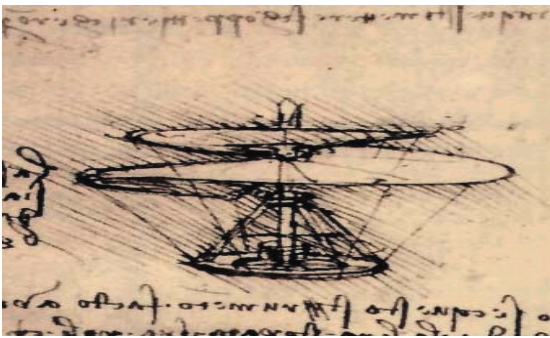


### CHARLES MURRAY: HUMAN ACCOMPLISHMENT

Six years ago I decided to write a book about human accomplishment, since the dawn of history, in every domain, worldwide. But as time went on there were signs that I had been too ambitious. So I cut back to 800 BC to 1950 and omitted governance and commerce, which left me with the arts and sciences—hence the title of the book that was published a few months ago, *Human Accomplishment: The Pursuit of Excellence in the Arts and Sciences, 800 BC to 1950*.



IS THERE AN OBJECTIVE WAY TO MEASURE THE VALUE OF ART OR GENIUS?

How could anyone do such a thing? In the 1860s, Francis Galton was the first to attempt to use reputation as a measure of a person's importance. Galton obtained his classifications by examining a biographical dictionary and lists of obituaries, and measuring how much attention was given to different people. Major reference works and histories can be used to measure *eminence*—the word that replaced 'reputation'.

I applied this method to both people and events for two purposes: to identify the set that matter to the history of a given field—those without which the story of a field is incomplete, or what I call *significant figures* and *significant events*; and to create a measure of relative importance of the significant figures, which I denote as the *index* scores.

In all, I have inventories for 20 fields. They are: astronomy, biology, chemistry, earth sciences, physics, mathematics, medicine, technology, Western music, literature, art, and philosophy; Chinese literature, art, and philosophy, Indian literature and philosophy, Japanese literature and art, and Arabic literature. I accumulated data on about 20,000 people. The number that qualified as significant figures in all the inventories combined is 4,002.

Judging from the reviews, the lead issue is whether applying numbers to the analysis of human accomplishment is a useful thing to do. Numbers don't help you understand Aristotle's wisdom or Chinese landscape painting's beauty. They can, however, help you understand the questions of who, what, when, where and why that are the subject of the book. They can help because a great many of the supposedly qualitative discussions about such issues really involve magnitudes.

Suppose we are comparing French literature to Norwegian literature. If we are comparing the literary styles of, say, Molière and Ibsen, then numbers are irrelevant. But if we want to compare the richness and extensiveness of French literature versus Norwegian literature, we are talking about numbers—numbers of important writers, the amount of attention paid to them relative to other Western writers, when they appeared, when they stopped appearing, and so on.

The other emerging issue is whether I've written a Eurocentric screed intended to show that the West is best. Chapter 11 of the book, 'Coming to Terms with the Role of Modern Europe', explains: 'The material, describing the trajectories and patterns of human accomplishment as they have played out over the centuries since 800 BC and around the world, keeps returning to a time and place where the globe's accomplishment has been concentrated: Europe from 1400 to 1950'.

*Continued on page 3 >*

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#### Special points of interest:

- The Raw Material of Democracy
- Marriage Matters!

ABOVE IMAGES:  
LEONARDO DA VINCI'S  
HELICOPTER DESIGN,  
PARIS MANUSCRIPT (LEFT)  
& CLAUDE MONET'S  
WATER LILIES, GREEN  
REFLECTION, LEFT PART  
(RIGHT)

## Letter from the Director



DAVID GREEN IS DIRECTOR OF CIVITAS

*'The duty of the police officer is to be colour blind, not colour conscious'.*

### Racial Preferences

The Metropolitan Police have recently announced that they want the law to be changed so that they can discriminate in favour of ethnic minorities when recruiting police officers. The Government has given them a target for ethnic recruitment, and they have found that they cannot meet it.

