

# Mo Stewart

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Mr Roy O'Shaughnessy  
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Private & Confidential

## **Re: 'Opportunity for all' essay collection**

<http://www.learningandwork.org.uk/wp-content/uploads/2017/09/LW-Opp-for-All-FINAL.pdf>

I have read the above collection of essays with great interest, and now take this opportunity to write to alert you to some detailed research evidence that may have escaped your attention.

As an introduction, please be advised that I am a disabled veteran of the (W)RAF medical services and a former healthcare professional, originally trained in the NHS. Following eight years of independent research, I am acknowledged as the lead researcher in the UK regarding the history behind the introduction of the obligatory Work Capability Assessment (WCA) for all claimants of the Employment and Support Allowance (ESA). The research exposed the American corporate influence behind the introduction of the WCA in 2008, when using a totally discredited<sup>1</sup> biopsychosocial (BPS) model of assessment.

The collection of essays recently produced certainly makes interesting reading by a group of able bodied authors. However, the dismissal of the well documented deaths, despair and identified preventable harm<sup>2,3,4,5,7</sup> created by the use of the WCA, to resist funding the ESA, is cause for concern. Indeed, there is no suggestion at all that the WCA is linked to many thousands of deaths<sup>2,3,7,11</sup>.

Following several years of independent research that the Coalition government attempted to stop, the book '*Cash Not Care: the planned demolition of the UK welfare state*'<sup>2</sup> was published last September. It has achieved critical acclaim from academics, professional institutes and service users. Since that time, I have continued to produce updated research evidence. I now enclose a copy of my most recent report '*State Crime by Proxy: corporate influence on state sanctioned social harm*'<sup>3</sup> for your information and possible interest. This 2017 report is endorsed by the Centre for Welfare Reform and has attracted wide academic interest online via ResearchGate<sup>3</sup>.

I note that the authors of the essay collection are all significant and most would be identified as expert in their chosen fields. Yet, remarkably, there is no comment in any of the essays which exposes the ongoing identified preventable harm created, on a massive scale, by the use of the "*fatally flawed*" WCA as first identified by GPs long ago<sup>4</sup>.

The rising numbers of deaths of chronically ill and profoundly disabled people directly linked to the use of the “*fatally flawed*”<sup>4</sup> WCA as used by the Department for Work and Pensions (DWP) is deeply disturbing. The identified significant increase in the onset of mental health problems and suicides<sup>5</sup> due to the enforced and relentless reassessments of ESA claimants, who can’t ever recover their health, is it seems totally disregarded by the essay authors.

“We found that those local areas where a greater proportion of the population were exposed to the reassessment process experienced a greater increase in three adverse mental health outcomes – suicides, self-reported mental health problems and antidepressant prescribing. These associations were independent of baseline conditions in these areas, including baseline prevalence of benefit receipt, long-term time trends in these out-comes, economic trends and other characteristics associated with risk of mental ill-health. These increases followed – rather than preceded – the assessment process...

In assessing the costs and benefits of policies that introduce tougher medical assessments for disability benefits, policymakers need to take into account the consequences, not only in terms of the effects on employment, but also the impact on health and the risk of poverty of people with disabilities. Our previous systematic review of international evidence has indicated that similar policies have tended to shift people from disability benefits to other benefits (e.g., unemployment benefits) rather than moving people into employment. Our study provides evidence that the policy in England of reassessing the eligibility of benefit recipients using the WCA may have unintended but serious consequences for population mental health, and there is a danger that these adverse effects outweigh any benefits that may or may not arise from moving people off disability benefits.”

*‘First do no harm’: are disability assessments associated with adverse trends in mental health? A longitudinal ecological study.*<sup>5</sup>

B Barr, D Taylor-Robinson, D Stuckler, R Loopstra, A Reeves, M Whitehead  
The British Medical Journal, 2015

<http://jech.bmj.com/content/jech/early/2015/10/26/jech-2015-206209.full.pdf>

Previous claims in October 2016 by the then Secretary of State for Work and Pensions, Damien Green<sup>6</sup>, advising that those with a profound and permanent health condition will no longer need relentless reassessment was, in fact, a smokescreen. It was used to distract attention from the growing evidence of the preventable harm these assessments have created. Indeed, the most recent detailed academic research has identified the WCA process as “*democide*”<sup>7</sup>. The WCA features “*share many genocidal traits: targeted groups, like the ill and disabled, suffer gross mental and physical harm.*”<sup>7</sup>

In reality, recent correspondence with the Minister for Disability, Work and Health has confirmed that the profoundly ill claimants who no longer need to be reassessed are yet to be decided<sup>8</sup>, by the same unaccountable American corporate giant who conducts the WCA on behalf of the DWP, whilst overlooking yet another very clear conflict of interest<sup>8</sup>. It is almost 12 months since the then Secretary of State for Work and Pensions announced that chronically ill people with a permanent health condition will no longer be subjected to the relentless and dangerous WCA assessments<sup>2,3,4,5,7,9</sup>. Yet, there has been no decision as to which claimants will no longer suffer this enforced, ongoing DWP funded tyranny against those least able to protest<sup>8</sup>.

