

*Mo Stewart stands up to an uncaring, banal and callous administration,  
placing on record the evidence with which their history will be written.*

**Danny Dorling**

# **INFLUENCES AND CONSEQUENCES**

**THE CONCLUSION TO THE PREVENTABLE HARM PROJECT  
2009 – 2019**

**The adoption of neoliberal politics, together with American  
social and labour market policies, guaranteed the creation  
of the preventable harm of the UK disabled community  
who are unfit to work.**

A RESEARCH REPORT BY THE CENTRE FOR WELFARE REFORM

Mo Stewart

November 2019



A RESEARCH REPORT BY THE CENTRE FOR WELFARE REFORM



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*Fellow of the Centre for Welfare Reform*

Mo Stewart stands up to an uncaring, banal and callous administration, placing on record the evidence with which their history will be written.

Professor Danny Dorling  
Halford Mackinder Professor of Geography, University of Oxford, UK

Once again, Mo Stewart carefully outlines the destruction of the welfare state in the UK, and how this process has been increasingly influenced by corporate involvement. A recommended conclusion to years of precise and detailed research.

Dr Kayleigh Garthwaite  
Fellow of the Department of Social Policy, Sociology and Criminology, University of Birmingham, UK

Mo Stewart's concluding report *Influences and Consequences* from the 10 year Preventable Harm Project is a profound and poignant analysis of the cruelty of the unrelenting welfare-to-work reforms on the lives of the disabled and chronically ill community in the UK. Stewart's relentless pursuit to expose the underlying influences of these harmful policy reforms reveals wide reaching impacts of neoliberalism and the OECD, the connections to US insurance companies, as well as the flawed and biased research underpinning the WCA. This report is well argued, bringing together decades of research from the UK and other countries into the public domain. A very thought-provoking report, which demands action!

Dr Lisa Stafford  
Senior Lecturer and ARC DECRA Fellow, Queensland University of Technology, Australia

*Influences and Consequences* is the conclusion to Mo Stewart's remarkable Preventable Harm Project, which she has conducted in her capacity as a medically retired healthcare professional on behalf of the disabled community. In it she identifies the figures and ideas behind the ongoing demolition of the UK's welfare state that have particularly affected chronically ill and disabled people. She offers a reflection on the idea of 'preventable harm' as linked to the creeping influence of neoliberalism and looks at the key figures that have endorsed such harm in UK politics. The consequences of this have been the loss of lives and wellbeing of the very ill and disabled with very little protest or outrage. It also acts as a searing indictment of society's silence – inclusive of academics.

Dr Maria Berghs  
Lecturer, School of Allied Health Sciences, De Montford University, Leicester, UK

Mo Stewart's final report - *Influences and Consequences* - of her remarkable 10 year Preventable Harm Project maps the distinct global trends in neoliberal welfare to work policies and the impact these policies have had on the everyday lives of UK disabled and chronically ill citizens. Mo's detailed analysis of these global influences and directions in the UK demonstrate the central role of disabled activists, advocates and allies in unearthing global policy directions and the need for ongoing disability movement action and solidarity to curtail the growing presence across the OECD.

Professor Karen Soldatic  
School of Social Sciences and Institute for Culture and Society, Western Sydney University, Australia

This work will be used in years to come to identify the dangers of right-leaning governments.

Professor Tanya Titchkosky  
Dpt of Social Justice Education, University of Ontario, Canada

The concluding report to Mo Stewart's *Preventable Harm Project* unearths a meticulously researched arsenal of evidence on the planned demolition of the UK's welfare state through the encroaching influence of the USA's private healthcare insurance industry. The report is a testament to Mo's incredible dedication and passion, and to the integral role played by disabled activists in knowledge production about the lived impacts of neoliberal policies and welfare reform. Everyone should read this and be armed with the evidence it provides.

Dr China Mills  
Senior Lecturer in Public Health, School of Health Sciences, City, University of London

Mo Stewart has done a very thorough job marshalling the evidence and arguments about the harm that has been done to disabled people by "welfare reforms", often unjust assessments, conditionality, sanctioning and other processes. She has provided a great service to the disabled community in documenting this damage.

Professor Tom Shakespeare  
International Centre for Evidence in Disability, London School of Hygiene and Tropical Medicine

Mo Stewart's research has been invaluable over the past ten years in identifying how and why the notorious Work Capability Assessment, developed under New Labour and rolled out by the Coalition government from 2010, has caused so much harm. The answer is that it was designed under the influence of practices developed by the US insurance industry for denying disability. This final report concluding Stewart's Preventable Harm Project identifies key-players, and assesses their role in the neoliberal agenda to replace the out of work social security system in Britain with an insurance model and the devastating human consequences of their efforts.

Ellen Clifford  
National Steering Committee, Disabled People Against Cuts

This independent research by Mo Stewart is destined to become one of the most important long-term disability studies projects in the recent history of the disability movement, and was conducted by Mo at great personal sacrifice. Disability campaigners like myself will be forever in debt for her valued support of the disabled community, and in memory of those we have lost along the way over the last 10 years. The adoption of neoliberal policies with eugenic twists has terrified those in receipt of state financial support with deadly effect. Mo's research highlighting this will be denied by the state, but will continuously be referenced by academics and disability researchers in years to come. Those who developed, implemented, and failed to act should be brought to justice for the suffering they created. It has been a pleasure to work with Mo as a colleague. The valued friendship that came from that process is immeasurable.

Gail Ward  
'Hand to Mouth Project' ~ Disabled People Against Cuts, NE & Cumbria

Mo Stewart has done more than anyone else to expose the dark networks of corporate influence on government policies of "welfare reform" in the UK. She was among the first to reveal the ideological intent of the harmless-sounding "biopsychosocial model": namely the demonisation of disabled people to justify stripping away our lifeline of support. The evidence for the destruction and harms caused by these policies is now undeniable. Historians need look no further than Mo's work to uncover the sources of this destruction.

Catherine Hale  
Project Manager, the Chronic Illness Inclusion Project

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Influences and Consequences: The Conclusion to the Preventable Harm Project 2009 ~ 2019

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## **DEDICATION**

**In loving memory of Debbie Jolly, the co-founder of Disabled People Against Cuts, fellow researcher and valued friend. She was an inspiration to many and helped to initiate the UN inquiry into the UK's violations of disabled people's human rights. Debbie was a strong supporter of my research and never failed to encourage, especially when the going got tough. She left our world unexpectedly in November 2016 following a short stay in hospital, and she is loved and remembered each and every day. RIP Debbie.**

## Acknowledgements

*Influences and Consequences* is the conclusion to the past ten years of independent disability studies research, identified as the *Preventable Harm Project*, and conducted on behalf of the disabled community. As a medically retired healthcare professional it has been my great pleasure to have contact with academics in the United Kingdom (UK), and beyond, who have tolerated my questions and willingly shared their research. Thanks to this support, I was able to identify relevant, published academic research for the disabled community to counter the often disturbing claims by Ministers of the Department for Work and Pensions, as American social and labour market policies were adopted in the UK that were destined to cause preventable harm.

Since the publication of *Cash Not Care: the planned demolition of the UK welfare state* in September 2016 I have enjoyed a unique relationship with Policy Press (PP), thanks to the Chief Executive Officer, Alison Shaw, who permitted confidential access to any PP published manuscript or journal article. 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 PP, and I owe an enormous debt of gratitude to Ali and her team for their very valuable support of my work.

This research has always been conducted on behalf of the disabled community, so most of my articles and reports were not restricted by the limitations of academic writing, which meant they were unsuitable for publishing in academic journals. However, in 2017, *A Sense of Betrayal* was published by the Journal of Public Mental Health. Written thanks to an invitation by the Editor, Woody Caan, the article detailed my unacceptable personal experience when assessed by Atos Healthcare in December 2008 for a review of my War Pension, and the subsequent two year battle to find justice which introduced me to the world of academic research. My final paper of this ten year project will be published in December, again by the Journal of Public Mental Health, and this time *Preventable Harm: creating a mental health crisis* is a research paper concluding what's been my personal voyage of research discovery.

I am very grateful to many academics who encouraged the research. In particular, my heartfelt thanks goes to my academic mentor, Professor Peter Beresford, whose an inspiration to the disabled community as he champions the need to consider the vast experience of service-users for any new social policies that will impact on their lives. Peter wrote the foreword for *Cash Not Care*, and he spoke at the London book launch in October 2016. Peter is the co-chair of Shaping Our Lives, which is the disabled people's and service-users' national network and organisation, and he leads the field of citizen participation and user involvement, which are areas of study he helped to create and develop. I am also especially grateful to Professor Danny Dorling, who is an enthusiastic supporter of my research, and I am very grateful to Dr Simon Duffy as we can now all benefit from the Centre for Welfare Reform and the remarkable work of the Fellows, whose detailed research reports and articles are invariably memorable and are often cause for concern.

My work would not have been possible without the support of my very patient IT consultant Guven Dalsar, and the devotion of my personal assistant, Claire Tash, who makes my entire life possible. Thank you all so very much.

## Foreword

We must hope that this is the last report Mo Stewart has to write about the welfare reforms that have disfigured UK social policy and attacked the lives of disabled people for too many years. We appear to be at a watershed in UK politics and public policy, where there seems to be agreement among all major political parties that ‘austerity’ should be a thing of the past and that the arbitrary cutting of public spending must end and instead public services, including welfare state services, must be revitalized and renewed.

