

10

Social harm and social policy in Britain¹

Professor Danny Dorling

Introduction

'The distinction', Dupuy says, 'between a killing by an intentional individual act' and killing as a result of 'the egoistic citizens of rich countries focussing their concerns on their own well-being while others die of hunger' is becoming less and less tenable.' (Bauman's 2006, page 100, translation of Jean-Pierre Dupuy)

In Britain, France, and no doubt almost everywhere, part of the understanding and study of crime is slowly refocusing on studying social harms more widely defined and often more damaging than those acts we currently choose to criminalise. The most devastating acts of social harm concern the preventable deaths of one hundred million children under the age of five globally that occur every decade. Locally, premature deaths that could be prevented if we cared can be counted each decade in Britain in only hundreds and thousands by area – but still the vast majority who die even in this country due to the callousness of others do not die directly at their hands. It is not murder that accounts for the ten fold 'variations' in infant mortality between areas at the extremes.

In practise much of the harm is institutionalised. Welfare spending in Britain is set so that those reliant on it live in poverty. The government aims to abolish poverty by getting folk 'who can' into work and one way they do this is by making life outside of work very hard to live for those the government thinks should work. One effect of this is to damage the bodies of, (and subsequent survival chances of the babies of) those who become pregnant while living in poverty. Eating, resting and living well while pregnant is not possible when living in poverty. However, what matters more than physically damaging their bodies though such treatment is damaging young adult minds. If the government tells you through your own welfare payments how little you are worth a week why have much respect for yourself? And what pleasures can you expect in life? You may as well have a smoke, or worse. If you think I'm making this case too strongly walk past the line of new teddy bear shaped grave stones in any large municipal cemetery of a poor town and then look at the odd one or two such stones in the cemetery near where you live. You can't blame the infants for dying, so do you think the harm was caused by apparently feckless parents?

Current inequalities in infant mortality in Britain are the most obvious manifestation of the social harm poor social policy can bring. The statistics of the last century shows that previous Labour (and Liberal) governments had a better record of narrowing the gap than the current one has (Dorling, 2006a); and in more than just our mortality (Dorling, 2006b). In this short commentary I want to try to show how the banal process of public policy creation is currently often skewed to result in outcomes that in turn result in greater social harm for little meaningful benefit. There is also much that is good and well meaning in current policy creation, but a streak of particularly nasty inhuman market idolisation runs though much of what is currently being proposed on this richest of islands to deal with its poorest of people.

Many know this to be the case for some of the civil servants inserting clues to their discontent by giving fatuous examples of the implications of proposed policy in even the pages of published Green Papers! I give a few references below. I suspect that at the heart of some of our current stupidity is the naivety of a few who

do not realise that we are all human and those who are poor are not some other species that can be treated differently. In contrast there are also plenty of signs of good intent and of those involved in the process who still see people as people and the error of the pursuit of ever more wealth and work.

The new welfare reform bill

The *Mental Health Bill 2006* was introduced to the House of Lords by the then Minister of Health, Lord Warner. Part of the extremely long debate over its clauses concerned changes to the ways in which individuals could be deprived of their liberty. It was a mess and denounced by 77 charities and other members of the most concerned policy alliance as 'a missed opportunity for legislation fit for the twenty first century' (Mental Health Alliance, 2007). Depriving individuals of their liberties of course requires serious debate and members of parliament (and their civil servant advisors) should have done better than they did, but what was introduced by Lord Warner in November 2006 was not, I argue, the real mental health bill. That came later, with *The Welfare Reform Bill 2006* designed to alter the lives of hundreds of thousands of people have not worked for at least the last two years, mostly because of mental illness.

There are currently over two million people surviving due to receiving Incapacity Benefit (Freud, 2007, page 4, Figure 2 and PFMHTWG, 2006, page 8). The majority are too mentally ill and demoralised to work (while others are working with such illness, and many others are ill and not working nor claiming). I have documented some of the bizarre process of public consultation over the Bill elsewhere (Dorling, 2007a), it is now law and affects far more people with mental illness than the Bill but received far less attention.