However, when the Government set race targets as proof of its hostility to racism it forgot that racial quotas are against the law. No less important, it gave no sustained attention to the dangers, despite American experience of racial preferences that had led many African Americans to be among the strongest critics. Preferential treatment has come to be seen as a kind of humiliation, implying that ethnic groups can't make it on their own merits.

But above all, the underlying assumption that the disproportionate representation of ethnic groups in an occupation must be the result of discrimination is profoundly misguided. Discrimination is a possible cause, but there are many other more likely explanations. Among the most obvious is that people in ethnic groups might prefer other jobs. People of Indian origin, for instance, are heavily over-represented in the NHS. They can't simultaneously be doctors and police officers.

No less important, the low average age of non-white groups means that a higher proportion are too young to join the police. About 30% of non-whites in the last census were under 16, compared with only 19% of whites. Moreover, a higher proportion of non-whites are newcomers to this country, unfamiliar with its culture and language. A police officer will often need to handle situations with tact and diplomacy – skills requiring a good command of English and knowledge of sensibilities that can only come with time. In 2001, 54% of people of Indian and Bangladeshi origin, and about 45% of Pakistanis, were not born in the UK.

Attitudes to family and work also affect recruitment to the police. About 74% of white British women and 72% of black Caribbean women are 'economically active'. But only 28% of Pakistani women are in the work force. When asked the reason for not working, 75% of Bangladeshi women and 65% of Pakistani women said it was to look after their family or home. Among white British women, only 46% gave that reason.

These factors, not to mention personal choice, make it inevitable that people from ethnic minorities will be under-represented in the police. To alter our law to allow racial discrimination in reverse, when racial prejudice is not the problem in the first place, would be a colossal mistake. The Metropolitan Police should think again before demanding laws enforcing racial preferences. They appear to have forgotten that the duty of the police officer is to be colour blind, not colour conscious.

David Green

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It doesn't make any difference how you slice the data. It doesn't make any difference what hypotheses you devise to explain the numbers away. The facts in this case are extraordinarily stubborn. However you try to pick the events or the people that represent important accomplishment in the arts and sciences, Europe since 1400 supplies such a huge proportion of the total that no one can in good conscience *not* concentrate on that time and place if trying to understand why great accomplishment comes about. America had a bank robber named Willy Sutton who, when asked why he robbed banks, famously replied, 'That's where the money is.' In my case, Europe since 1400 is where the data are.

Does that mean that the book is a brief for the superiority of Western civilization? To which the answer is: Do you mean *superiority* in the sense of 'best' or *superiority* in the sense of 'most'? If we're talking about best, no. The period before 1400 saw the best philosophy, whether European, South Asian, or Chinese that mankind has ever produced. It saw the best epic poetry, from Europe and South Asia. Places outside Europe produced all sorts of bests, whether we're talking pre- or post- 1400. Those who are qualified to make such judgments describe the Chinese poets Du Fu and Li Bo as among the greatest poets anywhere, any time, not just the greatest of China. A fine Japanese rock garden reflects an aesthetic sensibility as subtle and sophisticated as humans have ever known. A Chinese mathematician had worked out the value of pi to seven decimal places by about 200 AD. Try doing that sometime without any systematic body of geometry or analytical mathematics to help you.

So if *superiority* means 'best', the answer is no. In my opinion, *Human Accomplishment* shows more honest awe at the accomplishments of non-European cultures than many works that boast of being multicultural but so often are painfully patronizing. If *superiority* means 'most', then Europe dominates.

Why Athens? Why Florence? Why Song China? Why does the

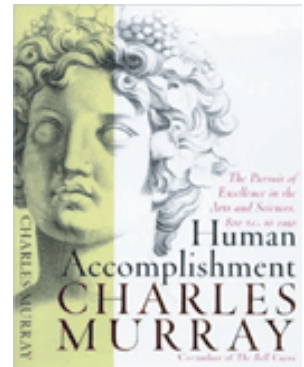
rose bloom in some places and at some times and not others? My argument is that some great cultures are inherently more likely to allow the rose to bloom—to enable human beings to realize excellence in the arts and sciences—than other great cultures.