If so the research work of Mo has been one key brick in the wall that has helped make this possible. If this is Mo’s last report, then we should remember that all along this painful road of financial, political and media attacks on disabled people, she has been there, offering the evidence to show the lies and conspiracies underpinning this new anti-social policy. Mo was never just another researcher trying to get to the truth of a problem to find sustainable solutions. She was that too, but much more, she was part of a broader movement of disabled people fighting back for decency, respect, honesty and social justice in a period when these have been more politically vulnerable values than we might want to admit to ourselves. In the past research finding trickled down and hopefully sometimes informed good change. Mo is part of a new movement where research findings are pumped upwards to force the agents of change, policymakers and media to do something.

I am proud to have been able both to support Mo on her journey and more important to learn much from her work so that I, like other academics and activists, can put it to good use challenging the bad politics that have got us to this place and bringing them and their dubious origins into the light. At a time when there have been increasing worries that the extreme neo-liberal politics of President Trump may have an existential impact on our own much-loved National Health Service, and other public policies, Mo traces the entryism of US corporations into UK welfare services over a much longer period. She has not made herself popular by doing this. Speaking truth to power may be encouraged rhetorically, but even institutions and media we might assume were more progressive are not necessarily keen on being part of such a process when imbalances of power are so huge as here, and powerholders’ lawyers themselves so powerful!

This detailed research report should be read in conjunction with Mo’s book, *Cash Not Care*. I ask the reader to judge both on their merits, but not to make assumptions, like ‘Surely that can’t be true’. All her evidence is lodged in the public domain. Sadly more and more we have found that in politics and public policy, developments we could once have written off as conspiracy theory, are now too often hidden realities. As she concludes here,

‘Quite simply, the adoption of dangerous social policies was always destined to cause death, despair and preventable harm to some of those in greatest need.’

We have much to thank Mo and her publisher, the Centre for Welfare Reform for, for publishing this report. I just hope that she won’t have to use her pc that’s enjoying a well-earned rest to write a next one.

Professor Peter Beresford OBE, FAcSS, FRSA  
School of Health and Social Care, University of Essex

# 1 Summary

*“Our lives begin to end the day we become silent about things that matter.”*

**Dr Martin Luther King, Jr. 1929 ~ 1968**

Produced on behalf of the United Kingdom’s (UK) disabled community, this Preventable Harm Project identified the influence of corporate America since 1992 with the planned future demolition of the British welfare state. This conclusion to the project is a critical reflection of published research and key policy documents in the area of UK social policy reforms, commonly known as ‘welfare reforms’. Guided by the Organisation for Economic Co-operation and Development (OECD) policies, a catastrophic indifference to human need has been the underlying concept of the UK welfare reforms since their escalation in October 2008, when the Employment and Support Allowance (ESA) replaced Incapacity Benefit (IB) as the long-term out-of-work disability benefit. By using the ideology of neoliberalism the reforms of the UK’s financial safety net, which was originally designed to protect those in greatest need, had been in the planning stage for over twenty five years. The reforms were supported by the main political parties and were influenced by American income protection insurance corporate advisers, who escape all accountability for recommendations which were destined to create the preventable harm of chronically ill and disabled people when unfit to work, identified by Ministers as being ‘*economically inactive*’.

Margaret Thatcher was the first elected neoliberal politician in the UK and it was Thatcher, in 1982, who first identified the future removal of the welfare state in favour of private health insurance. Every UK government since Thatcher’s administration(s) have worked towards the same goal. The beginning of the end of the psychological security of the UK’s financial safety net, as provided by the welfare state, began in January 2006 with the publication of the welfare reform Green Paper on Incapacity Benefit. ‘*A new deal for welfare: empowering people to work*’ offered a Ministerial Foreword by John Hutton representing the New Labour government, who identified the future use of private contractors to conduct assessments of long-term out-of-work disability benefit claimants. These corporate giants would be contracted by the Department for Work and Pensions (DWP) at an excessive cost to the public purse in order to restrict eligibility to the ESA, and to enforce a significant reduction of the numbers of disabled people financially supported by the state when unfit to work. The previous psychological security of the UK’s financial safety net would be destroyed.

To guarantee limited access to the ESA a *non-medical functional assessment model* was introduced. Using the Waddell-Aylward biopsychosocial (BPS) model, the Work Capability Assessment (WCA) was adopted by the DWP to restrict access to the ESA with very predictable human consequences as the DWP played the disability lobby at their own game. For decades the disability lobby had argued against being labelled by the *medical model*, which uses diagnosis to identify physical limitations. After years of campaigning, the *social model* was adopted to highlight the barriers which operate to prevent disabled people from participating as equals in society. Hence, the Waddell-Aylward BPS model was adopted for the WCA, and was introduced in October 2008 to limit claimants entitled to the ESA whilst disregarding diagnosis and prognosis. It is unsurprising that the DWP resist all evidence against the BPS model, which had been adopted by the health insurance industry in America to limit claims. Subsequently, the DWP commissioned research by Waddell and Aylward in 2005 to justify the adoption of the BPS model in the UK to limit access to various disability benefits. This

meant that chronically ill and disabled people would never again know peace of mind when claiming financial support from the state. Instead, they would learn to live in fear of the DWP.

Neoliberal politics is the politics of power, profit and greed, and places *the market* as the main priority of political life. This ideology has swept the globe, and Thatcher has been immortalised in the UK as the creator of the New Right Conservative Party. The only priority of the UK welfare reforms was the claimed need to reduce the welfare budget, which always was a political smokescreen. The reality was the long held political ambition to break the psychological security of the UK welfare state to make it easier to eventually remove. Cameron's 2010 coalition government successfully misled and manipulated the British public by making many false claims to justify the adoption of austerity measures which were ideologically motivated, were adopted without ethical approval and were not financially necessary. The often brutal political rhetoric by coalition Ministers regarding disability benefit claimants was repeated by front page tabloid press headlines that clearly influenced public opinion, and coincided with a 213 per cent increase in prosecuted disability hate crimes during the coalition government's term in office. Eleven years after the introduction of the ESA, the Waddell-Aylward BPS model is still used to limit access to the benefit, as chronically ill and disabled claimants in need of financial support by the state are intimidated and coerced by the DWP. Regardless of the disturbing increase in numbers of suicides associated with the assessment, the DWP continues to resist collating the necessary evidence that could establish a causal link between the WCA and deaths by suicide of ESA claimants. Two Coroners have already made the link. Therefore, peer-reviewed published academic research, demonstrating the suffering and preventable harm endured by chronically ill and disabled ESA claimants, who are unfit to work, is disregarded by the DWP.

Planned a long time ago, the former psychological security of the UK welfare state has been successfully demolished, with all disability benefit claimants treated with suspicion regardless of an often catastrophic diagnosis. For chronically ill ESA claimants the WCA is now often a matter of life or death. Chronically ill and disabled claimants in financial need live in fear of the DWP, and the arrival of the official brown envelope, with the constant threat of benefit sanctions ever present in all DWP contact letters. The same discredited policy-based Waddell-Aylward BPS model was adopted to limit access to increases in the War Pension of older working-age disabled veterans, who were permanently disabled in the military service of the UK, and for all disability benefit claims. This includes the Personal Independence Payment (PIP), which replaced Disability Living Allowance (DLA), and the successor benefit, Universal Credit, as introduced to replace six social security benefits and now being rolled out across the UK despite being demonstrated as being inadequate and also fatally flawed by design.

This American corporate influenced state sanctioned persecution is negatively impacting on the welfare, the quality of life, the mental health and often the survival of disability benefit claimants. Despite being identified as long ago as 2007 by Professor Jonathan Rutherford, academics still disregard the well documented influence of Unum (Provident) Insurance since 1992 with the design of future UK social policy reforms. Academics could also highlight and expand on the preventable harm created by the adoption of American social and labour market policies by all UK governments since Blair, as identified by Dr Anne Daguerre. Essentially, the UK now resembles little more than another American state for those in greatest need, who are guaranteed to be those who are abandoned by the state, as Thatcher's '*dark legacy*' becomes a reality.

## 2 Preventable Harm

*“Never underestimate the power of persistence.”*

**Nelson Mandela, 1918 ~ 2013**

The evidence in this final research report is all available in the public domain. Yet, political debates regarding social policy reforms, and the impact of austerity measures, invariably fail to identify the increasingly negative cumulative impact of the ‘welfare reforms’ in the United Kingdom (UK) since 2010 (Duffy 2018), and the thousands of deaths associated with them (Elward 2016; Ryan 2015). These political debates also totally disregard the American corporate influence of Unum (Provident) Insurance with the UK welfare reforms, which really means welfare destruction (Stewart 2016).

This final project report is a reflection of published research and key policy documents in the area of UK social policy reforms, whilst identifying the American corporate influence with UK welfare reforms since 1992 (Rutherford 2007a, 2007b). This foreign corporate influence enabled successive UK governments to adopt social policy reforms that created preventable harm for the chronically ill and disabled community (Patrick 2012; Garthwaite 2016; Stewart 2017a, 2018b, 2019a). In October 2008 the New Labour government introduced the Employment and Support Allowance (ESA), which replaced Incapacity Benefit (IB) as the long-term out-of-work disability benefit. To access the ESA, claimants must endure the compulsory Work Capability Assessment (WCA). The WCA was created by adopting the Waddell-Aylward *non-medical* biopsychosocial (BPS) functional assessment model when influenced by American government advisers UnumProvident Insurance\* (UnumProvident 2006, 2002; Stewart 2015, 2016), which is an assessment model that disregards diagnosis and prognosis (Stewart 2018c) and is directly linked to negative impacts on public mental health (Beresford 2013; Hale 2014; Barr *et al* 2015; Cummins 2018; Mehta *et al* 2018; Stewart 2019b).

