

Big Brother in a Box

**Andrew Gordon, Malcolm Bush, John McKnight, Linda Gelbard,
Tom Dewar, Kathy Fagan, Anna McCareins*

Bureaucracy survives by fostering the idea of dependence. At first we have the illusion of choice, but acceptance gives way to expectation and then to need . . . the process of enslavement is already with us.

There is available on many toy counters an unusual and instructive machine. It is a battery-operated five-inch box with a lid and an exposed switch. It is otherwise unadorned. If someone flips the switch to turn the machine on, a grotesque hand emerges from beneath the lid with a single purpose: to turn the switch to "off" again so that the machine can sit silently until someone else turns it back "on".

In one sense this is a perfect machine. The hand effectively carries out its mission — to prevent any outside interference with whatever is going on inside the box.

Imagine a bureaucracy which is similarly perfect, one which operates only in ways that guarantee its continued smooth operation and does not brook interference from the outside world. Let us imagine further that this box is a service bureaucracy, an organization whose public function is to serve people who need help. The service may or may not require institutionalization. The bureaucracy may be public or private. How would this box bureaucracy be organized if its sole aim were to guarantee its own smooth operation, without any interference or complications?

The task can be broken down into four major areas: (1) the creation of

ele; (3) the control of information and accountability to nonclients; (4) the growth of public perceptions of need.

1] The creation of need

The box must appear to serve not itself but society, and in so doing relieve the public of a major burden. Therefore, a needy class must be defined. The definition must be broad enough so that the potential clientele is greater than the box's capacity to provide service. The box will then be able to reserve the ultimate right of selection from that needy class, taking care to select those who will least disrupt the system.

The ideal clients would be those least in need of the service to be provided. A show of effort, a shuffling of papers, and these clients would be perceived by the public as successfully processed.

Ideal clients are also personally powerless and unconnected with assertive outside interests, minimizing outside interference. The aged, the poor, or the children of the poor seem especially well-suited. Since these categories of people are also the most apparently in need of benign care, they are doubly ideal.

Effective public relations requires that some clients who are obviously in genuine need of service be accepted as well. However, should totally disruptive clients be accepted through public pressure or faulty screening, liaisons can be established with other less visible and legitimately coercive agencies to assure stability.

2] The management of clientele

In the perfectly managed box, the clients' needs may sometimes hinder the provision of service. Therefore, the managers of the box first decide what services can be provided without

to persuade clients that those are the services they need.

Nonetheless, some clients will criticize the quality of the service they receive, or declare themselves 'served' and ready to look after themselves. Clients must be persuaded that their perception of their own needs is fallible, that they do not have the training or skill to judge the services they are receiving and that they must never trust their own opinion of whether they are sufficiently served. The language anticipates us: the Latin root of the word "client" is a verb which translates to hear, to obey. They should be made to understand that they are too young, too sick, too neurotic or too ignorant to rely on their own judgment. Once the clients are persuaded of their correct needs, the box ensures that they perceive no alternatives to the service the box delivers.

The labels used to define clients must stress their weaknesses and ignore their strengths. Promoting the common understanding that clients are alike only in that they are all deficient, inhibits them from recognizing and exploiting their individual and collective strengths.

Clients must not be allowed to contribute to, or even have access to, the records describing their progress. All of their behavior should be suspect, and fit material for manipulation.

A few clients might still display some behaviors disruptive of the daily routine of the box. However, this can be discouraged by labelling as desirable that behavior which assists the smooth running of the service machine, and by treating as deviant those acts which interfere. In fact, unruly behavior can be viewed as symptomatic of the

* The authors are students and faculty at the Center for Urban Affairs, Northwestern

client's need for more intensive services. The box can ensure adherence to that behavior which suits it by a system of rewards, punishments, persuasion and group pressure. If subtle controls do not work, the box could employ forms of physical restraint (incarceration), physiological control (drugs) and psychological manipulation (therapy) which further strip the clients of power.

