

**Speech by Dr. Theodore Dampryle on 16th September  
at a meeting organized by Pro Flandria.**

Ladies and gentlemen,

I am very grateful to you for having done me the honour of asking me to speak to you this morning. Now I am aware that in many cases, English must be your third language, and therefore I will try to speak as clearly and as simply as possible. In any case it is a good discipline to express oneself as clearly and simply as possible: that way, it is more difficult to obscure the obvious. However, if I say anything that you do not understand, please do not hesitate to interrupt me and ask me to repeat or explain what I said.

Ladies and gentlemen, my theme this morning is that of dependence. Until I worked – for fifteen years – as a doctor in a hospital in a British slum, and in the prison next door, I had not really given the matter much thought. (The main difference between the hospital and the prison was that it was much safer to work in the prison.) I worked on a ward in which people were admitted who had taken overdoses of pills, about 1200 of them a year. Let us say that, over the years, I examined at least 12,000 such people. Each one told me not only about his own life, but about the life of four, five or six people around him. The area in which the hospital was situated was one of high unemployment, high levels of crime and violence, low levels of educational achievement, high illegitimacy – indeed, were it not for the children of Indian immigrants, the illegitimacy rate of children born in the maternity would have approached one hundred per cent – high levels of every kind of social pathology, and, of course, high levels of dependence upon social security and other state subventions.

My sample, while selected, is not a small one. I heard about the lives of between 50 and 100,000 people until I retired last year. It did not take me long to recognise that there was a pattern to the ways of thinking that I encountered among my patients. And I hope you will forgive me for speaking about Britain, the country in which I worked and which I know best. Every country is unique, of course, but there are nevertheless similarities between all countries in Western Europe, and while I do not know Belgium well, I should be surprised if none of what I said applied to Belgium as well.

Perhaps I can best illustrate what I mean with a recent story. Though retired from medical practice, I still prepare medico-legal reports for the courts. Recently, I was asked to prepare one about an eighteen year-old girl who, under the influence of both alcohol and cannabis, attacked her eighty-nine year old great grandmother with whom, for reasons of the usual social pathology, she was staying at the time. As is usual in the preparation of such reports, I asked the girl about her mother.

*'She was once in trouble with the police,' she replied.*

*'What for?' I asked.*

*'She was on the Social and she was working at the same time.'*

I should explain that ‘being on the Social,’ in colloquial language, means the receipt of social security payments. Working at the same time is, of course, fraudulent.

*‘What happened?’ I asked.*

*‘She had to give up working.’*

She said this as if it were obvious, as if anybody would do the same, as if, when it comes to a choice between working for a living and receiving social security benefits, anyone would clearly prefer the latter to the former. Income does, and ought to, come first from the state, and then, only secondarily, from one’s own efforts.

Anecdotal evidence of a mental state of dependence was not difficult to find. In the days when I used to visit patients at home, I was often surprised and alarmed to see the condition of the gardens around houses. They were full of rubbish of various kinds. The mothers of the children who were playing in the rubbish would say, when I asked them why their gardens were in such a state, that they had asked the council to clean them up – as if the council were living in the houses.

The state of dependence would be manifest even in the language that they used. When describing a problem, they would use the passive mood. For example, a drinker would say, ‘The beer went mad,’ as if it were the beer that drank the man rather than the man who drank the beer. Drug addicts would explain their decision to resort to drugs by saying that ‘I fell in with the wrong crowd,’ as if gravity had taken hold of him and he were powerless in the whole transaction. Men would explain their decision to leave the mother, or mothers, of their children, by saying that ‘the relationship wasn’t working,’ as if the relationship existed in some Platonic state independently of the behaviour of the people involved in it, and omitting to mention such matters as his jealousy, violence, drunkenness and flagrant infidelity, to say nothing of the tiresomeness of being constantly asked for money for the upkeep of his offspring. In fact, in the area in which I worked, it became an indelicate or awkward question to ask a young person who his father was. He was either unknown, or no longer in contact, or deeply hated and despised. Practically no man in the area believed that he had an inescapable moral responsibility to his children and the mother of his children, and what is perhaps more surprising, no woman believed that the father, or fathers, of her children had such a responsibility. As a consequence, no mother ever considered the question, not for even a fraction of a moment, whether the man who was to be the father of a child was in fact a suitable parent. The question simply did not arise.

Now you might think, or might have been told, that Britain has a low unemployment rate. In France, certainly, they persist in believing that there is an Anglo-Saxon model of laissez-faire that is in contrast to their own, more social model. Britain for them is a dog-eat-dog society without state regulation, whose only advantage is a low rate of unemployment. Nothing could be further from the truth.