UnumProvident is pleased that the Incapacity Benefit (IB) system is being considered for reform, for indeed it was at our 2005 Beginnings event that the Green Paper was proposed. Like many other groups, we are pleased with the overall content of the Paper and will work with the Government to ensure the stated goals are achieved... Our extended experience in this field has shown us that the correct model to apply when helping people to return to work is the bio-psychosocial one... At UnumProvident we have a non-medical, enabling model of rehabilitation and we are working with our partners at the UnumProvident Centre for Psychosocial and Disability Research at Cardiff University to better understand what makes people at risk of long-term or chronic illness. (UnumProvident 2006)

**History:** In 1975 Margaret Thatcher was elected as the leader of the Conservative Party and, in May 1979, the Conservative Party won the general election and she became the first female Prime Minister in the UK, which was a position she held until 1990. Unsurprisingly, the initial suggestion to demolish the UK welfare state, including the National Health Service, was first discussed by Margaret Thatcher in a special cabinet meeting in 1982. This extreme suggestion apparently came close to causing a riot in Thatcher’s Cabinet, so the idea was seemingly abandoned (Travis 2012). However, the ultimate goal to eventually demolish the welfare state never really disappeared (Stewart 2018a), and has been

[\*UnumProvident Insurance changed their name to UNUM Insurance in 2007]

pursued by every successive UK government since Thatcher as the British people were constantly misled:

Following in Thatcher's footsteps, in 1992 the John Major Conservative government invited the American corporate giant UnumProvident Insurance to consult, with reference to future welfare claims management (Stewart 2016, 30). By 1994, the company were appointed as official government advisers. The 1994 Social Security (Incapacity for Work) Act introduced Incapacity Benefit (IB), as designed to limit access to out-of-work disability benefit (Wikeley 1995), which had significantly increased due to increasing numbers of claims for stress induced illness. By 1995 the Department for Social Security's Principal Medical Officer, Mansel Aylward, co-authored an academic paper with UnumProvident government adviser John LoCascio, the second Vice-President of UnumProvident Insurance. '*Problems in the assessment of psychosomatic conditions in social security and related commercial schemes*' (Aylward and LoCascio 1995) was supported by evidence from America, and argued that UK General Practitioners (GP) should not be expected to determine a patient's incapacity. Hence the authority and clinical opinion of GPs would eventually be curtailed.

This paper expressed concern about the increases in '*subjective impairments*', with conditions such as Chronic Pain and Fatigue Syndrome listed as the significance of diagnosis was rejected as having '*a high degree of subjectivity*'. This had implications for the welfare budget, and it was suggested that claimants of IB should have a psychiatric evaluation (Aylward and LoCascio 1995, 760). The introduction of the BPS model of assessment had been successfully adopted by UnumProvident Insurance in America, to limit payment for healthcare income protection insurance claims (Rutherford 2007a; Stewart 2015), and LoCascio was guiding the DSS how to introduce the BPS model into the UK. Quite literally, by disregarding diagnosis, the main emphasis of the BPS assessment would be an excessive concentration on psychological factors. The DSS doctors trained by LoCascio and DSS non-medical 'Adjudicating Officers' would make benefit decisions based on activity '*descriptors*', not medical evidence, as the claimant's doctor's opinions were marginalised (Sivier 2013).

The former Department for Health and Social Security was split into the Department for Health and the Department for Social Security (DSS) in 1998, and the DSS was then renamed the Department for Work and Pensions (DWP) in June 2001. By November 2001 a conference was assembled at Woodstock, near Oxford, identified as '*Malingering and Illness Deception*' (Conference 2001). Many of the conference participants had an association with UnumProvident Insurance, as represented by John LoCascio, and the goal of the conference was the future demolition of the British welfare state (Stewart 2015). There was a total of 39 participants including the DWP Chief Medical Officer Mansel Aylward and Malcolm Wicks MP, in his capacity as the then Parliamentary Under Secretary of State for the New Labour government. To reduce the numbers eligible for benefit, illness would be redefined and many welfare claimants would be declared fit for work, and '*motivated*' into jobs (Rutherford 2007a, 40). (Stewart 2018a)

Tony Blair was the UK Prime Minister from May 1997 – June 2007. Blair rejected the traditional ideology of the Labour Party and claimed to represent 'New Labour', which adopted a different identity, moved the party to the centre, and continued with the neoliberal politics originally adopted by Thatcher and continued by John Major. It was Blair who abandoned those in greatest need to their fate as the 2001 Malingering and Illness Deception Conference (Conference 2001) guaranteed the continued influence of UnumProvident Insurance with UK social policy reforms (UnumProvident 2002, 2006; DWP 2006; Stewart 2016).

Anne Daguette (2004) identified the transfer of American social and labour market policies by New Labour, with the Blair government adopting ‘New Deal’ as its major programme, ‘*at the heart of British activation programmes for the unemployed*’ (Daguette 2004). Daguette highlighted the Americanisation of British social policies. This included the adoption of conditionality and compulsion for target groups, which included the non-working disabled community, and the requirement to accept a job in return for social security benefits; which emphasised personal responsibility with adverse consequences for failure to adhere to the requirements of access to unemployment benefit.

The promotion of employment in the 1980s followed a distinctively neo-liberal route. Self-sufficiency through paid work was the single governing principle of welfare reform. 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. (Daguette 2004, p. 44)

The well reported 2008 banking crash created the worst global financial crisis since the Great Depression (Amadeo 2019), and gave the New Labour government the long awaited opportunity to begin to demolish the UK welfare state by introducing welfare reforms and continuing with Thatcher’s stated ambition. Gordon Brown replaced Tony Blair as the New Labour Prime Minister in June 2007 and introduced welfare reforms in 2008, including the ESA to replace IB (DWP 2008). Few people realised the future negative mental health consequences of the adoption of the ESA (Mills 2017; Barr *et al* 2015; DNS 2015; Mehta *et al* 2018). Access to the ESA benefit was via the compulsory WCA, whose design using the Waddell-Aylward BPS model was funded by corporate America (Cover 2004) in the form of UnumProvident Insurance (Rutherford 2007a, 2007b, 2008; Stewart 2015, 2016, 2018a). Unum were identified in 2008 by the American Association of Justice as being the second worst insurance company in America (AAJ 2008), and by John Langbein (2007) of the Yale School of Law as being ‘*engaged in a deliberate program of bad faith denial of meritorious benefit claims*’. Unum used these skills to influence UK welfare reforms (Stewart 2016; UnumProvident 2006, 2002).

Under Chandler, Unum instituted cost-containment measures that pressured claims-processing employees to deny valid claims. Pressures peaked in the last month of each quarter, called the “scrub months,” when claims managers exhorted staff to deny claims to meet or surpass budget goals. Word of these practices began to emerge in lawsuits brought by former Unum claims-processing employees, and in investigative reports broadcast in 2002 by NBC’s *Dateline* and CBS’s *60 Minutes* news programme. Employees interviewed on the *Dateline* program disclosed that claims that were “the most vulnerable” to pressures for bad faith termination were those involving “so-called subjective illnesses, illnesses that don’t show up on x-rays or MRIs, like mental illness, chronic pain, migraines, or even Parkinsons.” The *Dateline* story pointed to an internal company email cautioning a group of claims staff that they only had one week remaining to “close”, that is, deny, eighteen more claims in order to meet desired targets... Unum agreed to pay a \$15 million fine, to reopen several years’ worth of denied claims, and to make specified changes in its claims reviewing procedures and its corporate governance. In 2005 the California Department of Insurance settled separately with Unum, imposing \$8 million civil penalty... The memorandum recounts that another Unum executive “identified 12 claim situations where we settled for \$7.8 million in the aggregate.” (Langbein 2007, p1316)

The 2010 general election created the coalition government between the Conservative and Liberal Democrat parties, with David Cameron as the new UK Prime Minister. Cameron is possibly Thatcher's greatest fan (Fuchs 2016). The addition of severe austerity measures by the Cameron coalition government (DWP 2010a) increased this political drive to demolish the UK welfare state, and is linked to increases in suicides and mental health problems (Barr *et al* 2015; Mehta *et al* 2018).

The ongoing reforms, and perceived DWP reluctance to fund out-of-work disability benefits, have meant that chronically ill and disabled ESA claimants have learned to live in fear of the enforced WCA (Beresford 2013; Patrick 2017; DNS 2017; Mehta *et al* 2018; Stewart 2018a, 2019b). The addition of the 2010 austerity measures (Elliott and Wintour 2010) would increase the preventable harm of those in greatest need (Cummins 2018; Stewart 2019c), when added to the 2008 welfare reforms already introduced by the New Labour government (DWP 2006; DWP 2008). Deaths would soon become inevitable due to the adoption of the fatally flawed WCA being imposed by the DWP (DWP 2015; Butler 2015), when influenced by Unum Insurance, whose alternative agenda was to encourage private health insurance to replace out-of-work disability benefits (Stewart 2016).

