

Mo Stewart

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Date: 18th December 2017

https://www.researchgate.net/profile/Mo_Stewart/publications

Sarah Newton MP
Minister for Disabled People, Health and Work
Department for Work and Pensions
Caxton House
Tothill Street
London
SW1H 9DA

Private & Confidential

Re: WCA confirmed as causing preventable harm

RE: <https://hansard.digiminstor.com/Commons/2017-12-13/debates/D30316AE-9CAF-4FD4-B1EA-7BA5FE77786A/WorkCapabilityAssessments?highlight=WCA%20debate#contribution-5BD8F9C4-AED7-4844-B823-13505C4004E0>

I am writing to you in my capacity as lead researcher regarding the influence of American corporate government advisers, since 1994, with the future welfare claims management of sick and disabled people in receipt of social security benefit in the United Kingdom (UK), as the UK is slowly migrated to the American social security system using private healthcare insurance¹. You should also be alert to the fact that I am a health professional by training.

When known as *UnumProvident™ Insurance*, the company provided evidence to the Work and Pensions Select Committee on a number of occasions², boasted that they were guiding UK government social policy, and demonstrated this by the company's recommendations to the Department for Work and Pensions (DWP) being accepted. The use of a biopsychosocial (BPS) model of assessment as used for the Work Capability Assessment (WCA) to limit access to the Employment and Support Allowance (ESA) is the result of this American corporate influence and, following five independent reviews and nine years since its introduction, the WCA remains fatally flawed because it was designed using discredited DWP commissioned research³ when funded by *UnumProvident™ Insurance*⁴.

At UnumProvident we have a non-medical, enabling model of rehabilitation and we are working with our partners at the UnumProvident Centre for Psychosocial and Disability Research at Cardiff University to better understand what places people at risk of long-term or chronic illness. Further information can be made available to the Committee.

*Supplementary memorandum submitted by UnumProvident Insurance following the publication of the Welfare Reform Green Paper. 6th May 2006.*²

<https://publications.parliament.uk/pa/cm200506/cmselect/cmworpen/616/616we37.htm>

The WCA was introduced by the New Labour Government in October 2008 following the DWP commissioned Waddell and Aylward research, which resulted in the 2005 publication: *The Scientific and Conceptual Basis of Incapacity Benefits*³, as produced at the then named UnumProvident™ Centre for Psychosocial and Disability Research. This 2005 publication was used by successive UK governments to adopt a BPS model of assessment for the WCA, to justify limiting access to the ESA, and to restrict the numbers being migrated from Incapacity Benefit to the ESA⁴. This is in keeping with *UnumProvident™ Insurance*, who use a BPS model to resist funding income replacement insurance.

Prior to her move to another department, your predecessor and I were corresponding and my last detailed letter to Penny Mordaunt, which failed to receive a reply, is now enclosed for your information. The open letter was published online via the critically acclaimed Centre for Welfare Reform⁵, and I should advise that this letter is also an open letter and will also be reproduced online.

May I remind you Minister that another ‘Centre’, namely the *Centre for Psychosocial and Disability Research*, at Cardiff University, was funded with £1.6 million for the first five years by more American government ‘advisers’, then known as *UnumProvident™ Insurance*, who were identified in 2008 by the *American Association of Justice* as the second most discredited insurance company in America.[4] Why does the Government continue to welcome the input of discredited American corporate giants with the welfare of this nation’s most vulnerable people, whose only crime is that they are attempting to claim the begrudged Employment and Support Allowance (ESA)? Clearly, ‘*Cash Not Care*’ does appear to be the answer.[3]

Extract from letter to Penny Mordaunt MP, 1st July 2017⁵

<http://www.centreforwelfarereform.org/news/letter-to-miabled-people/00336.html>

Further to the recent debate in Westminster Hall regarding the WCA⁶, I am obliged to inquire as to why this fatally flawed WCA continues to be used by the DWP, and why MPs seem to have no knowledge of the influence of an American corporate insurance giant with the UK welfare reforms?⁴ The DWP Commissioned Waddell and Aylward BPS model of assessment, as used for the WCA, was totally discredited by distinguished academic Professor Tom Shakespeare and colleagues, in the 2016 paper: *Blaming the victim all over again: Waddell and Aylward’s biopsychosocial (BPS) model of disability*⁷, which was published in May 2016 in the *Critical Social Policy* academic journal when referencing another Waddell and Aylward publication, namely the 2010 paper *Models of Sickness and Disability Applied to Common Health Problems*.⁸

The Waddell-Aylward BPS has remained largely unexamined within academic literature, although it has not escaped critique by disability activists (e.g. Jolly 2012, Berger 2014, Lostheskold 2012, Stewart 2013). In this paper we build on these political challenges with an academic analysis of the model and the evidence used to justify it. We outline the chief features of the Waddell-Aylward BPS and argue that, contrary to Lord Freud’s comments above, there is no coherent theory or evidence behind this model. We have carefully reviewed claims in Waddell and Aylward’s publications; compared

these with the accepted scientific literature; and checked their original sources, revealing a cavalier approach to scientific evidence. In conclusion, we will briefly outline the influence of the Waddell-Aylward BPS on contemporary British social policy, and the consequent effects on disabled people.

