

## The adoption of preventable harm, masquerading as social policy reforms

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### Abstract

As the world is preoccupied by the pandemic, and the public are beginning to comprehend the full impact of Brexit, the growing mental health crisis created by the UK welfare reforms has been totally disregarded. Few people realised that preventable harm was the inevitable creation of successive social policy reforms, gradually adopted by every administration since Thatcher, on route to her political ambition which is the demolition of the welfare state to be replaced by private healthcare insurance. In order to demolish the welfare state, it was first necessary to remove the past psychological security provided by the welfare state. This has been achieved. In 2010 the Coalition administration vehemently challenged the integrity of the chronically ill and disabled community who claimed disability benefits. They watched as their rhetoric encouraged a 213 per cent increase in disability hate crimes, and they disregarded the many thousands of deaths linked to the work capability assessment; which was adopted by the Department for Work and Pensions to restrict access to long-term disability benefit. Influenced by corporate America since 1992, the social policy reforms guaranteed that many of those in greatest need were destined to die when killed by the State.

**Key words:** preventable harm; work capability assessment; biopsychosocial model

### Introduction

Detailed evidence identified during the Preventable Harm Project (the Project) (2009-2019), established that a public mental health crisis within the disabled community was inevitable for disability benefit claimants, when considering successive social policy reforms of the past forty years; which exacerbated the recently identified mental health problems linked with the distress of the Covid-19 pandemic (Marshall et al, 2020). The adoption of neoliberal politics by the Thatcher administration(s) (1979-1990) demanded that “*Cash Not Care*” (Stewart, 2016) became the only political priority for social policy funding. Human suffering was inevitable, and is demonstrated by the Project as being significantly increased by the most recent social policy reforms, adopted since 2010, using an ongoing fiscal priority when disregarding health and wellbeing (Barr et al, 2016a; Dwyer, 2018; 2019; Stewart, 2019a).

Predominantly used in healthcare, the most common definition of the terminology of “*preventable harm*” was identified in 2012 as meaning the “*presence of an identifiable, modifiable cause of harm*” (Nabhan et al, 2012). Given the identified negative human consequences of social policy reforms adopted by every administration since Thatcher, it seems likely that the healthcare professions were very soon alerted to the preventable harm created by the adoption of neoliberal politics negatively impacting on those in greatest need.

For social scientists, whose peer-reviewed published research papers exposed the relentless suffering created by increasingly extreme and authoritarian social policy reforms in the United Kingdom (UK), there are few who identify today's suffering of those in greatest need with the political decisions and social policies of the distant past (Stewart, 2017; 2018a; 2019b). In reality it was Margaret Thatcher (1925-2013), in a 1982 Cabinet meeting, who announced her ultimate political ambition as being the removal of the UK welfare state, to be eventually replaced by private health insurance; in keeping with the welfare programme in the United States (US) (Travis, 2012; 2016). Every administration since Thatcher has worked towards that political ambition, which enjoys bipartisan support, regardless of the preventable harm it was always destined to create (Stewart, 2019c; 2019d; 2019e; 2020a).

*"There is no such thing as society"* is one of the most popular of all Margaret Thatcher quotes, taken from a very famous interview in the *Woman's Own Magazine* (Keay, 1987). The interview was conducted in 1987 during what was Thatcher's third term in office as the UK Prime Minister (PM). Her devotion to individualism, as opposed to society, and her strong belief in a small state, financial deregulation, and free-market trade became popularly known as *"Thatcherism"* (BBC, 2013; Scott-Samuel et al, 2014). This neoliberal ideology negatively impacted across society, and Thatcher's influential *"dark legacy"* was identified by *Guardian* columnist and Thatcher biographer, Hugo Young (2013):

"Much of any leader's record is unremarkable dross, and Thatcher was no exception. But keeping the show on the road is what all of them must first attend to, because there's nobody else to do it. Under this heading, Thatcher left a dark legacy that, like her successes, has still not disappeared behind the historical horizon. Three aspects of it never leaves my head.

The first is what changed in the temper of Britain and the British. What happened at the hands of this woman's indifference to sentiment and good sense in the early 1980s brought unnecessary calamity to the lives of several million people who lost their jobs. It led to riots that nobody needed. More insidiously, it fathered a mood of tolerated harshness. Materialistic individualism was blessed as a virtue, the driver of national success. Everything was justified as long as it made money - and this, too, is still with us.

