

TRANSCRIPT OF A TALK WITH DR CHINA MILLS: JUNE 2021

NOTES

CM: Can you talk us thro' what the WCA is?

MS: Thanks China. I'll need to set some context here for this question but, quite simply, the Work Capability Assessment (WCA) is identified as being a fatally flawed assessment, initially adopted by the Department for Work and Pensions (DWP) in 2008 to restrict access to the new Employment and Support Allowance (ESA) long-term out-of-work disability benefit, regardless of very predictable human consequences, which can be fatal.

All DWP social policies adopted since 2006 describe the WCA as a '*medical assessment*'. So, MPs, journalists and academics all refer to the WCA as a '*medical assessment*.' In reality, the WCA is a '*non-medical functional assessment*' and is totally unrelated to medicine or to clinical opinion. Influenced by the American health insurance industry the WCA is dangerous, disregards all clinical opinion, and is the assessment of the functional ability of disabled claimants, whilst disregarding diagnosis and prognosis. Many thousands of ESA claimants were always destined to perish following the adoption of the WCA, because disregarding clinical opinion can have fatal consequences. There are now many thousands of deaths directly linked to the WCA, as identified by published academic papers and by Coroners' reports, which link the WCA to suicides of disability benefit claimants. Most recently, Coroners identified an '*institutional reluctance*' by the DWP to meet the needs of disability benefit claimants, which is a damning indictment of the Department and of the social policy reforms which have created so much suffering for those least able to protest.

The WCA is the continuation of what is widely described as being '*Thatcher's dark legacy*', as Margaret Thatcher was the first elected neoliberal politician in the UK. The politics of power, profit and greed, neoliberal politics is the adoption of fiscal priorities at the expense of health and wellbeing for all social policies, as '*tolerated harshness*' became the norm under Thatcher's administration, and it is still with us. She was the first elected neoliberal politician in the UK, and every administration since Thatcher has continued with her social policy agenda, which is the eventual removal of the UK welfare state, including the NHS. This has gradually increased over time as social policy reforms, adopted by successive neoliberal UK administrations, have negatively impacted on the health, wellbeing and often on the survival of the chronically ill and disabled community, who are punished for being unfit to work.

Despite political rhetoric by the Coalition administration, the social policy reforms were totally unrelated to helping and supporting the disabled community, and totally unrelated to costs, which was the political smokescreen used as justification for the preventable harm the social policy reforms and austerity measures adopted in 2010 were always destined to create. Their priorities were to break the past psychological security previously provided by the UK welfare state, and to resist funding disability benefits to as many claimants as possible, which

will make the eventual removal of the welfare state much easier to achieve; as identified in detail in my book '*Cash Not Care: the planned demolition of the UK welfare state*'.

The WCA is indeed the continuation of '*Thatcher's dark legacy*', which was identified in 1982 Cabinet papers as being the eventual demolition of the UK welfare state, to be replaced by the American system of welfare, using private healthcare insurance. This ambition has bipartisan agreement, and it was the Labour Prime Minister, Tony Blair, who adopted American social and labour market policies in 1997 to work towards this eventual goal. Blair adopted an '*active welfare state*' and deemed that access to any out-of-work benefit should be made as difficult as possible, when copying the American version of welfare. In order to eventually remove the welfare state, it was first necessary to remove the past psychological security provided by the UK welfare state. So, the Labour government introduced the ESA in 2008 to replace Incapacity Benefit as the long-term disability benefit. The WCA is the assessment used by the DWP to restrict access to the ESA, and other related disability benefits, using the discredited Waddell-Aylward biopsychosocial (BPS) model of assessment.

Following its introduction, every clinical authority objected to it and demanded that the WCA should be abolished, including The Royal College of Psychiatry, the British Medical Association, the Royal College of General Practice, the Royal College of Nurses, the British Psychological Society and the President of the Appeal Tribunals for Social Security. They were all disregarded by the Labour administration, who adopted the WCA in 2008 when working towards their ambition, which was to destroy the past psychological security of the welfare state for the long-term sick and disabled community. This has been achieved using the fatally flawed WCA.

CM: Please advise regarding the history of the WCA, and the role of UnumProvident with it

MS: The WCA wasn't the first assessment developed to restrict access to disability benefit. Following Thatcher's social policy agenda, the John Major administration invited UnumProvident Insurance to advise the UK government from 1992, and John LoCascio was appointed as the official Unum government adviser for '*welfare claims management*' in 1994. Unum had successfully adopted a flawed biopsychosocial (BPS) model of assessment to limit access to health insurance claims in the United States (US), and LoCascio was guiding the then named Department for Social Security (DSS) how to adopt the BPS model in the UK.