The phrase to emphasise here is *inherently more likely*. Peaks of greatness can appear under many cultural configurations and a wide variety of political regimes. But while greatness can appear under many circumstances, three cultural characteristics are crucial to this nurturing process: *purpose, autonomy, and access to transcendental goods*.

Human beings have been most magnificently productive and reached their highest peaks in the times and places where humans have thought most deeply about their place in the universe and been most convinced they have one. What does that tell us?

Persistent seeking for the answer is the essence of the spirit that has animated human accomplishment. As I read about the giants of the past, I seldom sense triumphalism or hubris in them. On the contrary, their stories more commonly evoke an image of the craftsman at his bench, struggling to get it right, agonising over tiny mistakes, doing it over again, better, with a vision of perfection obsessively pulling him onward. Michelangelo in his old age, when he was a living legend and apparently still at the peak of his powers, destroyed any number of nearly completed statues because, to him, they weren't good enough.

Michelangelo and all the other giants are spiritual cousins of the stonemasons who carved the gargoyles for the great Gothic cathedrals. It is said that some of those gargoyles were positioned so high on the cathedral walls, hidden behind cornices, that the stonemason knew that once they were finished and the scaffolding was taken down, their sculptures would never be seen again. They said of their painstaking work that they carved for the eye of God. That, written in a thousand variations, is the story of human accomplishment.



*'Human beings have been most magnificently productive and reached their highest peaks in the times and places where humans have thought most deeply about their place in the universe and been most convinced they have one.'*



CHARLES MURRAY IS THE W. H. BRADLEY FELLOW AT THE AMERICAN ENTERPRISE INSTITUTE IN WASHINGTON. THIS ARTICLE IS COMPOSED OF EDITED HIGHLIGHTS FROM HIS CIVITAS/SUNDAY TIMES LECTURE AT ONE WHITEHALL PLACE ON 20 JANUARY 2004.



## A Closer Look at the Government's PSA Targets

Emma Grove



EMMA GROVE IS  
 RESEARCH ASSISTANT  
 AT CIVITAS

*'Many prisons are not meeting their targets... or are not carrying out targeted testing.'*

In pursuing a target-driven policy on crime and justice, the Government hoped to increase public confidence by introducing a visible means of measuring its progress. In fact, the introduction of targets has achieved very little.

For example, a 1998 target hoped to reduce the rate of positive drug tests to 16% of all random tests by 2002. In 2000, this had not been achieved; yet, instead of re-assessing its approach, the Home Office ignored the old target and produced a new one: to reduce by 25% the levels of repeat offending among drug-misusing offenders by 2005, increasing to 50% by 2008.

By 2002, this target had again been reset to be less ambitious, and the new target was a mere aspiration: to reduce the harm caused by drugs. The glaring omission of a 'do-by' date can undoubtedly be explained by the Government's failure to significantly reduce either drug use or drug-related crime – in fact, drug use had increased marginally.<sup>1</sup>

The adaptation of targets to fit actual trends renders the setting of targets in the first place practically useless, and hasty target-changes reflect in part the futility of applying specific targets to a general aim.

For example, the aim of 'reducing reoffending' encompassed several targets, including one to double the number of completions of accredited offender programmes from 3,000 to 6,000 a year by 2001-02.<sup>2</sup>

The Home Office's own research has shown that offending behaviour programmes have not achieved lower reconviction rates.

Nevertheless, the Home Office continues to use completion figures as evidence of success in reducing reoffending, a practice that has led prison staff to encourage participation even by offenders who are unlikely to benefit from the programme but who wish to shorten their sentences.

As the Prison Reform Trust has warned, the pressure to fulfil targets may mean that programmes are offered to prisoners without reasonable evidence that the programmes are relevant to the offender population in question.