Thatcherism failed to destroy the welfare state. The lady was too shrewd to try that, and barely succeeded in reducing the share of the national income taken by the public sector. But the sense of community evaporated. There turned out to be no such thing as society, at least in the sense we used to understand it. Whether pushing each other off the road, barging past social rivals, beating up soccer fans, or idolising wealth as the only measure of virtue, Brits became more unpleasant to be with. This regrettable transformation was blessed by a leader who probably did not know it was happening because she didn't care if it happened or not. But it did, and the consequences seem impossible to reverse..."

## Background

Thatcher's fundamental belief in neoliberal politics, and the private market, dominated all public sector reform(s), and has been continued by every successive UK administration as *"the legacy of Thatcherism in this major sphere of public policy has endured, and continues to this day"* (Dorey, 2015). Under Thatcher's leadership, the UK was gradually transformed from a welfare state into a neoliberal state, with no consideration of the negative human consequences which were inevitable following major social policy reforms; which gradually swept the globe (OECD, 2003). Thatcher's social policies were designed using a fiscal priority, as corporate profit was prioritised over public need. All evidence of a moral compass disappeared under the cloak of neoliberalism. This included social housing (Dorey, 2015; Scott-Samuel et al, 2014). Thatcher's devotion to neoliberal ideology removed access to social housing, and remains an ongoing crisis for the poor (Farrell, 2015), as justified when *"Thatcher's government insisted that it could no longer be a universal provider"* (Kavanagh, 2011); which was destined to negatively impact on public mental health (Shelter, 2017).

Many believed that Thatcher's insistence that the UK welfare state should be removed, and replaced by private healthcare insurance (Gamble, 1988; Travis 2012; 2016), was influenced by her well documented informal transatlantic alliance with the US President Ronald Reagan, from 1981 to 1989. Reagan was the US President during most of Thatcher's time in office as PM, and was identified as being Thatcher's *"political soulmate"* as *"both worked to dismantle government bureaucracies and deregulate key industries"* (Leinwand Leger D, 2013).

Figure 1: Crippen cartoon

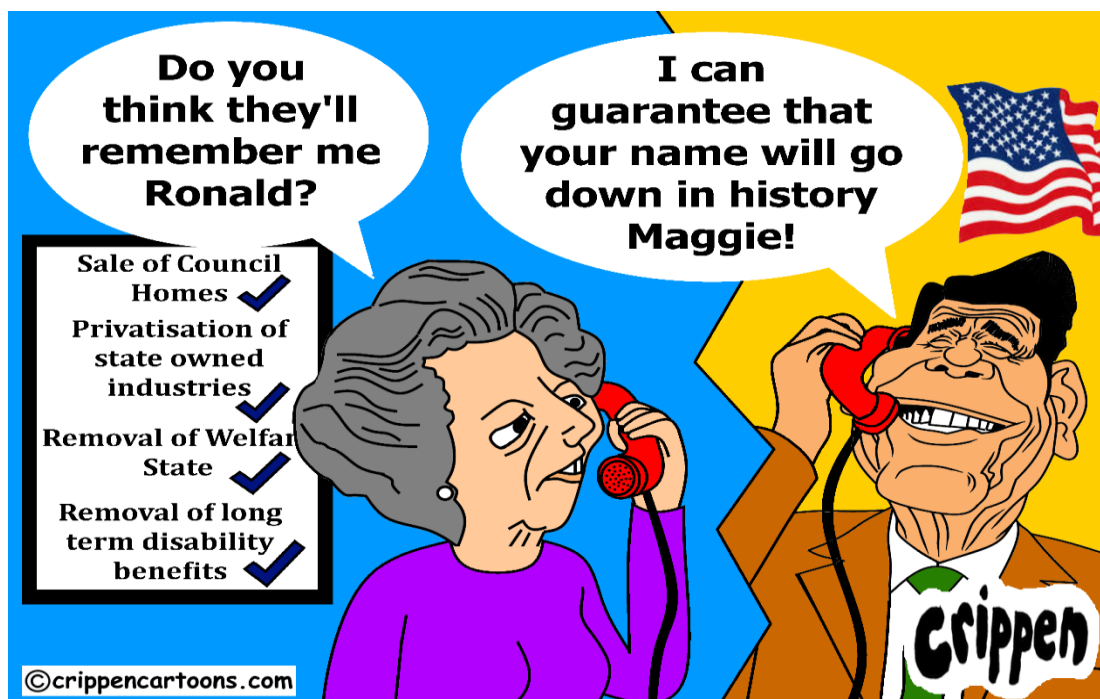


Figure 1: Thatcher's close bond with Reagan ©Crippencartoons, 2021

Influenced by her devotion to neoliberal ideology, Thatcher's insistence that the UK welfare state was an unacceptable financial burden to the public purse guaranteed that every successive neoliberal administration continued to restrict public spending. Despite political rhetoric regarding the burden of the costs of the UK welfare state, since Thatcher, the UK allocated a much smaller percentage of gross domestic product (GDP) to public spending when compared with other European nations (Dorling, 2021).

