

BEVERIDGE'S FIVE EVILS RETURN

JEREMY SEABROOK

Squalid housing, deaths from cold, millions out of work: has the welfare state done more than change the surface of society?

BEHIND the current questioning of the nature and purpose of the welfare state significant anniversaries loom. Not only, this year, the fortieth anniversary of the coming to power of the reforming Labour government of 1945, but also, last year, the more sombre celebration of the Poor Law Amendment Act of 1834, for which some members of the present government may well retain considerable affection, even though they forbear to display it too openly. Long-term re-appraisals are in the air. The social security reviews initiated by Norman Fowler are to be "the most substantial examination of social security since the Beveridge report," which was published in 1942. In a report, *Of Benefit to All*, the National Consumer Council called for a drastic overhaul of the social security labyrinth. In the words of its chairman, Professor John Hughes, "Beveridge's dream of a simple national insurance scheme has become a nightmare."

Other, perhaps even more unsettling questions need to be asked, which go beyond the present re-assessment. In the celebrated paragraph 465 of the original report, Beveridge identified "five giant evils." These were Want, Disease, Ignorance, Squalor and Idleness; and the means whereby these were to be eliminated were then set forth. The 1945 government duly achieved what was believed to be necessary to lay to rest, once and for all, these scourges of the poor.

It now appears that these giants were by no means eradicated. They may have been transformed; metamorphosed even. But they haven't gone away. They have adapted themselves to the existence of the welfare state, and have re-emerged in our time—not always in the same guise, it is true, but modified in ways that fit the altered landscape of our lives, the changed decor of capitalism. Their re-appearance raises a disturbing possibility. Perhaps they remain the necessary and inseparable attendants of a system that defies all attempts of reformers to destroy them.

They may be less easy to recognise in the new forms they assume. But their presence is unmistakable, a blighting and destructive force in lives that were to have been delivered from them for ever.

Most people have little difficulty in acknowledging the recurrence of *Idleness*. Mass unemployment, for a long time felt to be politically intolerable, has proved remarkably acceptable, even to large numbers of those required as the human sacrifice. And as for *Want*, well, that certainly exists, with our seven million people in Britain dependent on supplementary benefit. But the common wisdom is that, like unemployment, it has been much mitigated by the welfare state.

Unhappily, this takes little account of the lived experiences of contemporary unemployment and modernised poverty. Far from being assuaged by wel-

fare, these experiences have been aggravated by the insistent and aggressive images of plenty, by a culture which ceaselessly advertises its desire to shower all that is good and desirable upon its people.

The Child Poverty Action Group has expressed concern at its difficulty in bringing home to people the curiously harrowing pressures of present-day poverty. It couldn't find an image that would convey the feeling. This is not surprising, because the vast majority of images of our society are of remorseless luxury and abundance. The very presence of these ubiquitous scenes of comfort and ease reinforces the idea that, if there are people who fail to avail themselves of the cornucopia, it must be because they are failures as individuals. It must be their own fault.

What of the other horrors that Beveridge sought to banish? Surely they have been effectively dealt with. *Disease*, for instance. If there is one thing we can be proud of, it is the health service, the reduction of infant mortality, the elimination of TB and rickets, the enhanced life expectancy. The old afflictions have gone. That is plain for all to see.

But it may be that the continuities are to be found elsewhere. For instance, it was significant that the Lord Chief Justice, animadverting to the problem of heroin, said that it was "worse than cholera or typhoid." At a British Medical Association conference last year, a psychiatrist said that heroin addiction is "not an epidemic now, it is a plague."

We sometimes talk in metaphors that give us a sense of ugly recurrences and correspondences. We refer to "outbreaks" of violence, "epidemics" of crime. There has been a "rash" of crimes against the elderly in one area, "waves" of outrages against migrants in another. The urban riots of 1981 were felt to have been intensified by a copycat effect; in other words, they were contagious.