May I also please alert you to the simple fact that government “*advisers*” do have a tendency to conclude whatever the government need them to conclude regarding future policies. This has been very well documented<sup>1</sup> regarding the DWP commissioned research used to justify the use of the totally compromised BPS model of assessment for the WCA, when using an American corporate giant as “*government advisers*”<sup>2,3,12</sup>. Claims such as: “...*most patients on long-term sickness absence have either a musculoskeletal condition or a common mental health condition, the effects of which are familiar to most doctors* (p27)” are noted. However, the possible implications from such a statement are that a musculoskeletal condition or a common mental health problem are not serious, which is totally incorrect and, clinically, there are vast differences between various musculoskeletal conditions and common mental health problems. The use of the word “*common*” is at risk of being misinterpreted as meaning insignificant, which is not the case.

It is certainly cause for more concern that the totally discredited<sup>1</sup> and very dangerous BPS model of “assessments of need” (p28) was used for the pilots to promote a national Fit for Work Service, and suggestions that employers will accommodate chronically disabled people by making work-place adjustments are, with the greatest of respect, rather naive. It may be a legal requirement, but no-one is enforcing the law. There is no suggestion of the acknowledged psychological harm<sup>10</sup> created by relentless pressure to return to work, relentless threats of sanctions and the consequences of adopting neoliberal politics relating to social policies which, when using the WCA, “...*such cases reported that deterioration in mental health conditions was an “almost universal” response to the tests.*”<sup>10</sup>

“By definition, anyone allocated to the Support Group following a WCA are too ill to work in paid employment. But, the constant political rhetoric insists that not enough people leave the Support Group to find work (Pickles et al 2016). There seems to be no comprehension that working in paid employment is inflexible, whereas working in the voluntary sector means that chronically ill volunteers can work when having ‘a good day’, and rest when too ill to contemplate leaving the house. This is very obvious to anyone whose healthcare trained, and whose priority is the welfare and wellbeing of the chronically ill claimant and not simply the desire to reduce the costs of the welfare budget, regardless of human consequences (Stewart 2016a).

There is a strong ideological resistance within the DWP as to the reality of the lives of chronically sick and disabled people. The DWP disregard the fact that many ESA claimants are profoundly ill, and will never recover regardless of intimidation and coercion. Relentless DWP threats of benefit sanctions, using a discredited assessment model (Shakespeare et al 2016) that totally disregards failing health and can oblige claimants to seek Jobseekers Allowance when deemed ‘fit to work’ regardless of diagnosis, prognosis or consultant medical opinion (Stewart 2016b) was always guaranteed to cause preventable harm on a vast scale. When advised by Waddell and Aylward (2005), illness is dismissed by the DWP, as is diagnosis and prognosis, and this problem remains relentless and is a constant threat to the wellbeing and the survival of chronically ill claimants.”

*State Crime by Proxy:*

*corporate influence on state sanctioned social harm.*<sup>3</sup>

Mo Stewart

The Centre for Welfare Reform, 2017

<http://www.centreforwelfarereform.org/library/by-az/state-crime-by-proxy.html>

It seems very clear that research presented with the best of intentions fails to follow government interpretation of various research projects, pilots or detailed and often disturbing evidence which has not been commissioned by the DWP. Consequently, it seems possible that the essay authors have yet to comprehend the full horrors of the ongoing welfare reforms, and the additional austerity measures, as introduced by the Coalition government “*without any ethical approval*”.<sup>2,3</sup> Quite simply, regardless of intentions to resist the consequences of disability or a permanent health diagnosis creating a demand for long-term out-of-work disability benefits, in reality this is all to deceive the public. Every British government since 1982 have worked towards the ultimate goal of the demolition of the UK welfare state, to be replaced by the American welfare system when using private healthcare insurance<sup>2,3,9</sup>, which was the ambition of Margaret Thatcher.