### **The adoption of preventable harm**

Thatcher stepped down as PM in November 1990, in a dramatic resignation following a challenge to her leadership (White, 2013). She was succeeded as the UK PM (1990-1997) by the Conservative Member of Parliament (MP) John Major, whose domestic agenda was to continue with Thatcher's social policy ambition by inviting corporate America to influence future UK social policy reforms (Rutherford, 2007; Stewart, 2016; 2018a).

As the PM, John Major consulted UnumProvident Insurance from 1992 and appointed John LoCascio, the Vice-President of UnumProvident Insurance, as the official UK government adviser on welfare claims management from 1994. By 1995, LoCascio co-authored an academic paper with the government's chief medical adviser, Mansel Aylward (Aylward and LoCascio, 1995), which advised that family doctors (GPs) should not be involved with the assessment of patients in need of disability benefit. The authors recommended the use of a non-medical biopsychosocial (BPS) functional assessment model, which disregards all clinical opinion (Stewart, 2018b). To restrict UK disability benefit claims Incapacity Benefit (IB) was introduced in 1997 by the Major administration with the adoption of the new All Work Test, using the recommended non-medical BPS model conducted by government doctors (Rutherford, 2007) as identified by the Centre for Welfare Reform (Stewart, 2020a):

“This abandonment of the clinical opinion of GPs was achieved when Incapacity Benefit (IB) replaced Invalidity Benefit as the long-term out-of-work disability benefit (Wikeley, 1995). The new All Work Test was introduced in 1997 for the assessment of IB claimants, which was identified as highlighting the division between the “deserving” and “undeserving” poor (Wikeley, 1995). This All Work Test adopted the non-medical BPS functional assessment model, as designed by Aylward and LoCascio (1995), which followed the design of the non-medical functional assessment model adopted by UnumProvident Insurance (2006).”

UnumProvident Insurance were identified in 2005 by the California Department of Insurance Commissioner as being an “*outlaw company*” and a company that “*has operated in an illegal fashion for years*” (Mundy, 2011), and they were identified in 2008 by the American Association of Justice as being “*the second worst insurance company in America*” (AAJ, 2008: 6). Yet, this notorious American corporate giant influenced and funded DWP commissioned social policy research (Aylward and LoCascio, 1995; Waddell and Aylward, 2005; 2010; Waddell and Burton, 2006); which guaranteed the adoption of preventable harm for anyone

who was unfit to work when the research recommendations were included in future social policy legislation (DWP, 2006; DWP, 2008; DWP, 2010; DWP, 2016.) UnumProvident Insurance successfully used a flawed non-medical BPS functional assessment model to limit access to health insurance claims in the US (Langbein, 2007), and they guided successive administration(s) as to how to adopt a similar non-medical BPS assessment model to restrict future disability benefit claims in the UK (Stewart, 2018a).

Following the general election in May 1997, Tony Blair was appointed as the new UK PM (1997-2007) following a landslide victory for “New Labour”, which was the name adopted to distance the party from the socialist leanings of previous Labour governments. Blair moved the party to the centre, which effectively meant moving it to the right, and continued with the neoliberal social policy agenda introduced by the previous Thatcher and Major Conservative administrations. Social policy reforms, commonly known as “welfare reforms,” were at the top of Blair’s domestic agenda and Blair quickly introduced social and labour market policies from the US as the “reforms involve a radical paradigm shift since they are based on a typical American “workfare” approach” (Daguerre, 2004). This was the continuation of American influence with UK social policies.

In keeping with the Thatcher and Major Conservative administrations, Blair continued with the restriction of UK public spending, as demonstrated in the comparison of public spending in 14 European countries between 1980 - 2026, where the UK is identified as spending the least percentage of GDP over the past forty years (Dorling, 2021).