Revisiting the past

In this way we can understand how the system can have been transformed, and yet remains the same. The consequences of contemporary diseases are no different from those earlier visitations: a young person destroyed by glue or drugs, or left bleeding on a suburban pavement after a knifing at a party, suffers no less than those who went to paupers' graves in the cholera epidemics of the early 19th century. The fevers of today take their toll in stress and heart disease and cancers; they have their analogue in a past long familiar. Thatcherism has deep cultural resonances. There is the eerie impression of revisiting the first industrial revolution in spite of the glittering and refurbished appearances.

Ignorance seems an unlikely characteristic of "information-rich" societies, where there have never been so many people busy "communicating" with

each other. But the spread of industries based on information—that landlordism of knowledge—depends, for its success, on the manufacture of ignorance, a special kind of unknowing. The advertising industry, for example, claims to teach and inform. But in a society in which surfaces are paramount, scepticism is essential if we want to be able to read accurately what is presented. This frequently means taking things at the opposite of their face value.

Advertising is really in the business of creating an ignorance that is necessary to the consumer economies of the west.

It spirits away public concern with the origin, content or suffering involved in the production of any commodity, service or bought thing. Advertising doesn't just encourage people to buy what they don't want. It also sanctifies the moment of purchase, any purchase. It blesses the act of buying by all the noise, show and excitement that are created around each fresh-marketed item. A cloud of unknowing envelops the mysterious communion between vendor and buyer, conjuring away all the awkward questions, such as whose mouths have been denied food to provide succulent milk-fed chickens or corn-raised beef in the supermarket, or who might have walked 200 miles to gain the privilege of working in a sweat shop for the sake of some fashionable garment destined to be tomorrow's rags, or who has crawled underground in a mine guarded by the military to fetch the metal that will make some trifling adornment? The mystic bond between promoter and purchaser is all that matters.

Creating ignorance

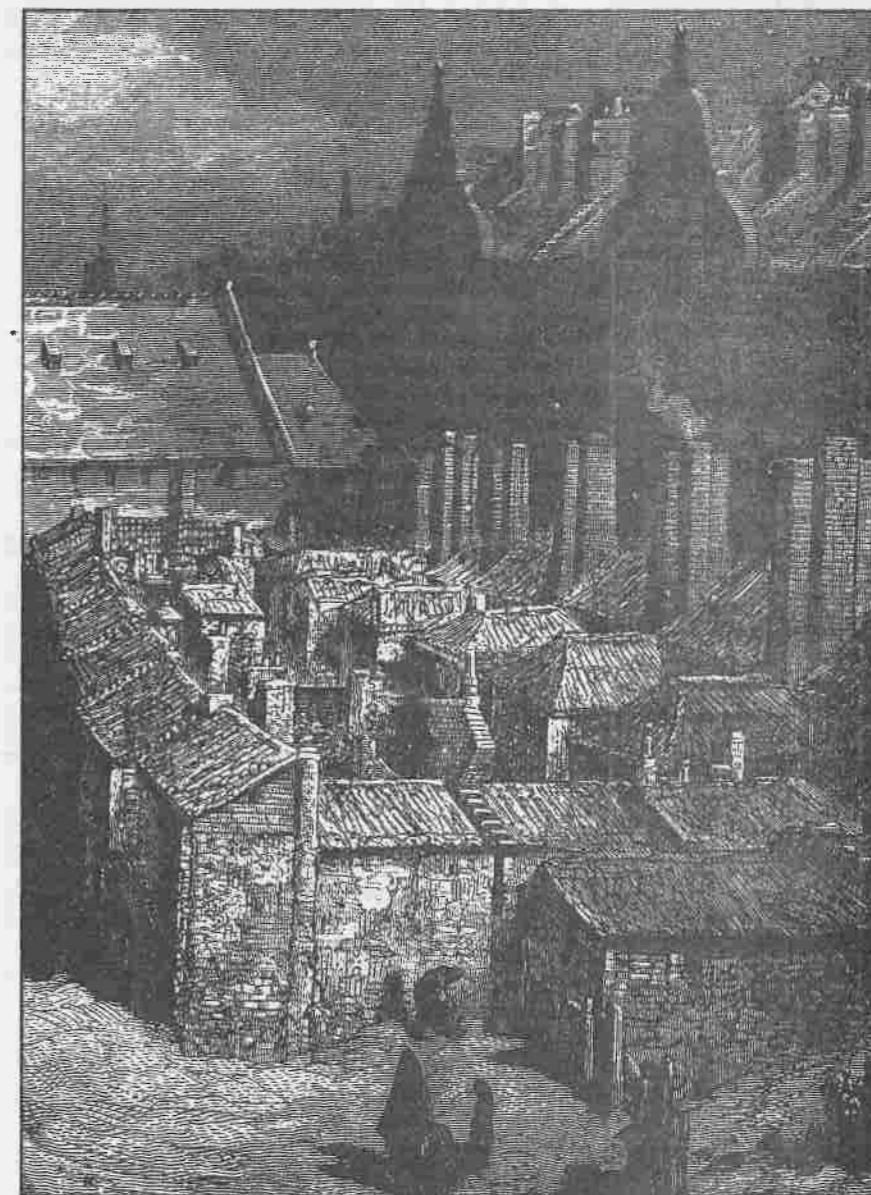
This modernised unknowing is not incompatible with people being "better informed" than ever before. It is a carefully wrought artefact, admirable in its intricacy. Like poverty in the richest societies in the world, its production is a minor miracle.