Mansel Aylward has a long history of involvement with the private health insurance industry. He joined the medical civil service in 1984 and, in 1985, he was involved with creating a private company that used DSS doctors to assess private health insurance claimants. By 1994, Aylward was the Principal Medical Adviser for the DSS when LoCascio was appointed to guide the UK government on how to adopt a BPS model of disability assessment. Aylward and LoCascio wrote an academic paper in 1995, which recommended the removal of GP opinion from disability benefit assessment. The 1996 social policy introduced Incapacity Benefit to replace Invalidity Benefit, and adopted the Aylward and LoCascio version of the BPS model of assessment for the new All Work Test for Incapacity Benefit claimants.

Using the usual biased rhetoric, in 1997 the DSS claimed that the new All Work Test would identify the '*deserving*' claimants, when compared with the undeserving poor of society, who have always been treated with contempt by successive UK administrations. The adoption of the All Work Test in 1997, using the Aylward and LoCascio BPS model of assessment, was the beginning of what I have deemed to be the '*preventable harm*' of the chronically ill and disabled community by successive neoliberal British governments.

Aylward was appointed as the Chief Medical Adviser for the newly named Department for Work and Pensions (DWP) in 2001. He stepped down from the DWP in 2005 having been appointed in 2004 as the first Director of a new research centre at Cardiff University, as funded by UnumProvident Insurance. By 2005 there were still almost one million people claiming disability benefit for a mental health problem, which meant a more punitive assessment model was needed to reduce these totals. Clearly, the DWP didn't accept that mental health problems should be accommodated in the same way that physical health was acknowledged by social security benefits. This always was a dangerous bias against the needs of benefit claimants disabled by mental health problems. Every government since Labour, including the latest Johnson Conservative administration, are still making claims that the numbers of disability benefit claimants should be reduced by one million, which identifies UK social policies still dominated by a fiscal priority, when disregarding need.

UnumProvident Insurance sponsored Mansel Aylward at the Cardiff University research centre until 2009, with £1.6million in sponsorship funding. Together with his new co-author at the Centre, Gordon Waddell, Aylward would produce more DWP commissioned policy-based research in 2005. '*The Scientific and Conceptual Basis of Incapacity Benefits*' recommended the adoption of the Waddell-Aylward BPS model of assessment, as used for the WCA, the reduction of disability benefit to the same level of funding as used for unemployment benefit, and the use of sanctions for anyone deemed by the DWP to fail to comply with their demands. These additional punitive developments were eventually adopted for DWP social policy reforms by the Coalition government, whilst overlooking the fact that in 2007 BBC News had exposed Unum Insurance as influencing the British government on social policy reforms when identified, in the US, as being '*racketeers*'.

Of course, at the same time as Unum were funding Aylward and Waddell's research at Cardiff University, the company were being prosecuted in the US, and were allocated \$multi-million dollar fines for their '*disability denial*' practices, used to resist funding genuine health insurance claims. In 2008, The American Association of Justice identified Unum Insurance as being the second worst insurance company in America, which the Labour administration disregarded.

CM: Can you advise about your ground-breaking research project, what is meant by '*preventable harm*', and some of the ways that harm was designed into the system?

MS: The '*Preventable Harm Project*' ran for ten years from 2009 – 2019. I have been promoting the research findings ever since, which is resisted by the national press. Evidence from the Project was first published in my book, '*Cash Not Care*' in 2016, and is also in two

book chapters, and in a few academic journals which, of course, the lay public will never access. One obvious question to ask is why the national press are reluctant to expose the findings of the Project to the British public, and why they fail to identify the relentless persecution of disability benefit claimants by the DWP? Who controls the national press?

As a medically retired healthcare professional, I was familiar with the term '*preventable harm*', which in healthcare is generally accepted as meaning '*the presence of an identifiable, modifiable cause of harm*', which was demonstrated by the Project findings. Preventable harm was created by successive social policy reforms, as benefit claimants are persecuted and intimidated by the State, who demand endless repeat WCAs often for health conditions that can't ever improve.

The research for the Project was initially produced to offer the chronically ill and disabled community an explanation for the suffering created by the adoption of extreme social policy reforms and brutal austerity measures; introduced by the Coalition government who were extending the social policy reforms of previous administrations. To create the necessary result, aimed at reducing the numbers who claim disability benefit, and in an effort to remove the past psychological security provided by the welfare state, the DWP was determined to follow through on their ultimate goal to make access to disability benefit as difficult as possible. This was Tony Blair's initiative, having adopted American social and labour market policies for the 'New' Labour government. This was achieved by the use of the WCA and the excessive use of benefit sanctions, introduced by the Coalition government, which adopted psycho-compulsion and meant that the only income of the disabled claimant was removed, often for months. Some chronically ill and disabled people are starved to death by the State when too ill to attend an interview at the Jobcentre, yet no-one is held to account for what is identified as being DWP psychological tyranny. In a recent published academic paper, DWP managers and staff exposed the fact that they were actually required to terrorise disability benefit claimants during the Coalition administration. Someone should be asking why?