3] The control of information and accountability to non-clients

Since the box dispenses kindness, few will question its activities. At its best the box appears benign to the public, to the clients, and to the helpers. However, the box will be required to account to the public for monies spent, services purchased, and services delivered. The public will occasionally demand information about its inner workings and accounts of its stewardship. The solution is to persuade the public that the only people competent to examine the box's operations are those who have been licensed and trained in its specialty; no one else has the skill to appreciate its methods or to evaluate its results. As an additional precaution, it would suggest to those who do not understand its specialized language that the fault is theirs. The box would deny information to those who try to pry further, undermining their credibility by scoffing at their experience, their training, and their competence.

It may be necessary in some cases to assure the public, through an apparently independent audit, that the box's services are working. This appearance can be created by an interdependent web of interests, incorporating training institutions, professional associations, licensing bodies, paid evaluators and professionalized funders of evaluations. These symbiotic interests, rooted in a common system of values, will preserve the illusion of independent accountability.

The professional helpers can also create organizations appearing to regulate professional conduct while, in fact, bearing down heavily on colleagues who would challenge time-hallowed procedures. The scope of these professional organi-

levels of government, insuring maximum public funding and minimum accountability.

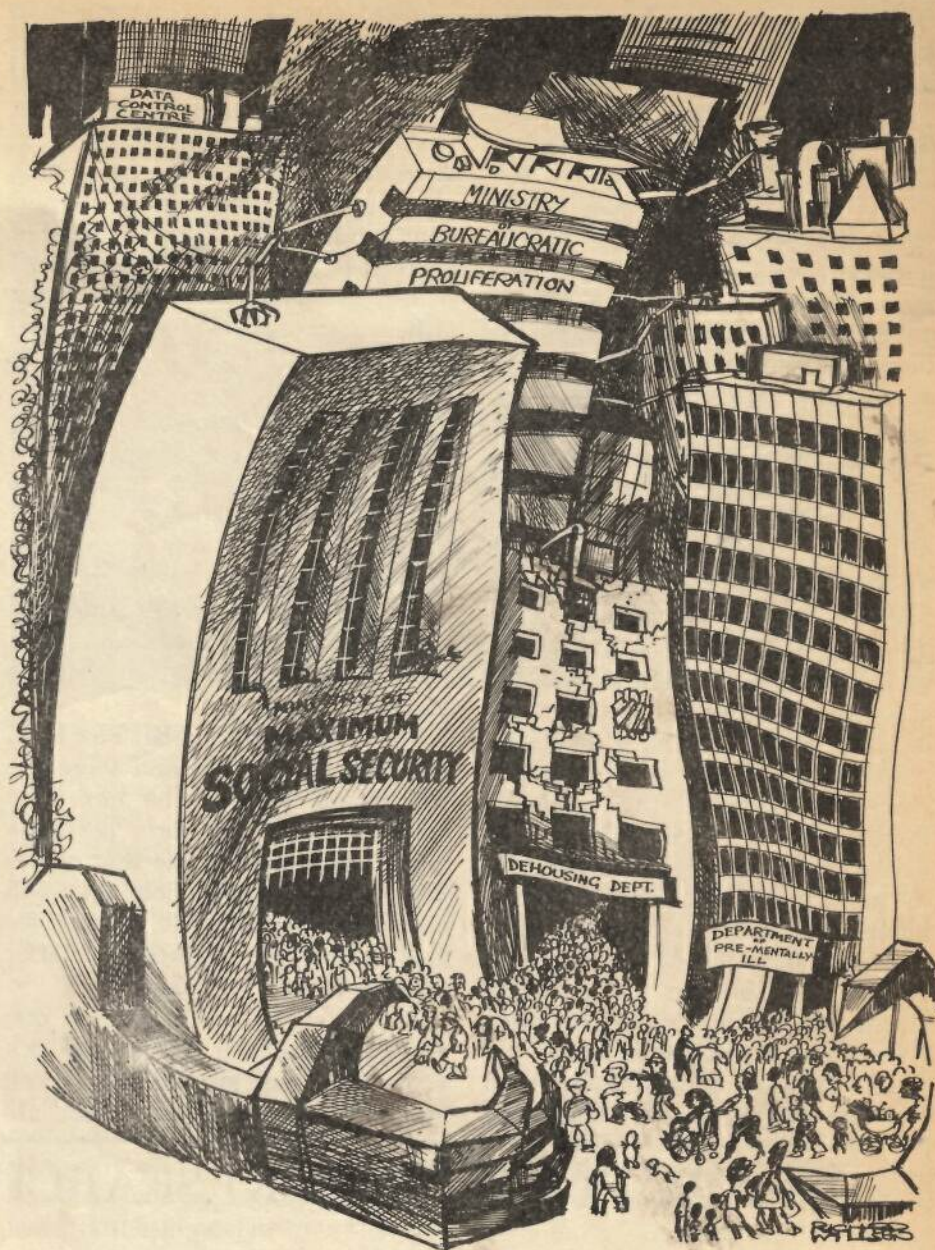
If the box were still required to submit to external inspection, it could turn even this demand to an advantage. It agrees to evaluation of its methods and systems, never its outcomes. The box will answer questions which are consistent with its own goal of smooth functioning. It will thwart and otherwise circumvent questions which entertain the alternative value of maximizing clients' well-being.

