

KILLED BY THE STATE

SOCIAL POLICY ABUSED: THE CREATION OF PREVENTABLE HARM

A TRANSCRIPT OF A WEBINAR CONDUCTED ON 27TH NOVEMBER, 2020,
HOSTED BY THE CENTRE FOR WELFARE REFORM, UK

MO STEWART





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'KILLED BY THE STATE? Social Policy Abused: the creation of preventable harm' was an online webinar hosted by the Centre for Welfare Reform on 27th November, 2020.

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Front cover of the book *'Cash Not Care: the planned demolition of the UK welfare state'*
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KILLED BY THE STATE?

**Social Policy Abused: the creation of preventable harm
27th November 2020, 13:30 – 15:00 GMT
a transcript of an online webinar conducted by Mo Stewart,
hosted by the Centre for Welfare Reform**

ABOUT THE AUTHOR:

Mo Stewart is a healthcare professional by training. Originally trained in the National Health Service as a cardiac technician, providing technical support during open heart surgery, Mo then joined the (W)RAF medical branch working as a medical technician in neurophysiology until her medical discharge from military service with the onset of a permanent, debilitating health condition.

The onset of poor health ended Mo's career and, following long-term medical treatment, Mo has worked in the voluntary sector whenever able. Following a disturbing personal experience, when she was obliged to tolerate a Work Capability Assessment instead of the usual medical evaluation for a review of her military medical pension, Mo has conducted independent, self-funded disability studies research since 2009. Her research identified the preventable harm created by successive administrations, in an effort to limit the UK social policy (welfare) budget when adopting American social and labour market policies; with social policies influenced since 1992 by corporate America on route to replacing the UK welfare state with private health insurance.

Published in 2016, Mo's book *'Cash Not Care: the planned demolition of the UK welfare state'* gained widespread critical acclaim, and is recommended reading for social policy courses at universities in the UK and further afield. Despite not being an academic, Mo's research has been published by various academic journals, and she has contributed chapters to two academic texts.

The *'Preventable Harm Project'* was conducted over a period of ten years, and Mo spent a further twelve months promoting the research findings, culminating in this transcript of the online webinar held in November 2020, hosted by the Centre for Welfare Reform. Mo's research evidence is freely available online and can be found published by the Centre for Welfare Reform, by ResearchGate and via Mo's website at: www.mostewartresearch.co.uk

KILLED BY THE STATE?

Social Policy Abused: the creation of preventable harm

27th November 2020, 13:30 – 15:00 GMT

conducted by Mo Stewart,

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INTRODUCTION BY DR SIMON DUFFY

Hello everyone, my name is Simon Duffy.

I'm really delighted that we're running this session. I'll say a little about the Centre for Welfare Reform that's hosting the session, and then introduce Mo.

The Centre was set up in 2009. Despite the challenges of austerity, and ongoing rule of a right-wing government in Whitehall and Westminster, the Centre has survived and we have managed to continue to share research, social innovations and work to challenge the attacks on the welfare state, and offer a positive vision for improving the welfare state. It has been difficult, as austerity has eaten away at resources for improving the welfare state, it's been very difficult for the Centre to just earn a living and for it to survive, and yet we've managed to do so by doing most of the work pro bono.

We've benefitted hugely by 120 Fellows who've joined the Centre, who've shared their work for free, and have created a community that has not been intimidated by government policy and by financial manipulation, but are willing to try to keep working at building a better world. It takes a lot of effort to do this but, if we were to pick a Fellow at the top of the list of people who've been determined to continue speaking the truth, who've not been intimidated, who've not relied on big hand-outs from public or private bodies, then Mo Stewart would top that list. Her research has just recently won a major award, for its integrity and importance, and she has continued to batter those people who seem to want to not listen to what's going on.

Every day, pretty much, Mo sends another powerful email to some important person, telling them 'Hey, look, these are the facts. This is what's really going on'. It's tough. The system does not want to hear. There is a complacency, and complicity, even amongst people that you would expect to support basic principles of social justice.

