

KILLED BY THE STATE?

Social Policy Abused: the creation of preventable harm

27th November 2020

PART ONE

**** Simon to introduce Mo... Questions and answers at the end of the talk.**

1. Hello. Thanks for joining us here today and thanks to Simon for hosting this event. I am delighted to find such a mixed audience that includes academics, students, politicians, disabled activists and other interested parties. You are all very welcome. This talk is to highlight the Preventable Harm Project (the Project) that I conducted for ten years, which concluded in November 2019 with the publication by the Centre of the *Influences and Consequences* report. Since then I have promoted the research findings, identifying the adoption of a fatally flawed assessment model, used to limit access to disability benefits by disregarding clinical opinion. Many claimants of disability benefits were destined to perish when **killed by the state**. Whilst there has been a lot of academic interest and valuable support, the Project was conducted so that the chronically ill and disabled community would better understand why hostile social policies were adopted. To support the talk I will be using slides, and there will be short breaks approximately every twenty minutes.

SLIDE: Webinar: Killed By The State?

2. There are a few things I need to mention before any reference is made to the research findings. There's a lot of evidence from ten years of work so:

- be prepared for evidence that has been described by many as being both "*harrowing*" and "*disturbing*," and which may cause distress to anyone whose unfamiliar with my work. The main title of the talk, '*Killed By The State?*' is a clue to the evidence I will be sharing.
- I should also mention that I'm not an academic – no uni, degree, Masters or PhD, and no string of letters after my name.
- I'm a healthcare professional by training, initially trained in the NHS as a cardiac technician supporting open heart surgery, before joining the (W)RAF medical branch where I worked as a medical technician in neurophysiology until my medical discharge.

SLIDE: Cash Not Care: the planned demolition of the UK welfare state

3. Ten years is a long time to conduct research on one subject, which is the identified negative influence of corporate America with UK social policy reforms since 1992. The ultimate political ambition is identified as being the removal of the UK welfare state, to be replaced by the American system of welfare, using private health insurance. Following several years of independent research my book "*Cash Not Care*" was published in September 2016. Despite being written for and on behalf of the disabled community, "*Cash Not Care*" is now recommended reading for social scientists at universities in both the UK and Australia. Thanks to a unique working relationship with Policy Press, following the publication of my book I was able to continue the research as I was provided with confidential access to anything they published. I have no research funding, and I would have been unable to continue the research without this remarkable bond of trust. My first contact with many academics was via their papers published by Policy Press, and I owe an enormous debt of gratitude to Alison Shaw and her team for their very valuable support of my work. Every new report, article or paper I wrote for the Project provided additional references, confirming the often fatal human consequences of the ongoing demolition of the British welfare state, identified as Thatcher's "*dark legacy*". Meanwhile, neoliberal politicians have spent each passing year since 2010 abusing social policy, by challenging the integrity of anyone who claimed long-term sickness and disability benefits. Social policies became increasingly hostile to those in greatest need, as preventable harm was created when masquerading as social policy reforms, commonly known as "*welfare reforms*".

SLIDE: Highway to Hell

4. The Coalition government justified the addition of severe austerity measures, which began in 2010, when constantly claiming that the previous Labour government had been irresponsible with welfare funding; which it was claimed was "*out of control*". As Prime Minister, David Cameron was very vocal about the claimed excessive spending on welfare by the last Labour administration, the need to reduce expenditure and to "*live within our means*". This was a very successful misdirection by a neoliberal government, unconcerned with the

catastrophic human consequences of what became a brutal reduction of funding for the social policy budget and for social services. In reality, the share of the national income spent on welfare was at its peak between 1995-96, under the John Major Conservative administration, as identified by Professor James Banks and colleagues in a 2015 paper published by the Journal of Economic Perspectives. Certainly costs increased over time but, as a share of the national income, Labour spent less on social policy than the Major administration, and the austerity programme of the coalition government was justified by what was a totally false claim.