Despite the Welfare Reform Bill (2006) having become law, much of its potential effects are still to be determined. As with the Mental Health Bill, the actual law does not determine the codes of practice and other mechanisms that will now be put in place. It simply enables them to be. In this way members of parliament do not get to scrutinise what will actually happen at the point when they could have most effect. The key policy turning point was obscure: the

Minister's (then Jim Murphy's) acceptance of the Physical Function and Mental Health Technical Working Group's (PFMHTWG, 2006) Report on the Transformation of the Personal Capability Assessment of the Department of Work and Pensions, (DWP). The remit of the Minister's department's working groups included, especially for the mentally ill, to 'accurately identify those who in spite of their condition are fit to continue to work' (*ibid* page 2). They did this by attempting to assess the level of functional limitation at which it is unreasonable to require a person to engage in work.

What level of cognitive and intellectual function is too low; what degree of learning disability too high; of autistic spectrum disorder too severe; or of acquired brain injury too poor scoring on their new system, to excuse a working age adult from the compulsion to labour in the new Britain to come? As I say, despite the Welfare Reform Bill having now passed into law we don't know the precise answers because their main recommendation involves testing and further developing, and full piloting of various claimant questionnaires and forms of medical evidence certification throughout 2007 (*ibid* page 4) and I am writing this in August of that year, but already there are enough clues to guess at the outcomes. (Dorling, 2007a).

The current Personal Capability Assessment (PCA) is too physically based for the liking of the technical groups. Currently an assessment is made as to the extent that your limbs work; you can see, talk, and hear enough for whatever it is you might do; you can remain conscious; and can control your bowel and urine voluntarily. Points are given for how well (or badly depending on your point of view) you score on these and hit the magic number of 15 such that you are entitled to benefit. At that number, or above, they currently consider it would be unreasonable to expect you to work. Below that number and they have ways of making you work. It's not called 'New Labour' for nothing.

Not all work is good for you

The impetus for changing the rules in Britain over who has to undertake paid work has been the rise in benefit claimants suffering from mental health problems, depression and anxiety;

and the falls in the number suffering back pain (PFMHTWG, 2006, page 8, paragraph 13). As our industrial employment continues to collapse at a rate as fast as it ever did in the 1980s it is hardly surprising that fewer folk have been developing serious musculoskeletal conditions (Dorling, 2006b).

Changing industries and technology is not the reason more people are unable to work due to mental illness. Instead it is the rise in mental illness itself along (possibly) with a fall in our tolerance of difference. The huge rise there has been at work has been in employment with very low skilled service jobs (Elliott and Atkinson, 2007). So what could be contributing to the rise in mental illness? Illness rates have risen among children and the elderly in Britain, not just for those of working age, and they are highest where most people also spend most time providing unpaid care, so if the rise is partly deceit it is a very well organised deceit involving children, carers and pensioners too!

One possibility is that it is the substantive nature of the recent change in the nature work and society that literally made people ill. It is not a superficial difficulty with saying the words 'would you like to go large with that sir?' that presents the mental challenge. It's the mind-numbing drudgery of serving folk with crap, having to say crap, having to wear crap², and be demeaned through doing all that which would make any individual depressed if they were to work as an automaton on show for too long.

One of the government's responses to the problem of 'worklessness' is, to work closely with the fast-food chain McDonalds (DWP, 2007, page 6) to help them fill jobs nobody want to do possibly through forced (and not necessarily paid) employment. This is one example of those clues to disenchantment left by civil servants in the recent 'welfare' Green Paper. Another is their example of getting black women to work (again possibly by compulsion and not necessarily paid) as care assistants for those taking our private health insurance (*ibid* page 34).

I read that and thought; what a nice way to celebrate one the centenary anniversaries of the abolition of directly sponsored

British slavery. These are just two examples, but I would have found it hard to make them up or some of the many other ridiculous ideas clearly inserted to show how even many of those putting policy together within the heart of government dissent so much from the 'everyone must labour' mantra.

Think about it. It is not an enjoyable (or easy) or particularly rewarding process claiming Incapacity Benefit due to mental illness. It is not something you would boast about in the pub, after all, success does not fund many pints for anyone. How often do you hear people celebrating the fact that they managed to convince a DWP contracted private doctor to believe that they really do feel 'tired all the time', look forward to almost nothing in the future and think they personally have no significant contribution to make?