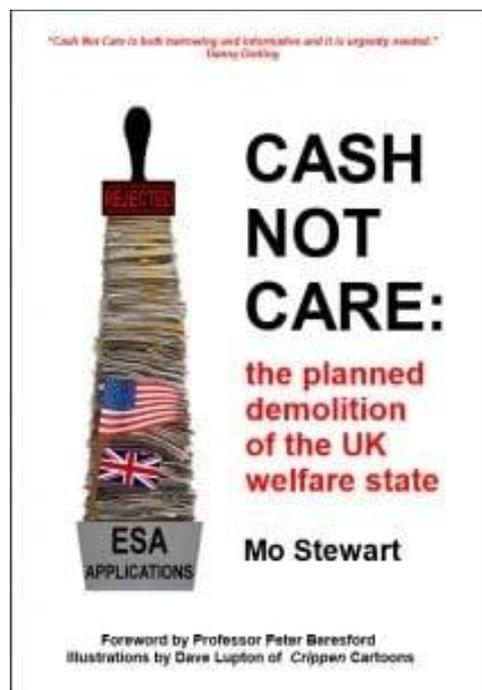
I've got to say, and I don't mean to embarrass John McDonnell in this regard, but we have benefitted as a movement by only a handful of leading politicians but John McDonnell is amongst that small number. People like John have

continued to support, and the disability movement have continued to understand properly what social justice means, although it's an enormous sadness to me that we continue to fail to challenge politically what's going on. It is at least some comfort at times that some people are prepared to speak truth in the world of power, when it's so difficult to speak truth to the world of power.

The way we're going to do this is Mo is going to speak to a script that she's written, and she's given me some simple slides to share. There will be a break every twenty minutes. Over to Mo...

Simon Duffy

Director, Centre for Welfare Reform



KILLED BY THE STATE?

Social Policy Abused: the creation of preventable harm

27th November 2020

PART ONE

Mo Stewart:

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. 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*¹ 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, quite literally, **killed by the state** which no-one else is talking about. 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 two short breaks during the talk. The first slide is coming up now... thank you Simon...

SLIDE: Webinar: Killed By The State?

1. 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

2. Ten years is a long time to conduct research on one subject, which is the 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*"² was published in September 2016. 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

3. 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. 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 punishing austerity programme of the coalition government was justified by what was a totally false claim.

SLIDE: Multiple front page banner headlines

4. 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 disability benefit claims, with his famous references to “*shirkers*” and “*scroungers*”. This was identified by Dr Kayleigh Garthwaite as being “*a thinly veiled character assassination*”³ 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 was to be **catastrophic** human consequences for this brutal ideological attack against the chronically ill and disabled community. The past psychological security provided by the welfare state disappeared, as identified in Catherine Hale’s groundbreaking 2014 “*Fulfilling Potential*”⁴ research, with input from over 500 service-users, 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.”

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

5. 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 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. **They now live in fear of the DWP.** There are volumes of published academic research papers, demonstrating the preventable harm by the DWP of those in greatest need. However, since social policy publishers fail to promote in the public domain the findings of the academic research they publish, 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.

6. 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 they 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*,”⁵ 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.

7. 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 died** since 2008, when attempting to claim the Employment and Support Allowance (ESA) disability benefit, when deemed “*fit for work*” following the dangerous and fatally flawed work capability assessment (WCA), initially conducted by Atos Healthcare and now conducted by the American corporate giant Maximus. The WCA disregards clinical opinion and some claimants, who were refused the ESA benefit, died when trying to search for work with a catastrophic illness that’s **totally disregarded** by the DWP. The British Medical Association, The British Psychological Society, the Royal College of Nurses, The Royal College of General Practitioners and the President of the Appeal Tribunals for Social Security all insisted that the **WCA should be abolished**. They were disregarded. 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, including the ESA, 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 Journal⁶ paper by Dr Mandy Cheetham and colleagues, found that, and I quote:

“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.

8. 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 far 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. Influenced by the international Organisation for Economic Co-operation and Development (OECD), their policies influence all 37 member countries. The OECD 2003 publication “*Transforming Disability into Ability: policies to promote work and income security for disabled people*”⁷ 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. 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 corporate influence would be identified with UK social policy reforms. This led 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. 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**

KILLED BY THE STATE?