Fifty per cent of the British population is now dependent for some part of its income on a handout from the state. Our unemployment rate is not low. What has happened is this: those who were once unemployed have been redesignated as sick. If you add the number of unemployed to the number of people claiming the state benefit to those who are deemed too ill to work, then the total figure for 1980 and 2006 is more or less the same, give a few percent: about 3,000,000. But whereas 90 per cent of those 3,000,000 were once unemployed, they are now sick.

Thus we have produced a miraculous situation in which the health of the population is constantly rising, with increased life expectancy and decreasing infant mortality rates, yet with a vast number of people of working age who are invalids, at least according to the officials of the welfare state. Let me assure you that it is only very rarely that an invalid knows what is wrong with him. I would often have the following conversation with a person officially incapable of work, and therefore permanently in receipt of sickness benefit:

*'What work do you do?' I would ask.*

*'I'm on the Sick,' would come the reply. ('On the Sick' was the medical equivalent of being 'on the Social.'*

*'What is wrong with you?' I would ask.*

*'I get a sick note from the doctor.'*

*'But what does it say?'*

*'That I should stay on the sick.'*

No doubt the desire to avoid work – work that is often not very well-paid, and is dull and repetitive – by a variety of subterfuges is normal, and nothing new for our time. But the situation I have described is in fact a very corrupting one, and not just of the person claiming to be sick who is not.

The situation suits the government, of course, even if it is expensive (because sick pay is more than unemployment benefit): it means that the government can claim a low rate of unemployment, which of course it ascribes to its own astonishing wisdom. The unemployed like it, because it means that they no longer have to pretend to be seeking work, as they do if they claim unemployment benefit. And doctors like it for a reason that I will now explain by an anecdote.

A fit and athletic young man was treated in my ward. I asked him what he did for a living, and he duly told me that he was on the sick. I asked him what was wrong with him, and rather unusually, he had an answer: he had back pain. A little later in the interview, I asked him what his interests were, and he told me that he was interested in martial arts, which he continued to practise regularly. I noticed that he had a black eye,

and I asked him how he had got it. He told me that recently, when he was on his nightly three-mile jog, he was set upon by youths, whom he did not escape before one of them punched him in the eye. Moreover, I had noticed that he got on and off the bed and walked round the ward not like a man with the kind of back pain that would prevent him from working.

I telephoned his doctor, who signed his sick certificate regularly, and told of him my observations.

‘Oh, I know all that,’ he said, ‘but the last time I tried to take someone off the sick, he picked up the computer on my desk and threw it at me, and since then I just sign a sick note for anyone who wants one.’

Surveys demonstrate that between 50 and 75 per cent of British general practitioners have been assaulted or at least threatened in any twelve month period, mainly I suspect precisely by the kind of people requiring a sick note. Thus doctors are only too glad to comply with the wishes of the government, and sign people as being incapable of work when actually they are unemployed. (Another means of keeping the unemployment rate down, especially among young men, is by expanding the tertiary educational system to absorb a very high percentage of young people, despite the fact that this means that educational quality is diluted to the point at which a university degree becomes utterly useless, either as vocational training or as evidence of a certain level of intellectual ability. Education in Britain now plays the same role as sickness in keeping down the unemployment rate.)

Dependence is nothing new, of course. Doctor Johnson, in the middle of the Eighteenth Century, wrote a biography of a reprobate poet, Richard Savage, who believed himself to be entitled to a large income first because he believed himself to be of aristocratic birth and second because of his great talent. He was therefore absolved of the need to earn his living or conduct himself in a prudent way. Doctor Johnson says that this had certain consequences:

*By imputing none of his miseries to himself he continued to act upon the same principles and to follow the same path; was never made wiser by his sufferings, nor preserved by one misfortune from falling into another. He proceeded throughout his life to tread the same steps on the same circle; always applauding his past conduct, or at least forgetting it, to amuse himself with phantoms of happiness which were dancing before him, and willingly turned his eye from the light of reason, when it would have discovered the illusion and shewn him, what he never wanted to see, his real state.*

I think that one can recognise these traits in a large part of the population, encouraged to develop them by the idea of entitlement.

I could continue almost endlessly with anecdotes about dependency. Let me just add that from time to time I would have attached to me in my work a doctor from the so-called

Third World – from the Philippines, say, or from India. At first, they would be extremely impressed by the fact that our patients had so much done for them free of charge: that we would help them with their various problems, whatever they were, often with the housing authorities. They would see this as eminently humane and desirable for their own countries.

