality rates drop, children are healthier and better educated, and incomes rise” (Gates 2015).

In fact, human fertility rates reflect prevailing social conditions and vary greatly across class, time, and region (Rao 2004: ch.3). Following the Industrial Revolution, Western countries underwent a “demographic transition” from large to small family sizes; this transition was linked to an improved standard of living and had very little to do with the availability of contraception. This rise in living standards was attributable largely to massive transfers of wealth from the periphery to the core; but while the West prospered, the imposition of imperialist forms of production on the periphery had profound social and economic consequences for poor countries. Imperialism “brought down death rates through modern technology but ... could not bring down birth rates because [it] increased social inequality and undermined the economic security and self-sufficiency of the masses” (Bandarage 1994: 43). Ironically, then, the West was able to complete demographic transition only through a system of exploitation that relied on the prevention of a similar transition in the South. Mahmood Mamdani’s research demonstrated that Third World agricultural laborers and middle peasants required large families because family labor was essential to their survival and prosperity: children were needed both to work the land and to provide support for their parents in old age (Mamdani 1972). At the risk of oversimplifying, it is not “overpopulation” that causes poverty but *vice versa*.

Yet the contraception industry and its supporters persist in touting population control initiatives as the key to alleviating poverty, a myth is further cloaked in quasi-feminist rhetoric about “reproductive health” and “women’s empowerment.” According to Melinda Gates, such empowerment is to be achieved via the widespread distribution of long-acting, reversible contraceptives (LARCs) — primarily injectables like the notoriously dangerous Depo-Provera (Goodman 1985, Sarojini 2005) and subcutaneous implants such as Norplant. In a 2012 *Newsweek* profile, Melinda Gates

described visiting remote clinics in sub-Saharan Africa where, she claims, women literally begged her for Depo-Provera injections — supposedly their only means of hiding contraceptive use from “unsupportive husbands” (Goldberg 2012). Injectables are ideally suited to Third World countries, she opined elsewhere, because they enable women to “receive a shot behind [their] husband’s back” (quoted in Posel 2015). In the high style of imperial feminism, her putative support for poor women was yoked to disdain for poor men.

Publicly BMGF promotes LARCs in the name of freeing women to make responsible choices; however, there is reason to believe that Western family planners prefer these methods precisely because they afford Global South women *the least choice possible* short of actual sterilization. LARCs leave far more control in the hands of providers, and less in the hands of women, than condoms, oral contraceptives, or traditional methods. Some methods, like Norplant, can render women infertile for as long as five years (Morrow 1999).

Recent events in India suggest that LARCs are being promoted as a soft form of sterilization. The country’s mass sterilization programs, which persisted even after Cairo, became politically inconvenient after 15 women died as a result of botched “cattle camp” tubal ligations in 2014. After a highly publicized meeting between Modi and Mr. and Mrs. Gates, the prime minister felt empowered to introduce injectable contraceptives in the national family planning program as a next-best substitute for sterilization (Barry & Dugger 2016). 70 prominent Indian feminists, scholars, and health workers signed a statement in vehement protest of the decision, to no avail (Nigam 2015).

Additional support for this view can be found in BMGF’s close relationship with EngenderHealth, Inc., which is listed on the Foundation’s website as a family planning “partner.” Founded in 1937 as the Sterilization League for Human Betterment, the organization was frankly devoted to the eugenic project of “fostering all reliable and scientific means for improving the biological stock of the human race.” Later, with funding from Hugh Moore, it was rechristened Birthright and during the 1970s played a lead role in USAID’s sweeping sterilization campaigns in India and elsewhere in the Third World (Dowbiggin 2016). In the wake of Cairo, the organization rebranded yet again, downplayed promotion of sterilization as such, and shifted its focus to “long-acting and permanent methods” of contraception (LAPMs): intrauterine devices (IUDs), injections, and implants, as well as tubal ligations and vasectomies. To this end EngenderHealth has received more than \$36 million in BMGF funding. This close

partnership between BMGF and an organization primarily devoted to the sterilization of Global South women makes little sense if “reproductive choice” is indeed the goal. Rather, in a post-Cairo ideological climate that makes open advocacy of sterilization indecorous, BMGF and its partners apparently see long-lasting, provider-authorized contraception — effectively a form of temporary sterilization — as a politically acceptable means of top-down fertility control.

Pushing LARCs in India and other imperialized countries appears to be a means of quietly advancing the traditional population control agenda under the bright new banner of reproductive choice, while not incidentally creating vast new markets for the pharmaceutical industry. The reasons underlying imperialism’s ongoing commitment to population control are multifold and can be summarized as follows:

Ideology: The myth of overpopulation supplies reliable cover for the ruling class as it expropriates ever greater shares of the people’s labor and the planet’s wealth. Recently, for example, imperial ideologists have discovered the advantages of blaming climate change on population growth on the Global South. As stated in *Aspects of India’s Economy*, “Malthus’s heirs continue to wish us to believe that people are responsible for their own misery; that there is simply not enough to go around; and to ameliorate that state of wretchedness we must not attempt to alter the ownership of social wealth and redistribute the social product, but instead focus on reducing the number of people” (Chakrabarti 2014).

Global “security”: The Western ruling class appear to share Dean Acheson’s view — famously ridiculed by Mao Zedong — that population growth engenders revolutions by “creating unbearable pressure on the land” (Mao 1949). During the Cold War, and especially in the wake of the Chinese Revolution, it was commonly thought by US planners that too many Third World “mouths to feed” would inevitably create conditions hospitable to Communism. The fall of the USSR failed to alleviate such fears but instead transferred them to a new set of adversaries: popular resistance groups primarily located in the Middle East and typically designated with the catch-all term “terrorists.” Thus the 1986 report of the US Vice President’s Task Force on Combatting Terrorism warned that “population pressures create a volatile mixture of youthful aspirations that when coupled with economic and political frustrations help form a large pool of potential terrorists” (*Public Report* 1986: 1).

The Reserve Army: Population control can be seen as a way of optimizing the size and distribution of the global reserve army, thereby assisting the West in striking the

balance necessary to maintain sufficient leverage over workers while controlling emergent resistance. Ruling class management of surplus labor does not necessarily require reducing the size of the world's population *tout court*; rather, the interventions contemplated are targeted toward specific regions and classes in a system of global "demographic arbitrage" recently proposed by European think tanks (European University Institute 2008).

Hegemony: Population control is, in a broader sense, one of the instruments of social control. It extends ruling-class jurisdiction more directly to the personal sphere, aiming at "full-spectrum dominance" of the developing world. Like laws regulating marriage and sexual behavior, such interventions in the reproduction of labor power are not essential to capitalists but remain desirable as a means of exercising ruling class hegemony over every aspect of the lives of the working people. Population control as such directly targets the bodies and dignity of poor people, conditioning them to believe that life's most intimate decisions are outside of their competence and control.

As ever, the relationship between bourgeois ideology and imperialist practice is dynamic and mutually supportive. As David Harvey has observed: "Whenever a theory of overpopulation seizes hold in a society dominated by an elite, then the non-elite invariably experience some form of political, economic, and social repression" (Harvey 2012: 63).

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