Social Policy Abused: the creation of preventable harm

27th November 2020

PART TWO

Mo Stewart:

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

9. Hello again. This is where I must remind you that every government since Thatcher has worked towards the removal of the UK welfare state, and some of the evidence I am about to report may cause concern. Preventable harm is identified as being “*the presence of an identifiable, modifiable cause of harm in healthcare.*”⁸ Here, I will demonstrate how preventable harm was created for anyone whose unfit to work, as Thatcher’s “*dark legacy*”⁹ is being gradually created by successive UK neoliberal governments. In her 1987 Woman’s Own interview, Margaret Thatcher claimed that there was “*no such thing*”¹⁰ as society, as demonstrated by her adoption of “*tolerated harshness.*”⁹ 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 giant to help to create new policies. Blair continued the plan. He adopted an “*active welfare state,*”¹¹ 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 2002¹² 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 introduced 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*,”¹³ and they were adopted “*without any ethical approval*.”¹³ Professor David Whyte advises that the austerity measures were destined to “*benefit the rich*.”¹⁴ 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*”¹⁴, 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**¹⁵ as the politics of greed took hold, and sanctions were broadly distributed against those in greatest need by Jobcentre staff who had far too much authority.

SLIDE: Unum Insurance

10. 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 this 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*”¹⁶. This American corporate insurance giant had successfully created a “*non-medical*”¹⁷ biopsychosocial (BPS) functional model of disability assessment, to limit access to health insurance claims. LoCascio would advise the John Major Conservative administration on how to adopt a similar “*non-medical*” BPS assessment in the UK. Guided by LoCascio, the 1994 Social Security (Incapacity for Work) Act introduced Incapacity Benefit, which replaced Invalidity Benefit, and was designed to limit access to long-term sickness benefit. 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, and justified the adoption of the All Work Test in 1997, to limit access to Incapacity Benefit. **All clinical opinion was rejected.**¹⁸ 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, which may be why he was appointed. UnumProvident Insurance changed its name to Unum Insurance in 2007, and were identified in 2008 by the American Association of Justice as being the **second worst** insurance company in America. This corporate giant was actually banned from 15 American states and 6 countries worldwide until 2008, due to a diabolical reputation and a resistance to paying out on genuine health insurance claims. Yet, they were still appointed as advisers by the John Major UK government.

SLIDE: COHPA

11. 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, described as being *“economically inactive.”* 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.**¹⁹ 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

12. 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. 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 £1.6million²⁰ 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 resolved by surgery.

SLIDE: Unum Insurance

13. In order to meet the political requirement to reduce the numbers of disability benefit awards, there was a need to create a much more stringent assessment. *'The Scientific and Conceptual Basis of Incapacity Benefits'*²¹ 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 2005 Waddell and Aylward report was immediately discredited by Professor Alison Ravetz, who exposed the content as being "*largely self-referential. It is not research undertaken in the spirit of open enquiry. It is commissioned research and, as such, pre-disposed towards ideologically determined outcomes.*"²² 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 resists

funding insurance claims. All these punitive suggestions would, eventually, become a part of UK social policy reforms. 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*”²³ in 2005 by John Garamendi, who was an American Insurance Commissioner. In 2007 Unum 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.*”²⁴ BBC News identified Unum Insurance as “*racketeers*”²⁵ in a news item in October 2007, where a former Unum staff member confirmed that staff were ordered by supervisors not to fund genuine claimants, in order to meet required budget targets. In 2008, Unum were identified by the American Association of Justice (AAJ) as being “*the second worst insurance company in America.*”²⁶ This resistance to funding claims demonstrated by Unum would be reproduced by the DWP.

SLIDE: Skeleton in a chair

14. Following the Waddell - Aylward publication in October 2005, a Welfare Reform Green Paper²⁷ was quickly presented to Parliament in January 2006. Following publication of the Green Paper, UnumProvident Insurance provided a supplementary memorandum for the Work and Pensions Select Committee (WPSC).²⁸ The memorandum identified the transformation of Incapacity Benefit to the Employment and Support Allowance. The company recommended the requirement to ‘*disregard diagnosis*’, ‘*reverse the sick note*’, ‘*encourage the Government to focus on ability and not disability*’, ‘*change the name of Incapacity Benefit*’ and ‘*benefits not to be given on the basis of certain disability or illness but on capacity assessments*’; which have all come to pass... Incapacity Benefit was replaced by the Employment and Support Allowance (ESA) in October 2008. The unsuspecting chronically ill and disabled community, who were 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. In adopting this BPS model, the DWP has demonstrated that it doesn’t always follow the ethical duty to

adopt a high standard of evidence-based research, as expected for interventions in clinical medicine.