Figure 2: Dorling public spending chart

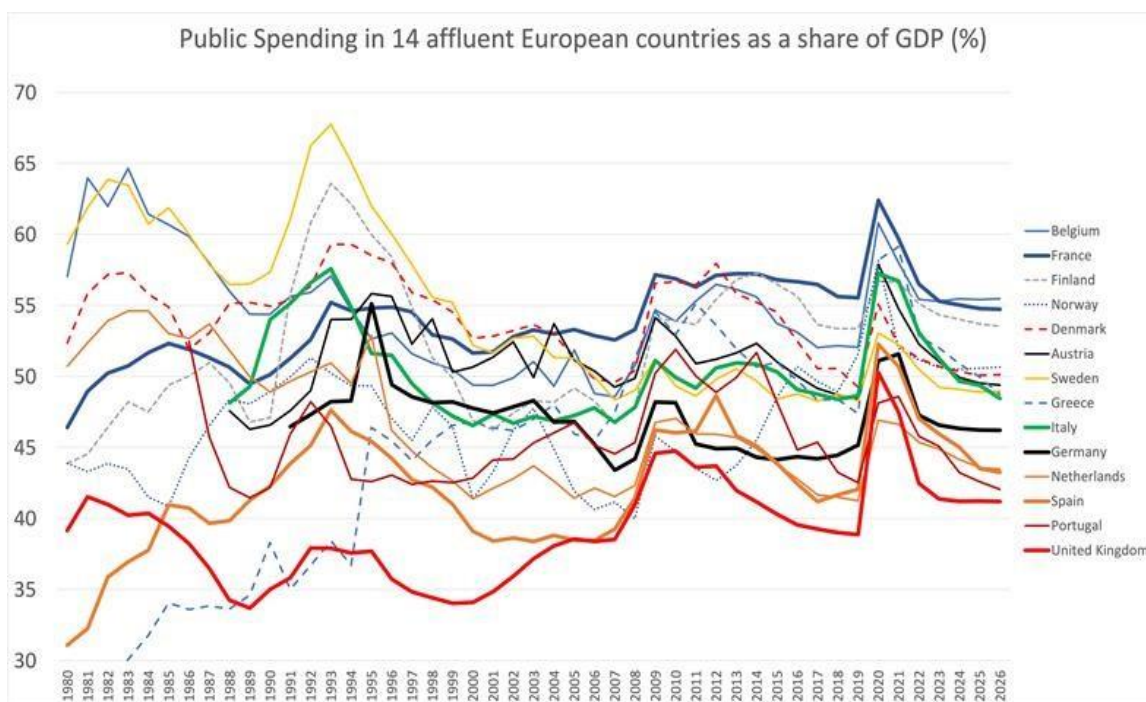


Figure 2: Public spending in the UK, and elsewhere in Europe, 1980-2026. © Danny Dorling, 2021

The former government medical adviser, Mansel Aylward, stepped 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, at Cardiff University; which was opened in 2004 with a grant of £1.6million by the American sponsors (Cover, 2004). Given his long history with the health insurance industry, Aylward was no doubt working towards the transformation of the UK welfare state during his years at the DWP, and that was surely why he was appointed as the DWP medical adviser (Stewart, 2020a:3):

“Aylward has a long history of involvement with the health insurance industry. When on the board of the Benefits Agency Medical Service in 1995 he was linked with the Nationwide Medical Examination Advisory Service Ltd., which provided government doctors to assess health insurance claims (Rowe, 1998), and Aylward has a long-held conviction that the state welfare and private insurance systems should work closely together (Faherty, 2003).”

### **First do no harm**

There was a strong ideological resistance demonstrated by politicians in both main parties as to the reality of the lives of the chronically ill and disabled community who are unfit to work. The only political concern was the rising costs of the UK welfare state, not the needs of those whose financial and physical survival was dependent upon the UK welfare safety net. Blair’s determination to significantly reduce the costs of the welfare state was influenced by commissioned research; which was often demonstrated as being ideologically motivated and fatally flawed (Stewart, 2018a). An example was the “*Malingering and Illness Deception Conference*” held in Oxford in November 2001 (Halligan et al, 2003), and part-funded by the DWP, where the disabled community were compared with disabled apes (Stewart, 2020 :17):

“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 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.”