*Blaming the victim all over again: Waddell and Aylward's
biopsychosocial (BPS) model of disability*⁷

Tom Shakespeare, Nick Watson and O A Alghaib

https://ueaeprints.uea.ac.uk/58235/1/1351_Shakespeare.pdf

*Demonising disabled people: public behaviour and attitudes during welfare reforms*⁹ is a guest report published online by the University of York in the Welfare Conditionality: sanctions, support and behaviour change project. In the report I expose the manipulation of the British people by the then Coalition government, when using the national press to successfully demonise sick and disabled people to the extent that sick and disabled people who depend on disability benefit for their financial survival now live in fear of the UK government. It's certainly nothing to be proud about Minister.

During the recent debate in Westminster Hall⁶, Conservative MP Justin Tomlinson continued to attempt to justify the number of ESA decisions being overturned at appeal, by claiming that additional medical evidence is being offered at the appeals. This is a constant suggestion by Conservative MPs, who are attempting to justify what is this ongoing travesty of social justice and the preventable harm being created by social policies as influenced by corporate America^{1,4}. In fact, the vast majority of appeals which are overturned have not enjoyed access to additional information, as claimed by the DWP and by no other source. The success rate is because the appeal system recognises the claimant, and is actually willing to interview them, to believe them and to acknowledge the medical evidence provided for the ESA application, whereas the WCA was designed from the stand-point that claimants at best exaggerate and presume that many claimants knowing lie to secure benefits.¹⁰

This was demonstrated when Professor Sir Mansel Aylward was the DWP Chief Medical Officer and co-ordinated the 2001 conference at Woodstock, near Oxford, namely '*Malingering and Illness Deception*', from where this relentless attack on claimants of out-of-work disability benefits all stemmed when funded by *UnumProvident_{TM} Insurance*¹⁰. The company also funded Waddell and Aylward's research at Cardiff University with £1.6million¹¹, which enabled them to produce 'policy-based research' to influence UK social policy. I respectfully suggest you access '*State Crime by Proxy*'¹⁰ without further delay Minister as it's attracting a great deal of academic interest.

The health professionals who conduct the WCA **do not have access** to the claimant's medical history, or the medical evidence claimants have provided with their ESA application, which is a common misconception. The WCA is a '*functional assessment*' and disregards diagnosis and prognosis¹⁰. The medical evidence is therefore not seen by the health professionals who conduct the WCA, and the medical evidence is meant to be considered by the under qualified DWP 'Decision Makers'^{1,4,10}. The fact that the DWP staff are not confident to consider the medical evidence, and so '*rubber stamp*' any conclusion of the fatally flawed WCA, was identified in Professor Harrington's first review of the WCA in 2010¹². This situation has not improved in the past seven years Minister, and nothing will improve when using this absurd system of unqualified administrators being expected to consider

medical evidence, which accounts for so many incorrect decisions and the disturbing evidence provided for you by MPs at the WCA debate⁶.

It is clear that a culture has developed amongst Decision Makers that sees the advice from Atos as forming the decision, and that they are there to ratify that decision. This is evident in language used by officials; many talk about ‘overruling’ the Atos advice rather than making an evidence-based decision, while others reference the difficulty in going against the recommendation of an Atos HCP:

“It’s difficult. I mean, they’re a doctor. They’ve assessed the person, I don’t know enough about it to overrule what they’re saying.”