And what of *Squalor*? The dismantling of "classic" industrial areas—the 19th century slums and tenements, mills and factories—was to have done away with all those cruel sites of suffering, fixed so indelibly by Dickens and Engels and Booth and Mayhew and Jack London. But this has been the mere landscaping of capitalism. The squalors of contemporary life aren't to be found in the infested interiors, with their orange-box furniture and sacking at the window, the empty cupboard and dry crusts and guttering candle. Nor even are they to be found in the stinking breath of open drains and offal-strewn canals. We should look perhaps at a different flow of pollutants. There is one stream that can be traced from the ugly graffiti in the poor estates, denouncing the prosses and divs and wankers. Another is the violation in the marketing of images of women, and the ruined relationships of people caged and goaded by poverty until they tear each other apart, all gloatingly chronicled in the popular and local press. Yet another stream flows through what is mis-named the entertainment industry (which should more accurately be called the ideology industry), where any evening's TV viewing will yield a sequence of human beings being mangled, destroyed, murdered and blasted apart.

This cultural and ideological sewage has its effect on humanity in ways that appear different from Engels's Manchester, yet are so evocative of the overflow from that poisoned and fetid environment. For all the altered scenery, old patterns are reconstituted. The lineaments of Beveridge's giant evils have been modified by the beautified and re-worked surfaces,



Above: The squalor of late 20th century glue-sniffing. Below: The squalor of late 19th century slums



It would William Beveridge (above) think at the world we've lived?

Jeremy Seabrook's next book, *Landscapes of Idleness*, will be published later this year by Basil Blackwell

Christopher Piltz/Impact

Mary Evans Picture Library

but the ugly familiar shapes can be discerned again—transformed by welfarism, but intact. It requires only small imagination; a quality, alas, disdained by a left which thinks that all the horrors of capitalism are known, and have been revealed for all time.

How would it be possible for these giants not to survive? They are indispensable to the perpetuation of a society in which poverty and its grisly attendants are essential. They are essential because of the overriding need that people should be goaded on to the continuing accumulation of a capitalist version of riches. Without the spur of poverty, we might be content to rest in the certainty that there is enough for all—not only those of us in the rich world, but also for those suffering more absolute privations all over the world. If poverty really had been mitigated, made less

horrible and less violent an experience, all the relentless striving might be seen for the driven, tormented absurdity that it is.