Many of the conference participants had an association with UnumProvident Insurance, as represented by John LoCascio, and the goal of the 2001 Oxford conference was the future demolition of the UK welfare state, so any conclusions from the conference were predictable (Rutherford, 2007: 40). Continuing with the Conservative social policy agenda, in 2005 Blair commissioned new research by the UnumProvident Centre to identify future cost reductions of the Incapacity Benefit (IB) long-term disability benefit. New Labour were committed to reducing the 2.7million people claiming IB and to do that a new assessment model would be designed. From 1979 to 2005 the numbers of working age claimants of IB had increased from

0.7million to 2.7million. *“A total of 21 per cent of IB claimants were recorded as having a mental health problem in 1995 but, by 2005, a total of 39 per cent of IB claimants had a mental health problem, which was just under 1 million people”* (Rutherford 2007: 39).

Since that time politicians, and especially government commissioned social policy research, have prioritised the reduction of IB claimant numbers by 1 million people; suggesting that mental health problems were not considered a priority for financial support by the State. Despite the adoption of the All Work Test since 1997, using the Aylward-LoCascio non-medical BPS functional model of assessment, clearly a much more stringent assessment model was needed to reduce these climbing IB claimant totals. New Labour decided to alter this identified drain on 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).

In 2005 the DWP commission on behalf of the New Labour administration was the first research undertaken by Aylward at the new UnumProvident Centre. Co-authored by Gordon Waddell, a former orthopaedic surgeon turned academic, the DWP commissioned research (Waddell - Aylward, 2005) guaranteed that human suffering created by the State was about to increase (Stewart, 2020b; 2020c; 2021a; 2021b). The Waddell - Aylward report (2005) *“...recommended a non-medical BPS functional model of disability assessment with a reduction of IB claimants by 1 million (p12), the reduction of the value of IB to the equivalent of the income for unemployment benefit (p99), and the use of sanctions for non-compliance by claimants (p165-167)”* (Stewart 2020a, p5). The ideology was to make access to disability benefit as difficult as possible, which has been achieved as all the recommendations would eventually be added to future social policy legislation.

Few people realised the influence of UnumProvident Insurance with UK social policy reforms, or the fact that they had a disturbing history in America, with a resistance to funding disability insurance claims (Stewart, 2015); as identified by Law Professor John Langbein of Yale University in an academic paper, where he identified UnumProvident Insurance as being *“...engaged in a deliberate programme of bad faith denial of meritorious benefit claims”* (Langbein, 2007: 1315). Sponsored by UnumProvident Insurance (known as UNUM Insurance since 2007), the Waddell – Aylward research (2005) would be used by the Labour administration to introduce a new more stringent assessment model in 2008 to limit access to long-term disability benefit. The enthusiastic use of sanctions guaranteed that some disabled benefit claimants would starve to death when too ill to attend a meeting with the local Jobcentre, which led to all benefit income being suspended for months (Butler, 2020).

What is not widely reported is the fact that the DWP commissioned report (Waddell - Aylward, 2005) was instantly discredited after publication by Emeritus Professor Alison Ravetz (Ravetz, 2005). Ravetz exposed the Waddell - Aylward 2005 report as being *“largely self-referential*

– *that is, it appeals for validation to itself and is all framed within the same political and policy agenda*” (Ravetz, 2005: 6). In fact, Ravetz emphasised caution demonstrating that what appeared to be an impressive body of work, on closer examination, was demonstrated as being *“pre-disposed towards ideologically determined outcomes”* (Ravetz, 2005 : 7). In essence the recommendations of the Waddell-Aylward (2005) report, which would dominate the DWP Green Paper (2006) to demonstrate the need for significant social policy reforms, was exposed as being policy-based evidence; written to support the long-held political ambition to reduce welfare costs. This was another demonstration of major social policy reforms being adopted using a fiscal priority when disregarding health and wellbeing; and is another example of *“Cash Not Care”* (Stewart, 2016) being the priority of the UK government when disregarding the clinical needs of the disabled community who are unfit to work.

Another significant DWP report commissioned by the Blair administration was undertaken by former investment banker David Freud, who reported in March 2007 as part of the *“Welfare to Work”* DWP programme. *“The Freud Report”* (Freud, 2007), as it came to be known, gained a lot of media attention. For a while, the author gained a lot of attention too, including one memorable article in the *Telegraph* in 2008, where Freud claimed he *“didn’t know anything about welfare”* (Sylvester and Thomson, 2008); which is demonstrable from the content of his report, which took less than six weeks to prepare.