Jobcentre Plus Decision Maker

An Independent Review of the Work Capability Assessment, 2010, p50 ¹²

Professor Malcolm Harrington

There is a great deal of disturbing academic research being published which identifies the ongoing preventable harm created by the ‘welfare reforms’, as successive UK governments work towards the ultimate goal, which is the eventual removal of the UK’s welfare state¹. Dr David Webster of the University of Glasgow has just published his *Sanctions Stats Briefing* regarding the use of sanctions, demonstrating that: ‘*ESA sanctions are longer than those on fit people, with a mean length (on the DWP’s definitions) of the order of 9 weeks, one quarter lasting more than 3 months and 16% more than 6 months. This seems to be mainly due to their ‘until compliance’ basis, which is the source of much mischief.*’¹³

Most recently John Pring, the distinguished editor of the Disability News Service, published a report which identified: ‘*Staggering’ ESA suicide figures prompt call for an inquiry and prosecution of ministers.*’¹⁴ John reports the disturbing new analysis of NHS statistics: ‘*But by 2014, following four years of social security reforms under the new coalition government, and austerity-related cuts to disability benefits and services – and six years of the WCA – more than 43% of claimants were saying they had attempted suicide.*’

Nothing is likely to improve in the short term Minister unless and until the DWP begin to accept the voluminous amounts of independent academic research, not commissioned by the DWP, which has all been demonstrating the inevitable preventable harm destined to be produced when using the fatally flawed WCA. More and more academic papers and research evidence are identifying state sanctioned preventable harm, with evidence of some of those least able to protest being, quite literally, ‘*killed by the state*’ ^{10, 15}.

WCA processes could arguably be viewed as democide, as some claimants are, in essence, killed by the state or officials on their behalf (Totten and Bartrop, 2008). This means that Maximus are also culpable because they are acting according to DWP policy which is proven to cause death with the approval of state officials. These deaths

therefore can be considered democide as the government is purposely permitting and/or creating conditions which systematically produce death.

Moreover, WCAs features share many genocidal traits: Targeted groups, like the ill and disabled, suffer gross mental and physical harm. The state has also deliberately inflicted physical destitution on a group who fails to align with their ideology (Simon, 2007; Nersessian, 2010). When WCAs are conceptualised with the language of *democide* and *genocide*, it fashions new lenses to view contemporary welfare arrangements. These words are normally associated with the horrors of the Holocaust (Rubinstein, 2014), and if the public viewed the WP in this light they would likely deem such actions/processes criminal and demand accountability. This is why the state establish proxy measures – to distance themselves from the harmful consequences of WCAs, as the state is as intimately linked to harm production via Maximus. These processes stem from a reciprocated, reinforcing interaction between government policy, and the formats which enable the pursuit of aligned state-corporate goals. Such proxy measures provide the essential guise for the state to distance themselves from potential legal ramifications, and for the electorate to disassociate the harms and deaths caused by WCAs from the state. This is a purposeful design of the government’s proxy measures, because in the event of mishaps the state can blame Maximus for the mass mistreatment of society’s welfare dependents.

Corporate Welfare Crime: Two Case Studies in State-Corporate Harm

Thesis for: Masters of Arts Social Policy 2016 p30¹⁵

Lewis Elward

Concern must be given to all those who don’t appeal because they have been overwhelmed by the ESA assessment process and can’t deal with any more. What, exactly, happens to them Minister when still too ill to work but lack the resilience to challenge the WCA incorrect decision? The deaths, despair and preventable harm created by the use of the WCA means that, by definition, the UK Government is moving perilously close to charges of Crimes Against Humanity.¹⁶

In the UK the growing catalogue of reported atrocities, fear, deaths, human suffering, humiliation, degradation and despair, caused by the impact of the ongoing enforced welfare ‘reforms’, are the very definition of Crimes Against Humanity and were accelerated by the Coalition Government without any consideration of the confirmed and very obvious human consequences: “*Crimes against humanity, as defined by the Rome Statute of the International Criminal Court Explanatory Memorandum, "are particularly odious offences in that they constitute a serious attack on human dignity or grave humiliation or a degradation of human beings." [1] They are not isolated or sporadic events, but are part either of a government policy (although the perpetrators need not identify themselves with this policy) or of a wide practice of atrocities tolerated or condoned by a government...*”

*UK Government refuses to accept responsibility for crimes against humanity*¹⁶

Mo Stewart, 2014

https://www.researchgate.net/publication/263673446_UK_GOVERNMENT_REFUSES_TO_ACCEPT_RESPONSIBILITY_FOR_IDENTIFIED_CRIMES_AGAINST_HUMANITY_-a_report

I have noted with interest your comments following the WCA debate⁶, but you will find that Disabled People's Organisations will challenge you on your claim that the UK Government 'embrace the social model' and few who've experienced the WCA would identify with your claims of witnessing 'professionalism and compassion' unless, of course, the health professionals you visited were doing their level best to impress the Minister... Also, there is a great deal of difference between those who are profoundly disabled but otherwise fit and well enough to work, and those who have chronic ill health that no amount of DWP coercion or intimidation will make fit for work.

