

STATE CRIME BY PROXY: UPDATE

corporate influence on state sanctioned social harm

An independent report by Mo Stewart

Abstract

In the UK there are three words that identify the government enforced suffering of sick and disabled people, and they are: Work Capability Assessment (WCA). This report identifies the influence of an American healthcare insurance giant with successive UK governments since 1992, the influence of a former government Chief Medical Officer and the use of the WCA, conducted by the private sector, as the government permit state crime by proxy when justified as welfare reform.

Key words

work capability assessment, biopsychosocial model, neoliberal politics

Introduction

Historically, the United Kingdom's (UK) welfare state provided a guaranteed financial safety net for those in greatest need, from the Beveridge Report (Beveridge 1942) until recently. However, with people living longer and the cost of the welfare budget rising, in 2006 the New Labour government identified future welfare reforms (DWP 2006) to reduce the growing costs of out-of-work disability benefits. Identified as '*a political choice and not a financial necessity*' when introduced '*without any ethical approval*' (McKee 2014), the adoption of additional austerity measures by the Conservative led Coalition government in 2010 soon created a climate of fear for chronically sick and disabled welfare dependent claimants. Subsequently benefit sanctions, as used to enforce claimant compliance with the demands of the Department for Work and Pensions, would eventually cause death by starvation in C21st UK (Gentleman 2014).

The future demolition of the welfare state was first suggested in 1982 by the Conservative Prime Minister, Margaret Thatcher (Travis 2012). Using neoliberal politics, every UK government since 1982 has covertly worked towards that goal. It is the political thinking used as justification for the welfare reforms of the New Labour government, which introduced the use of the Work Capability Assessment (WCA) for all out-of-work disability benefit claimants (Stewart 2015). Neoliberal politics also justified additional austerity measures introduced by the Coalition government since 2010, and the Conservative government(s) since 2015, which were destined to cause preventable harm when disregarding the human consequences (Ryan 2015).

In October 2008 the out-of-work long-term disability benefit was changed from Incapacity Benefit (IB) to the Employment and Support Allowance (ESA), in an attempt by the New Labour government to limit claimant numbers. Outsourced to the private sector, all claimants of the new ESA would be subjected to the WCA 'fitness for work' assessment. Exclusively conducted by Atos Healthcare until 2015, the WCA uses the critically flawed (Shakespeare *et al* 2016) Waddell and Aylward biopsychosocial (BPS) assessment model (Waddell and Aylward 2005, 2010). The BPS model was adopted to limit the numbers of successful ESA claimants, as the diagnosis and prognosis of the claimants would be completely disregarded, as first advised by Aylward and LoCascio in 1995 (Aylward and LoCascio 1995:755).

Background

Following in Thatcher's footsteps, in 1992 the John Major Conservative government invited the American corporate giant UnumProvident™ Insurance to consult, with reference to future welfare claims management (Stewart 2016). By 1994, the company were appointed as official government advisers. The 1994 Social Security (Incapacity for Work) Act introduced Incapacity Benefit (IB), as designed to limit access to out-of-work disability benefit (Wikeley 1995), which had significantly increased due to increasing numbers of claims for psychological causes of illness.

By 1995 the Department for Social Security's (DSS) Principal Medical Adviser, Mansel Aylward, co-authored an academic paper with UnumProvident™ government adviser John LoCascio, the second Vice-President of UnumProvident™ Insurance. '*Problems in the assessment of psychosomatic conditions in social security and related commercial schemes*' (Aylward and LoCascio 1995) was supported by evidence from America, and argued that the UK's General Practitioners (GP) should not be expected to determine a patient's incapacity. Hence the authority and clinical opinion of GPs would eventually be curtailed.

The 1995 paper (Aylward and LoCascio 1995) expressed concern as to the increases in '*subjective impairments*', with conditions such as Chronic Pain and Fatigue Syndrome listed as the significance of diagnosis was rejected as having '*a high degree of subjectivity*'. This had implications for the welfare budget, and it was suggested that claimants of IB should have a psychiatric evaluation (Aylward and LoCascio 1995:760).

The introduction of the BPS model of assessment had been successfully adopted by UnumProvident™ Insurance in America, to limit payment for healthcare income protection insurance claims (Rutherford 2007, Stewart 2015), and LoCascio was guiding the DSS as to how to introduce the BPS model into the UK. Quite literally, by disregarding diagnosis, the main emphasis of the BPS assessment would be an excessive concentration on psychological factors. The DSS doctors trained by LoCascio and DSS non-medical 'Adjudicating Officers' would make benefit decisions based on activity '*descriptors*', not medical evidence, as the claimant's doctors' opinions were marginalised (Sivier 2013).

