

# Mo Stewart

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Dr Sarah Wollaston MP  
Chair  
Health and Social Care Select Committee  
House of Commons  
London SW1A 0PW

**Priority attention**

Dear Dr Wollaston

**Re: Preventable harm is government policy**

Please excuse this unsolicited contact as I write to you in my capacity as the lead researcher in the UK regarding the *Preventable Harm Project*, which is now drawing to a close following ten years of independent research.

The final project report, '*Influences and Consequences*' will be published later this year as a conclusion to the Preventable Harm Project, 2009 – 2019. From the overwhelming and often disturbing evidence found during the research, I am duty bound to alert you to what is demonstrably a mismatch between the Department for Health and Social Care (DHSC) and the Department for Work and Pensions (DWP). I, therefore, humbly suggest that there needs to be urgent co-ordination between the departments when DWP social policy reforms are negatively impacting on the health, wellbeing and the very survival of some of those in greatest need.

The various social (welfare) policy reforms of the past ten years have created a detrimental impact for the chronically ill and disabled community who are unfit to work which, for many, has become a matter for life or death. It seems that no-one wishes to accept responsibility for the development of a fatally flawed assessment model, influenced by the second worst health insurance giant in America, who have been advisers to the UK government since 1992 on route to the planned future demolition of the UK welfare state (Stewart 2016).

Fatally flawed DWP commissioned research (Waddell and Aylward 2005), as funded by UnumProvident Insurance (Cover 2004), permitted the adoption of the dangerous Waddell-Aylward biopsychosocial (BPS) assessment model by the DWP to resist funding out-of-work disability benefit, when adopted for the Work Capability Assessment (WCA). The Waddell and Aylward BPS model has since failed all academic scrutiny (Shakespeare et al 2016).

The WCA is used to limit access to the Employment and Support Allowance (ESA), for working-age claimants who are unfit to work. However, this same discredited, dangerous and fatally flawed BPS assessment model (Stewart 2016; 2018) is also used by the DWP to resist funding the Personal Independence Payment (PIP) and the successor benefit Universal Credit, which is now being rolled out across the UK having been demonstrated as being inadequate and also flawed by design.

The WCA disregards both diagnosis and prognosis as GP clinical opinion is disregarded for chronically ill patients in need of state financial support (Stewart 2018). People are dying when killed by the state Dr Wollaston (Elward 2016), and many others live in fear of the DWP. It is past time these atrocities were stopped, and it's unacceptable for any CMO to resist responsibility for what is a catastrophic and harmful impact on public health, which is impacting on Health and Social Care.

Clearly, when ESA is stopped, so too is social care via the local authorities, with chronically ill people often now starving to death due to enforced DWP sanctions, and they then die with malnutrition in the NHS. This is a neoliberal nightmare adopted by dangerous right-leaning government(s) without justification, and it is time it was fully exposed (McMullin & Eccleston 2019).

The adoption of the use of the WCA has had serious implications for public health, as the removal of the former guaranteed financial security of what was once the UK welfare state is negatively impacting on both mental and physical health on a very large scale (Stewart 2019; Elward 2016; Barr et al 2016) as public behaviour was successfully modified by DWP rhetoric (Stewart 2017).

The demonising of chronically ill and disabled people since 2010 has been very successful. Those in greatest need live in fear of the DWP: fear of another brown envelope arriving to demand yet another WCA (Garthwaite 2014 ), often for a permanent health condition that can't be cured regardless of coercion or intimidation; as the previous security of the welfare state has successfully been destroyed. The excessive use of DWP sanctions, which removes all income from chronically ill people has negatively impacted on public mental health, with claimants living in fear of the consequences of being unable to fund rent, utility bills or food. There is no concern expressed by the DWP, who pursue this catastrophe of total indifference to human need with a refusal to conduct a cumulative impact assessment to identify the often fatal impact of welfare reforms and austerity measures...