Minister, the WCA is and always has been totally unfit for purpose. It doesn't need to be 'reformed' it needs to be removed. By disregarding diagnosis and prognosis, and permitting unqualified DWP administrators to make decisions for which, by their own admission, they are totally unqualified, many chronically ill people were always destined to suffer preventable harm and to die. And they have, including the recent very disturbing evidence of attempted suicides by ESA claimants. Your claims to want to help chronically sick and disabled people are interesting not least because, without exception, every letter from the DWP to an ESA claimant contains threats and intimidation. I respectfully suggest that improving written contact with claimants would be a good start to 'improving' the WCA until such times as it is removed, and the UK Government stop terrorising those least able to protest when using an assessment system influenced by the second worst insurance company in America^{1, 4, 10}.

Your claims that the WCA isn't really so bad, and there are very few successful appeals compared to the number of assessments doesn't mean that all is well Minister. Those who suffer, suffer badly. And let's not forget Dr Ben Barr et al's 2015 significant paper *'First do no harm': are disability assessments associated with adverse trends in mental health? A longitudinal ecological study.*¹⁷

Results

For each additional 10,000 people reassessed in each area was associated with an additional 6 suicides, 2700 cases of reported mental health problems, and the prescribing of an additional 7020 antidepressant items. The reassessment process was associated with the greatest increases in these adverse mental health outcomes in the most deprived areas of the country, widening health inequalities.

Conclusions

This programme of reassessing people on disability benefits using the Work Capability Assessment was independently associated with an increase in suicides, self-reported mental health problems and antidepressant prescribing. This policy may have had serious adverse consequences for mental health in England, which could outweigh any benefits that 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.*¹⁷

B Barr, D Taylor-Robinson, D Stuckler, R Loopstra, A Reeves, M Whitehead
Journal of Epidemiology and Community Health
November 2015

And, let's PLEASE not forget AGAIN, that there is an army of volunteers working in the UK, and many of them have profound disabilities or chronic health conditions. So, for many who are not well enough for paid employment, which seems to be the only 'work' you and others at the DWP consider, they are very industrious in the voluntary community whenever they are able. The difference is that volunteers are welcomed whenever they are well enough to make a valuable contribution to their chosen charity, and they are not persecuted because they will never be well enough, or capable, of being able to attend every day.

Whilst many of us are anxiously awaiting access to the report by the Work and Pensions Committee after their inquiry, nevertheless, it is hoped that the Government will not disregard this Committee's report, as they did in 2014.

It's time these identified government atrocities were stopped Minister. '*Cash Not Care: the planned demolition of the UK welfare state*' (Stewart 2016) will offer you a great deal of evidence you don't appear to know, and may I suggest that you access a copy of this detailed research evidence at your very earliest convenience so that you may become much better informed.

Yours sincerely

Mo Stewart

Disability Studies researcher

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

https://www.researchgate.net/profile/Mo_Stewart/publications

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Enclosure:

Letter to Penny Mordaunt MP: 1st July 2017
Minister for Disabled People, Health and Work

Copied to:

John Pring, Editor the Disability News Service, Work and Pensions Committee,

Dr Simon Duffy: Director, the Centre for Welfare Reform; Siobhain McDonagh MP (Chair)

Marsha De Cordova MP, Shadow Minister for Disabled People, Health and Work,

David Linden MP, Jim Cunningham MP, Stephen Hepburn MP, Stephanie Peacock MP, Helen Whately MP, Tom Shepherd MP, George Howarth MP, Dr David Drew MP, Mike Hill MP, Hugh Gaffney MP, Peter Aldous MP, Eleanor Smith MP, Justin Tomlinson MP, Neil Gray MP, Stephen Lloyd MP, Rosie Cooper MP, Jim Shannon MP, Alison Thewliss MP, Paul Sweeney MP, Alex Burghart MP, Hannah Bardell MP, Deidre Brock MP, Patricia Gibson MP, Alex Sobel MP, Drew Hendry MP.

Sir Michael Marmot, Professor Dame Sally Davies DBE CMO DoH, Professor Tom Shakespeare, Professor Peter Beresford, Professor Martin McKee, Professor Clare Bambra, Professor Peter Dwyer, Professor Nick Watson, Professor Steve Peers, Helen Stokes-Lampard Chair, RCGP, David Isaac CBE Chair, Equality & Human Rights Commission, Dr Kayleigh Garthwaite, Dr David Webster, Dr Ruth Patrick, Dr Maria Burghs, Caroline Lucas MP, John McDonnell MP