The former Department for Health and Social Security was split into the Department for Health and the Department for Social Security (DSS) in 1988, and the DSS was then renamed the Department for Work and Pensions (DWP) in June 2001. By November 2001 a conference was assembled at Woodstock, near Oxford, with the conference listed as “*Malingering and Illness Deception*” (Conference 2001). Many of the conference participants had an association with UnumProvident™ Insurance, as represented by John LoCascio, and the goal of the conference was the future demolition of the British welfare state (Stewart 2015). There was a total of 39 participants including the DWP Chief Medical Officer Mansel Aylward and Malcolm Wicks MP, in his capacity as the then Parliamentary Under Secretary of State for the New Labour government. To reduce the numbers eligible for benefit, illness would be redefined and many welfare claimants would be declared fit for work, and ‘*motivated*’ into jobs (Rutherford 2007: 40).

New Labour was committed to reducing the 2.7 million people claiming IB and, to do that, a new assessment model would be used. From 1979 to 2005 the numbers of working age claimants of IB had increased from 0.7m to 2.7m. A total of 21% were recorded as having a mental health problem in 1995 but, by 2005, a total of 39% of claimants had a mental health problem, which was just under one million people (Rutherford 2007: 40). Since that time, politicians of all persuasions have prioritised the reduction of IB claimant numbers by one million people. New Labour decided to alter this situation, which had implications for the welfare budget and so ‘*...claimants will become customers exercising their free rational choice, government services will be outsourced to the private sector, and the welfare system will become a new source of revenue, profitability and economic growth*’ (Rutherford 2007: 41).

More DWP commissioned research was to follow to justify future government plans. Mansel Aylward was the DWP Chief Medical Officer until 2005 and accepted his future appointment, as the Director of the new UnumProvident™ Centre for Psychosocial and Disability Research (the Centre) at Cardiff University in 2004, with no-one other than Professor Malcolm Hooper objecting to this very obvious conflict of interest. Aylward’s new position would support future government welfare reforms (Stewart 2015).

The Waddell-Aylward biopsychosocial model

Commissioned by the DWP, *the Scientific and Conceptual Basis of Incapacity Benefits (S/C Basis)* was rapidly produced in 2005 by Gordon Waddell and Mansel Aylward (Waddell and Aylward 2005). The authors were sponsored at the Centre with £1.6 million by UnumProvident™ Insurance (Cover 2004). The company fully expected to gain from the UK welfare reforms, and the planned future reduction of the numbers eligible for State funded welfare support for sickness and disability (Stewart 2016, Rutherford 2007).

The S/C Basis DWP commissioned monograph (Waddell and Aylward 2005) was used as evidence for much of the 2006 Green Paper (Green Paper 2006): *A New Deal for Welfare: empowering people to work 2006*, which criticised the ‘*perverse incentive*’ of giving people more money the longer they stayed on benefit (Green Paper 2006: 2:13). The Green Paper also claimed that up to one million people could return to work, with further political claims that a million claimants had expressed the wish to do so, which was dismissed as being without foundation (Ravetz 2006).

The S/C Basis DWP commissioned report (Waddell and Aylward 2005) identified IB, which it claimed ‘*traps*’ people on benefits and, effectively, condemned claimants to a lifetime of dependency. The report acknowledged that: ‘*Contrary to some sensational headlines, IB is not out of control... There is no “crisis”...*’ (S/C Basis 4: 75) The emphasis of the DWP commissioned S/C Basis report by Waddell and Aylward (2005) was that the model used to assess IB claimants was incorrect. Instead of using the medical model, which the monograph claimed focused on a claimant’s incapacity rather than their ability, the Waddell and Aylward recommended model to be used was the BPS model.

Of course, the medical model of assessment also acknowledged medical opinion, so it was time to change to using the BPS model of assessment, which disregards medical opinion in order to limit the possible number of future claimants. This was a replica of the BPS assessment model successfully introduced by UnumProvident™ Insurance in America to limit access to healthcare insurance claims, and to guarantee future profits (Stewart 2016, Rutherford 2007).

Waddell and Aylward's 2005 report (S/C Basis), which would be used by the New Labour government to justify the introduction of the welfare reforms, was subsequently exposed by Emeritus Professor Alison Ravetz, who identified the DWP commissioned report as being '*largely self-referential*' (Ravetz 2006). The Waddell and Aylward BPS model, as used by successive governments to justify the use of the WCA, and to condemn ESA claimants, would eventually be discredited by academic excellence. It was exposed as having '*no coherent theory or evidence behind this model*' and demonstrated '*a cavalier approach to scientific evidence*' (Shakespeare et al 2016) when referencing '*Models of Sickness and Disability applied to Common Health Problems*' (Waddell and Aylward 2010).