Similar confusion has occurred in prisons regarding targets on prison drug-use, for which progress is measured by random drug-test data. David Ramsbotham, as Chief Inspector of Prisons, encountered a prisoner who had nine certificates for negative drug tests pinned on his wall. Asked why he had so many; the prisoner explained that he was always chosen for the 'random' drug test because he didn't do drugs. The current Inspector noted that 'many prisons are not meeting their targets, are testing at inappropriate times, or are not carrying out targeted testing.'

Fraudulent data collection makes a mockery of targets and of the Government's progress reports, which regularly make misleading claims about targets. In one, Sir John Gieve claimed the number of offences brought to justice were 'slightly ahead of the trajectory to the target of 1.2m by 2005-06.'

In truth, the figure of 1.046m offences brought to justice during the year ending September 2002 was below the starting point of 1.104m in 1999/2000, not 'ahead of trajectory' at all. Yet there was no admission of this failing; rather, David Blunkett brazenly maintained that 'the justice gap is narrowing'.

In fact, on several targets (including robbery, the justice gap and drug-misuse), the Government is failing to rise to the very challenges that it set for itself.

### Notes

<sup>1</sup> Home Office (2003) *Autumn Performance Report 2003*, Cm 6057. Current BCS figures show that drug use in this age-group increased by 0.2% between 1998 and 2002, from 8.6% to 8.8%.

<sup>2</sup> *Targets Delivery Report*, 2003, p. 15.

David Green

When told that public-sector productivity was low, the instant reaction of Mr Blair was to call upon the Government statistical service to devise a different method of calculation that would make the Government look better. As the general election looms, so the temptation to fiddle the figures grows stronger. Should we consider making the Government statistical service completely independent of politics? There was a similar problem with fixing interest rates for partisan purposes, and independence for the Bank of England has proved to be an effective safeguard.

In the Foreword to the white paper, *Statistics: A Matter of Trust*, the Government said that reliable statistics

‘are a cornerstone of democracy and are essential to good public management and accountability’. Official statistics ‘must above all be trustworthy and be seen to be trustworthy’. True, but too much is at stake to expect a political party to be above reproach. All political parties are inclined to see information, not so much as an aid to public debate, but as ammunition to be used against opponents.

A debate about the independence of the Government information service is long overdue. Here is an opportunity for Mr Blair to act like a statesman rather than a party politician. What is at stake is no mere administrative change, but rather the safeguarding of the raw material of democracy.

*‘Reliable statistics are a cornerstone of democracy.’*

## Mr Blair’s Immigration Speech

Anthony Browne

The Prime Minister’s speech to the Confederation of British Industry on 27 April 2004 was his first major speech on immigration. He boiled down the case for encouraging mass immigration to the UK to four ‘facts’. All the facts are either outright misleading, or at best highly contentious.

**Claim 1:** Mr Blair said that there are half a million vacancies in our job market, and our strong and growing economy needs migration to fill these vacancies.

**Counter-argument:** The UK has 591,500 vacancies, but there are 3.49 million adults of working age not working who want a job – or very nearly six people (5.89) out of work wanting a job for every single vacancy.

**Claim 2:** Mr Blair claimed that the movement of people and labour into and out of the UK is, and always has been, absolutely essential to our economy.

**Counter-argument:** But he took no account of the offsetting disadvantages of immigration. In particular, he disregarded the impact on unskilled workers. Lord Richard Layard, the co-director of the Centre for Economic Performance at the London School of Economics and the mastermind of Labour’s welfare to work programme, has written:

‘There is a huge amount of evidence that any increase in the number of unskilled workers

lowers unskilled wages and increases the unskilled unemployment rate. If we are concerned about fairness, we ought not to ignore these facts. Employers gain from unskilled immigration. The unskilled do not.’

**Claim 3:** Mr Blair claimed the UK is already highly selective about who is allowed in to the UK to work, study or settle.

**Counter-argument:** On the contrary, the US, Canada, Australia and New Zealand all have complex, tightly upheld, immigration procedures that require would-be immigrants to prove – among other things – that they are not criminals and do not have diseases that will make them a threat to public health or a burden on the health system. In contrast, despite the fact that immigration has tripled the rate of HIV and doubled the rate of TB in Britain, UK tests are far weaker.