SLIDE: Skeleton in a chair

15. Despite the fact that DWP documents refer to the WCA as a “*medical assessment*”, in reality the WCA is a “*non-medical functional assessment*,” as confirmed by submissions to the WPSC by UnumProvident Insurance.²⁸ What was not reported at the time of the 2006 Green Paper was the essential fact that the WCA had adopted the Waddell-Aylward BPS model, and disregards all clinical opinion. **The assessment has no ethical approval.** The Waddell-Aylward BPS model 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 quite literally “*killed by the state*”. Claimants are invited to provide medical evidence with their disability benefit claims, which are then totally disregarded by the DWP “Decision Makers,” who admitted to Professor Harrington a decade ago that they don’t understand the medical paperwork. So, the “Decision Makers” 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 similar flawed assessments for the Personal Independence Payment, which replaced the Disability Living Allowance in another brutal cost limitation exercise, negatively impacting on the disabled community. A 2016 Public Accounts Committee identified that the three year contract for these assessments, between April 2015 – March 2018, cost the DWP £1.6billion.²⁹

SLIDE: Reducing dependency, increasing opportunity: the Freud Report

16. In 2007 an investment banker, David Freud, was commissioned by the DWP on behalf of the Blair New Labour administration to make a series of recommendations, to “*reduce the number of the most socially disadvantaged people in the country.*” All these atrocities were introduced by the DWP claiming they wanted to help disabled people. In reality, **they have persecuted them.** The Freud Report³⁰ took only six weeks to complete. Without any supporting evidence, the report repeated the Waddell and Aylward claim that the number of Incapacity

Benefit claimants should be reduced by one million. The stated 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, regardless of predictable catastrophic human consequences. 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 colleagues, Freud concluded that many people were unwilling to work and greater conditionality was needed, which was the adoption of neoliberal ideology. Following his 2007 report, Freud was ennobled by the Conservative Party, entered the House of Lords (HOL), and was appointed as a junior Minister in the DWP for the coalition government; despite admitting in an article in the Telegraph in 2008 that he “*knew nothing about welfare*,”³¹ which he regularly demonstrated. This is the man who, in 2014, recommended that disabled people should be required to work for only £2 per hour, as they are physically incapable of doing the same amount of work as the able bodied population. There was uproar in the HOL. Freud was ordered to apologise by David Cameron for the offence his remarks had caused, but the vilification of the disabled community was destined to continue.

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*,”³² so there never was going to be vast numbers of Incapacity Benefit claimants finding work, regardless of how much the DWP terrified them. 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 model, 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.³³ 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 responsible for a catastrophic impact on the public health of at least three million people, it remains cause for serious concern that the academic publishers failed to alert the public to the significance of this critique by academic excellence, via a national press conference, which should surely be part of their duty of care.

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

18. And finally, just before the break, considering that a 2016 NHS report³⁴ identified that almost 50 per cent of ESA claimants had attempted suicide at some point, how much longer will this DWP tyranny prevail? “*Cash Not Care*”² can easily be translated into “*greed not need*.” 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 actually be **held to account** for what is government enforced death, despair and preventable harm introduced for political gain?... When will the British government **stop killing people** who are too ill to work?... We’ll leave it there. Thanks for your attention. Back in 10 minutes. **BREAK**

KILLED BY THE STATE?