This rise in mental illness is no great scam to claim higher benefits. This is not the feckless masses conspiring to live it up on an enhanced dole. It is also not occurring in many places because there is a lack of jobs of any kind, just a lack of reasonable jobs. It has been many years since we have had so many jobs available and so many in work in Britain. But exactly what kind of jobs are these, we want the mentally ill in particular to take? What are the jobs left unsold at the bottom of the labour market? I'll give some examples below, but many more are given in the Green Paper though the websites of the firms that are, the DWP's partners – those firms that obviously offer work that is so bad, they cannot easily find labourers (DWP, 2007, page 36). One of the firms listed provides 'manned guarding services' - a boom industry, and much of the work is of that nature, shelf stacking or till serving. However, the same firm needing those currently on benefits due to mental illness to work as security guards is also contracted to decommission some of the 'ponds' at Sellafield, the future's bright etc. But the majority of un-fillable jobs are not quite so exciting, take former 'mining' and industrial areas and the new leisure industry for example.

The mining industry had been in decline for sixty years before its obliteration in the 1980s. In 1991 the area with the largest number of people working in the mining industry was the potteries, and

these 'miners' were mostly women³, presumably hand-painting ceramics of one kind or another (Dorling and Thomas, 2004). Monotonous work, and far better done by robot spray brush than human hand, but work none the less that did not involve a constant feeling of being devalued while having to appear something you are not: happy.

By 2001, around the potteries, as much as anywhere – services of one kind or another now employ almost all who are employed. The best known perhaps is the theme park of Alton Towers. And the person most likely to greet you as you take your seat for a meal there grew up in Warsaw rather than Stoke. For those with hope and a future, university students, well-educated Polish immigrants, gap year migrant working-tourists, asking minute after minute exactly the same questions or groups of people taking their plastic seats to eat plastic food - people who quickly blur into exactly the same customers - becomes not only a monotonous, but a very demeaning occupation.

Being a servant in the new economy is demeaning because the interaction is directly and repeatedly with people and their money, not with putting colours on white clay. Factory work is brain-numbing, but other than in Cadbury's Bournville Chocolate factory (where tourists can pay to see those who help run the conveyor belts) it is not a spectacle. Today's acts of service are. And you are no longer the servant of a rich family, who might at least get to see you as slightly human out of familiarity. Today's service worker is the 'annoying' voice of the call centre, never the same twice; the 'surly' receptionist; 'slow' bar tender; or 'immigrant' restaurant work in a theme park. You don't really like them – and they have to be nice to you and what you blow your money on: valueless stuff that they could not afford.

Every time they return your change for that drink in the chain-pub they are reminded by their hourly wage, they are worth less than a minute's profit that passes through their fingers. Every time they listen to you on the phone transferring money between your bank accounts, order consumer goods, holidays, hotel rooms, they are aware of how little they have. Look how old the next person

serving you is or ask them on the phone. They are almost always under or around age thirty. I don't think that is because of an ageist recruitment practice. Almost no one could take the drudgery for long who could see there were better things to be had, all around them.

If it were you and you did not know it would only be temporary how would you begin to feel? For an extra 10 pounds an hour wouldn't you rather work around the ponds in Sellafield? If it were me, I would. If I had to face the idea that demeaning service work was my only option, for year after year, I'd begin to feel tired all the time. Think about doing it yourself, the hours, the pay, the conditions. Doing this kind of work makes people ill, as will the thought of doing it. Of course pre-industrial agricultural toil will have been almost as boring and more backbreaking, and seemed as interminable, but it might have been more consistent with dignity and self-respect. It is the servile, inferior, low-status of the jobs, in a society where we are very conscious of other possibilities which is new, not just the jobs, but the kind of society their existence and growth represents (Wilkinson, 2007).

Direct visual contact is not all that is required to feel demeaned. Those working in call centres only hear the (not 'their') customers. Those changing the sheets in hotels only get to smell the customer. But the constant realisation that so many people can afford the luxuries they order through your ear, or don't have to make their own beds, begins to grate. It was only a few years ago that people applied for a mortgage, rather than shopped around for one. Then the building society clerk looked down on, or more often across to, you as customer. In most cases a local customer. It was not much further back in time that only the very rich stayed in hotels. Far fewer beds needed changing by others' hands each morning (leaving aside who made beds in the home – and who was most depressed back then?).