Conducted by the unaccountable private sector, the DWP adopted the Waddell-Aylward BPS *non-medical* functional assessment (Waddell and Aylward 2005, 2010) to be used for the WCA, which would negatively impact on the welfare and the survival of many chronically ill and disabled ESA claimants (Hale 2014; Patrick 2016; Dwyer 2018a; Stewart 2018c, 2019a, 2019b, 2019c; Hale 2019). Eight years after the DWP adopted the flawed WCA in 2008 (Barr *et al* 2015; Demos 2015; BPS 2016) the *non-medical* Waddell-Aylward BPS model of assessment was exposed by academics as having '*no coherent theory or evidence behind this model*' (Shakespeare *et al* 2016). This was the academic confirmation needed by the disabled community to confirm their contention that the WCA was dangerous, bogus and totally unfit for purpose (Hale 2014; Stewart 2016), with evidence mounting of disability benefit claimants being systematically '*killed by the state*' (Elward 2016). The UK safety net was being '*torn to shreds*' (Ryan 2015). Chronically ill and disabled claimants live in fear of the ominous brown envelope, which contains the DWP instructions to ESA claimants to make themselves available for the next compulsory WCA (Garthwaite 2014; Hale 2014).

Eventually, the Waddell-Aylward BPS model was exposed by Professor Tom Shakespeare and colleagues as being '*conceptually and empirically invalid*' (Shakespeare *et al* 2016).

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). The 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 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. (Shakespeare *et al* 2016)

The limitations and restrictions of academic publishing means that often very important academic research findings are buried in academic journals, with copyright restrictions, and disturbing evidence that should be alerted to the general public remains hidden by the academic world who rarely draw attention to their research findings. Happily, ResearchGate is an online source of academic research, and many academic papers can be accessed via the website.

Academic dissertations written for PhD or Masters qualifications can often be found via ResearchGate, free of charge and, most importantly, without restrictions which means the research can be quoted. So, as this researcher accessed academic papers that exposed the extremes of the ongoing welfare reforms, I was happy to identify significant evidence as, in this case, produced by Lewis Elward (2016) whose research identified *state-corporate harm* in his Masters dissertation:

This dissertation examines the neoliberal welfare state, where privatisation has transformed welfare recipients into ‘consumers’, ‘customers’ and ‘commodities’ required for profit generation and maximisation... (and) provides an examination of the unprecedented levels of harm produced by neoliberal welfare arrangements... Under Cameron’s administrations, the state has renounced its role in public services, inflicted marketized strategies on public outlets and outsourced services (Toynbee and Walker 2015)... It’s alarming that the welfare system deliberately exploits people’s vulnerabilities to enhance social control...

WCA processes could arguably be viewed as democide, as some claimants are, in essence, killed by the state or officials acting on their behalf (Totten and Bartrop 2008)... 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 (Simon 2007; Nersessian 2010)... This is why the state establish proxy measures – to distance themselves from the harmful consequences of WCAs, as the state is intimately linked to harm production via \*Maximus... Such proxy measures provide the essential guise for the state to distance themselves from political legal ramifications, and for the electorate to disassociate the harms and the deaths caused by WCAs from the state. This is a purposeful design of the government’s proxy measures, because in the event of mishaps the state can blame Maximus for the mass mistreatment of society’s welfare dependents. (Elward 2016)

The findings in Elward’s dissertation *Corporate Welfare Crime: Two Case Studies in State-Corporate Harm* (Elward 2016) were demonstrated by disabled researcher Catherine Hale (2014), whose unique online survey benefitted from over 500 respondents, was sponsored by MIND and the Centre for Welfare Reform, and was endorsed by various national institutions. Academic research often has less than twenty contributors who are regularly interviewed during the project.

In *Fulfilling Potential? ESA and the Fate of the Work-Related Activity Group* (Hale 2014), the research offered disturbing evidence as to the preventable harm created when chronically ill and disabled ESA claimants were placed into the ‘work-related activity group’ (WRAG) following a WCA, and forced to look for work, regardless of diagnosis, prognosis or the severity of their chronic illness as disregarded by the DWP:

[\*Maximus is the private contractor who conducts WCAs on behalf of the DWP.]

Our survey results suggest that, contrary to promises, the experience of participation in the WRAG is neither personalised nor supportive, regardless of whether it is delivered by private contractors paid by results, or by the Government via JCP. Moreover, findings suggest that, far from ‘activating aspirations’, the regime of conditionality and sanctions has left participants in the WRAG fearful, demoralised, and further away from achieving their work-related goals or participating in society than when they started. (p5)

It seems highly probable that the fear and distress caused by an excessive focus on conditionality, and the associated threat of sanctions, is linked to the large scale deterioration in health, wellbeing and confidence reported by respondents. Survey results suggest that the overall impact of participation in the WRAG is to move people further away from work, instead of closer to it. (p6)

*‘The worst thing, I find, is realising that I am forced into looking for a life that I want but have no chance of having. I seriously feel I may kill myself because being sick, having next to no money, no life, no future, no cure, constant pain and constant disapproval and rejection defeats me’.* (p37)

The 2006 Green Paper proposing ESA reform said: ‘It is the social injustice inflicted by the poverty trap of benefit dependency that makes keeping the status quo indefensible.’ Moving IB claimants into paid work was to be the measure of success but social justice was the broader policy intention. ‘Work is the best route out of poverty. It strengthens independence and dignity. It builds family aspirations, fosters greater social inclusion and can improve an individual’s health and well-being’. Thus the purpose of the WRAG within ESA was to ‘provide additional help and support so that people can fulfil their potential’. (p37) ...

The degree of anxiety it has created in participants may be justified if the results of compulsion were nonetheless of net benefit to the claimant. However, more than 50 per cent of respondents said that being on the Work Programme or JCP\* regime had made their health worse, their feeling of having a purpose in life worse, their sense of working towards their goals worse and, most of all, their confidence about getting a job worse than they were at the outset. Furthermore, only a tiny fraction of people engaging with these schemes have actually found work. By various measures for social inclusion and wellbeing, ESA has not only categorically failed in its intentions but produced deterioration in confidence and wellbeing for the vast majority of respondents to this survey. (p37)

*‘I was told by the adviser that anyone who is put in the WRAG group is classed as fit for work – the same as someone on JSA\*\*. The adviser told me that it didn’t matter what my doctor said, that the DWP had decided I was fit for work so that was that, and if I refused to take part in anything she ordered my benefit would be stopped’.* (p40) (Hale 2014)

\*JCP is Jobcentre Plus and is part of the DWP which delivers the working-age support service.

\*\*JSA is Jobseekers Allowance, the unemployment benefit.

As this government prescribed human suffering continues, as identified by Elward (2016) and Hale (2014), no-one is held to account for the deaths, despair and the preventable harm linked to the ESA assessment process (Stewart 2019a, 2018c, 2017d, 2016). This display of government enforced preventable harm was imposed using the UK social policy reforms by various right-leaning governments, as advised by Unum Insurance who have been involved with the UK government social policy reforms since 1992, and were identified as ‘*racketeers*’ by BBC News in 2007 (BBC 2007). The ESA assessment process was adopted by successive administrations on route to the planned future demolition of the UK welfare state, to be replaced by private health income replacement insurance (IPI) (Stewart 2016, p31), and is just one part of Thatcher’s ‘*dark legacy*’ (Young 2013).

In the ongoing attempt to transform the United Kingdom (UK) into Little America, their ambition to swamp the UK market with their IPI policies failed. Unum Insurance subsequently removed their IPI policies from the open market in 2012 and concentrated on selling their ‘back-up plan’ to industry, to be funded by workers via wages. The long ago planned mass sales of IPI policies by Unum (Provident) Insurance had failed thanks to the efforts of the disability lobby in the UK. The company and the DWP had both underestimated the significance of the disabled people’s organisations (DPO) and their supporters, who share the research evidence of MS online, or link to it, and they are all very well informed regarding the influence of the American company with the UK government’s ‘welfare reforms’.

Regardless of government protests and mutterings, reports or debates, the fact is that the work capability assessment (WCA) is an identified and confirmed totally bogus assessment model, causing ‘preventable harm’ to many, and discredited by both the British Medical Association in 2012 and the Royal College of Nurses in 2013, who both demanded that the WCA should be ‘scrapped’. The DWP disregarded their protests. (Stewart 2016, p31)

The DWP spent years denying that their policies were influenced by or had anticipated the future use of private healthcare insurance (Meaden 2016). However, the latest Green Paper ‘*Improving Lives: Work, Health and Disability*’ (DWP & DoH 2016) actually promotes the use of private income replacement insurance for employed staff, when identifying the need to ‘*Encourage better provision by the insurance industry, and take-up by employers, of income protection insurance,*’ (DWP & DoH 2016) on route to the eventual removal of the welfare state, as originally planned by Thatcher in 1982... (Travis 2012). These recommendations are via the influence of Unum Insurance (UnumProvident 2006, 2002; Stewart 2016).

To anyone who has been a close observer of welfare reform, this won’t come as a surprise. The insurance industry has been highly influential in shaping government policy on sickness and disability benefits. This has been documented comprehensively by Mo Stewart in her book *Cash Not Care: the planned demolition of the UK welfare state*. But, whereas in the past the government has been reluctant to acknowledge such influence, they are now openly seeking to offload the ‘burden’ of people who are long-term sick or disabled...