SLIDE: Multiple front page banner headlines

5. When referring to the long-term sick and disabled community, it has become common practice to make reference to them all as being “*disabled*.” Thus, all mention of the chronically ill is removed from debate, with a tendency by Ministers in the Department for Work and Pensions (DWP) to trivialise the impact of chronic ill health and permanent disability. In the Cameron coalition government, between 2010 – 2016, those in greatest need were publicly humiliated by a very vocal Secretary of State for Work and Pensions, namely Iain Duncan Smith MP. He made unfounded claims that there were vast numbers of fraudulent benefit claims, with his famous references to “*shirkers*” and “*scroungers*”. This was identified by Dr Kayleigh Garthwaite as being “*a thinly veiled character assassination*” of disabled people. In fact, the DWP’s own figures identified that only 0.5 per cent of disability benefit claims were fraudulent, meaning that 99.5 per cent were genuine claims. There were to be catastrophic human consequences for this brutal political attack, as the past psychological security provided by the welfare state disappeared, as identified in Catherine Hale’s groundbreaking 2014 research, 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.”

Many national charities spoke out against Duncan Smith’s hostile rhetoric, with inflammatory media coverage linked to a significant increase in disability hate crimes as Duncan Smith’s fake news filled the tabloids.

SLIDE: Daily Express front pages

6. Polls by national charities taken in 2012 identified a change in public attitude towards the disabled community, with many disabled people reporting public hostility towards them during the coalition government's term in office. Many refused to go outside in fear of the public reaction to them. Again, this level of suffering of the chronically ill and disabled community has been disregarded by most of the national press. Yet, many were very happy to demonise the victims of Duncan Smith's hostile rhetoric with their dramatic front page banner headlines. National charities such as Scope, Mencap, Leonard Cheshire Disability, the National Autistic Society, the Royal National Institute for the Blind and the Disability Alliance all protested. They insisted that ministers and civil servants repeatedly highlighting the supposed mass abuse of the disability benefits system was totally unfounded. Concerned senior police officers made appeals on regional television news, and identified the disturbing increase in prosecuted disability hate crimes, including murder, which wasn't even reported by the regional press let alone the national press. Coincidentally, prosecuted disability hate crimes increased by 213 per cent when Iain Duncan Smith was the Secretary of State at the DWP. Whilst the world is now distracted by the Covid pandemic, and the UK is distracted by Brexit, there remains this unreported ongoing public health crisis created by the adoption of social policy reforms based on fiscal priorities. These reforms are negatively impacting on the health, the wellbeing and often the survival of the chronically ill and disabled community who are unfit to work, and who now live in fear of the DWP. There are volumes of published academic research papers demonstrating the ongoing preventable harm by the DWP of those in greatest need. However, since academic publishers fail to promote the findings of the academic research they publish in the public domain, few people are aware of this ongoing crisis of human suffering, imposed by the DWP. It's surely past time for academic publishers to demonstrate some social responsibility, and to promote research findings which have sinister implications for the health and wellbeing of millions of people. A national press conference to identify significant research findings should not be out of the question for socially responsible academic publishers.

SLIDE: Highway to Hell

7. When working in healthcare, many of my patients were chronically ill and were living with a life threatening condition. I never felt the need to terrify them. Nor did I feel the need to humiliate them by claiming they were “customers” of the NHS. They were patients and were treated with care, concern and compassion; which is something that’s been missing from UK social policies for the past decade. When chronically ill, disability benefit claimants have enough on their mind without being persecuted by the DWP, who routinely refuse to accept that many claimants are too ill to work, and often subject them to brutal financial sanctions when too ill to attend an interview at the Jobcentre. Sanctions remove all income for anyone surviving on benefits. This has led to some chronically ill and disabled claimants actually starving to death in C21st UK, to this nation’s everlasting shame. Yet, no-one is held to account for this level of extreme and unnecessary human suffering. Possible starvation is now a basis for UK social policies, with no-one asking how this can possibly be justified. All moral code was abandoned with the adoption of neoliberal politics, known as the politics of greed. These sanctions were welcomed by the adoption of American social and labour market policies by the Blair New Labour government, as identified by Dr Anne Daguerre in her 2004 paper “*Importing Workfare: Policy Transfer of Social and Labour Market Policies from the USA to Britain under New Labour,*” and I quote:

“According to American writers such as Murray (1984) and Mead (1986), welfare dependency was the main social problem in the USA. Poverty was not the result of a shortage of jobs or social inequality. Instead, deprivation was due to behavioural problems. Jobs were available but the poor would not take them because they had a low work ethic.”

Mead’s arguments justified the adoption of sanctions and behavioural controls in the US, as copied by successive UK neoliberal governments who followed Mead’s lead by adopting the “*rhetoric of blaming the poor*”; which included the chronically ill and disabled community. Clearly, successive neoliberal governments moved UK social policies, with each passing year, ever closer to resembling an American state.