Social Policy Abused: the creation of preventable harm

27th November 2020

PART THREE

QUESTIONS, ANSWERS AND DISCUSSION

Simon Duffy (SD): I suspect that people on the call will not doubt the veracity of any of this, but it just reminded me, Mo, that in 2010, before the spending review and before we really knew the intentions of the Coalition government, I went to the Cabinet Office. I had invented a social policy called ‘personal budget,’ and I was on a little list that the Cabinet Office used. They used to call you up in the summer to talk about ideas for improving things, and I was so shocked by this experience. I sat with senior civil servants working with the government developing its policy, whose agenda was clearly not informed by any facts. They made claims about disability benefits that were totally untrue, and based on Daily Mail headlines, not based on any facts at all. So, everything you say about the ideological intent does not surprise me, from my personal experience. I had a senior member of the Cabinet Office say to me: “all those people with bad backs, on disability benefits. That can’t be right can it?” That was based on no facts, completely contrary to how DLA was given, just based on Daily Mail prejudice I think, and the intention to find ways as quickly as they could to cut as many disability benefits as they could. Shortly afterwards of course, PIP out of nowhere was rolled out as you described, as just another way of cutting funding, so it is entirely plausible your analysis of what’s going on.

Some of the questions seem to be focused on ‘what can we do about this?,’ so I think we should talk a little about that, and some of the questions seem to be focused on ‘how do we do something better?.’ So maybe we could spend a little bit of time on that.

SD Q1: Let’s start with a more critical question. You said a number of times for instance, it’s a bit disappointing isn’t it that it doesn’t really feel that the academic establishment while the analysis is there, has actually stood up alongside people. Do you think that’s fair? What do you think’s going on?

MS1: I think the academic world have their own way of working, and for them to work they have to have grants. To get their grant funding they are not going to tell any grant funder that they are going to expose the British government for killing people. The academics are limited to what they can do because of the grants they get. There's volumes of academic evidence out there about the dangers of the WCA. None of them lead back to the research which introduced it; none of them. They all know about my research.

SD Q2: Do you think there may be some new more courageous actions by academics, or the academic establishment?

MS2: No, not the way they get their funding. You might find it coming out through books, as a lot of academics publish books. There's one called 'The Violence of Austerity,' by David Whyte and Vickie Cooper, that's worth looking at, and there's a lot of very important information goes into books, that they won't dare put into academic papers 'cause they'll never get published, basically. I have been overwhelmed by the vast numbers of academics who are in touch with me. Various academics will print off my papers and distribute them to their own students, which they won't necessarily reference in their own published research papers. This is a worldwide problem. All the 37 member countries of the OECD have bought in social policy welfare changes, with big changes going on in Australia, Canada and New Zealand. None of them as bad as in the UK but, nevertheless, big changes and the constant message that all these disabled people, all they've got to do is stop being idle and get a job. In your introduction, when you mentioned back pain, that goes back to Gordon Waddell. Gordon Waddell worked with Mansel Aylward at the Centre provided by Unum Insurance. Gordon Waddell was an orthopaedic surgeon. He was the one who first started mentioning BPS, because he absolutely did not agree that all these people with back pain could have a problem as bad as they claimed it could be. He couldn't fix it through surgery, and he didn't accept that the back pain was enough to keep them off work, and he thought there must be a psychological problem. None of it was proven. This was all theory, and you've got social policies brought in that were guaranteed to kill people, and whose been held to account for this? Nobody.

SD: It's the same with chronic fatigue syndrome isn't it? There is a danger sometimes that doctors can't diagnose why a problem's occurring, so assume that the problem isn't really occurring.

SD Q3: Carl Harris has asked a relevant question here in the chat. If academics are only muted allies at best, Carl is asking who are our allies in highlighting these developments, and what opportunities are there for promoting action. He cites Psychologists for Social Change, for instance.

MS3: Yes, Psychologists for Social Change have been very vocal and very outspoken, and there's a lot of consultant Psychologists speaking out at conferences. I don't know that any of them go back to how this was developed. I'm not aware of any of them mentioning the influence of Unum Insurance, for example, or the fact that this goes back to Thatcher's idea of getting rid of the welfare state. I'm not aware of that, but certainly Psychologists for Social Change do a lot of great work.

SD: John McDonnell (JM) has just asked if he can make a comment. I think that would be very relevant.