**Claim 4:** According to Mr Blair, the UK is not a particularly high migration country, in international terms.

**Counter-argument:** Mr Blair points out that, in the UK, only 8% of the work force is foreign born, compared to 15% in the US and 25% in Australia. He does not point out that the US is only 12% as densely populated as the UK, and Australia 1%. In contrast to the UK, they are emptier continents and so can accept higher migration without the same quality-of-life and housing impacts.



ANTHONY BROWNE  
IS AUTHOR OF *DO  
WE NEED MASS  
IMMIGRATION?*

Emma Grove

*'The DTTO participants had an 80% reconviction rate.'*

The rising prevalence of drug-misuse undeniably contributes to the UK's high crime-level today.

Young people included in the 1998/1999 Youth Lifestyles Survey who used drugs regularly were nearly five times more likely to admit to having committed an offence in the preceding 12 months than those who did not use drugs. Drugs are largely associated with acquisitive crime: the same survey revealed that 14% of drug-users admitted to theft, whereas just 2% of the non-drug-users admitted the same.<sup>1</sup> Another study found that between 36% and 66% of people charged with crimes such as shoplifting, burglary and drug offences tested positive for Class A drugs.<sup>2</sup>

'I am determined to tackle the drugs problem', promised Tony Blair in 1998. Subsequently, the Drug Treatment and Testing Order (DTTO) was introduced, optimistically (and inaccurately) described as one of the 'dramatically more effective community penalties'.<sup>3</sup>

Evaluations of DTTOs have so far produced results that, to the eye unclouded by bias, underline the dismal failure of the Government's approach, which rests partially on one crucial misjudgement: that drug offenders can be effectively rehabilitated in the community, under no form of direct restraint.

The result is that the vast majority of drug offenders do not complete their community sentences; only about 22% of offenders see them through to the end.<sup>4</sup>

However, the suggestion that DTTOs can reduce reoffending even marginally is laughable: the Home Office evaluation claimed that DTTOs were successful on the basis of a 53% reconviction rate among completers, no better or worse than the national reconviction rate, and among all participants the reconviction rate was even higher at 80%.<sup>5</sup>

One of the more promising approaches to tackling drug misuse is that followed by the Rehabilitation for Addicted Prisoners Trust (RAPt). Treatment is based on the 12-step programme followed by Alcoholics Anonymous and delivered in prisons. Those who complete the programme have a reconviction rate of 40%, compared to 50% for control groups.

The most effective approach, however, is that of therapeutic communities (TCs), which emphasise treatment in a secure setting with continued treatment in the community after release. TCs have been carefully studied in the USA, where they produce a reconviction rate of just 27% compared to 75% for the control group.

However, the aftercare component is fundamental- without it, the reconviction rate was 79%.<sup>6</sup> Another TC programme, in which the aftercare component was administered in a halfway house, produced a re-arrest rate of 31% for those who completed the in-prison work and the aftercare programme, compared to 45% who completed only the in-prison programme, and 71% for the control group.<sup>7</sup>

The Home Office developed Counselling, Advice, Referral, Assessment and Throughcare (CARAT) services for use in prisons, but the most important part, throughcare, is not happening. Prisons are focussing instead on assessment, driven by the need to fulfil targets relating to numbers of prisoners assessed,<sup>8</sup> and CARAT workers are finding it difficult to establish links with offenders in the community.

The Government would do well to scrap its failing drug-related crime policies and follow the example of America.

#### Notes

<sup>1</sup> Richardson, A., and Budd, T. (2003) HORS 263, London: Home Office, p. 38.

<sup>2</sup> Matrix MHA and NACRO (2003) *Evaluation of drug testing in the criminal justice system in nine pilot areas*, Home Office Findings No. 180, London: Home Office, p. 2.

<sup>3</sup> Blunkett, D. (2004) *Reducing Crime - Changing Lives*, London: Home Office, p. 2.