8. Social Policy “*reforms*” which really means social policy “*destruction*,” has worked very well. Continuing with Thatcher’s “*dark legacy*”, Blair’s ambition to make access to disability benefit as difficult as possible was achieved, by his adoption of American social and labour market policies in 1997. Thousands have since died when deemed “*fit for work*” by Atos Healthcare following the dangerous and fatally flawed work capability assessment (WCA), which disregards clinical opinion, only to then die trying when searching for work with a catastrophic illness that’s totally disregarded by the DWP. The new Marmot Review on Health Equity in England was scathing, and recommended the removal of sanctions and the redesign of the new Universal Credit (UC). This challenges Duncan Smith’s latest claims that this new benefit, which amalgamates six benefits into one, is a resounding success. **No it isn’t.** There is a catalogue of published academic papers demonstrating the additional preventable harm created by the relentless roll-out of UC. For example, a 2019 British Medical Journal paper by Dr Mandy Cheetham and colleagues, found that:

“... UC claimants described the digital claims process as complicated, disorientating, impersonal, hostile and demeaning. Claimants reported being pushed into debt, rent arrears, housing insecurity, fuel and food poverty through UC. System failures, indifference and delays in receipt of UC entitlements exacerbated the difficulties of managing on a low income. The threat of punitive sanctions, for failing to meet the enhanced conditionality requirements under UC, added to claimants’ vulnerabilities and distress...” The research concluded that:

“The findings add considerable detail to emerging evidence of the deleterious effects of UC on vulnerable claimants’ health and wellbeing. Our evidence suggests that UC is undermining vulnerable claimants’ mental health, increasing the risk of poverty, hardship, destitution and suicidality. Major, evidence-informed revisions are required to improve the design and implementation of UC to prevent further adverse effects before large numbers of people move on to UC, as planned by the UK government.”

The DWP’s solution is to disregard all evidence against the roll-out of UC.

9. How did we arrive at a situation where those in greatest need now live in fear of the DWP? We arrived at it due to the adoption of neoliberal politics, which has swept the globe. Neoliberal politics is a right-leaning ideology and is the politics of power, profit and greed with a catastrophic disregard for human need. Neoliberal politics places “*the market*” as the top priority, with an emphasis to limit corporate taxes and to reduce government spending. The goal of neoliberal politics is to transfer the control of economic factors from the public sector to the private sector, whose profits depend on neoliberal politics being successful when influenced by the international Organisation for Economic Co-operation and Development (OECD), whose policies influence all 37 member countries. The OECD 2003 publication “*Transforming Disability into Ability: policies to promote work and income security for disabled people*” was instrumental in the welfare reforms of member countries, having identified “*disability dependency*” on state financial support by the disabled community. OECD member countries began adopting social policy reforms following the 2003 report, with none so brutal as those gradually adopted in the UK. Margaret Thatcher was the first elected neoliberal politician in the UK, and it was during her first term as Prime Minister in 1982 that she announced to the Cabinet that she wanted to remove the welfare state, including the NHS, to be replaced by the American version of healthcare funded by private health insurance. Thatcher’s close bond with President Ronald Reagan is well documented, and they are acknowledged as playing a significant role in encouraging greater influence by the OECD. Over time, more and more American influence would be identified with UK social policy reforms, leading to an increasingly severe authoritarian state for anyone who was unfit to work and in need of state financial support. It was important to break the past psychological security of the UK welfare state to make it easier to eventually remove. This has now been achieved. That’s a lot of evidence to take on board. So, we’ll take a short break now, and when we return I will identify the influence of corporate America since 1992 with the UK’s “*welfare reforms*”, and the DWP’s creation of preventable harm to resist funding disability benefits. Back in 10 minutes... **BREAK**