In his report (Freud, 2007) Freud identified that there were 2.3million people who had been in receipt of IB for over a year (p4), and included a quote from another DWP commissioned report making sweeping generalisations when claiming that *“work is generally good for physical and mental well-being”* (Waddell – Burton, 2006) (p5). With seemingly no comprehension that chronic ill health and profound disability can be permanent, Freud’s solution was to involve the private sector to incentivise these long-term out-of-work benefit claimants into work. This included the expectation that the numbers claiming IB should be reduced by 1 million (p5), which was the same recommendation as reported in the discredited Waddell - Aylward (2005:12) DWP commissioned report funded by UnumProvident Insurance. Seemingly, it was irrelevant which million people should be removed from IB, so long as 1 million IB claimants could be removed from the benefit and moved into employment. Following the success of his report, Freud was recruited by the Conservative opposition leader, David Cameron, to join the Conservatives. Never elected, Freud was ennobled in February 2009 and appointed as Shadow Minister for Welfare Reform, so he could speak for the Conservative frontbench in the House of Lords. In the Coalition government, Freud served as the Minister for Welfare Reform from 2010-2015, influenced all social policy reforms and designed Universal Credit to replace six DWP benefits. He resigned from government in December 2016.

In keeping with all government commissioned social policy research reports, none had any peer-review so the challenges come after publication, after the recommendations have been adopted by the administration, with all subsequent academic reviews disregarded by



government. This was the case with the Freud Report (2007), which was reviewed by Professor Danny Dorling (2007), when demonstrating Freud's demonstrable incompetence in Dorling's guest editorial for the *Journal of Public Mental Health* p9:

“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 (a 9.5% fall on page 44 of his report). 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?”

In June 2007 Gordon Brown replaced Tony Blair as the UK PM (2007-2010). The well-reported international banking crisis in 2008 found the Brown Labour administration or, more accurately, the taxpayer, obligated to fund UK banks with £10s of billions to stave off imminent collapse which, over the next decade, increased the national debt from £500bn to £1.8trillion (UK public spending, 2021). Someone had to pay these colossal sums, and it wouldn't be the banks who had caused the financial crisis.

Adopted in October 2008 to restrict access to the new Employment and Support Allowance (ESA), which replaced the All Work Test, the DWP introduced the Work Capability Assessment (WCA) for all claimants of the new ESA disability benefit. By adopting the flawed Waddell-Aylward non-medical BPS functional assessment model for the WCA, many of those in greatest need were destined to perish due to this dangerously inadequate and ideologically motivated assessment, which disregards all clinical opinion (Stewart, 2018b). Following Freud's recommendations (2007), the WCA would be conducted by the unaccountable private sector at an excessive cost to the public purse. The WCA was initially conducted from October 2008 by Atos Healthcare. They were replaced by an American corporate giant known as Maximus in November 2014, at an excessive cost of between £590 million and £650 million over three years to conduct the WCA, depending on performance (B&W, 2015). More American involvement with UK social policies...

As soon as the preventable harm created by the WCA was identified pressure groups were formed to challenge the use of the bogus and fatally flawed assessment, and to highlight the deaths linked to the WCA. All the royal colleges of medicine demanded that the WCA should be abolished, including the Royal College of Psychiatrists. Their demands were disregarded. ESA benefit claimants lived in fear of the next DWP assessment using the flawed WCA (Garthwaite, 2014), with “*staggering*” ESA suicide figures which identified that almost 50 per cent of ESA benefit claimants had attempted suicide at some point, demonstrating the mental health crisis created by the assessment (Pring, 2017). Eventually and reluctantly, the DWP published ESA mortality statistics in August 2015, advising the numbers of ESA claimants who had died following a WCA, including 2,380 deaths of claimants who had been found “*fit for*

work” by the WCA and refused access to disability benefit (DWP, 2015); which meant that “nearly 90 people a month are dying after being declared fit for work” (Butler, 2015). Since that time, due to public demand, the DWP have published additional ESA mortality statistics at regular intervals, but refuse to include the numbers who died after being found “fit for work” by the DWP following a WCA.