<sup>4</sup> Comptroller and Auditor General of NAO (2004) *The Drug treatment and Testing Order: Early Lessons*, London: TSO, p. 26. This figure has been adjusted from an official figure of 28%, as 17% to 25% of 'completed' orders are orders that expired while offenders were awaiting formal revocation by the courts.

<sup>5</sup> Hough, M., et al. (2003) *Research Findings 184*, London: Home Office, p. 3.

<sup>6</sup> Wexler, H.K., et al. (1999) '3-Year Reincarceration Outcomes for Amity In-prison Therapeutic Community and Aftercare in California', *The Prison Journal*, vol. 79, no. 3 (pp. 321-336), p. 14.

<sup>7</sup> Martin, S.S., et al. (1999) 'Three-year Outcomes of Therapeutic Community Treatment for Drug-involved Offenders in Delaware: From prison to work release to aftercare', *The Prison Journal*, vol. 79, no. 3 (pp. 294-320), p. 314.

<sup>8</sup> Owers, A. (2004) *Annual Report of HM Inspectorate of Prisons for England and Wales 2002/2003*, London: The Stationery Office, p. 21.



Benedict Irvine

Choice in public services is a concept that has firmly entered the lexicon of all our political parties. Rightly so, you may think, when as early 21<sup>st</sup> century consumers we expect choice in most spheres of our daily lives.

However, there is little agreement on what choice in health care means. Some regard it as worthwhile in itself. But with appropriate financial mechanisms (money following patients) it can also be a tool to improve performance of providers. Choice can drive up standards through increased competition, permitting patients to inflict economic pain on uncompetitive hospitals and GPs.

Since the publication of the National Plan in 2000, the central elements of New Labour's NHS reform programme have included patient choice, a new financial framework (national tariff system), more devolution and transparency, and strengthened accountability. So what is changing?

Best known to the public, there is the choice to go abroad for treatment, ostensibly granted by the Government to cut long waits, but actually the result of a series of decisions at the European Court of Justice. This policy is only likely to affect a handful of patients, but further changes granting patients more control over where, when and how they are treated, will have much wider influence.

In July 2002, almost 2000 heart patients who had been waiting six months for an operation became eli-

gible to choose to be treated elsewhere in the NHS or in the private sector. As part of the London Patient Choice Project (LPCP) pilot, such choice was extended to Londoners waiting more than six months for cataract surgery. Early in 2003, the LPCP was extended to seven further specialties. By June 2003, take-up rates in London were c. 70%.

From August 2004, all patients expected to wait more than six months for surgery are to be offered a choice of at least one other provider (NHS trust, DTC, or private hospital) if treatment could be provided more quickly. In all cases the patient must be treated within nine months.

By December 2005, at the point of GP referral, every patient requiring elective surgery will be offered a choice of four to five providers, one of which may be private. Waiting lists will be replaced by a booked appointment system; all inpatients and outpatients will book at the point of referral, choosing a convenient time and place.

Some, including GPs, have argued that owing to asymmetry of information, many patients are unable to exercise choice. Of course, enabling choice will require high quality impartial information, but choice pilots recognised this and published waiting times by consultant, hospital diagnostic and treatment facilities, and readmission rates for procedures on a website and in patient booklets.

Others suggest that patients do not want choice; they want access to high quality care. Although it is true that UK patients seek faster access

to care, evidence in the Netherlands, Germany, France and Switzerland suggests that provider choice is precious for patients. Thus, if the supply of care continues to rise in the UK, as it must to make choice a meaningful reality, there is no reason to suspect that patients will stop choosing their providers once access to care is quick.

So will choice of provider change what is a highly centralised public-sector monopoly? No. The Government (PCTs) will still limit where patients can choose to be treated. The current debate still lacks the essential element of choosing how much to spend on health. For all but the least well-off, choice should be price conscious.

The Conservatives' patient passport idea offers some hope and should enable real choice, but it appears open to the legitimate criticism that it will disproportionately benefit the wealthy. Why not have choice of provider *and* payer *and* perhaps even of package to suit all individuals? Why not introduce a social insurance-based system? Why not mutualise PCTs and let individuals choose which to sign up with?