If a growing section of the population begins to feel they have no need of the welfare state, that it is merely provision for the uninsured underclass, then there will be very little impetus to defend it against cuts, and very little desire to pay taxes to support it. Ultimately, the promotion of private sickness and disability insurance by the government could herald the beginning of the end of the welfare state. (Meaden 2016)

Since the adoption of American neoliberal social and labour market policies by the New Labour government (Daguerre 2004; Daguerre and Taylor-Gooby 2004; Daguerre 2008), which have been exacerbated by subsequent coalition and Conservative government(s) (Daguerre and Etherington 2014; Daguerre 2015; Daguerre and Etherington 2016), the plight of UK sick and disabled citizens in need of state financial support have followed a similar fate to those health insurance claimants in America who are betrayed by health insurance companies (Bourhis 2005; Nee 2015). The UK is being wilfully migrated towards becoming another authoritarian state or, perhaps, just another American state in all but name (Stewart 2013).

Between 1983 and 1989, Provident, Paul Revere and Unum had nearly a hundred thousand agents ploughing the fields from Maine to California and throughout Canada. They were selling “own-occupation” individual disability insurance. These policies held the enticing promise of payment should the insured become unable to perform the duties of his or her “own occupation.”... The problem was the projections were wrong...

This isn’t a little deal anymore. Corporate hotshots aren’t stealing thousands and hundreds of thousands of dollars; it’s millions and hundreds of millions. And they’re not stealing from the rich to give to the poor. They’re stealing from the poor and stuffing it in their tailored pockets. Guys are doing thirty to life for simple bank robbery while the real crooks are going to political fund-raisers and swapping rooster jokes with the leader of the free world. Sometimes it seems like everybody whose anybody must be doing it, prowling relentlessly for the fast buck.

Given this climate, it shouldn’t surprise anyone that an industry as large as insurance – in the United States alone, we spend \$2,000 for every man, woman and child per year on premiums – would be ripe for corporate shenanigans in the name of profit and greed. Why are so many corporate role models stealing from their own customers and employees? How much do they get away with? Why do our institutions tolerate it? Can anything be done to stop it? Read on... (Bourhis 2005)

**Bogus claims by PM:** David Cameron’s justification for the introduction of austerity measures in 2010 was that the last Labour government had spent excessively on the welfare budget and, following the 2008 banking crisis, the coalition government would take measures to ensure that Britain was ‘living within its means’ (Rigby & Parker 2015). In reality, the claim of financial incompetence against the Labour government was demonstrated to be totally unfounded by the Institute for Fiscal Studies, as identified by Bernadette Meaden (2015):

When the ongoing process of cutting and restricting access to disability benefits began, we were told it was necessary because spending on them was out of control. A new report from the Institute for Fiscal Studies (IFS) shows that, in fact, the exact opposite is the case.

The report says that spending on disability benefits last year was 0.8 per cent of the national income, and says, “this is half the level of disability benefit spending when it was at its peak in 1995-96.” So the peak for spending on disability benefits occurred under the Conservative government of John Major. The narrative that the Labour government allowed such spending to get out of control is false – as a percentage of our national income it actually fell during those years... Disabled people, and families with a disabled member, are more likely to be living in poverty than the rest of the population. As a country we are being less generous, less supportive to them than we were. If politicians wish to defend that as a policy position, they should do so. But they cannot and should not defend cuts to disability benefits by pretending that spending on them is excessive or out of control. (Meaden 2015)

### 3 Influences

*“Oh what a tangled web we weave, when first we practise to deceive.”*

**Sir Walter Scott 1771 - 1832**

The psychological devastation now negatively impacting on the welfare, the quality of life and, in many cases, on the survival of chronically ill and disabled benefit claimants in the UK who are unfit to work, and in need of state financial support, was identified by Hugo Young (2013) as Thatcher’s ‘*dark legacy*’. Supporting Thatcher’s stated ambition to remove the UK welfare state is ongoing (Travis 2012, 2016; Stewart 2016; Jolly 2012) regardless of dire human consequences (DWP 2015).

#### **Margaret Thatcher:**

Elected as the Member of Parliament (MP) for Finchley in 1959, Margaret Thatcher was the first neoliberal politician in the UK. This neoliberal ideology has swept the world and was adopted by the international Organisation for Economic Co-operation and Development (OECD) in 1961. In the Heath 1970-1974 Conservative government, Thatcher was appointed as the Secretary of State for Education and Science. In 1975, she defeated Heath in the Conservative Party leadership election and became the Leader of the Opposition against the Wilson and Callaghan Labour governments, then Thatcher became the first female Prime Minister in the UK after winning the 1979 general election.

The ongoing catastrophic indifference to human need in the UK, as demonstrated since the adoption of welfare reforms in 2008 by the New Labour government, and significantly increased since 2010 by additional austerity measures by successive coalition and Conservative government(s), first began with Thatcher’s stated ambition to demolish the UK welfare state (Travis 2016) and to adopt US-style private health insurance (Ellicott 2016). Despite being acknowledged as ‘*the Prime Minister who changed Britain forever*’ (Young 2013), Thatcher failed to destroy the welfare state, but she is usually singled out as being the power behind the throne of its planned future demolition (Scott-Samuel *et al* 2014; Stewart 2016).

Margaret Thatcher secretly tried to press ahead with a politically toxic plan to dismantle the welfare state even after a “cabinet riot” and her famous declaration that the “NHS is safe with us”... The plan commissioned by Thatcher and her chancellor Sir Geoffrey Howe included proposals to charge for state schooling, introduce compulsory private health insurance and a system of private medical facilities that “would, of course, mean the end of the National Health Service”... It also argued for many state services to be replaced by “more efficient alternatives from the private sector”. (Travis 2016)

This is the woman who proclaimed that there was ‘*no such thing as society*’ (Keay 1987), then went on to demonstrate it by introducing policies which were guaranteed to hurt many and to offer profit and privilege to the few by the adoption of neoliberal politics when making ‘*the market*’ the top priority for political life, which ‘*fathered a mood of tolerated harshness*’ (Young 2013). When translated, this effectively means that neoliberal politics is the politics of greed (Sim 2017) and preventable harm to many (Monbiot 2016), which has permitted the rich to increase their wealth at the expense of the poor (Dorling 2014), and the sick and the disabled who are unfit to work to become the victims of the planned future demolition of the UK welfare state (Stewart 2016).

Thatcher has been immortalised by the Conservative Party, and her statue can be found at the entrance to the House of Commons. Popularly referred to as ‘*Thatcherism*’ (BBC 2013; Scott-Samuel *et al* 2014; Goldsmith 2015), the policies adopted by her conviction to neoliberal politics are recognised as changing the country, removing the authority of the unions, destroying the coal mining industry and linking the UK to the United States of America (US) indefinitely, as she was it seems heavily influenced by the theories of the American economist Milton Friedman. Her close bond of friendship with President Reagan is well documented (McChesney 1998 p7; Wapshott 2007; Leger 2013).

Margaret Thatcher (1925-2013) was the United Kingdom’s prime minister from 1979 to 1990. Her informal transatlantic alliance with U.S. President Ronald Reagan from 1981 to 1989 played an important role in the promotion of an international neoliberal policy agenda that remains influential today. Her critique of UK social democracy during the 1970s and her adoption of key neoliberal strategies, such as financial deregulation, trade liberalization, and the privatization of public goods and services, were popularly labeled “Thatcherism”... Thatcher’s policies were associated with substantial increases in socioeconomic and health inequalities: these issues were actively marginalized and ignored by her governments. In addition, her public-sector reforms applied business principles to the welfare state and prepared the National Health Service for subsequent privatization...

Given what we know about the impact of Thatcher’s neoliberal reforms on the social and economic landscape of Britain, it seems clear that Thatcher’s legacy includes the unnecessary and unjust premature death of many British citizens, together with a substantial and continuing burden of suffering and loss of well-being. All of this suggests Thatcherism contributed to ensuring Britain became a less healthy and more unequal place than it might otherwise have been. Thatcher’s neoliberal project was subsequently strengthened and more firmly embedded by her successors in Conservative (Major) and Labour (Blair and Brown) governments. Its legacy is especially visible in the policies currently being pursued by the post-2010 Conservative-Liberal Democrat United Kingdom coalition government. (Scott-Samuel *et al* 2014)

Perhaps more than the negative impact of the privatisation of state-owned industries was the human consequences of Thatcher’s decision to sell social housing to their occupiers. It opened the door for more manipulation of the poorest. The UK now has some very wealthy property owners, with many who make their money from poor tenants claiming Housing Benefit from the state, so their profits are in effect funded by the tax payer (Osborne 2015). All things considered, ‘*Thatcherism*’ is neoliberalism in action. It is the politics of power, profit and greed. It is the demonstration of contempt for the working-class and anyone in need, using neoliberal politics that continues to dominate social policies in the UK, and across the globe, whilst disregarding those whose wealth is vast and who demonstrate their superiority by tax evasion as they are able to ‘*defraud the public purse with impunity*’ (Sim 2017).

Given that Thatcher introduced neoliberal politics to the UK, she effectively opened the door for US social policies to eventually dominate all future UK social policy reform when influenced by corporate America, which began not long after she left office (Stewart 2018a). Under her rule, ‘*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*’ (Young 2013). Thatcher’s neoliberal ideology continues to negatively impact on those in greatest need in the UK (Fuchs 2016).