The preventable harm initially adopted by the DSS using the All Work Test in 1997 was extended in 2008 by the DWP, by the adoption of the fatally flawed Waddell-Aylward BPS model of assessment used for the WCA, which also disregards all clinical opinion. Many thousands were always destined to perish using the dangerous, fatally flawed WCA, and so they have, and we now have disability benefit claimants actually starving to death, in C21st UK, courtesy of the State and the enthusiastic use of benefit sanctions. Preventable harm is also identified by published peer reviewed academic papers, identifying the links between the WCA and deaths in the disabled community, which are totally disregarded by the DWP, with no-one held to account when some of those in greatest need are, quite literally, '*killed by the State*'.

In 2016 academic experts Tom Shakespeare and colleagues totally demolished the research evidence used to justify the Waddell-Aylward BPS model of assessment, as adopted by the DWP for the WCA. The Waddell-Aylward research was exposed as being '*conceptually and empirically invalid*' demonstrating a '*cavalier approach to scientific evidence*' and was '*a*

chilling example of policy-based research, not evidence-based research'. I have never before know published research so emphatically demolished by other academics in a critique, but Shakespeare and his colleagues left us in no doubt that the research used to justify the adoption of the Waddell-Aylward BPS model of assessment, as used for the WCA, was totally unfit for purpose.

CM: How does outsourcing work as a government distancing strategy?

MS: It was the unelected, and totally unqualified former investment banker David Freud who recommended outsourcing disability benefit assessments, using the private sector, in his infamous government commissioned 2007 report *'Reducing Dependency, Increasing Opportunity: Options for the Future of Welfare to Work'*. The *'Freud Report'*, as it came to be known, was significant in guiding the New Labour government, at first led by Tony Blair then by Gordon Brown, to continue with the Conservative emphasis of a *'something for nothing culture'*; which it was claimed had been adopted by the unemployed, which included the long-term sick and disabled community who are dependent upon the State for their financial security and for their survival.

Freud recommended the Waddell-Aylward BPS model of assessment, despite being totally unqualified to hold an opinion, and Freud's many claims of the expected removal of vast numbers of disability benefit claimants never could happen because his research was fatally flawed, which is something else that's not widely known. Shortly after the Freud Report was published, Professor Danny Dorling was a guest editor for the Journal of Public Mental Health, and he went to great lengths to expose the flaws in the Freud Report in his paper *'The Real Mental Health Bill'*, published online in May 2007 and in the Journal in September 2007.

As Dorling explains: "Incidentally, don't be fooled by the figures in the (DWP commissioned) Freud report suggesting spectacular falls in the number of Incapacity Benefit claimants in pathways pilot areas. David Freud got his numbers wrong (to verify this simply read the sources he cites – they do not apply to all claimants as he implies, most of whom have been claiming for years, but only to a small minority), but then he is not a social scientist but a banker – so why should counting be his strong point?"

Outsourcing these assessments was adopted to remove responsibility from government Ministers as, if any problems with the assessments were identified, the administration could blame the private company contracted to conduct the assessments, whilst claiming innocence for the preventable harm they were always destined to create. Clearly, the relentless political claims, that reforms of the benefit system were needed due to rising costs was always a political smokescreen. The Public Accounts Committee identified in 2016 that the costs of providing assessments by the private sector was £1.6 billion for a three year contract to conduct both the WCA for access to the ESA benefit, and for assessments of the new Personal Independence Payment (PIP), which had replaced the Disability Living Allowance as used as support for the extra costs of living with chronic ill health or a profound disability. Clearly cost reduction was not a priority, given the costs of the contracts, but the removal of the past psychological security of the welfare state was the principal goal, which has been achieved.

CM: What do you think it is about the WCA (and how it is carried out) specifically that is so negative for people's mental health and may lead to suicide?

MS: The WCA is a fatally flawed assessment and, after all this time, very few chronically ill and disabled people who depend on the State for their only income are unaware of that fact. Let's not forget the vast amount of vicious propaganda adopted by the Coalition government to justify the addition of austerity measures in 2010 with the ongoing social policy reforms. The often shameful claims by Prime Minister David Cameron, the Chancellor George Osborne and not forgetting the cruelty of Iain Duncan Smith, when Secretary of State for Work and Pensions, who essentially challenged the integrity of all disability benefit claimants; aided by a brutal tabloid press which saw disability hate crimes, including murder, increase by 213% when Iain Duncan Smith was Secretary of State. Indeed, in 2014, a senior police officer appeared on regional TV news complaining that a murder of a disabled man, dragged out of his wheelchair and kicked to death in a shop doorway, didn't even make it to the regional news media let alone the national news. An indifference to the suffering and persecution of the disabled community had become 'the norm' in the UK, and so was apparently disregarded.