<b>WCA outcome following ESA assessment Dec 2011 – Feb 2014</b>	<b>Number of claimants leaving ESA with a recorded death rate</b>
Fit for work	2,380
Work related activity group	7,200
Assessment phase	7,570
Support group	32,530
Unknown	930
<b>TOTAL</b>	<b>50,580</b>

Table 1: DWP Mortality Statistics: ESA claimants. ©Mo Stewart, 2021

Waddell and Aylward once again promoted their non-medical BPS functional model of assessment in a book chapter published in 2010 by the Royal Society of Medicine. In 2017 the Waddell-Aylward (2010) research was critiqued by the academic expertise of Professor Tom Shakespeare and colleagues, which left nothing to the imagination when advising that the Waddell-Aylward BPS model of assessment was “*conceptually and empirically invalid*” (Shakespeare et al, 2017:24):

“Whilst the WCA has been subject to considerable criticism, little or no attention has been paid to the theoretical model that underpins it; the Biopsychosocial Model of Health (BPS). This model, developed by Dr Gordon Waddell, an orthopaedic surgeon, and Dr Mansel Aylward, a former Chief Medical Officer for the Department for Work and Pensions... attempts to present a multi-factorial approach to disability. It has played a key role in the tightening of the criteria for access to Employment and Support Allowance (ESA) and other disability benefits...

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 accepted scientific literature; and checked their original sources, revealing a cavalier approach to scientific evidence... In conclusion, the relationship of the advocates of the Waddell-Aylward BPS to the UK government’s ‘welfare reform’ does not represent evidence-based policy. Rather, it offers a chilling example of policy based evidence.”

This is more academic evidence demonstrating that the non-medical Waddell-Aylward BPS functional assessment model is dangerous and totally unfit for purpose.

Regardless of protests and mounting academic evidence demonstrating that the WCA is fatally flawed, the assessments continued, creating an increasing mental health crisis especially after the 2010 general election, when the Coalition government was formed between the Conservatives and the Liberal Democrats. Arguably Thatcher's greatest admirer the new PM, David Cameron, immediately introduced extreme austerity measures, in addition to the ongoing social policy reforms, which guaranteed the creation of more preventable harm for those in greatest need. The austerity measures concentrated on the disabled community, with those with the most severe disabilities facing significantly more cuts than the average person (Duffy, 2017):

