Claeson et al. (1) miss the point. It is one in which reality has to be approached with compassion. The sad fact is that some communities, particularly in sub-Saharan Africa, are set to exceed the carrying capacity of their local ecosystems. If they do not receive indefinite food aid, they can expect to starve, or slaughter one another, as in Rwanda. President Chiluba of Zambia was recently asked about the size of his family. He replied: “I am just like any African, I have nine children”. In neighbouring Malawi, where 56% of the farms already have a mean size of only half a hectare, total fertility is still 7.5 children per mother (2). If current food production and growth trends continue, the World Bank estimates that the food shortage for Africa will be 250 million tonnes of grain by 2020, or 20 times its current food gap (3). This is more than all the grain currently traded on the international market (about 200 million tonnes). By that time – only 25 years away – the world will need to produce half as much more grain again as it is producing now (4).

Whether the World Bank is correct in being so pessimistic, and whether or not there will be a global grain shortfall is hotly disputed. The point is that there is a real chance of there being one, particularly since grain harvests in sub-Saharan Africa and North America, the major exporter, are becoming much more variable. The main risk is to have two bad years in succession in North America and the rise in prices that this may cause. If so, the aid agencies may be unable to buy sufficient grain for Africa. The questions which now have to be asked are: “Should, and can, the rest of the world feed Africa indefinitely if its present fertility pattern continues?” Has the time come to face presidents and communities with the situation and tell them: “If you don’t reduce your fertility radically, if necessary to one child per family, you may starve or face the Rwandan tragedy”?

The issue and the dilemma

Sub-Saharan Africa faces two difficulties in obtaining enough grain by trade, especially if it has to compete for grain at rising prices.

- Communities which have had a written language for less than 100 years have great difficulty in competing sufficiently rapidly in their manufactured exports with those with a much longer history of literacy and development.

- Rapidly expanding communities have difficulty earning enough foreign exchange to feed themselves and transform their economies at the same time – either they go
hungry, in order to invest, or they get so poor that they go hungry anyway.

Economic development is invaluable where it happens, but who could guarantee that coun-
tries on the Sahelian fringe, or Bangladesh, will be able to generate sufficient foreign exchange to pay for their food imports in 25 years time? To imagine that economic development will solve a community’s problems when there is no real hope of it doing so in time is to indulge in a comfortable myth.

Rwanda is severely trapped – it has exceeded its carrying capacity and its connectedness – its people have nowhere to migrate to, and very little to export. We argue that the modest level of genocide endemic in that region would not have escalated tenfold, in the way it did, if there had been plenty of land for everyone, or adequate opportunities for migration, or an export-oriented economy that provided enough jobs – that is if Rwanda had not been trapped. There are many ways in which entrapment could have contributed to both the planning of genocide, and to the phase when an infectious psychopathology (“genocidal fever”) ran through the community.

The United Nations agencies and most of academia refuse to admit that entrapment exists. The population conference in Cairo, in September 1994, never discussed it. If indeed it does not exist, most of Claeson’s arguments hold. If, tragically, entrapment does exist, they do not. Whatever legitimacy double think may ever have had, events in Rwanda have dispelled it. The most serious dilemma is whether to admit the existence of entrapment or not. There are strong arguments for and against doing so. A major factor is the political tensions that admitting entrapment could liberate. Whether the release of these tensions is welcomed or not, depends on what stance is taken politically. The standard Northern response is to deplore their release. We would welcome their release because the resulting uproar might be the only thing which could conceivably induce the North to reduce its
resource consumption and pollution, and the South to reduce its fertility.

In practice, the tensions liberated by recognizing entrapment may not be as great as might be expected. This is because the world is moving from a North/South polarity towards a rich/poor one, in which Southern elites are increasingly siding with the North. Thus, of 43 Zambian postgraduates, mostly PhDs, recently interviewed in Cambridge, none intended returning to Zambia.

In a severely trapped community one more child mouth to feed is less to eat for someone else. There is thus a conflict between the interests of the child (including the fetus) and those of the community. Claeson et al. are correct in arguing that if child mortality is low, the effect of trying to lower it further, or letting it rise a little, is not large. But if child mortality is high, the effect is much larger. The critical issue is that of priorities, and the practical dilemma is that of where best to commit new funds: is the priority to try to lower the child death rate further? Or is it to try to ‘disentrap’ the community? Essentially, the latter requires radical methods of fertility control, with Chinese-style incentives and penalties, if necessary for one-child families. In effect, the world has ‘many more Chinas’ which, unlike China (which was), do not realize that they are trapped.

When I (MK) first started exploring entrapment, the first thing I found was the child/community dilemma. In my first paper (5) I was properly required by the Editor of the Lancet to take a position and not merely to state this dilemma. So I said, in effect, that just because technical methods for child survival exist, they don’t necessarily have to be applied, because they can make entrapment at least marginally worse (which is not the same as saying that “children should be deprived of basic health care”). How much worse entrapment might become depends on how high child mortality is. I still hold to this opinion. As for “many people in the developing countries being equally disturbed” about the entrapment thesis, one eminent

African family planner remarked: “Why do people listen to you and not to me? I have been saying for years that a life saved should be a life worth living”.

We have always been letting sick children die. Money spent on a cup of coffee, which might have been contributed to OXFAM or UNICEF, lets sick children die. The child/community dilemma is important, but whether or not entrapment should be recognized is even more so. In countries with low child mortality, drastic fertility reduction is much more effective in disentrapment than not doing everything possible to reduce mortality further.