By definition, the removal of perceived care, concern, compassion, dignity and humanity when using an enforced assessment is identified as a “*deliberately prejudiced, vicious attack on a significant minority of the population*” (Beresford 2017) which, in other words, is government enforced tyranny against the most vulnerable people in society. This relentless government enforced psychological tyranny has seen three million chronically ill and disabled people now living in fear of the DWP (Stewart 2015).

With little evidence of any significant new political challenge, and no politician in the House of Commons recently exposing the influence of Unum (Provident) Insurance with the UK welfare reforms since 1992, which has been very well documented for several years (Stewart 2016), the question remains as to how many more chronically ill and disabled people will die when, quite literally, “*killed by the State*” (Elward 2016); with a UK government perilously close to charges of identified Crimes Against Humanity (Stewart 2014, 2017b).

Psychological Tyranny Masquerading as Welfare Reform

Mo Stewart

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It remains cause for serious concern that this level of government enforced human suffering is imposed by DWP legislation. The deaths, despair and the preventable harm impacting on chronically ill and disabled benefit claimants who are unfit to work is having a catastrophic impact on public mental health (Barr et al 2015; Stewart 2019b), and is still disregarded when those in greatest need are quite literally killed by this state enforced preventable harm (Stewart 2019b; 2018)

The enclosed letter to Dame Sally will offer you more information, but the Professor felt the need to claim that this identified state sanctioned preventable harm was none of her concern and referred me to the DWP. The CMO position has recently been appointed to Professor Chris Witty who, together with others of significance, will be copied into this letter to make sure that high calibre health experts are alerted to this ongoing and unnecessary human tragedy.

However, given that the DWP no longer appoint a CMO, I remain at a loss as to who will accept responsibility for the deaths, despair and preventable harm linked to a dangerous and fatally flawed WCA assessment model, as influenced by corporate America, and designed to resist funding disability benefit regardless of often catastrophic human consequences which are disregarded by the DWP. The ultimate goal being to encourage the adoption of private healthcare insurance with the demolition of the UK welfare state (Stewart 2016).

I have been researching and alerting those who need to know about what are identified as state sanctioned atrocities for ten years Dr Wollaston. My work is endorsed by academics in five nations, and my book is referenced in social policy courses, and is placed in university libraries in the UK and in Australia (Stewart 2016).

Given the brutality of this ongoing system, with those in greatest need now living in fear of the next brown envelope from the DWP to enforce yet another WCA, often for a permanent health condition that can't improve, you will I trust bear with me as I make no apology for what may seem to be an especially blunt letter content. I trust this contact attracts your urgent attention.

Whilst it is anticipated that all MPs are familiar with the suffering experienced by disabled constituents via these dangerous assessments, very few know the ideology behind the policy reforms or the American corporate influence with UK welfare reforms since 1992.

For the purposes of full disclosure, please be advised that I am healthcare professional by training, originally trained in the NHS. I am also a disabled veteran of the (W)RAF medical branch and am now working independently in the field of disability studies research in a voluntary capacity.

Please feel free to contact me at any time if this letter content has attracted your attention.

Thank you for your time.

Yours sincerely

Mo Stewart

Independent Disability Studies Researcher

Author of '*Cash Not Care: the planned demolition of the UK welfare state*'. New Generation Publishing 2016

<https://www.mostewartresearch.co.uk>

Enclosure:

Letter to Professor Dame Sally Davies, CMO DHSC, May 2019.

Copied to:

Professor Sir Robert Lechler PMedSci, President of the Academy of Medical Sciences (AMC)  
Professor Peter Beresford, Director of the Centre for Citizen Participation  
Professor Tom Shakespeare, Professor of Disability Research, LSHTM  
Professor Chris Whitty: CMO and Chief Scientific Adviser  
Duncan Selbie: Chief Executive Public Health England  
Sarab Bajwa: CEO British Psychological Society  
Frank Field MP: Chair WPSC  
Stephen Barclay MP

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