JM: Comment: I just wanted to go back to Mo's central argument about the influence of the insurance company Unum, at the very early stage, and the strategy it used by way of funding supposed academic research, which then sets the climate of opinion about the development of policy. Mo is one of the few. Frances Ryan and others have taken up some of the ideas. Mo is one of the few who identified this, and I think she was the only one who identified this, and although there's been some coverage of it, it gets lost in our discussion about what's happened over the last 15 years or so. I think we really need to go back and start looking at how we can republicize this, or echo it a little bit more in some of the discussions that we're having. At the moment, it's almost as if you look at that period, when rightly pointed out it happened under Labour and Conservative governments, if you look at that period it's as big a scandal as Windrush. In fact, it's most probably a much bigger one. I don't want to in any way undermine the pain that the Windrush victims had, but if you look at the scale, and the point that Mo keeps making, and others have taken it up but haven't got it out more broadly for some reason, is the number of deaths there were during that period. I think it's as big a scandal as Windrush and we haven't really broken through in shocking people enough about the scale of it. They

don't use the language of 'shirkers' any more but it's been ingrained, in some of the reporters that goes on in more subtle forms. I just wonder now whether there is a need for a discussion amongst all of us, the disability campaigning groups, DPAC and others. Ellen Clifford's book explored all this which was really good, and I just wonder whether or not how we think of another campaign just around the exposure of what happened. I think Mo is one of the few brave enough to say someone needs to be held to account for this. Windrush was about a hostile environment, whilst this was a hostile environment that perpetrated real crimes against disabled people and the chronically sick, and people died. Others suffered incredibly badly. And it wasn't just the individuals. It was their whole families and it broke people's lives. I'm kicking myself to a certain extent, in that maybe we haven't got the message across more effectively, so I think that discussion needs to happen now. Maybe, what can come out of this, as John Pring is here, is maybe convening a number of us all as to how we get that across? A lot of it is about, in terms of campaigning, getting the right language, and slogans and that sort of thing. With the hard facts that Mo has produced, it's almost like you want to shake people and say 'didn't you know what was going on in your name?' That's my point, and to thank Mo for the work that she does. It's tremendous. The reason it's tremendous is because it's not just hard hitting, it's based on hard facts. Uncontestable facts, that's the whole point.

MS: Thanks for that John. Can I just say that there's all sorts of reasons why this has gone back, and nobody's really alert to it. Not least the fact that David Cameron put out a national government press ban on any press referencing this, and for those who don't believe it happens, yes it does! That was after I had a phone call from the Cabinet Office, trying to incentivise me financially to stop the research, which I refused to do, and they tried to blackmail me with the welfare of 80,000 disabled War Pensioners, saying that if I stopped the research they wouldn't have to be reassessed for PIP because they could keep their DLA for life, which had already been promised by a previous government. They use intimidation none stop, all the time. When I refused to be silenced, Cameron's Cabinet Office put out the government imposed national press ban on my research, so the press are not allowed to mention the influence of Unum Insurance with disability assessments in the UK. If you don't believe it happens, yes it does, because I had three emails from three correspondents from two

different newspapers warning me that they'd just been told that they couldn't mention it. So, until you stop this government's control of the press, and until we get a free press and not a Tory dominated press, I don't see how that's gonna improve because the way most people get their news is through the public agenda and public reality. The national press are not doing anybody any services here, by refusing to expose the atrocities that are going on in this country, and nobody is held to account.

SD: It is interesting the press issue isn't it because I used to be published by the Guardian but, as soon as I started to make stronger statements, I couldn't get an article in the Guardian anymore at all. Obviously, with Windrush, it was journalists who broke that story, which we've really struggled with, and there's a sense that some of us are discussing these problems between ourselves but we are not making that breakthrough. I think it would be a really good idea to explore. There are some allies in main stream media, but certainly we haven't managed to forge an alliance that's had any sort of traction. We've certainly not framed the issue that's made it's way through. It's extraordinary for me now to hear claims that 'we may need to return to austerity'. The measures of austerity are still in place, so we actually allowed austerity to become a kind of an event that happened in the past, rather than an ongoing cumulative assault on people's rights. We will have to really get our act together, I think, and look at these things with the work we did during the first five years of austerity on cumulative assessment has never really been followed through on, and all of those cumulative impacts have got worse. They didn't stop in 2015. We don't have the academic resources, the time, the money even to do the research necessary, now there's such a mass of things that need to be done. I would mention also Stef Benstead's book, *Second Class Citizens*, is also a really powerful critique and a really detailed analysis of all the different attacks on disability rights during this period. So, I think that needs to be put alongside Mo's work as well.