Major reforms are being implemented in the NHS that are certainly a step in the right direction, but will patients really be taking control over their care to the degree that our neighbours in Germany, Switzerland, and France do? The short answer is 'no', not while the government largely regards choice as a tool to cut waiting lists, rather than a good thing in itself that ought to be applied to the whole healthcare system.

PHOTOS TAKEN AT NIALL DICKSON SEMINAR: 'NHS REFORMS SO FAR'



JILL DAVIS & PATRICIA HODGKINSON



NHS CONSULTANT CHRISTOPH LEES  
MAKES A POINT.



NIALL DICKSON

**14 January 2004 Frank Field MP, Labour Party**, led a lunchtime seminar on the topic of his book, *Neighbours from Hell: The politics of behaviour*, which explains the very damaging effects of antisocial behaviour on poor communities in particular and on Britain as a whole. As the criminal justice system has been unable to control it, he calls for tougher policing of misbehaving youth, 'parenting' by schools, and promoting acceptable behaviour through the welfare state by tying benefits to a social contract.

**20-22 January 2004 Charles Murray, W. H. Bradley Fellow at the American Enterprise Institute in Washington**, visited Civitas to speak at a series of events, including an evening lecture on his book, *Human Accomplishment* (see cover story); a panel debate: 'Cultural Values: Are there any objective standards?' at the Institute of Contemporary Arts with Philip Dodd, director of the ICA, Howard Jacobson, author and presenter, and Christopher Davis, lecturer at SOAS in social anthropology; and 'A New Crime Policy: Putting middle England first', drawing on his latest research on the British criminal justice system.

**2 February 2004 Sir Ian Blair, Deputy Commissioner, Metropolitan Police**, delivered an evening lecture, detailing how the Metropolitan Police Service has responded to the Home Office consultation paper, 'Building Safer Communities'.

**4 February 2004 Chris Ham, Advisor to the Strategic Policy Unit at the Department of Health**, led a lunchtime seminar, explaining the successes of Kaiser Permanente, a non-profit managed care organisation in the US, in treating eight million Americans and achieving better outcomes with fewer resources than the NHS.

**23 March 2004 Simon Stevens, the Prime Minister's Health Policy Adviser**, led a discussion on 'Contestability and Cooperation in the New NHS'. He set out a framework, which, if implemented, will lead to greater private involvement and competition for many elements of health care.

**19 April 2004 Niall Dickson, Chief Executive of the King's Fund**, spoke at a lunchtime seminar on the topic of 'NHS Reforms so Far'.

**28 April 2004 Dr David Costain, Medical Director at AXA PPP**, led a seminar on the future of the private healthcare sector.

CIVITAS is an independent research institute. CIVITAS is independent of political parties and accepts no government funding. It relies entirely on private donations to fund its work.

The aim of CIVITAS is to deepen public understanding of the legal, institutional and moral framework that makes a free and democratic society possible. Our object is to revive civil society, that network of voluntary social institutions, charities, mutual aid organisations and other collective bodies that lie between the individual and the state. We believe that in social affairs the alternatives to government are not exhausted by commercial services alone.

We have established a reputation for work on social issues that transcends party boundaries. Our authors examine, analyse and report on views about the best way forward on particular issues. The object is to raise the quality of informed debate. For further information about CIVITAS and how you could become a member, please email us at [info@civitas.org.uk](mailto:info@civitas.org.uk) or call +44 (0)20 7799 6677.

## Marriage Matters!



As a result of the generous response to our appeal for funds at the beginning of the year, we have been able to carry out a major promotion of our little booklet *Does Marriage Matter?* to young people. We mailed all secondary

schools, offering them a free copy, and over 300 have replied. We have mailed the booklet to Anglican and Roman Catholic bishops, as well as other representatives of the faith community. This has resulted in bulk orders. We mailed all

student unions and many other student organisations, and we are now planning to mail register offices, and to try to get the brochure into doctors' surgeries. For this we need further funding and would welcome donations.

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