Persistent outsiders may insist on evidence of successful service. Placebo recoveries, spontaneous remission, and healthy clients who have not been harmed provide examples of putative successful

the skill to diagnose both needs and successful outcomes increases the likelihood of acceptable evaluations.

For any unconcealable failures — clients whose disability the box has not helped, has exacerbated, or has even created — the appropriate strategy is again to turn a possible embarrassment to an advantage. The box can assert that the problem is caused by lack of funds, citing high client-helper ratios, low salaries, poor technology and insufficient research. The operating assumptions of the box should never be questioned; rather, the public must understand that what is needed is more of the same.

The box can also persuade the public that what it perceives as



is minor compared to the problems the client had before or would have had without the box's professional intercession.

Another approach to perceived failures is to shift the blame to the client. The box can explain that the clients were beyond help when treatment began. Genetics, neighborhood, or family constellation guaranteed failure. If the clients are poor, minorities, or dispossessed the public usually will be prepared to accept these explanations.

If all else fails, the box can suggest that it was not allowed enough control to enable it to help the client.

4] Growth

If there is any untidiness which remains in this system, it is caused by the constant need to react to non-client groups. This problem must not be dealt with by taking a defensive position. Rather, the service bureaucracy should tackle this irritating remnant by a concerted effort to expand its hegemony. By expanding the number of clients, the number of non-clients who are potentially disruptive diminishes. The box must enlarge the stream of potential clients and demand more resources for its increased responsibilities.

The policies of reformers who criticize the accepted forms of

service can also be used to widen the net. The critics say that giving help to a single person outside the context of his family is self-defeating. Therefore, the entire family is invited to therapeutic sessions, involving them all in the problem. Some critics may also decry the practice of placing people in institutions and insist that clients be served in their own houses. The box should accept the criticism, so that the client's parents, brothers and sisters may also become clients.

Beyond the immediate family, others who are not obviously sick are susceptible to the "crises" of childhood, adolescence, middle age and old age. The seven ages of man are replaced by the seven crises of man. The meaning of life is defined by a series of crises, and each attracts its own band of helpers and institutions.

The concept of need has now been stretched to its limit, and there are still people outside the box. The helpers must therefore persuade those remaining outside that unless they, too, are given help they will not retain that enviable position for long. And so the box begins to offer services to the "pre-needy".

The logic of the argument is disarmingly simple. If you are not sick you are pre-sick and therefore need attention and check-ups. If you are

sane you are pre-mentally ill and should seek help. If you are law-abiding you are pre-criminal and should be given therapy to prevent a decline into lawlessness.

There remains one final step. No human behavior is to be considered authentic without the stamp of the experts' approval, which is never given.