## The Organisation for Economic Co-operation and Development : OECD

What is often overlooked is the fact that the relentless political onslaught against the disabled community for the past 11 years is not limited to the UK. It has been ongoing in many countries since neoliberal politics began to dominate social policies across the globe and there is a very, very influential international organisation, hidden away from public gaze and rarely mentioned by the national press, who have a vast amount of influence with UK social policies. Together with the US, the UK were original founder members of the reformed international Organisation for Economic Co-operation and Development (OECD) in 1961.

Unknown to and unheard of by most of the lay public, the OECD is an intergovernmental economic organisation with 36 member countries, reformed in 1961 to stimulate economic progress and world trade. *'Better policies for better lives'* is their slogan. Essentially, neoliberalism and austerity fiscal management are espoused and embedded in OECD policies which influence social policies in the 36 member countries.

The negative human impact of neoliberal politics has swept the world (Birch 2017), and the reduction of state funding for disabled people, using a flawed assessment, is not unique to the UK. Similar processes have been ongoing in Canada, New Zealand, Australia and in other OECD countries. Various OECD policies are regularly mentioned in academic papers, that tend to overlook the fact that OECD countries collectively sanction disability income when using neoliberal politics to justify the reduction of funding support to those in greatest need (OECD 2003). This is a global atrocity negatively impacting on many millions of disabled people's lives in the UK and in the OECD community, and this globalization of psychological tyranny will continue. The concern is how various countries interpret OECD policy recommendations (Grover and Soldatic 2013) which, in the case of the UK, meant successive right-leaning governments adopting policies that were always destined to cause preventable harm, and to lead to many deaths linked to social policy reforms (Stewart 2019a; Elward 2016; Butler 2015).

The paper outlines developments in both countries over the past two decades and points to the fact that while there may be many differences in detail, the trends in such policies in the two countries are similar. This involves moves towards stricter eligibility criteria, greater expectation of workless disabled people to make efforts to (re)enter paid employment and, through such processes, a redrawing of the 'disability category' that denotes the 'truly' disabled from those deemed capable of doing at least some paid work. The paper goes on to consider explanations of such change, arguing that liberal explanations in the social administration tradition are problematic and that they, therefore, need to be placed in the neoliberal project, in particular its concern with putting people to work (Grover and Soldatic 2013).

*'Transforming Disability into Ability: policies to promote work and income security for disabled people'* was a very significant OECD policy paper (OECD 2003). Having gathered information from the various OECD countries as to the funding arrangements for disabled benefit claimants, the paper then made recommendations to limit disability benefit funding. The priority was to reduce *'disability benefit dependancy'*, and the policy paper challenged the financial support of disabled people using state funded disability benefits. The OECD 2003 policy recommended increased awareness of disabled workers for employers (p10), that policy recommendations included the need to change the

way people think regarding entitlement to disability benefit (p11), and that disabled people who do not conform to participating in the labour market should be sanctioned (p12). These policy recommendations (OECD 2003) were adopted in OECD countries, where chronically ill and disabled people are persecuted by the state, as politicians manipulate the public and, in the UK, wax lyrically about offering ‘opportunities’ to the disabled community to help them into work (Crabb 2016).

### **Iain Duncan Smith MP:**

From May 2010, Iain Duncan Smith MP (Smith 2014) spent six years successfully creating the required culture change in the UK, when Secretary of State for Work and Pensions (Cowburn 2016). The tabloid press repeated his hostile rhetoric, as linked to prosecuted disability hate crimes that would increase by 213 per cent while Iain Duncan Smith was in office (Wheeler 2015). By 2016, the House of Lords identified the fact that the government were failing in its duty of care to disabled people under his leadership (HOL 2016; McVeigh 2016).

Former director of public prosecutions Ken MacDonald last year said the police and the CPS regularly overlook the crime despite ‘lots and lots of cases involving disabled people being abused, injured or murdered’. (Wheeler 2015)

Informed by Iain Duncan Smith when using the authority of his role as Secretary of State for Work and Pensions, there was no limit to the vitriol adopted by the tabloid press and media against those in greatest need, as the growth of food banks in the UK increased with each passing year since the election of the coalition government (Garthwaite 2014, 2016b). This was supporting the idea that in order to destroy the welfare state, first it was necessary to discredit the welfare state and those who used it (Stewart 2016). Many chronically ill and disabled former ESA claimants found themselves joining the ranks of the unemployed who were suddenly out of food, and out of cash. They had been sanctioned by over zealous Jobcentre Plus administrators, who think nothing of ordering a sanction often for several weeks or months, regardless of human consequences; leaving those in need of help living in fear of their own government who immersed them in stigma and shame for political gain. Until recently, sanctions could be given for a maximum of three years (Butler 2019).

In the UK, welfare reform has created and reinforced a moral discourse that distinguishes between ‘deserving’ and ‘undeserving’ benefit recipients, bringing with it echoes of Victorian Poor Law (Turner 2011). Whilst government policy has increasingly distinguished between ‘deserving’ and ‘undeserving’... it is not only policy that makes that distinction. In recent years, the media have taken a more vitriolic stance towards sick and disabled people, often branding them in deeply offensive terms such as ‘scum’, ‘feckless’ and ‘work-shy’ (Garthwaite 2011)... However, despite the moral panic over the amount and calibre of people receiving sickness benefits, evidence from the Department for Work and Pensions (DWP) (2011) suggests that the fraud rate for sickness benefits is just 0.5 per cent, meaning that 99.5 per cent of claimants are not fraudulent, with figures for official error actually higher than the level of fraud at 1.7 per cent. Focusing on this issue as if it were one of the most important features of the system is completely unbalanced and thus manufactures an entirely flawed impression of sick and disabled people receiving benefits... The majority of narratives revealed a huge amount of fear and trepidation over ongoing welfare reform. Participants spoke about worrying about the assessment on a daily basis, accompanied by a deep mistrust of the entire system. (Garthwaite 2014).



Academic papers in various countries tend to identify the same concerns, with reforms to disability benefits returning to the moral authoritarianism of paternalism (Patrick 2016 ; JRF 2014; Daguerre 2015). Identified as ‘*normative notions of deservingness*’ (Stafford *et al* 2019) and ‘*political reforms reducing social benefits are followed by increased framing of recipients as undeserving*’ (Esmark and Schoop 2017), when aided by the popular press and media, who willingly demonised those in greatest need (Stewart 2017b; Briant *et al* 2011) with government policies returning to the ‘*spectre of the ‘moral underclass*’ (Daguerre and Etherington 2014, 2016). Together with shameful social policies (DWP 2012), Iain Duncan Smith felt the need to promote bogus statistics when claiming the brutality of the assessment system was encouraging large numbers of disabled people into work (Bienkov 2014). In reality, almost 90 people per month were dying after being found ‘*fit for work*’ following the WCA (Butler 2015). Iain Duncan Smith’s claims were exposed by the UK Statistics Authority and others, who demonstrated that DWP statistics claiming the success of the benefit assessment system were completely false (Long 2014), and the excessive use of sanctions has been identified as ‘*Britain’s secret penal system*’ (Webster 2015).

There's no public accountability for senior Ministers knowingly misleading Parliament, and the British people, when adopting social policies that were always destined to kill many when guided since 1992 by Unum (Provident) Insurance (Stewart 2016, 2019a). These politicians should be held to account.

These relentless fatally flawed 'assessments' using the WCA are often for claimants with a permanent health condition that can't ever improve, regardless of the ongoing intimidation and coercion by the DWP... Guided by corporate America for twenty five years, the UK welfare reforms and austerity measures, as adopted by successive UK governments, were always destined to cause death, despair and preventable harm on route to the demolition of the UK welfare state to be eventually replaced by private healthcare insurance. The question remains as to how many more chronically ill and disabled people will die when, quite literally, killed by the State? (Stewart 2019a).

Many OECD countries developed systems to target their disabled communities using a type of discredited work capability assessment and a flawed '*one size fits all*' approach, to enforce the increased employment of disabled people – or a move to unemployment benefit - to limit numbers claiming long-term sickness benefit. Thatcher would have been impressed. This flawed system is demonstrated by the '*work capacity assessments*' conducted in Australia (Stafford *et al* 2019), which mirror the WCAs to limit access to ESA in the UK (Grover and Soldatic 2013).

Recommendations to target and regulate new and existing income support recipients by increasing the difficulty of access to the Disability Support Pension have been adopted in many OECD countries... Two key concepts shape policies such as the one described: new paternalism and normative notions of deservingness. The new paternalism concept suggests 'those who are impoverished suffer from defects of reason and/or character' and are less willing to comply with societal norms and expectations (Marston, Cowling and Bielfeld 2016, 401); whereas the normative notion of deservingness is said to be 'central to the moral framework of distributive justice and social welfare in a modern liberal state' (Soldatic and Pini 2009, 83)... The degree of power embedded in work capacity assessment is substantial, as the decisions determined by others have dire consequences on a person's well-being and survival (Stewart 2017, 2018). As Dwyer *et al's* (2018, 12) UK study found, such practices are '*exacerbating illness and impairment among incapacity benefit claimants...*', while Stewart (2018) revealed that statistics released in the United Kingdom link people dying with growing rejection of Disability Support Pension claims while intensifying work conditionality requirements. Academics and activists have long warned of the consequences of medical/health professionalism in disability (Oliver 1990). As Zola noted back in 1977, when people are living off the suffering of others – we have a problem – a problem that is having a significant impact on the lives of people with disabilities today (Dwyer *et al* 2018; Stewart 2018). (Stafford *et al* 2019)

### **Mansel Aylward:**

The perceived DWP persecution of the chronically ill and disabled community who are unfit to work was made possible by the significant influence over time of just one man: Professor Sir Mansel Aylward.