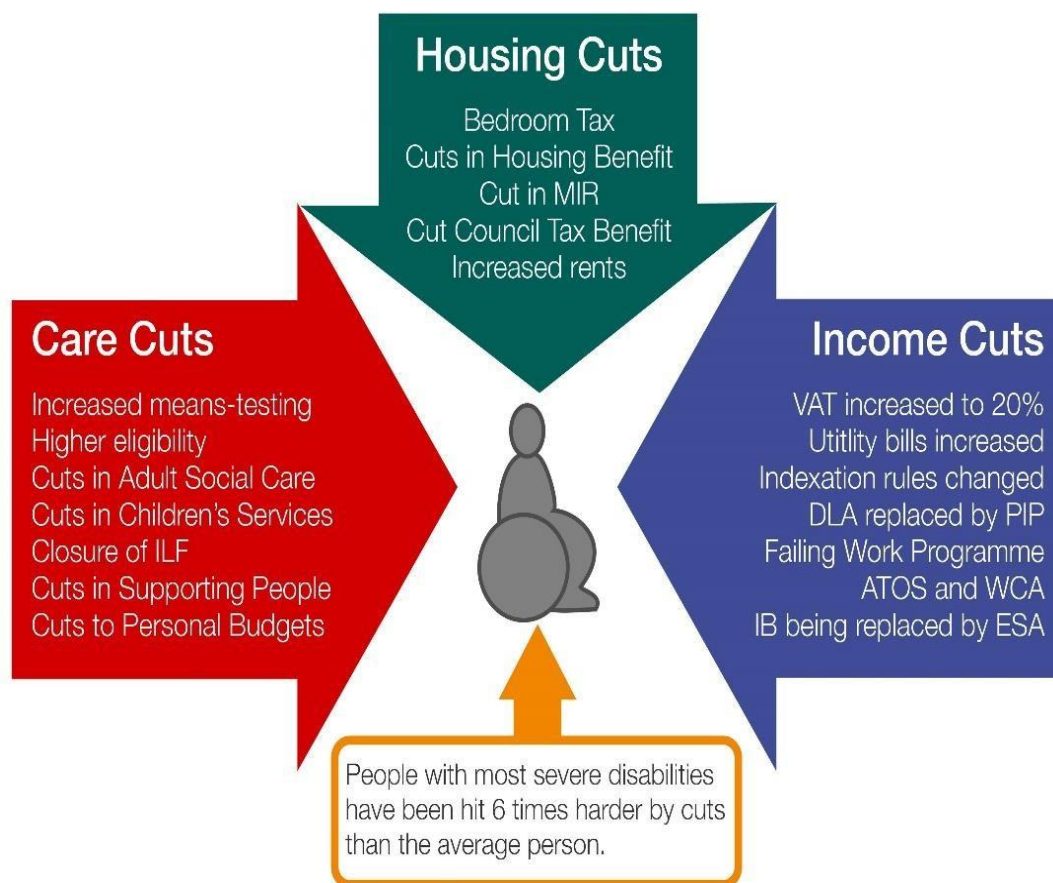


Figure 3: The various cuts impacting on disabled people © Simon Duffy, 2017

Published academic research demonstrated the persecution of the chronically ill and disabled community by the Coalition government when aided by the press (Garthwaite, 2011), and the negative impact on public mental health (Beresford, 2016; Patrick, 2016; Barr et al, 2016a; Barr et al, 2016b; Cummins, 2018; Garthwaite, 2014; Dwyer, 2018; 2019), carefully orchestrated by the Secretary of State for Work and Pensions, Iain Duncan Smith MP, with

banner headlines in the tabloid press claiming that “75% of incapacity benefit claimants fit for work” (Peev, 2010). This dangerous propaganda worked very well and, by January 2011, there had been an increase of 213 per cent in prosecuted disability hate crimes, including murder (Wheeler, 2015; Cowburn, 2016).

Detailed research exposed the impact of the negative language used by Coalition MPs to discuss welfare claimants, which created unfavourable public perceptions and impacted on health and confidence, with these attitudes regularly reported as being common among Jobcentre staff (Horwitz, 2011). More recent published academic research reported testimony from DWP Managers and staff advising that they adopted “*psychological harm*” (Redman – Fletcher, 2021, p13) to remove disability benefit claimants during the Coalition administration, and sanction as many claimants as possible. There is a growing mental health crisis within the disabled community (Patrick, 2016; Cummins, 2018; Barr et al, 2016; Mehta et al 2018), and a disturbing increase in suicides linked to the WCA (Pring, 2017). The DWP disregard any evidence against the WCA, including a recent Coroner’s report advising an “*institutional reluctance*” to accept evidence from clinical experts in support of benefit claims for their patients (Pring, 2021). The DWP also continue to disregard various Coroners’ “*prevention of future deaths*” reports, which are written in extreme circumstances to alert the administration to prevent deaths in a similar situation happening again (Pring, 2020).

By definition when care, concern, and compassion are removed from any form of disability assessment, the result is tyranny. When humanity and dignity are disregarded, the result is an atrocity. This is the reality for those in greatest need in C21st UK when unfit to work, with no-one held to account for the many thousands of deaths linked to a fatally flawed government imposed non-medical BPS functional assessment model when, quite literally, “*killed by the state*” (Elward, 2016, p30):

“WCA processes could arguably be viewed as democide as some claimants are, in essence, killed by the state or officials acting on their behalf. 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, WCA features share many genocidal traits: targeted groups, like the ill and disabled, suffer gross mental and physical harm. The state have also deliberately inflicted physical destitution on a group which fails to align with their ideology... This is a purposeful design of the government’s proxy measures, because... the state can blame Maximus for the mass mistreatment of society’s welfare dependents...”

## **Conclusion**

Unless and until the WCA is abolished, countless more chronically ill and disabled benefit claimants are destined to perish in the UK in the pursuit of Thatcher’s ultimate “*dark legacy*”.

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## **Conflict of interest**

The author has declared no conflict of interest with respect to the research, authorship and/or publication of this article.

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### **Abbreviations**

BPS	Biopsychosocial
DWP	Department for Work and Pensions
ESA	Employment and Support Allowance
GDP	Gross Domestic Product
MP	Member of Parliament
OECD	Organisation for Economic Co-Operation and Development
PM	Prime Minister
UK	United Kingdom
US	United States
WCA	Work Capability Assessment

### **Figures and Tables**

Figure 1: Thatcher's close bond with Reagan © Crippencartoons.com, 2021

Figure 2: Public spending in the UK, and elsewhere in Europe, 1980-2026

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Figure 3: The different cuts impacting on disabled people © Simon Duffy, 2017

Table 1: DWP Mortality Statistics: ESA claimants © Mo Stewart, 2021

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<https://www.centreforwelfarereform.org/about-us/centre-fellows/mo-stewart.html>