The former city banker, David Freud, was commissioned by the New Labour government in December 2006 to offer recommendations to reduce the welfare budget. Commonly known as '*the Freud Report*', *Reducing Dependency, Increasing Opportunity* (Freud 2007) was rapidly produced in six weeks, with claims of a potential massive reduction in IB claimants. By May 2007 Professor Danny Dorling, when writing as the Guest Editor for the Journal of Public Mental Health, exposed the identified flaws in the Freud Report. It seems that Freud had '*got his numbers wrong*' and had misinterpreted his own references (Dorling 2007).

The protocol and limitations of being published in an academic journal meant that Dorling's significant evidence, which had exposed flaws in the Freud Report, would not become public knowledge and the DWP had based their future welfare reforms on more discredited DWP commissioned research.

The influence of UnumProvident_{TM} Insurance with the UK welfare reforms was demonstrated in the supplementary memorandum provided for the Work and Pensions Select Committee (WPSC) report following the publication of the Welfare Reform Green Paper (WPSC 2006). The memorandum clearly listed the transformation of IB to the new ESA benefit. The requirement to '*resist diagnosis*', '*revise the 'sick note*', '*encourage the Government to focus on ability and not disability*', '*change the name of Incapacity Benefit*' and '*benefits not to be given on the basis of a certain disability or illness but on capacity assessments*' have all come to pass, as UnumProvident_{TM} Insurance have influenced UK government welfare policy since 1994 (Stewart 2015). Yet, the fact that UnumProvident_{TM}

Insurance was identified, in 2008, by the American Association of Justice (AAJ, 2008) as the second worst insurance company in America was totally disregarded by the DWP.

Gordon Brown succeeded Tony Blair in 2007 as the New Labour leader and Prime Minister and, in October 2008, he introduced the WCA for the future reassessment of all IB claimants, and the assessment for all new claimants of its replacement, the ESA. The lucrative WCA contract was outsourced to Atos Origin IT Ltd, identified as an international IT corporate giant with no healthcare experience. To conduct the WCA, a branch of the company identified as Atos Healthcare was formed, and the Lima software used for the WCA computer questionnaire was designed by Atos.

Following the introduction of New Labour's 2006 Welfare Reform Bill in October 2008, the recommendations from the 2001 Malingering and Illness Conference (Conference 2001), the S/C Basis DWP commissioned report (Waddell and Aylward 2005) and the Freud Report (Freud 2007) would greatly reduce the authority and the clinical opinion of GPs. This meant that very many genuine ESA claimants were to be refused financial support with often fatal consequences (Ryan 2015).

Atos Origin IT Services UK Limited is a corporate IT and software company, who were contracted by the New Labour government in 2008 to conduct the WCA, at a then cost to the public purse of £500 million for the contract (Rutherford 2007, p44). According to the General Medical Council, doctors in the private sector working on behalf of the government have '*total immunity from all medical regulation*' (Stewart 2016), which suggests there is no accountability for malpractice.

From October 2010 Atos Healthcare used the computer based WCA questionnaire to begin to reassess all long-standing IB claimants being migrated to the ESA. By disregarding diagnosis many genuine claimants were refused access to the replacement benefit. They were instructed to apply for the unemployment benefit, Jobseekers Allowance, with severe sanctions and the total loss of income, often for weeks, when too ill to attend an appointment with the Jobcentre. Death from starvation was inevitable (Meaden 2015). '*It is discussed how the state and business act in collusion, as both generally share the same neoliberal conviction on how society should function. This partnership is no more evident than within welfare, where the state have established proxy measures to outsource harm production to distance themselves*

from potential ramifications' (Elward 2016). In March 2015 Atos Healthcare were replaced by Maximus Health and Human Resources Ltd to conduct the WCA (DWP 2014).

Consequences of American corporate influence with British welfare reforms

The American healthcare insurance system of disability denial was used for the design of the WCA (Stewart 2013), and the involvement of Atos Healthcare was used to distance the government from the preventable harm created by the use of the WCA. The private sector was introduced on a wide scale in many areas of welfare and social policy (Elward 2016) as New Labour adopted American social and labour market policies (Daguerre 2004, Daguerre & Taylor-Gooby 2004). Between December 2011 to February 2014, following a WCA, 2,380 people died after being found 'fit for work' and 7,200 claimants died when awarded the ESA and placed in the work-related activity group by the DWP. These claimants were '*...by definition, people whom the government had judged were able to "prepare" to get back to work*' (Ryan 2015). The DWP have since refused to publish the updated ESA mortality totals (DWP 2016).