I note that Tony Wilson, the Director of Policy and Research for the Learning and Work Institute invited “*feedback*” to the collection of essays. I trust this feedback is welcome, and has perhaps helped to inform both the Shaw Trust and the Learning and Work Institute that there are others with different expertise in these areas. Essays written by well-intentioned yet able bodied experts, purporting that the WCA can be “*reformed*” whilst disregarding the numbers who have died when, quite literally, “*killed by the State*”<sup>2,3,5,7,11</sup> are perhaps not as helpful as first thought.

As long as the DWP insist on using a dangerous BPS assessment model for the WCA, informed by a notorious American corporate insurance giant with an alternative agenda<sup>2,3</sup>, I respectfully suggest that the essays are a form of “*Utopia*”. They all totally disregard the thousands, literally, of chronically ill and profoundly disabled people who are terrorised and “*killed by the State*”<sup>2,3,5,7</sup>, when masquerading as offering “*support*” to long-term sick and disabled claimants.<sup>12</sup> “*The Violence of Workfare*”<sup>13</sup> and the influence of the national press<sup>14</sup> used to demonise disabled people is disregarded.

The evidence is mounting and is being published in journals and on academic websites if not by the press and, at some time, someone will be held accountable for this needless mounting despair and increasing death totals linked to the WCA, the relentless psychological intimidation and the constant threat of having essential benefit removed without warning. This identified ongoing preventable harm was created to support a former female Prime Minister’s stated goal, which was the removal of the welfare state to be replaced by private healthcare insurance. Time will tell how many more people will have been, effectively, ‘*killed by the State*’<sup>2,3,7</sup> before this has become a reality for the unsuspecting and ill informed British people.

There is no doubt that many chronically sick and disabled people would like to work, and many are creative and active in the voluntary sector. However, terrorising them into submission, refusing to believe them and attempting to suggest they are exaggerating their physical limitations is not the way to increase the numbers of sick and disabled people in paid employment. Experts waxing lyrically about “*opportunities*” whilst overlooking these ongoing atrocities are not helping.

Coroners, academic experts in their field, the Work and Pensions Select Committee, the British Medical Association, the Royal College of General Practitioners, the Royal College of Nurses, the British Psychological Society, the President of the Appeal Tribunals for Social Security, the Centre for Welfare Reform, Ekklesia and Disabled Peoples’ Organisations have all demanded that the WCA should be stopped; all to no avail because the government aren’t listening. The suffering is relentless, the death toll related to this fatally flawed government enforced assessment is vast, and there’s more to come if the WCA is not stopped<sup>8</sup>.

I do appreciate that this is not the type of feedback to the collection of essays that was expected. However, I am duty bound to alert you to the reality of the WCA, and the plight of those who must endure it when living in fear of the DWP with this catastrophe of total indifference to human need.

Should this evidence have attracted your interest, please be advised that a review copy of the critically acclaimed book: '*Cash Not Care: the planned demolition of the UK welfare state*' is available via a personal email to my publishers at: 'Daniel Cooke' [daniel@newgeneration-publishing.com](mailto:daniel@newgeneration-publishing.com) or David Walshaw [david@newgeneration-publishing.com](mailto:david@newgeneration-publishing.com)

Thank you very much for your time.

Yours, most sincerely

Mo Stewart

Disability Studies Researcher

Author of '*Cash Not Care: the planned demolition of the UK welfare state*'. New Generation Publishing 2016  
<http://www.newgeneration-publishing.com/bookstore/politics/bookdetails/1749>

#### Enclosure

*'State Crime by Proxy: corporate influence on state sanctioned social harm.'*

Mo Stewart, February 2017

#### Copied to:

- Sir Bert Massie CBE DL
- Alan Gillespie, Chair Economic and Social Research Council
- Gemma Hope, h/o Policy, Research & Communication, Shaw Trust
- Stephen Evans, Chief Executive, Learning and Work Institute
- Tony Wilson, Director of Policy and Research, Learning and Work Institute
- Dave Simmonds OBE, Senior Research Fellow, Learning and Work Institute
- Kirsty McHugh, Chief Executive, Employment Related Services Association
- Christian Van Stolk and Joanna Hofman, RAND Europe
- John Pring, Editor Disability News Service
- Andrew Parkins, PublicCo Director
- Professor Tom Shakespeare
- Professor Paul Bebbington
- Professor Peter Beresford
- Professor Abigail Marks
- Professor Clare Bamba
- Professor David Whyte
- Professor Dan Finn
- Dame Carol Black
- Dr Ben Baumberg Geiger
- Dr Victoria Cooper
- Dr Anne Daguerre
- Dr Jed Boardman
- Dr Simon Duffy
- Dr Ben Barr
- Frank Field MP

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