It's not just the WCA that has caused a crisis in public mental health. It's the psycho-compulsion that went with it, with disabled people publicly humiliated by the Cameron administration in political speeches, which meant that the lay public felt able to challenge disabled people; such as when parking in a disability bay using a disabled person's blue parking badge. There are detailed surveys which identify the humiliation created by these assessments and, as diagnosis is totally disregarded, it isn't unusual to have disabled people with life-threatening health conditions deemed to be '*fit for work*' by the fatally flawed WCA. Claimants are now terrified of the DWP and by the WCA in particular, as demonstrated in the 2014 report by Catherine Hale, '*Fulfilling Potential*', and I quote: "*The worst thing, I find, is realising that I am forced into looking for a life that I want but have no chance of having. I seriously feel I may kill myself because being sick, having next to no money, no life, no future, no cure, constant pain and constant disapproval and rejection defeats me*". (p37)

Having experienced the WCA myself, I can testify to the fact that it is unrelated to the health condition endured by the claimant. The person conducting the WCA is usually not a doctor and has had no access to the claimant's medical history, making the WCA not only pointless but dangerous too. Academic papers have been written about the '*fear of the brown envelope*' as the DWP communicate using brown envelopes, and brown envelopes rarely bring good news. The link between the WCA and suicides is demonstrating the success of the psycho-compulsion used by the DWP, to successfully terrorise those in greatest need, used to demolish what was once the past psychological security of the UK welfare state.

Effectively, the WCA, and the disturbing commentary about disability benefit claimants by the tabloid press, removed all hope that when too ill to work the WCA will identify the need, and the DWP will protect the claimants. When all hope is gone, by definition, there is often a collapse of mental strength, with a sense of hopelessness often leading to suicide.

What strategies do you use or have you seen used to demonstrate the role of government in producing harm?

MS: I'm not at all certain I have a 'strategy' per say China. If I do I guess it would be similar to DWP Ministers, whose social policies presume all chronically ill and disabled people who claim long-term out-of-work disability benefits are perpetual liars. The years of rhetoric regarding a '*something for nothing culture*' was the strategy used by successive administrations to remove the psychological security of the welfare state and to influence the lay public. My strategy is to assume that all government reports are written to support government policies, are invariably policy-based, and so can't be trusted. Therefore, if I have a strategy, it's to go to great lengths to find significant, peer-reviewed, published academic research by authors who are not commissioned by the DWP or funded by corporate America. Also, of significant importance, is the research conducted by highly skilled service-users, whose detailed research evidence is often on a par with published academic papers, but is unknown in the academic world. Therefore, academics are alerted to detailed published research by Catherine Hale and Stef Benstead, who are disabled researchers published online by the Centre for Welfare Reform. Reading their research demonstrates the significance of service-user involvement.

CM: Can you tell us about how the DWP and wider government have responded to those seeking to show the link between the WCA and deaths, and how they have responded to your research?

MS: There's not much to report given that any challenge, query or FOI request usually gains a standard reply, with the DWP insisting that there is no correlation between the WCA and suicides, that suicide is a complex issue, and that assumptions should not be made that one is linked to the other. When attempting to offer access to published, peer-reviewed academic papers, often from the Lancet or the British Medical Journal, the DWP's stock answer is that the numbers of disabled people interviewed during the research were so few so the DWP are unable to arrive at any conclusions from the research findings. They have a standard, polite but stock answer of denial of any demonstrable link to preventable harm relating to the WCA.

CM: What do you think needs to happen to achieve change and to prevent future harm and deaths?

MS: I'm not sure this can or will happen China, given that UK social policies have been influenced by corporate America since 1992. There needs to be a political will to change, to stop disability assessments terrorising the chronically ill and disabled community, and to accept that GPs and, especially, consultants know their patients best. The political rhetoric used to remove GP opinion for anyone in need of long-term disability benefit was simply a political ploy, influenced by corporate America, claiming that GPs would make as many as possible unfit for work in order to claim payment from the government. There never was any evidence to support this claim, introduced by testimony from Unum Insurance not the BMA. There is only one way to stop this persecution of the chronically ill and disabled community, and that is to abolish the WCA. Without political will, and a compliant national press willing to expose these atrocities to the British public, that is very unlikely to happen.