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PART TWO

**** Simon: welcome everyone back. Advise how to submit questions for MS.**

SLIDE: Cash Not Care: the planned demolition of the UK welfare state

10. Hello again. This is where I must remind you that every government since Thatcher has worked towards the removal of the welfare state. And every government since Thatcher didn't mind how many people were, ultimately, ***"killed by the state"*** to achieve this political ambition. Preventable harm is identified as being *"the presence of an identifiable, modifiable cause of harm in healthcare"*. Here, I will demonstrate how preventable harm was created for anyone whose unfit to work, as Thatcher's *"dark legacy"* is being gradually created by successive UK neoliberal governments. In her 1987 Womens Own interview, Margaret Thatcher claimed that there was *"no such thing"* as society, as demonstrated by her identified adoption of *"tolerated harshness"*. All evidence of a moral code was rejected to decrease expenditure in the public sector, and encourage profit for the private sector; with tax arrangements in their favour as neoliberal politics impacted on all areas of social policy. Thatcher's devotion to all things American meant that she laid the ground work for this country's public sector to be abandoned by the state, and handed over to unaccountable private corporations, at a huge cost to the public purse. The plan to demolish the welfare state clearly enjoys bipartisan support. John Major pursued Thatcher's neoliberal objectives by inviting the services of a notorious American insurance company to help to create new policies. Blair continued the plan. He adopted an *"active welfare state,"* with financial assistance for unemployment and disability benefits no longer guaranteed. They were dependent upon participation in work-related activities; regardless of inevitable and often fatal human consequences. The Blair administration's New Deal programme was actually based on the American *"workfare"* approach, as emphasised in an OECD 2002 paper, advising that benefit receipts should be based on demonstrating an active job search. The Liberal Democrats lost all credibility by abandoning their

values to have a seat at the top table in the coalition government, where the addition of brutal and unnecessary austerity measures in 2010, added to the welfare reforms started by the Brown New Labour administration in 2008, meant that those in greatest need were always destined to suffer. **Many would perish.** The adoption of the additional austerity measures in 2010 by the coalition government were exposed by Professor Martin McKee as being a political choice, not a financial necessity and, needless to say, they were adopted without any ethical approval. Professor David Whyte advises that the austerity measures were destined to **benefit the rich.** As soon as David Cameron started the austerity cuts in 2010, which produced benefit cuts of over £20 billion in the first seven years, he actually rewarded the rich by cutting taxes for anyone with an income of £150,000 and over. Due to this austerity strategy, the 1,000 richest people in the UK had actually doubled their wealth by 2017, whilst some of the poorest in the UK were using food banks to stay alive. Some actually starved to death as the politics of greed, not need, took hold and sanctions were broadly distributed against those in greatest need.

SLIDE: Unum Insurance

11. The creation of Thatcher's "*dark legacy*" began when, having established the growing costs of the welfare budget, John Major searched for corporate help. Known at the time as UnumProvident Insurance, Major invited the American company to advise the UK government in 1992. At the time, John LoCascio was the second Vice-President of UnumProvident Insurance. He was appointed in 1994 as the official government adviser for UK "*welfare claims management*". This American corporate insurance giant had successfully created a non-medical biopsychosocial (BPS) functional model of disability assessment, to limit access to health insurance claims by disregarding clinical opinion. LoCascio would advise the John Major Conservative administration on how to adopt a similar non-medical BPS assessment model in the UK. Guided by LoCascio, the 1994 Social Security (Incapacity for Work) Act introduced Incapacity Benefit, which was designed to limit access to long-term sickness benefit, which had significantly increased due to increasing numbers of claims for psychological causes of illness. Professor Mansel Aylward was the Principal Medical Adviser for the then named Department for Social Security (DSS), and he had a long history of involvement with the private

health insurance industry. In 1995 Aylward and LoCascio's academic paper was published, and recommended that General Practitioners (GP) should not be permitted to decide which of their patients were unfit to work. This was the beginning of government imposed preventable harm, justified the adoption of the All Work Test in 1997 to limit access to Incapacity Benefit. All clinical opinion was rejected. In 2001 the DSS changed its name to the Department for Work and Pensions (DWP). Aylward migrated to the new department and was appointed as the DWP Chief Medical Officer, which was a position he held until April 2005. Aylward has a long held conviction that the state and the insurance industry should work closely together. Unum Provident Insurance changed its name to Unum Insurance in 2007, and were identified in 2008 as being the second worst insurance company in America by the American Association of Justice. This corporate giant was actually banned from 15 states and 6 countries worldwide until 2008, due to a diabolical reputation and resistance to pay out on genuine health insurance claims. Yet, they were still appointed as advisers by the John Major UK government.