To struggle with the realities or to practise double think?

We shall try to deal with the other objections of Claeson et al. as briefly as possible, point by point.

- “Better planned families and better health care for children are both in the best interests of community development.” Correct as far as it goes. However, ‘community development’ as ordinarily understood takes no account of entrapment.
- “Just when constructive forward-looking solutions ought to be vigorously sought, Dr King offers only excuses and solutions which reflect despair.” Forward-looking
proposals that neither despair nor refuse to face reality are exactly what we do propose. 

- **No serious consideration given to interventions aimed at increasing carrying capacity, such as cancelling debts, or improving terms of trade.** Why then did we write that one way to avoid entrapment is by “raising carrying capacity by increasing agricultural inputs”, and that the challenge and the dilemma of the countries of the North is “the extent to which they reduce their resource consumption, abolish Third World debt, liberalize trade, and share their resources with the trapped, especially in the form of ‘free’ foreign exchange” (6)? We could hardly have been clearer than that!

- “Extreme pessimism with the ethical unresponsiveness of the North.” Here, alas, Claeson et al. are right. In the same vein, at Cairo Sam Preston was pessimistic about the possibility of feeding more people by persuading the wealthy to eat less meat (7).

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**Should entrapment be recognized?**

The arguments for recognizing entrapment are powerful, particularly the first:

- The need to seek and face the truth – this surely is compelling. The longer we postpone facing the truth, the more difficult will it eventually become.

- There is much we can do.

- We should face the subsidiary dilemmas actively rather than by default.

- We should not keep trapped communities in ignorance of their plight.

- At the very least, awareness of entrapment would give a powerful boost to ordinary family planning (down to a two-child norm).

- Some communities might accept one-child families. From a global perspective, every community should do so.

The arguments against recognizing entrapment are also powerful:

- The trapped poor might be unduly coerced to restrict their fertility by their own elites.

- We cannot forecast the future. There is nothing we can do, in that we are powerless to alter the development dynamic in the South, or adequately assist it to control its fertility (in effect fatalism).

- To admit the existence of entrapment is to break a taboo. Unfortunately, taboos may be necessary for the stability of a society in ways which may not always be immediately apparent. Here the taboo seems necessary for relieving our anxiety, for preserving our comforting short-term view of the world, for the present relative stability of North-South relations, and for maintaining the current paradigm in public health.

- Finally, there are the tensions that are liberated by discussing entrapment. These could be a major agent for change in the world. Paradoxically, we hold that this is the main reason for recognizing entrapment – if the forces liberated can be handled constructively.
Seeking solutions "within the communities themselves". As a decision-maker in a trapped community, do you base your decisions on what ought to happen, which is much redistribution from the "callous North", or on what probably will happen, which is not much? We argue that we all of us have to try to live in the real world, while doing all we possibly can to change its less happy realities.

"Why not propose increased migration?" That is exactly what we do propose. We wrote: "...what is wanted is a full onslaught on the ethical presuppositions of late capitalism which include inter alia that [the North] has the right to go on consuming the world's resources at a disproportional rate, [and] that migratory flows of population from areas of ecological breakdown can and should be stopped"(9). Haiti shows how important this is.

"It would seem more reasonable to plead for stronger, better financed and technically improved [conventional] family planning programmes [down to a two-child norm]." The current assumption is that these programmes based on the "two-child paradigm" are always going to be sufficient in time (9). Rwanda shows how wrong this assumption can be.

"Letting communities decide ... would perpetuate injustice as much as, if not more than, letting international aid agencies decide." We have never disguised the fact that there are questions to be asked about who makes what decisions for whom, and is accountable for them. If there are difficult ethical choices to be made, they should surely be made as close to the community as possible. In practice the least unsatisfactory place may be the ministry of health. If communities decide to starve, that is their choice.

"Dr King asserts that whatever the community decides is ethically right for them, but..." A good point! There are some practices (torture, for example) which must be considered ethically unacceptable in all societies. There are, however, other practices (incentives and penalties relating to abortion, for example), which may be justified in a trapped community faced with the dilemma of aborted fetuses or starving adults, but which are not justified in a non-trapped one which does not face this dilemma. Just which incentives and which penalties are justified in a trapped society in the support of abortion, and which are not, is something which the Cairo conference should have discussed and did not. There may be some penalties which are never justified, and others which are only appropriate in particular grades of entrapment. We should be cautious about criticizing the ethics of a trapped community from the perspective of a non-trapped one.

"Some societies would have to take the Draconian measure of restricting families to one child." Correct. If the even more Draconian choice is starvation (as was China's), the community has to debate the issue and decide. Its decision has to be final – not ours.
"Whatever competition for resources might exist is a creation of aid agencies, not of communities." In the real world there is a competition for resources, and short of a major change in the political consciousness of the North, there will continue to be one.

Ultimately, it all boils down to the dilemma: Do we recognize entrapment and struggle with its realities compassionately, or don’t we? Until we recognize it, double think will continue. ■

References

Where are the people?

Globally, world population growth is slowing from an annual rate of increase of 2.1% in the late 1960s to about 1.7% today. Growth rates are expected to continue their decline to reach an annual average rate of population increase of about 1% by about 2020. Population growth is still considerably higher in the developing world (2.1% per year between 1985 and 1990) compared with the developed countries (0.6% per year). The average rate of population increase for the least developed countries over the last 5 years was 2.8% per year.