Before long, however, their opinion would change. They would notice something strange about the patients, that they were without spirit or energy, at least in the important things of life (going to nightclubs was another matter, they never really lacked energy enough for that). They noticed that, despite the fact that they were not poor, at least by Third World standards, that they had many electronic devices, and lived in housing that many people in the Philippines or in India would have thought palatial, they were unsatisfied, disgruntled, and living in a kind of limbo or purgatory in which nothing had any meaning, because the connection between what they did and what they received in return had been completely broken. Before long, the doctors from the Third World thought that, all things considered, the situation at home was preferable, at least psychologically, to the one that they were witnessing from the vantage point of the ward.

In fact, I believe that the patients whom I saw in a state of dependence were perfectly aware, or at least could be made perfectly aware, of the truth of their situation. Let me take one example. I have already mentioned drug addicts who explain that they started by ‘falling in with the wrong crowd,’ as they put it. I reply to them that it is strange how I constantly meet people who fall in with the wrong crowd, but never any member of the wrong crowd itself. This is indeed strange, for where can the wrong crowd be hiding? Although my patients are usually not very well educated, to put it mildly, and some of them perhaps are not even very intelligent, they never fail to see the point of my question and to laugh at it. In other words, they know perfectly well that their claim to passivity, to have been subject to a force very like that of gravity, is bogus, and in fact is a kind of lie to secure them advantages, either psychological (so that they can tell themselves that ‘it’s not my fault,’) or tangible, by posing as victims in need of material assistance.

Similarly, when patients explain what they have done by saying that they are easily led, I ask them, then, whether they are easily led to mathematics or foreign languages. They laugh; it is a universal human propensity to ascribe our failures and failings to forces or circumstances outside ourselves, but there is little doubt in my mind that we have created a society when, for the first time, advantages systematically accrue to people for doing so. This has a disastrous consequence upon human character.

My wife, who is a French doctor who worked in England among old people, was struck by their great dignity, pride and self-respect, irrespective of their level of education. They were, on the whole, undemanding, modest and grateful for whatever help they received. I do not think the difference between them and younger people in Britain is ascribable to the mere difference in age. I do not think that the young adults whom I used to see as patients will, in their old age, be undemanding, modest and grateful. On the contrary, it seems to me that they will be querulous and disgruntled, having been taught from the

very earliest age that they are entitled to a great deal, that they are endowed with a plethora of rights merely by virtue of having been born and drawing breath.

A sense of entitlement – we are told that such things as housing and health care are rights, and rights cannot be abrogated, so someone has a duty to supply them irrespective of the behaviour of the bearer of the rights – creates peculiar and unattractive psychology, in which there is a dialectic between ingratitude on the one hand and dissatisfaction and resentment on the other. If you receive what you believe yourself entitled to, you are not grateful, because you were entitled to it; but if you do not receive what you believe you are entitled to (and that, in an age of mass exposure via the media to the lives of the rich, the famous and the supposedly glamorous, is the condition of many people, especially since the premise of the desirability of equality has been granted), you are resentful. At no point in this dialectic are you happy, which perhaps explains the gross over-prescribing of anti-depressant medication.

What has in effect happened is that many people have been deprived of a reason for, or purpose in, living. They do not have any religious belief any longer; they cannot be said to have an autonomous or participatory cultural life; they have no intellectual interests; they do not even have the struggle for existence that gives dignity to ordinary people in Africa, despite their much greater poverty. The state throws them subventions that house them, feed them and keep them entertained with television screens: a policy of bread-and-circuses. But people cannot live like this: so what do they do? They create social pathology that at least gives interest and drama to their lives, and lend them some excitement.

Now it seems to me to be beyond reasonable doubt that when things go too far (it is difficult to say exactly when that is, of course) great economic harm is done. Our countries, though rich by the standards of all previously existing societies – and we should never forget that – are much less rich than they might be, as a consequence of treating a substantial proportion of their populations as helpless dependents. (If you want to see people truly thrown on to the dust-heap, visit the banlieues of Paris and other French cities.) It is true, of course, that there are some people in every society who are genuinely incapable of conducting their own affairs and who deserve help and assistance, and that that help and assistance must in many of those cases be greater than that which can be supplied by the person's family alone: but such people are comparatively few, and in any case it is now the policy, at least in Britain, not to enquire after the deserts of any particular case. For example, when I had a patient with multiple sclerosis who in my view needed public assistance through no fault of her own, I could not say to the authorities that she was a particularly deserving case, because that would imply that there were cases that were not deserving, and it is the ideology of the welfare state, de facto if not de jure, that we are all victims if we say we are.

But if the system that I have described leads to widespread social pathology, misery, discontent and resentment, all in the midst of unprecedented plenty, why is something not done about it? Why do we not change things?

I don't want to sound too much like a Marxist, but the fact is that there is now a vast vested interest in keeping the dependent in their state of dependence. Let me give you an illustration from the phenomenon of drug addiction, particularly to heroin. An entire bureaucracy of treatment of drug addiction has arisen when in my opinion there is nothing to treat. In my opinion, everything you think you know about heroin addiction is wrong.