Refusal to publish updated ESA mortality totals may be linked to the fact that the DWP were warned by their own panel of experts not to adopt the WCA. Professor Geoff Shepherd advised that the DWP were "*ruthless*" and "*reckless*" when forcing through the WCA, despite warnings of guaranteed preventable harm (DNS 2015). It is also disturbing that "*staggering*" ESA suicide figures, demonstrating that almost 50 per cent of claimants had attempted suicide since the introduction of the WCA, were quietly produced in a 2014 NHS statistics report but not brought to the attention of the national press or the public (DNS 2017).

Zemiology is the study of social harm. Eight years after the introduction of the WCA, when using the fatally flawed Waddell and Aylward (2005, 2010) BPS model of assessment (Stewart 2016, Shakespeare *et al* 2016), the preventable social harm created by the introduction of the WCA has been identified by independent research (Stewart 2017, 2016, 2015, Barr *et al* 2015, Baumberg Geiger *et al* 2015, Shakespeare *et al* 2016). DWP Ministers continue to disregard all evidence not commissioned by the DWP.

Influential reports either commissioned by the DWP (Waddell and Aylward 2005) or provided by a right-wing think-tank (Pickles *et al* 2016) when funded by the private sector

(Robertson 2012), continue to demonstrate the ideological resistance to the fact that many chronic illnesses are permanent. Recovery is not possible. Totally disregarding diagnosis and prognosis is dangerous, as is the constant psychological pressure that welfare benefit for a permanent diagnosis is no longer guaranteed (Stewart 2016). Those in greatest need are intimidated by the DWP, who have ‘...*guaranteed human suffering of the least able on a vast scale*’ (Stewart 2017).

Guided by the 2001 Malingering and Illness Deception Conference (Conference 2001), there is a strong ideological resistance within the DWP as to the reality of the lives of chronically ill and disabled people who are not in paid employment. Influenced by UnumProvident™ Insurance and Mansel Aylward, the 2001 Conference generated the philosophy that if claiming long-term sickness benefit was made very stressful and difficult, and the cash on offer minimal, then the general public would be encouraged to invest in private healthcare insurance which would remove the financial burden from the State. Therefore, all protests regarding the numbers of deaths and suicides linked to the ESA assessment are disregarded by the DWP.

Those who were meant to benefit from a welfare state as originally designed to support and protect them now live in fear of the DWP, which is causing them guaranteed preventable harm and unnecessary loss of life (Scott-Samuel *et al* 2014, Gentleman 2014, Pring 2015, Ryan 2015, 2018, Elward 2016, Stewart 2016).

Conclusion

What was once the psychological security of the welfare state has been totally destroyed by neoliberal politics when enthusiastically supported by the national press (Stewart 2017), who watched as prosecuted disability hate crimes increased by 213% (WW 2015). The market is the dominant force and a reduction of costs is the only priority. All evidence of care, concern, compassion and humanity has been successfully removed when guided by DWP commissioned research (Waddell and Aylward 2005) that lacks credibility, and totally fails academic scrutiny (Shakespeare *et al* 2016, Thorburn 2012). Added to this travesty of social justice, the reduction of funding to the minimal for ESA claimants has ‘*done nothing but starve the sick*’ (Ryan 2018).

Acknowledgements

Grateful thanks to Lewis Elward for access to his Masters dissertation and his kind permission to quote from it.

Funding

This research received no grant from any funding agency in the public, commercial, or not-for-profit sectors.

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Profile

Mo Stewart is a former healthcare professional, originally trained in the NHS. She served in the Women's Royal Air Force (medical branch) until her medical discharge in 1984, due to the onset of a permanent illness, for which she was awarded a War Pension for life. Following an unacceptable experience in December 2008, when a staff member from Atos Healthcare conducted the fatally flawed Work Capability Assessment instead of a War Pension review, Mo has been conducting self-financed independent research. Her book: '*Cash Not Care: the planned demolition of the UK welfare state*' was published in September 2016 and has since achieved wide spread critical acclaim.

*This research report is an updated version to the one originally published online via ResearchGate in February 2017:

https://www.researchgate.net/publication/314045256_STATE_CRIME_BY_PROXY_corporate_influence_on_state_sanctioned_social_harm_An_independent_report

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