Providing badly paid service labour is less and less a respectable profession, career, or something that makes you part of the old working class majority – cohesive at least in the collective experience of living at the whim of a small minority of the affluent. If you knew that most other people were reading scripts in answer

to customer queries, changing bed sheets, serving at tables, or repeatedly asking whether folk wanted to 'go large' or not, you might convince yourself that this is as good as it gets. But you'd have to be quite unaware of how much many others get, let alone how much today's most affluent get to be happy with your lot.

And then the magazines and daytime TV shows are filled with detail on the lifestyles of the rich and famous. Popular culture is obsessed with what kind of home or second home you can purchase for that odd extra couple of hundred thousand in your 'budget'; or with locations for exotic holidays; with quick fixes whereby nobodies can become famous; with a message that says that if you are not beautiful, thin, non-smoking, rich, attractive, interesting and enjoying a great job – it is your fault for not trying hard enough. We are surrounded by advertising for what we cannot afford. State schools charge for school trips to embarrass the poorest of children and their parents. And we have a regressive taxation system whereby those who get more pay more and are taxed less. Only a fool would not feel hard done by.

The solutions – mass medication?

In contrast to my musings, the government's PFMHTWG report does not concern itself too much with the cause of the main component of the huge rise in mental illness; instead it just says that such depression is 'very amenable to therapeutic interventions' (PFMHTWG, 2006, page 8). It used to be psychoanalysis, but today there is medication, and if the drugs don't work, evidence can be created to show that they do (Dumit, 2005). There is a huge danger in implying that mass medication may be needed to get hundreds of thousands of depressed working age people to work.

What is needed, but lacking in almost all of this debate, is an understanding of how we came to organise our working lives to exclude so many who would like to work and to compel so many more to do jobs that might well make them ill. In the remainder of this commentary I concentrate on what is being suggested for the non-working mentally ill of working age in Britain to illustrate why that need for better understanding has become so vital now.

There are some sensible suggestions in the PFMHTWG report that suggests how more of the mentally ill can be coerced to work. It says that a new assessment regime should not be so biased against the mentally ill, scoring their afflictions so lightly; it could concentrate on the positive rather than the negative; it could involve practical help for people to find work rather than just simply assess their benefit entitlement status; it could be better linked to the pathways to work initiatives lauded as so successful in another more recent and much public DWP Report (Freud, 2007).

Incidentally don't be fooled by the figures in the (DWP commissioned) Freud report suggesting spectacular falls in the number of Incapacity Benefit claimants in pathways pilot areas (a 9.5% fall on page 44 of his report). David Freud got his numbers wrong (to verify this simply read the sources he cites – they do not apply to all claimants as he implies, most of whom have been claiming for years, but only to a small minority for recent claimants), but then he is not a social scientist but a banker.⁴

David's report is titled *Independent*, but was both commissioned and published by the DWP. Independent no longer means independent. The point of independent reports to government and ministers is that they are not written by people who are independent of government but by folk whose lives and connections are intimately wound up in the machinery of government and elite civil society. For those who enjoy unravelling these connections, and given the origins of the Centre for Crime and Justice Studies (formerly the Institute for the Scientific Study and Treatment of Delinquency), it is relevant to point out that David is the great grandson of Sigmund, and Sigmund was briefly associated with the Institute (CCJS, 2007). Delinquency was thought then and still by many now to be a mental illness, possibly inherited. Although such thinking is now discredited the use of some of Sigmund's thinking to sell ideas to the public is continuous and underpins a huge consultancy industry: public relations (PR).

The DWP Working Group's report on the PCA was not written as an exercise in public relations. It is not all advertisers bluff to try to

get the public to purchase ideas that they should not really want to buy (if an idea is good it does not need PR which is needed mostly the worse an idea or product is for you). Also parts of the report are not all carrot and stick. For instance, it suggests that as the PCA currently stands, it writes off too quickly people deemed to have learning disabilities and other conditions affecting their ability to think as not being able to work without considering their rights to work and support to work. Having a series of the most minor levels of physical ailment that can be recorded by the current system can entitle an individual to benefits whereas the same is not true of mental illnesses. The report also identifies the current self assessment questionnaire as being 'hardly user-friendly'; but then advocates a widening of the approach currently being piloted in 'Pathways to work' areas where the doctor carrying out the PCA reports on each 'claimant's residual functional ability' PFMHTWG (2006, page 19). 'Residual functional ability' is not a phrase someone working in PR would applaud.