There have been curious and unforeseeable consequences in the mingling of welfare with capitalism. The result is a strange mutation, which has a life and dynamic of its own. The spectres of the classic moment of capitalism still haunt this new creation. They continue to do their work of impoverishment and loss, as they always did.

In this context, a review of Beveridge is certainly overdue. That it is Norman Fowler and not the left who is undertaking it comes as no surprise. But is it in order to slay, or even to chain up, those ghostly giants that a fundamentalist government has embarked on such a project? Hardly.

AIDS AND A PLAGUE MENTALITY

RICHARD FISHER

The death of the Chelmsford prison chaplain was a turning point in how the infection is seen in Britain. But accurate information can help lessen the feeling of panic.

FRIDAY morning, 1 February, the *Sun* enlivened the slog to work with a front-page headline: "GAY PLAGUE KILLS PRIEST." The story revealed the name of an Essex prison chaplain who had died more suddenly than usual with AIDS—Acquired Immune-Deficiency Syndrome. In phrases like the first-sentence reference "to 300 teenage boys," the *Sun* strongly suggested not only that the dead man had been homosexual but that he may have behaved improperly with some of his communicants. His further responsibility as chaplain to a girls' prison was of course "Continued on Page Two."

Thus, another sad and untimely death from what is probably a new disease that has killed 52 Britons, average age 36, became a blast on the trumpets of terror. Even the chairman of the Prison Officers' Association publicly implied that some of his own members might have had sex with the prison chaplain, so angering the Chelmsford branch that they temporarily refused him admission to the prison. The panic spread to other prisons, like Wormwood Scrubs, with prison officers resisting new admissions. No one seemed to care a toss about the 37 year old Chelmsford victim, or about two vital facts: although AIDS is an infectious disease, it is fortunately very hard to catch. It seems to be transmitted only by sexual intercourse or buggery, or by direct contact between the blood of someone with the AIDS virus and the blood of a healthy person.

But then facts tend to impair prejudice, simple pleasures and newspaper sales. For example, no health worker—doctor, nurse, hospital cleaner or volunteer—has yet caught AIDS if he or she is not also otherwise at risk. At least one British health worker has died of AIDS. He was not known to be haemophilic, homosexual or an intravenous drug user. However, he had accidentally pricked his finger with a needle that had been used to inject a drug into an AIDS patient.

AIDS can be caught from infected blood; hence the worries about the blood transfusion service. It can

also be caught from infected corpses, if they are handled, for example, with a cut finger; hence the Home Office guidelines on avoiding postmortems except where really necessary. Nor is it surprising that ambulancemen should be worried about mouth-to-mouth resuscitation (a breathing tube seems to be the answer). But no one has yet caught AIDS from a toilet seat or a drinking glass or by breathing the same air as a person with AIDS. Not even a wet kiss has been shown to transmit the disease even though the virus does appear in saliva. Why then if it is so hard to catch, can the *Sun* and others like it use AIDS to boost circulation?

Apart from sheer ignorance, there seem to be three contributing factors in public attitudes; relevant phenomena, if not causes.

First, AIDS is incurable. So far, no one who has contracted the disease has lived more than four years after diagnosis. The average time from diagnosis to death ranges from eight months in the case of people who have suffered from a so-called "opportunistic" infection, of which more below, to 18 months for patients with Kaposi's Sarcoma. Nor is there a cure in sight, despite some hopeful research results. Therefore, AIDS is a new phenomenon in the 20th century, an incurable, fatal disease that attacks primarily young people.

How did it spread?

Second, the most frequent victims of AIDS in the west are male homosexuals. Of course, the really important qualifying phrase is "in the west." In tropical Africa where the disease may have originated, the same or an apparently very similar infection kills heterosexual men and women. The epidemiology is uncertain, but it may have spread from Africa to Haiti and hence to the United States through male prostitution.