It is not true that it is easy to get addicted to heroin. The average addict takes about twelve months of irregular use before he takes it regularly. He is not hooked by heroin, in the colloquial phrase, he hooks heroin. It is not true that, once addicted, an addict cannot be expected to stop because the withdrawal symptoms from heroin are so terrible: they are trivial, from the medical point of view, and grossly exaggerated in all literary depictions of them. They are not dangerous, unlike delirium tremens, for example. It is not true that addicts have to resort to crimes such as burglary and robbery in order to obtain their heroin. It is perfectly well-known that heroin addicts can work if they really want to; moreover, and more importantly, the fact is that most heroin addicts who commit crimes committed crimes before they ever became heroin addicts. In other words, in so far as there is a causative connection between heroin addiction and criminality, it is that whatever causes criminality causes heroin addiction. That is to say, it is more likely that criminality causes addiction than that addiction causes criminality.

Finally, it is not true that any treatment is necessary for addicts to give up their addiction, or indeed that there ever could be any effective treatment. When American soldiers went to Vietnam, scores of thousands of them addicted themselves to heroin. Within two years of their return to the United States, their rate of addiction was no higher than that of recruits to the American army who had never reached Vietnam because the wear came to an end. The soldiers who gave up received no treatment: they simply stopped because their lives were no longer in danger, and they no longer suffered that traditional situation of soldiers: ninety-nine per cent boredom and one per cent terror.

Now the entire bureaucracy of care for addicts is founded upon the non-recognition of these facts – these obvious facts that are to be found in all the textbooks. If these facts are true, it follows that no treatment is required or even possible for the so called 'condition' which arises, in my opinion, from an existential situation common to all mankind, and that perhaps is more acute in an age when neither religion nor a supposedly transcendental political cause, such as communism, can supply meaning or purpose.

However, the show must go on: the bureaucracy of treatment for drug addiction, having been called into existence, cannot now be dismantled, at least without a great deal of protest not so much from the addicts, as from the members of the bureaucracy itself. After all, their livelihoods depend upon it, and this is so independent of any good or harm that the bureaucracy might do. It is safe to say that the people who treat the addicts need the addicts far more than the addicts need them.

If we generalise from this situation – and of course the addiction bureaucracy is a comparatively small and insignificant one – we see that to treat people as if they cannot

help themselves in the fields of housing, health, education, social security and pensions necessitates a giant apparatus of care. Most giant apparatuses have an inherent tendency to expansion, and that is precisely what has happened. Furthermore, it is very difficult to reverse the process. As an American Senator once said, you can't get a hog to slaughter itself. Moreover, it is possible that the demographic weight of the apparatus plus dependents is so great that democratic reform becomes impossible, even though the system as a whole serves to impoverish if not everyone, then the majority, including the dependents themselves.

In Britain in recent years, we have returned to high government spending, supposedly on public services, but actually on the employment of bureaucrats and officials. Let me just read out to you the description of a job that I saw advertised in The Guardian recently (the Guardian is Britain's leading left-leaning newspaper, actually the best newspaper in the country, in which all public positions are advertised to the exclusion of other newspapers). Here it is:

*[The organisation] is committed to putting service users at the heart of all that we do. We are also committed to partnership working with other agencies to deliver progressive, responsive and high quality services. We are looking for people who want to make a difference. Individuals will have to be imaginative, organised, dynamic, person-centred and assertive. A track record of training and at least 3 years management experience and proven success in... maximising revenue streams.*

There is no indication of who the service users might be, or even what the services are. It is hard to escape the conclusion that the principal functions of the chosen person is to sit at a desk, draw a salary and vote for the government. Lest you imagine that I have chosen my example for demagogic purposes, I suggest that one day you look at the job advertisement pages of The Guardian. They will explain to you why and how it is that the government can spend untold billions of extra money on our health services, and yet find that large numbers of them will have to close down for lack of funds. In the state that I have described, the most important purpose of hospitals is not to look after and cure the sick; the most important purpose of social security is not to help those who cannot help themselves; the most important purpose of the educational system is not to educate and to pass on to the future generations the culture that we have been fortunate enough to inherit; the purpose of all these systems is to provide a living for those who work in them. The British educational system, for example, now has more bureaucrats than teachers. We might call this the Bolivian Navy syndrome: no ships, but many admirals.

Ladies and gentlemen, unfortunately I cannot tell you whether anything that I have said has relevance to Belgium; but given the convergence of European states, I should be very surprised if what I have said is entirely foreign to you. And looking to Asia, can we not see the smiles on the faces of their businessmen as they observe our decadence, our lack of seriousness,