Conclusion: residual functioning ability

I suspect that the phrase 'residual functional ability' will not make it to the final wording of the codes the law is to enable: there is much work yet to be done on the language. But although the wording will change, it is unlikely that the underlying thinking and prejudices behind much of this current policy making will alter a great deal. These are not policies being made for the people making them – but with others in mind. Reading the report it is clear to me that most of those who wrote it never expected to be sitting being assessed by these criteria, nor do they expect that for their children, lovers or friends. But they should, because the current numbers and trends make it very likely that all of us or someone very close to us will one day soon be assessed for whether our mental health means we are up to labouring.

So how can new social harms be averted such as those about to be inflicted through the *Welfare Reform Bill 2006* and far worse if the Green Paper is unopposed? During the final debate on the bill in the House of Commons on 17 May 2007 there was no dissent from the cross party committee considering DWP's aims, including their

aim of getting four out of five folk into paid work, almost regardless of what that work might do to these workers:

'The whole Committee agrees that the 80% target is wonderful;...'
(Engel, 2007)

Perhaps all other MPs and folk in cyber space (the then DWP minister's blog went quiet) were keeping their heads down? Better not to be identified as a dissenter in this brave new world where more people will get better, more will work harder, more will be responsible, even if Natascha Engel ended her sentence above with a tiny note of caution. Here is what she said in full:

*'...The whole Committee agrees that the 80% [sic] target is wonderful; it was just the way to reach it that we had slight concerns about.'*⁵

One day soon such slight concerns need to be expressed a little more clearly. The more policy documents on health, work and well-being I read the more I come to believe more than ever that we need to thinking more carefully about why so many of us have become so ill in recent years (Wilkinson, 2005). The alternative to this is that 'in the not too distant future we will have mass medication, 80% in work, and wake up one morning and wonder what we are all working for' (Anon, 2006).

ABOUT THE AUTHOR

Danny Dorling is Professor of Human Geography at the University of Sheffield.

Notes

¹ A longer version of this argument appears as an editorial in the Journal of Public Health Medicine, Autumn 2007 (Dorling, 2007a).

² A colleague who kindly commented on an earlier draft of this piece told me they once worked for a multinational firm where the uniform included trousers with no pockets below management level. Only the managers were trusted not to steal. When you are next in a cinema, fast-food restaurant, or similar establishment, have a look for the pockets (but please try not to be obvious in your glances).

³ People's jobs can be classified by the industry they work in. Thus in the mining industry, although for decades only adult men were allowed underground, there were (mainly)

women who cooked the food that miners ate after their shift, clerks who worked on the surface, managers, and cleaners among many other occupations employed. The industry was repeatedly decimated to such an extent before and especially after the miner's strike of 1984 that by 1991 the largest single group of people classified as working in the industry of mining by the Office of National Statistics (ONS) in any one local authority then were (mainly) women working in districts in the potteries. Ceramics were included in the extractive mining industries as clay has to be extracted from the ground just as coal is. When this decision was made it is almost certain that no one in the bodies that preceded ONS ever thought that the greatest concentration of 'miners' would be women in Staffordshire. Incidentally the industry continued to collapse to 2001 employing only a seventh of the workforce of 1991. The potteries (and the Stoke area) suffered most, and the greatest concentrations remaining by 2001 were of people associated with the north sea oil industry working in Scotland, and a rise of people working in 'mining' in the centre of London – these being consultants associated with multinational mining companies working with bankers there (all recorded in the 2001 population census as 'miners'). Britain makes more money from mining than it ever did – it just that most of the miners are now in copper, coal, iron and diamond mines in very far flung parts of the globe. The future for mining in Britain was far worse than anyone envisaged in 1984 there was no fall in the numbers of people working in dangerous conditions down holes in the ground – they were just working on holes in the ground in other countries – and many of the new miners are, of course, children.