This former DWP Chief Medical Officer has been involved with the private health insurance industry throughout most of his career. First, when in the civil service, then when funded by the second worst

insurance company in America (AAJ 2008) when known as UnumProvident Insurance, Aylward's influence was instrumental in the DWP's planned future demolition of the UK welfare state. As long ago as 1995 Aylward co-authored an academic paper with John LoCascio, of UnumProvident Insurance, when Aylward was the Principal Medical Adviser to the then named Department for Social Security (DSS). So, Aylward's link with the private health insurance industry was established. 'Problems in the assessment of psychosomatic conditions in social security benefit schemes and related commercial schemes' (Aylward and LoCascio 1995) insisted that family doctors should not be involved in determining which patients were too ill to work for significant periods, or to judge their long-term incapacity to work; and that General Practitioners (GP) should not be able to support claims for Incapacity Benefit (IB). Consequently, the influence of GP opinion would be curtailed (Stewart 2018c).

The medical community must recognize that support of claims for Incapacity Benefit and related commercial schemes places the patient in a small and special sub-population of clinical practice which may require specialist investigation, treatment, and documentation. Determination of functional capacity and of disability requires knowledge either not available or unfamiliar to most physicians with caring and therapeutic roles, especially of legal or contractual provisions and occupational data. (Aylward and LoCascio 1995)

In 1998, when Aylward was on the board of the then named Benefits Agency Medical Service, he was exposed in the national press by the *Independent* (Rowe 1998) as having been involved with creating a private company identified as 'Mediprobe' when Chief Medical Adviser of the DSS. 'Mediprobe' was created to enable doctors in the civil service to process private health insurance claims in their 'spare time', with Aylward's wife listed as a director of the company and also the company secretary:

The chief medical adviser to the Department of Social Security (DSS), Dr Mansel Aylward, was behind the setting up of a company that enables civil servant doctors to process health insurance claims. It also emerged that Mediprobe, which is totally independent of the DSS, has paid Dr Aylward for work done on its behalf, even though he was advised he could not be involved in the establishment of the company...

The company was set up in the mid-1990s at the instigation of Dr Aylward when he was on the board of the Benefits Agency Medical Service (BAMS), which verifies state disability benefit claims and employs 220 doctors, 1,200 administrative staff and 3,000 part-time doctors. He was asked to explore ways in which BAMS' work could be contracted out. However, the Treasury's solicitor said it was inappropriate for BAMS to solicit to undertake work for the private sector...

Details of Mediprobe, whose trading name is the Nationwide Medical Advisory Service Ltd, listed at Companies House in Cardiff show two directors, Colin Cornelius and Dr Aylward's wife, Angela, who is also company secretary. Accounts for the 15 months from December 1995 to March 1997, filed at the start of this year, show that the two directors received pounds 36,000 remuneration and pounds 30,000 in pension contributions. (Rowe 1998)

It is routine for government(s) to commission research to justify future significant policy changes or the adoption of new policies, and Waddell and Aylward were commissioned by the DWP in 2005 to produce research aimed at reducing the numbers of claims for Incapacity Benefit (IB). However,

there is a growing problem in recent years, which is that DWP commissioned research has been totally discredited by academic excellence. Aylward left the DWP in May 2005 when appointed as the Director of the UnumProvident Centre for Psychosocial and Disability Research at the School of Medicine at Cardiff University, when funded with £1.6million by UnumProvident Insurance (Cover 2004; Rutherford 2007a). The DWP commissioned Waddell and Aylward research (2005) rapidly produced *The Scientific and Conceptual Basis of Incapacity Benefits* (SCBIB) (Waddell and Aylward 2005), which identified the adoption of the biopsychosocial (BPS) model of assessment:

Waddell and Aylward are exercised by the paradox of a society in which ‘objective measures of health are improving’ but in which numbers on IB remain ‘stubbornly high’. They argue that this can be explained by adopting a biopsychosocial model. IB trends are a social and cultural phenomenon rather than a health problem... Adopting this (BPS) model will lead to a ‘fundamental transformation in the way society deals with sickness and disabilities’ (p123)...

Meanwhile, in the US UnumProvident’s business activities had been coming under increasing scrutiny. In 2003, the Insurance Commissioner of the State of California announced that the three big insurance companies had been conducting their business fraudulently... UnumProvident was forced to reopen hundreds of thousands of rejected insurance claims. Commissioner John Garamendi described UnumProvident as ‘an outlaw company’: ‘It is a company that for years has operated in an illegal fashion.’ (Rutherford 2007a)

The Waddell - Aylward BPS model was welcomed by the DWP to justify the adoption of the WCA in 2008, to successfully limit access to the new long-term ESA disability benefit, regardless of diagnosis. Research identified as the Waddell-Aylward BPS model was totally discredited by academic excellence as long ago as 2016 (Shakespeare *et al* 2016), yet the DWP continue to use the WCA to resist funding ESA to as many as possible; regardless of the identified ongoing preventable harm created by the use of the dangerous assessment (Stewart 2018a, Stewart 2019a, Stewart 2019b).

Knighthood in the 2010 New Years Honours for services to healthcare, as long ago as 2012 Aylward was confronted by disability protesters when attending the International Forum on Disability Management in London, as reported by the Disability News Service (DNS 2012). He claimed he didn’t know enough about the WCA but pledged to ‘*make myself aware based on what you have told me.*’ Aylward also claimed that he sympathised with the protestors, and now found that the BPS model was ‘*unsatisfactory*’ and he believed that it ‘*no longer assesses the real needs of disabled people and the exclusion of disabled people from society.*’ He promised to speak out against the ‘*fitness for work*’ test (WCA) if he found that it is ‘*not proper.*’ (DNS 2012.) Needless to say, the Professor didn’t speak out against the WCA and all my subsequent attempts to engage him, via letter, failed to attract any response.

It should be remembered that Aylward is also linked via the DWP to the notorious PACE trial (Tuller 2015) which cost the DWP £5million, failed all academic scrutiny, and was created in an attempt by the DWP to dismiss the clinical significance of Chronic Fatigue Syndrome (myalgic encephalomyelitis, ME). The PACE trial is identified as ‘*one of the greatest medical scandals of the 21<sup>st</sup> century*’ (Monaghan 2018).

Given his lengthy career, Aylward has very few publications to his credit and there appears to be nothing published that's exclusively in his name as he either co-authored government commissioned texts, or co-edited publications with other editors. He does, however, enjoy no fewer than thirteen positions of significance, most recently being appointed as Chair of the relatively new Bevan Commission. Aylward is also the executive Chair for the Life Sciences Hub Wales, whilst still being a Director of the private Health Claims Bureau that supports disability insurers. He is also Chair of Public Health Wales.

### **Gordon Waddell:**

Due to his links with Unum Insurance, and the fact that he was the former DWP CMO, Mansel Aylward attracted a lot of critical attention for his influence with the ongoing preventable harm of chronically ill and disabled people in need of state financial support. However, Aylward's colleague when at the UnumProvident Centre for Psychosocial and Disability Research at Cardiff University, and co-author of the DWP commissioned research (SCBIB 2005), was former orthopaedic surgeon turned academic, Gordon Waddell. Indeed, the SCBIB 2005 DWP commissioned research (Waddell and Aylward 2005) has Gordon Waddell with exclusive copyright to the report and, interestingly, neither Waddell nor Aylward identified their links to and funding by UnumProvident Insurance in the 2005 DWP commissioned report (Rutherford 2007a), which is standard academic practice.

It seems that when working as an orthopaedic surgeon Waddell had a problem with patients who suffered from back pain (Waddell 1998), and decided to devote a great deal of his resources to demonstrating that these patients were, in fact, malingering. George Berger's (2014) brilliant exposure of Waddell's manipulation of the research of George Engel, who first identified the need for a biopsychosocial (BPS) model of patient assessment, was noteworthy. Berger's detailed exposure of Waddell's theories identified how one man's prejudice helped the UK government to guarantee the preventable harm of chronically ill and disabled people who were unable to work in paid employment:

In ordinary language, Waddell claims that chronic back pain is at least partly a result of a patient's false beliefs about pain, and a conscious or unconscious adoption of a social role that he/she views as advantageous. He combines these ideas in a perversion of Engel's model. It reduces the complex unity of biological, psychological and social factors to a person's 'illness behaviour' in an adopted 'sick role', by citing a 1984 article's clinical definition of illness behaviour as 'observable and potentially measurable *actions and conduct* which express and communicate the individual's own perception of disturbed health.' As Waddell co-authored that article, the definition is merely a restatement of his own idea; its behaviourist-reductionist theme *is no feature of Dr Engel's model and is a travesty of it*. I'll call Waddell's non-biological, non-social, individual construct, the BPS model. It is crucial to notice this illicit transformation of a good idea into one whose behaviouristic foundation was rejected by philosophers and scientists more than 12 years before this paper was published. (Quotes) show how Waddell distorted Engel's notions into one barely supported statement and one mere definition... *Briefly, his fundamental ideas are scientifically baseless and morally dangerous by normal professional-ethical standards of research and clinical use*. Nothing he has written warrants the extreme claims in *The Back Pain Revolution*, that illness behaviour quite often 'focuses on money and implies

malingering,’ and that it ‘may depend more on... psychological events than on the underlying physical problem’ (1998: 2016, 227). The pseudoscientific BPS model encourages dangerous medical practices and assessments, since it cannot estimate biological and social contributions to illness... This completed the harmful and scientifically irresponsible application of Waddell’s misappropriation of Engel, via LIMA’s descriptors, to the illnesses mentioned above. Since these supposedly lacked organic symptoms caused by bodily dysfunctions, a new version of Waddell’s nonorganic signs emerged, which aided claim denials by insurers (esp. UNUM) and governments. Current biological research is finding increasingly more evidence of such causes. Waddell’s pseudoscience started cruel political developments that led to Atos’ notorious disability assessments. Given today’s evidence, any BPS assessment regime like the WCA should be stopped at once. (Berger 2014)