The stable state for a service bureaucracy has been achieved. There is no one to pull the switch on the box because there is no one outside the box. Everyone perceives their meaning in terms of clienthood. People confidently approach the box demanding that they be admitted in order to become whole.

There is no longer a necessity for the service bureaucracy to justify its existence in order to survive and expand. Indeed, the client will have "forgotten" that there should be a relationship between need and service. They will use the box because it is there. They will feel incomplete, unreal, and lacking, not because they have a need, but because they cannot get into the box.

As a result, the issue of equity is defined as the *right* to enter the box. Finally the law will be inverted, with equity defined as the right of the box to encompass all.

HENRY DOUBLEDAY RESEARCH ASSOCIATION

Convent Lane, Bocking, Braintree, Essex

WARNING ON COMFREY

We, the Committee acting in accordance with our honorary Medical Adviser say 'the use of Comfrey internally must cease'.

Ragwort, Crotalaria, Borage, Echium and Heliotrope contain pyrrolizidine alkaloids which can cause liver damage leading to liver cancer and wild heliotrope seeds contaminating wheat in Afghanistan recently caused illness in 22 per cent of the people in one district and several deaths (Lancet 1976, 2691). Comfrey contains the same alkaloid, just as potatoes contain the same alkaloid as woody nightshade, and therefore a world authority on alkaloids, Dr C.J.C. Culvenor of the C.S.I.R.O. Animal Health Division at Melbourne, Australia, has warned against eating or drinking comfrey by human beings and animals.

He is now starting work on comfrey and said in a letter to me, 'I believe that our warning is warranted until adequate investigations have been made. We are now setting about long term studies which may provide the answer, but these studies may take two or more years.'

The Henry Doubleday Research Association of Australia has flooded Dr Culvenor with accounts of successful stock feeding and experiences of the healing value of comfrey. They have now sent a questionnaire round to all their Members to locate those who have eaten most comfrey for longest. Most at risk are vegans who try to take all their Vitamin B12 from comfrey, which is not possible because there is too little in it. The young leaves contain the most alkaloid, mature leaves about a fifth as much and dried tea least of all. Blood tests which will show any malfunction of the liver are being arranged.

A leading British expert on these alkaloids is Dr C.R. Crout of Exeter University. While it would be scientifically desirable for him to repeat Dr Culvenor's experiments we cannot afford the £24,000 this would cost. The H.D.R.A. is therefore paying the University to analyse for the alkaloid at £120 a shot for this time consuming and difficult test, to find immediate answers to the questions every comfrey user is asking. The

first test was with our comfrey ointment, which showed only three parts per million of alkaloid, and is in Dr Crout's opinion, entirely safe. So are fresh, or pulped leaves or comfrey flour used as dressings or poultices, as directed in 'Comfrey The Herbal Healer' for the alkaloid is not absorbed through the skin. The risk lies in eating or drinking it for long periods.

We are awaiting results from Dr Crout who is analysing our comfrey tablets, tea made with fresh or dried comfrey leaves, cooked flour and cooked fresh leaves, because the heat appears to effect the level of the alkaloid. Though the damage to the livers of experimental animals and human beings from the alkaloid (in plants other than comfrey) is cumulative, this is from successive doses, unlike D.D.T. and other organo-chlorine compounds which build up to danger in our body fats. The alkaloids come apart easily because they are natural and break down quickly like nicotine. Therefore comfrey foliage in compost, in potato trenches, as liquid manure or a mulch is as entirely safe as the ointment.

Dr Culvenor considers that the risk for ruminants, cattle, sheep and goats is less than for human beings, because they have a mechanism in their first stomachs that can destroy a large proportion of the alkaloid, and pigs have a protective factor that helps them to resist many poisons.

The 40 years for which the late Vernon Stephenson fed comfrey to race-horses and the fact that there is always a post mortem when an expensive horse dies, which has never shown liver damage in all the years it has been fed, makes the risk small, but there must still be a warning for all stock and human beings. Until we issue a further statement no human being or animal should eat, drink or take comfrey in any form.

Lawrence D. Hills