SLIDE: COHPA

12. In keeping with the philosophy of the Aylward and LoCascio 1995 paper, there was a strong ideological resistance to the reality of the lives of the disabled community who are unfit to work. This was demonstrated, in November 2001, when the Malingering and Illness Deception Conference was held in Oxford. Most of the participants had an association with UnumProvident Insurance and the goal of the conference was the transformation of the British welfare state, influenced by the health insurance industry. One of the conference members, representing a commercial occupational health provider, actually compared the disabled community to disabled **APES**. He claimed that when an ape lost a hand, other apes didn't join forces to help or to provide food. The disabled ape was required to fend for himself, and the speaker didn't feel there was much justification for the state to support so many disabled people who should be motivated to find work.

SLIDE: Unum Insurance

13. The adoption of the All Work Test for Incapacity Benefit had brought the growth in disability benefit claims to a stop, but failed to reduce the inflow

of claimants with a mental health problem. By 2005, 39 per cent of the remaining 2.7 million Incapacity Benefit claimants had a mental health problem, which was just under one million people. A more stringent assessment model was needed to reduce these totals. Since that time, politicians have regularly referenced the need to reduce Incapacity Benefit claimant numbers by one million people; suggesting that mental health was not considered to be a political priority. Mansel Aylward stood down from the DWP in 2005, having been appointed in 2004 as the first Director of the new UnumProvident Centre for Psychosocial and Disability Research (the Centre), at Cardiff University. The new Centre received £1.6million funding from UnumProvident Insurance for the first five years. Aylward's first commission at the Centre was by the DWP, as Blair's New Labour administration invited evidence to justify reductions in the growing costs of the welfare budget. Aylward was joined at the Centre by Gordon Waddell, a former orthopaedic surgeon turned academic, who had a problem with sufferers of back pain which caused significant sickness absence from work, which could not be solved by surgery.

SLIDE: Unum Insurance

14. In order to meet the political requirement to reduce the numbers of disability benefit awards, there was a need to limit benefit access by creating a much more stringent assessment. *'The Scientific and Conceptual Basis of Incapacity Benefits'* was quickly produced at the Centre by Waddell and Aylward in 2005. This government commissioned report recommended the adoption of the Waddell-Aylward non-medical BPS model of assessment. To further restrict access to disability benefits, and without any supporting evidence, the report recommended the reduction of Incapacity Benefit claimants by one million (p12), the reduction of the value of Incapacity Benefit to the same level as unemployment benefit (p99), and the use of sanctions for non-compliance of conditionality by claimants (p165-167). The methodology used by the new more stringent Waddell-Aylward BPS model of assessment was replicating the BPS model used by UnumProvident Insurance, which successfully resist funding insurance claims. All these punitive suggestions would, eventually, become a part of UK social policy reforms. They were ideologically motivated and unrelated to welfare.

UnumProvident Insurance were identified in 2002 by an American judge as running “*disability denial factories.*” At the same time as the company were sponsoring the new Centre at Cardiff University, they were identified as being “*an outlaw company*” in 2005 by John Garamendi, an American Insurance Commissioner. In 2007 the company were identified by Professor John Langbein of the Yale School of Law as being “*engaged in a deliberate program of bad faith denial of meritorious benefit claims.*” BBC News identified Unum Insurance as “*racketeers*” in a news item in October 2007, where former staff member Linda Nee confirmed that staff were ordered by supervisors not to fund genuine claimants, in any given month, in order to meet the required budget targets.

SLIDE: [Skeleton in a chair](#)

15. Following the Waddell - Aylward publication in October 2005, a Green Paper was quickly presented to Parliament in January 2006. “*A new deal for welfare: Empowering people to work*” had a Ministerial Foreword by John Hutton, the Secretary of State for Work and Pensions for the New Labour government. Hutton claimed that the government “*has committed itself to reversing the inexcusable disadvantage faced by disabled people by delivering substantive equality within a generation.*” In reality, the Green Paper would replace Incapacity Benefit with the Employment and Support Allowance (ESA) in October 2008, and the unsuspecting chronically ill and disabled community, who are unfit to work, would be faced with the fatally flawed Work Capability Assessment (WCA); which adopted the Waddell-Aylward BPS model of assessment to limit successful ESA claims. Despite the fact that all DWP documents refer to the WCA as a “*medical assessment*”, in reality it is a “*non medical functional assessment*”, as confirmed by submissions to the Work and Pensions Select Committee. What was not reported at the time of the Green Paper was the essential fact that the WCA adopted the Waddell-Aylward BPS model of assessment, and disregards all clinical opinion. The Waddell-Aylward BPS model of assessment disregards diagnosis, prognosis, past medical history and prescribed medicines. So does the WCA... With clinical opinion disregarded, many people were always destined to die, when “*killed by the state*”. So many ESA claimants have since died following a WCA that the DWP now refuse to produce mortality