⁴ This is not an isolated example of innumeracy in the Freud report. That report will have been checked by civil servants so again I think their leaving of obvious gaffs in the text is an indicator of dissent in the policy maker ranks. Earlier in his report, on page 37, he suggested that: 'By 2009, over half the new entrants to the labour market are anticipated to be people in ethnic minorities.' Again Freud has misread the source he quotes (which is referring to half the increase, not half the total for new entrants). These errors do need pointing out as we should record how poor the 'evidence base' became in the dog days of the Blair government, when – presumably as I suggest above because so few civil servants had managed to maintain enthusiasm for the spin and were bothering to fact check even simple things any more – such errors could emerge. For this error to be true would require (say) all new jobs to only be in London. And even then for their distribution to be skewed towards ethnic minorities dramatically, to redress old inequalities in employment in that city. Put another way, the only way David Freud could be correct is if Ken Livingstone became prime minister. I may be missing something here – but I really don't believe Ken's ascendancy is the establishment plot.

⁵ Natasha was appointed parliamentary private secretary to Peter Hain MP a few weeks later. Hopefully she will still raise a few concerns as she climbs the ladder, but it is usually at this point of initial promotion that younger MPs become acquiescent.

References

Anon (2006) Comments: <http://www.dwp.gov.uk/welfare-reform/blog/index.php/2006/10/19/mental-health-action/#comments>

Bauman, Z., (2006) *Liquid Fear*, Cambridge: Polity Press.

Beatty, C., Fothergill, S., Gore, T., and Powell, R., (2007), *The Real Level of Unemployment*, Sheffield: CRESR <http://www.shu.ac.uk/cresr/downloads/publications/The%20Real%20Level%20of%20Unemployment%202007-.pdf>

CCJS (2007) 'Centre for Crime and Justice Studies', *History of the CCJS*: <http://www.kcl.ac.uk/depsta/rel/ccjs/history.html>

Dorling, D. and Thomas, B. (2004) *People and Places: a Census Atlas of the UK*, Bristol: Policy Press.

Dorling, D. (2006a) 'Infant mortality and social progress in Britain', 1905-2005, Chapter 11 of E. Garrett, C. Galley, N. Shelton, and R. Woods, (Eds.) *Infant Mortality*, Aldershot: Ashgate.

Dorling, D. (2006b) *Inequalities in Britain 1997-2006: The Dream that Turned Pear-Shaped*. Local Economy, 21 (4) 353-361. http://sasi.group.shef.ac.uk/publications/2006/dorling_inequalityinBritain1997_corrected.pdf

Dorling (2007a) 'The Real Mental Health Bill,' *Journal of Public Health Medicine*, forthcoming.

Dorling, D. (2007b) *Health, in Compass (Eds) Closer to equality? Assessing New Labour's Record on Equality After 10 Years in Government*, London: Compass. <http://clients.squareeye.com/uploads/compass/documents/closetoequality.pdf>

Dorling, D., Rigby, J., Wheeler, B., Ballas, D., Thomas, B., Fahmy, E., Gordon, D., and Lupton, R. (2007) *Poverty, Wealth and Place in Britain, 1968 to 2005*, Bristol: Policy Press.

Dumit, J. (2005) 'The de-psychiatrisation of mental illness,' *Journal of Public Mental Health*, 4, 3, 8-13.

DWP (2007) 'In work, better off: next steps to full employment', in *Green Paper*, C. 7130, HMSO: London.

Elliott, L. and Atkinson, D., (2007), *Fantasy Island*, London: Constable and Robinson. <http://books.guardian.co.uk/extracts/story/0,,2082838,00.html>

Engel (2007) *Column 341WH, Mp for North East Derbyshire, contribution to Westminster Hall debate on the Government Employment Strategy*, Thursday 17 May, London Hansard: <http://www.publications.parliament.uk/pa/cm200607/cmhansrd/cm070517/halltext/70517h0003.htm>

Freud D. (2007) *Reducing dependency, increasing opportunity: options for the future for Work and Pensions*.

Mental Health Alliance (2007) *Mental Health Alliance gives final verdict on 2007 Mental Health Act* (7 August) <http://www.mentalhealthalliance.org.uk/news/prfinalreport.html>

PFMHTWG (2006) *Physical Function and Mental Health Technical Working Groups, Transformation of the Personal Capability Assessment*, Department of Work and Pensions, September <http://www.dwp.gov.uk/welfare-reform/tpca.pdf>

Wilkinson, R. (2005) *The Impact of Inequality: How to Make Sick Societies Healthier*, London: Routledge, see also <http://books.guardian.co.uk/reviews/politics/philosophyandsociety/0,6121,1538844,00.html>

Wilkinson R. (2007) Personal communication (on an earlier draft).