The course of the disease among Africans is not easy to quantify. Cases have been identified with certainty only in major cities such as the Zaire capital,

Kinshasa. But France has the largest number of known AIDS cases in Europe—over 200—and 33 of these are Central Africans. 10 per cent of cases in Europe reported to the World Health Organisation last October were African. Six months ago in Belgium, 36 out of 38 AIDS patients were Central African men and women. In short, there is strong evidence of sexual transmission between heterosexuals, evidence that is now being echoed in a handful of cases in the United States. Therefore, far from being a "gay plague," AIDS may be a threat to the heterosexual western majority, too.

The third phenomenon relevant to the saleability of AIDS is an old friend: homophobia. The hatred and fear aroused by any deviation, but especially by sexual deviation, need not be discussed here. Suffice it to note that AIDS has made queer-bashing respectable. God's wrath at filthy practices, the argument runs, has yet again been made manifest. The contradiction between a "gay plague" and a heterosexual outbreak, therefore, can be overcome by painting male homosexuals as the cause of AIDS. Innate homophobia provides the emotional lever to lift this cack-handed logic into the headlines.

But in fact no one should brush aside the possibility that AIDS may break out of the groups now most at risk—haemophiliacs, homosexuals, intravenous drug users and the sex partners of homosexuals and drug users. To appreciate the danger, we should review what is known about the disease.

AIDS is called a *syndrome* because the disease has been diagnosed on the basis not of a known causative agent like the tuberculosis mycobacterium but of signs and symptoms. These include symptoms like persistent diarrhoea, night sweats, unexplained weight loss and lymphadenopathy (swollen glands mainly in the neck, armpits and groin) that can herald a number of diseases. A second kind of indicator involves the immune system—that diverse and poorly understood collection of cells and chemicals dispersed throughout the body that naturally protects us against disease. In AIDS the immune system is severely and irreversibly damaged. The signs of damage vary considerably from patient to patient. They include the widely-publicised imbalance between the so-called helper and suppressor T cells, but this sign is not found in all people with AIDS.

The one sign common to all patients diagnosed as having AIDS is the presence either of a cancer or of an "opportunistic" infection, or both. The most common form of cancer in AIDS is Kaposi's Sarcoma, a cancer of the skin and connective tissue usually first noticed as small purplish blotches on the skin. It was identified toward the end of the last century by M.K. Kaposi, an Austrian dermatologist, as a chronic but seldom fatal condition in patients of Mediterranean origin over 60. Significantly perhaps, an acute, rapidly fatal form of the sarcoma was discovered in young tropical African men within the last 30 years. AIDS patients have also suffered from relatively rare lymphomas and leukemias.

The "opportunistic" infections are so called because they are caused by organisms rarely found in humans, or by infections which are seldom fatal unless the patient has been intentionally immunosuppressed by drugs—for example, to prevent transplant rejection. In AIDS, the damaged immune system gives these infections an opportunity to flourish. Note that an AIDS patient dies not of the immune deficiency but from an infection that he cannot ward off (even with drugs to help) or from a cancer. This is important because it helps to explain why people with



AIDS are not infectious in all normal circumstances, and may remain generally well during most of their illness.

There are drugs that can control and even cure an opportunistic infection the first time. But the person with AIDS is not naturally immune to it. So he can go through a second bout with the same infection. Drugs have also significantly delayed Kaposi's Sarcoma. What has not yet been possible is to correct the underlying immune disorder. New immune-related drugs are being tried, so far inconclusively.

Though the causes of cancer remain unclear, the protozoa, viruses or bacteria that cause the opportunistic infections are known. Until recently, however, no cause for the underlying acquired immune deficiency had been identified. But in the past year, teams working independently at the Institut Pasteur in Paris and at the National Cancer Institute in Bethesda, Maryland, have identified what is

The new Plague (above), as chronicled by the "Sun," and the old Plague. Opposite: Solomon Eagle, an eccentric moralist who proclaimed that the 17th century Plague was a just punishment for an evil world. Below: an illustration of the Plague Pit from Harrison Ainsworth's novel, "Old St Paul's"



Richard Fisher is the author of *AIDS: Your Questions Answered*