JM: Peter Beresford as well, and the work he did on this.

SD: We've got some great people, we've got some great analysis, but we haven't brought it together in a powerful package. Certainly, the Centre would support John anything you wanted to do on this.

SD Q4: Jim Elder-Woodward, whose been one of the key leaders in independent living in Scotland, and he's a friend, and a Fellow at the Centre as well, is asking a question in a sense that in one sense, and you can see this in the New Labour period, the intentions may even have been good at some level, about engaging people more in the community and about people being more active as citizens. Are there any lessons about how we should be thinking about disability assessments from your research Mo? A better way forward if we were thinking afresh?

MS Q4: Yes, absolutely, because there is a confusion here. This was the government basically playing the disability lobby at their own game. The disabled community did not want to be identified by their medical condition. This is where the Social Model of disability came from and, quite rightly, it pointed out all the limitations there are to stop disabled people enjoying a life that they should have because of the obstacles out there in society which prevents this. But, Waddell and Aylward took that, and the government just through it back in their faces, because they brought out an assessment for their disability benefits that disregards clinical opinion. You can't do that. And that's what they've done, by being influenced by the second worst insurance company in America, which makes them the second worst insurance company in the world. So, if you want to get back to what's reality, you need diagnosis. You need prognosis, you need the GP's opinion. Nobody knows their patients better than the GPs. It's an atrocity that GP's opinion is disregarded because, through the GPs you get the consultant opinion. You need to go back to basics, and when it comes to getting benefit then you need medical opinion, and you need to get rid of Atos Healthcare, and Maximus, and any other of these corporate giants who bleed our country dry, which the government happily pay to get rid of the disability problem.

SD: Jim also wanted to emphasise the last point he put in the chat, just for me to read it out: "I think it's important for any publicity around Mo's work to emphasise that disabled people want to participate in the economic, social and civic life of the community. But the DWP way isn't helping the disabled people to do that." So, again, that's part of the framing challenge isn't it here? We need to find something that's powerful, impactful, but not painting disabled people in the light of not having a contribution to make, although that contribution can

come in many, many different forms, and certainly isn't always in something called a job.

MS: The problem is though, their only concern is for disabled people to be in paid employment, whilst disregarding the volumes of disabled people in this country who keep this country afloat, because if the disabled community didn't do voluntary work, this country would be in serious trouble. They only value workers in paid employment, and disregard the valuable work such as people like Catherine Hale conduct, and that's where they are going wrong. Disabled people are very valuable. They do very valuable work, we just don't necessarily get paid for doing it.

SD: And you're a perfect model of that, Mo. And I'm going to make a pitch here for basic income, that's also a means of transforming our understanding of what social value is. The confusing social value with being in paid work, is the source of so many problems in our society, and actually is increasing mental illness for many, many people as well. We've got a mental health crisis in this country, and the lies we tell about the value of paid work are a big part of that crisis. We need to start recognising that human beings help each other in multiple different ways, and what is valuable is not 'being in a job.' That isn't the definition of social value by any means.

SD: Mo, as I've got John here, John maybe you would like to give us a final thought and commentary and perhaps honour Mo's work?

JM: I was with Mo when she launched the book. Was that a couple of years ago?

MS: 2016

JM: A lot of that was based on Mo's research and, to be honest at that stage, again, it was completely new. We had a sort of feeling about where these ideas were coming from, and what was the agenda here, and Mo put the research together and exposed the link up with Unum and the private sector, exposed the way it had infiltrated into academia and then how it developed into policy. It was almost like a classic corporate lobbying strategy that had been used, and it was so effective, and it has been so effective for Unum. It's good that they've been exposed in terms, as Mo said earlier, both their racketeering and things like that. Mo's been chipping away at this and it takes a lot of hard work and determination, but actually it takes quite a lot of courage as well 'cause you're