totals, which include those who died shortly after being judged “*fit for work*” following a WCA. Claimants are invited to provide medical evidence with their benefit claims, which are totally disregarded by the DWP “Decision Makers” who admitted to Professor Harrington a decade ago that they don’t understand the documents, so they support whatever is the reported result of the fatally flawed WCA, as conducted by an unaccountable corporate giant. Initially Atos Healthcare and now the American corporate giant, Maximus, conduct the WCA. Atos and Capita conduct assessments for the Personal Independence Payment (PIP), which replaced the Disability Living Allowance. A 2016 Public Accounts Committee identified that the three year contract for these assessments, between April 2015 – March 2018, cost the DWP £1.6billion.

SLIDE: Reducing dependency, increasing opportunity: the Freud Report

16. As if the Waddell-Aylward 2005 commissioned report wasn’t bad enough, in 2007 an investment banker, David Freud, was commissioned by the DWP on behalf of the Blair New Labour government to make a series of recommendations to “*reduce the number of the most socially disadvantaged people in the country.*” The report took only six weeks to complete. It repeated the Waddell and Aylward claim that the number of claimants of Incapacity Benefit should be reduced by one million, without any supporting evidence. Indeed, DWP commissioned reports tend to routinely disregard supporting evidence. The political ambition was to get 80 per cent of the population into employment, including the disabled community. Those with the most “*complex and demanding problems*” were to be encouraged to find work, using the private sector. Clinical needs were disregarded as all claims were based on a fiscal priority, and nothing else. **People were always destined to die.** Like his political clients, Freud concluded that many unemployed people were unwilling to work and greater conditionality was needed. Following the 2007 report, Freud was ennobled by the Conservative Party, entered the House of Lords and was appointed as a junior Minister in the DWP for the Coalition government; despite admitting in an article in the Telegraph that he “*knew nothing about welfare,*” which he regularly demonstrated. This is the man who stood up in the House of Lords and announced that there should be a lot more disabled people in employment but, of course, they

should only be paid £2 per hour as they are physically incapable of doing the same amount of work as the able bodied population. He was surprised by the very angry reaction in the House of Lords following his offensive comment.

SLIDE: Highway to Hell

17. Of course, what is never reported is that Professor Danny Dorling demolished Freud's report within weeks of it being published. It seems that Freud had "*misinterpreted his own references,*" so there never was going to be vast numbers of Incapacity Benefit claimants finding work. However, this critique of Freud's report was written as a guest Editorial for the Journal of Public Mental Health, and was never reported in the public arena. Similarly, given that it is the Waddell-Aylward BPS model that's caused so much preventable harm, as the WCA adopted this fatally flawed assessment, this researcher was relieved when high calibre academics exposed the fact that the Waddell-Aylward BPS model demonstrated "*no coherent theory or evidence behind this model*" in a research paper published in 2016 by the Critical Social Policy Journal. Professor Tom Shakespeare and colleagues exposed the Waddell-Aylward BPS model as "*revealing a cavalier approach to scientific evidence*" and that the evidence "*does not represent evidence-based policy. Rather, it offers a chilling example of policy-based evidence.*" Given that the Waddell-Aylward BPS model was adopted by the WCA, which is negatively impacting on almost three million people's lives, and is responsible for a catastrophic impact on public mental health, it remains cause for serious concern that the publisher failed to alert the public to the significance of this critique by academic excellence via a national press conference.

SLIDE: Cash Not Care: the planned demolition of the UK welfare state

18. And finally, considering that a 2016 NHS report demonstrated that almost 50 per cent of ESA claimants had attempted suicide at some point in their life, how much longer will this DWP tyranny prevail? With DWP reports advising that almost 90 people per month die after being found "*fit for work*" following a WCA, and the DWP still resisting claims for a cumulative impact assessment of all the disability benefit cuts, when will someone will be held to account for what is government enforced tyranny for political gain?... Thanks for your attention. **BREAK** 10 minutes.