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Professor Sir Chris Whitty
Chief Medical Officer for England
Chief Medical Adviser for UK Gvt
Department of Health and Social Care
39 Victoria Street
London
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Private & Confidential

via email
chris.whitty@dhsc.gov.uk

Dear Professor Whitty

Re: The public health crisis created by UK social policy reforms¹

[Justice, Power and Resistance 6\(2\): 217-228](#)

I write in my capacity as the research lead for the [Preventable Harm Project](#),² ongoing since 2009, which identified the government-induced public health crisis impacting on those in greatest need which is failing to attract the attention of successive UK administrations.

This identified public health crisis has been well-documented by significant experts,³⁻⁸ but is disregarded by successive administrations as the crisis is a direct link to social policy reforms due to the hostility of the Department for Work and Pensions (DWP).⁹ In reaction to the often disturbing published evidence of enforced human suffering, senior ministers in successive administrations continue to demonise those in greatest need with hostile political attacks against the chronically ill and disabled community who are unable to work, and who are relentlessly intimidated by extreme hostile political commentary.¹⁰

¹ [The public health crisis created by UK social policy reforms](#)

² [The Preventable Harm Project](#)

³ [Burden and benefits-related suicides: 'misperception' or state crafted reality?](#)

⁴ ['First, do no harm': are disability assessments associated with adverse trends in mental health?](#)

⁵ [Violent bureaucracy: A critical analysis of the British public employment service](#)

⁶ [Preventable harm: creating a mental health crisis](#)

⁷ [Weaponising time in war on welfare: Slow violence and deaths of disabled people within the UK's social security system](#)

⁸ [Punitive welfare reform and claimant mental health: The impact of benefit sanctions on anxiety and depression](#)

⁹ ['Shocking' NHS stats show nearly half ESA claimants have attempted suicide](#)

¹⁰ [Dangerous, hostile political rhetoric continues](#)



It is my understanding that as the Chief Medical Officer for England, and the UK government's Chief Medical Adviser, that you are the head of the public health profession. Yet, successive administrations have negatively impacted on public health due to the relentless hostile political rhetoric against the long-term chronically ill and disabled community who are unable to work, which is linked to a growing crisis in population mental health. This identified public health crisis impacting on those in greatest need has now become 'the norm' with no-one held to account, and I do believe that in your capacity as the head of public health that you need to be alerted to this well-documented government-induced public health crisis.^{1,11}

This quote could so easily apply to the chronically ill and disabled community, and this evidence of the number of deaths in custody compares with the thousands of benefit-related deaths of service-users who are unable to work and need to claim long-term disability benefit; with a disturbing number of deaths by suicide linked to the hostility created by the institutional violence adopted by the Department for Work and Pensions (DWP). The fatally flawed Work Capability Assessment (WCA) conducted by unaccountable corporate giants is the creation of the well planned 'State Crime by Proxy.' The WCA was initially adopted by the DWP in 2008 to limit access to the new Employment and Support Allowance (ESA) long-term disability benefit and, most recently, to restrict access to the health element of Universal Credit (UC), which has replaced six benefits including the ESA. ...

Years later, in 2024, the DWP identified that disability benefit fraud had fallen to zero just days before Rishi Sunak, the outgoing Conservative Prime Minister, launched the latest attack on benefit claimants with new political powers for the DWP to access private bank accounts when claiming that access to disability benefit was being abused, which was untrue.

This relentless political threat to the health, wellbeing and survival of those in greatest need by successive UK neoliberal administrations is ideologically motivated, as more and more efforts are made to encourage the purchase of private healthcare insurance. As this political manipulation of the public continues, the deaths of those in greatest need linked to the fatally flawed WCA is seemingly disregarded by the DWP; who go through the motions of investigating one DWP-related death at a time whilst disregarding the thousands who have been, covertly, '*killed by the State*' demonstrating the overwhelming need for an Independent Advisory Panel for DWP-related Deaths to replace the totally inadequate DWP Serious Case Panel.

Given that the Chief Coroner has been alerted to the fact that the DWP disregarded successive Prevention of Future Death reports by various coroners, it is clear that if there isn't much greater scrutiny of the DWP the chronically ill and disabled community will continue to live in fear, and the death tolls of those in greatest need will continue to rise when, relentlessly, '*killed by the State*.'¹¹

¹ [The public health crisis created by UK social policy reforms](#)

¹¹ [An Independent Advisory Panel on DWP-Related Deaths](#)



Professor Whitty, as the evidence of government-induced preventable harm increases, so does the disturbing political commentary by successive neoliberal administrations and their opposition. At the recent party political conferences it was difficult to choose between the hostility of the Conservative Party when compared with the hostility demonstrated by the Labour administration when commenting on 'welfare reform'. Indeed, commentary by the Shadow Secretary of State for Work and Pensions was so extreme it was very close to disability hate speech, and the commentary was also totally untrue demonstrating a poor knowledge of reality but enforcing deeply disturbing suspicions of anyone who is too ill to work.¹² This is more evidence of ideologically motivated disability denial.

"... millions have got themselves a sicknote from the GP and signed onto sickness benefits with just a form and a phone call. Millions are getting benefits for anxiety and ADHD along with a free Motability car. ... The problem is, you can get £5,000 more per year on sickness benefits than as a minimum wage worker, so no surprise that's what many people are choosing, and it's wrong. Our welfare system should be a safety net, not a lifestyle choice. ... Fix the sicknote system, bring back face-to-face assessments, end sickness benefit for low level mental health problems, stop the abuse of Motability and put British citizens first in our benefits system. ..." ¹²

In C21st UK it should not be possible for those in greatest need to live in fear of the DWP, but that is the reality as demonstrated by a 2016 NHS report which identified that almost 50% of ESA disability benefit claimants had attempted suicide,¹³ which failed to attract government attention. Please be advised that the most vulnerable people in the UK are living in fear of the government department originally created to help and support those in greatest need. Now it terrifies them, and it is hoped that the UK Chief Medical Adviser will alert the administration to the preventable harm generated by hostile political rhetoric, which has generated a government-induced public health crisis for the chronically ill and disabled community who are penalized when unable to work. This is and remains totally unacceptable.

Yours sincerely

A handwritten signature in black ink, appearing to read 'M Stewart', with a stylized, cursive script.

Mo Stewart

Author [*'Cash Not Care: the planned demolition of the UK welfare state'*](#)

Editor [*The Preventable Harm Project*](#)

Researcher [*Influences and Consequences*](#)

¹² [Letter to Helen Whately MP, Shadow Secretary of State for Work and Pensions, October 2025](#)

¹³ ['Shocking' NHS stats show nearly half ESA claimants have attempted suicide](#)

Copied to: Prof. Sir Gregor Smith, Prof. David Hunter, Prof. Ben Barr, Prof. Danny Dorling, Prof. Peter Beresford, Dr Tracey Cooper, Dr Gail Allsopp, Dr Jed Boardman, Dr Keyleigh Garthwaite, Dr Huihui Song, Dr China Mills