up against huge institutions, in terms of the corporate sector but also governments, who don't want to have this open debate. What she's done, she's opened the door to this wider debate, and Mo knows I've been extremely grateful for all the briefings that she's provided all the way through. The key issue now is how we take it forward? Maybe we need to get together again, and look at the next stage of this campaign. The point that you made, Simon, austerity hasn't gone away and you know as well as I do that, with the spending review this week, there were already hints. The pay freeze, cuts in other departments, particularly local government cuts, social care on its knees, that sort of stuff, you know austerity is going to be coming back with a vengeance if we're not careful, so we need to mobilise now because we've always found this, that Mo's work demonstrated, the first people to get hit the hardest are the disabled and chronically sick. That's because successive governments thought they were easy to pick off. What we've got to do this time is working on the base of this, is making sure that we, using Mo's work, expose what's happened over the last number of years, a decade and a half at least, and in exposing that it will help us prevent another onslaught coming on in the future. So, thanks Mo for all you're doing, and you know how grateful I've been for all the work you've done and the support you've given us. To be honest, it's been invaluable, it really has. I can't pay enough tribute to Mo for what she's done, despite everything thrown at her, including bribes and all the rest... Thanks a lot...

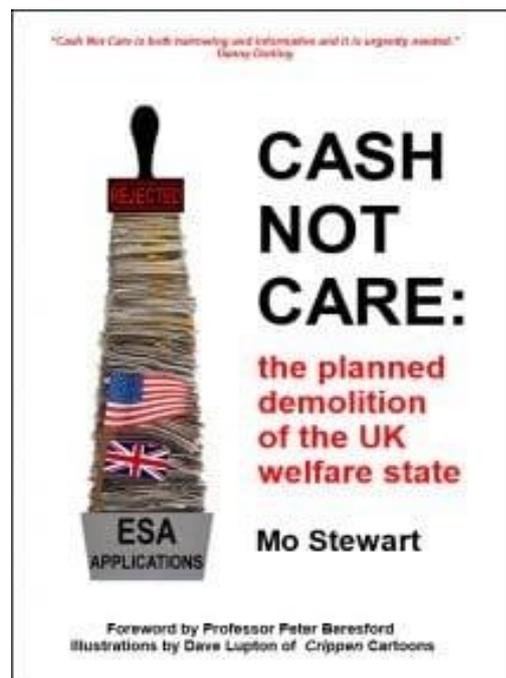
SD: Thanks John. Mo, do you want to say a last word?

MS: Thank you very much for attending. Thank you for listening. Thank you to John McDonnell who, out of all of them, is the one MP whose always supported my work, and he even got it into Hansard a couple of times from the backbenches. We need to bring it back again John. We need the backbenches talking about this, otherwise it will never raise its head again, and people will keep on dying as long as we keep on conducting the Work Capability Assessment. It should be abolished. It's time for it to be abolished, and we've got to stop killing people because they're too ill to work. Thank you.

SD: Thanks Mo. Thanks for everything you've done. We really appreciate it, and thanks to everyone whose attended. I think pretty much everything will go on line, the slides, the transcript when Mo's finished polishing it and the recording of the talk. Please stay in touch with the Centre. You can subscribe to our

monthly newsletter, and again thanks to John who, as Mo says, has been one of the few lights in a very dark period for disability rights and social justice generally. So, bye everyone.

MS: Bye. Thank you.



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“Shame is how they get away with it. Shame is the weapon they use. Shame is the weapon you use on yourself that makes you feel so useless. And those who are shamed most often and most deeply, made to feel ashamed so much of their life, are the poorest amongst us.

When others say they are disappointed in you, they are trying to inflict shame on you. They are trying to make you contrite and silent. To force shame on you. The poor are the most common targets of shaming because the rich are not ashamed of how they became rich and use shame as a weapon to control those they most harm.

Shame beats you down. Shame is an ancient form of control. Shame is the mechanism used to control behaviour. Most of us are capable of feeling shame for our own actions without anyone else having to shame us.”

***Extract by Professor Danny Dorling from the Foreword to Mary O’Hara’s book ‘The Shame Game’. Policy Press, 2020.*

And who are the poorest of all in society? The chronically ill and disabled community... MS