## David Freud:

A great-grandson of Sigmund Freud, this future member of the House of Lords was a journalist in his early career, then a City banker where he was involved with deals for Eurotunnel and Euro Disney where investors lost millions of pounds (Martinson 2006). Freud first came to public attention when commissioned by New Labour in 2007 to offer examples of how to limit the costs of out-of-work benefits, and to progress the government’s Welfare to Work agenda. Like other DWP commissioned reports there would be no peer review, and recommendations within the report were accepted by New Labour as Freud claimed to want to ‘help’ disabled people with policy suggestions which were guaranteed to create relentless preventable harm when recommending private contractors to conduct the WCA (Stewart 2016, Stewart 2017b, 2017d, 2018a, 2018b, 2018c, 2019a, 2019b, 2019c).

*‘Reducing dependency, increasing opportunity: options for the future of welfare to work’* (Freud 2007) was created in only six weeks but has had a lasting negative impact, and what was once the psychological security of the UK welfare state for anyone too ill to work has been completely destroyed. Commonly known as the ‘*Freud Report*’, this latest DWP commissioned opinion was a natural companion to another fatally flawed DWP commissioned report from 2005: *The Scientific and Conceptual Basis of Incapacity Benefits* (SCBIB) (Waddell-Aylward 2005).

To achieve its 80% aspiration, the Government will need to target its welfare strategy at tackling **all** of the inactive groups. It will require about one fifth of the “economically inactive” population to move into work. This would include 300,000 lone parents (relative to a current population of 780,000 claiming Income Support); 1 million more older people in work (relative to 20 million people aged over 50 in total) and reducing numbers claiming incapacity benefits by 1 million (relative to 2.68 million)... p5. As a one stop shop, Jobcentre Plus should therefore remain at the core of the service provided and retain ownership of claimants as they pass through the system... Therefore this report recommends that once claimants have been supported by Jobcentre Plus for a period of time, back-to-work support should be delivered through outcome-based, contracted support... p6. To the extent that the person would not have otherwise worked for many years, the saving to the State is a multiple of this figure. For example, once a person has been on incapacity benefits for years, they are on average on benefit for eight years. So a genuine transformation into long term work for such individuals is worth a present value of around £62,000 per person to the State... The fiscal prize is considerable. Achievement of the 80% employment aspiration would boost GDP, reduce benefit spending and increase Exchequer revenues to a material extent. (Freud 2007, p5). (Emphasis in original published text. MS)

Following the ‘*Freud Report*’ David Freud became a celebrity for a while, with a double page interview in the *Telegraph* where he admitted that he knew nothing about welfare... (Sylvester and Thomson 2008). Freud made various claims, including the fact that he ‘*couldn’t believe*’ that any disabled person had been awarded a disability benefit for life (Stewart 2017d). So, this millionaire former City banker had no comprehension that someone with a permanent and profound disability will have it for life, and endless testing can’t change their physical reality or need. This man’s influence would become very significant in future years with the coalition and Conservative government(s), as everyone disregarded the fact that the 2007 ‘*Freud Report*’ was academically challenged by Professor Danny Dorling (2007) when demonstrating Freud’s incompetence in a guest editorial for the Journal of Public Mental Health.

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?

(2) This is not an isolated example of innumeracy in the Freud report. Earlier, on page 37, he suggested that: “By 2009, over half the new entrants of the labour market are anticipated to be people in the ethnic minorities.” Again Freud has misread the source he quotes (which is referring to half the increase, not half the total of new entrants). These errors do need pointing out as we should record how poor the “evidence base” became in the dog days of the Blair government, when – presumably because so few civil servants had managed to maintain enthusiasm for the spin and were not bothering to fact check even simple things any more – such errors could emerge. (Dorling 2007)

The ‘*Freud Report*’ (2007) was to become the template used by the DWP for the future demolition of the UK welfare state. It recommended the removal of one million people from Incapacity Benefit (p5), in keeping with the claims of Waddell and Aylward (2005), and also recommended the use of private contractors to conduct the assessments of disabled people (p6). Freud was to have a political career with the DWP following the publication of the report. Never elected, Freud accepted a Conservative peerage, and was appointed as the coalition government’s welfare reform minister in the House of Lords. He was appointed as the Parliamentary Under-Secretary of State for Welfare Reform, a position he held from 2010-2015, and was then appointed as the Minister of State for Welfare Reform from 2015-2016. Freud had a great deal of influence with the welfare reforms aimed at reducing the costs of the welfare budget whilst disregarding the need of disability benefit claimants. This, invariably, was to the detriment of disability benefit claimants.

This unelected, appointed millionaire Minister assumed a great deal of authority and excelled at making suggestions to reduce DWP costs, including paying disabled workers only £2 per hour, which was a claim for which he was ordered to apologise by David Cameron (Watt and Wintour 2014).

Difficult questions were being asked about the numbers of chronically ill and disabled people who died shortly after being declared ‘fit for work’ (Ryan 2015) by the critically challenged WCA after the DWP were obliged to finally publish some of the ESA mortality totals (DWP 2015) demonstrating

that almost 90 people per month die (Butler 2015) when demonstrably '*killed by the state*' (Stewart 2019a; Elward 2016)

Shredding the safety net – a mix of sanctions, defective “fit for work” tests, and outright cuts to multiple services – has meant that benefit claimants are dying; through suicide, starvation, and even being crushed by a refuse lorry when a 17-week benefit sanction forced a man to scavenge in a bin for food. This morning, the government released mortality statistics – or rather, was forced to after several freedom of information requests – that show more than 80 people a month are dying after being declared “fit for work”. These are complex figures but early analysis points to two notable facts. First that 2,380 people died between December 2011 and February 2014 shortly after being judged “fit for work” and rejected for the sickness and disability benefit, Employment and Support Allowance (ESA). We also now know that 7,200 claimants died after being awarded the ESA and being placed in the work-related activity group – by definition, people whom the government had judged were able to “prepare” to get back to work...

Today’s mortality statistics do not simply point to the death of disabled, poor, and ill people but of the system that was meant to protect them. Before our eyes the principle of a benefit system is being reduced from opportunity, respect, and solidarity to destitution, degradation and isolation... The welfare state was built on the idea of “the cradle to the grave”. Now, for thousands, all they receive is help to that grave. (Ryan 2015)

Freud resigned from the government in December 2016.

## 4 Consequences

*“What is done cannot be undone, but one can prevent it happening again.”*

**Anne Franks, 1929 ~ 1945**

It takes a large, concerted political effort to successfully manipulate the British public over a sustained length of time. So, credit where credit is due, every British government since Thatcher has successfully misled the British public regarding the welfare state, the people who need it, and the untrue claim that the country can't afford it. In reality, every British government since 1990 has worked towards Thatcher's '*dark legacy*' (Young 2013), which is the planned demolition of the UK welfare state to be replaced with private health insurance (Stewart 2016).

**Neoliberal politics:** Over time, increasingly more extreme UK right-wing governments were elected as the public were manipulated by £multi-million election campaigns, where politicians promised a lot but failed to mention who would pay the ultimate human cost, as increasingly extreme neoliberal politics were adopted to negatively impact on what was once the psychological security of the UK welfare state. The situation rapidly deteriorated with the election of the 2010 coalition government, the adoption of austerity measures and the appointment of Iain Duncan Smith MP as the Secretary of State for Work and Pensions. This man excelled at terrifying those in greatest need by his relentless exaggerated claims of the many '*cheats*' who were '*languishing*' on benefits at a cost to the '*hard working tax payer*' (Garthwaite 2011). These claims were necessary to remove what had been the psychological security of the welfare state in order to eventually demolish it (Stewart 2016, 2017b). So, it was necessary to discredit those in need of the welfare state in order to successfully manipulate the British public regarding the unnecessary 2010 austerity measures, that were adopted as a political choice and not a financial necessity (McKee *et al* 2012).

The political manipulation of public opinion was at its most fierce during the Coalition government's term in office for five years from 2010. As the introduction of austerity was destined to cause distress, so it was necessary for the government to offer the public someone else to blame. The very easy targets of a quickly evolved political smear campaign were the long-term chronically ill and disabled people, who were totally dependent upon welfare funding for their financial survival.

This relentless political attack against those in greatest need was created to suggest that the UK could no longer justify the welfare budget, that following the 2008 banking crisis suddenly the UK was required to 'live within our means', with the suggestion that the public sector deficit should be completely removed...

Grave societal outcomes with large social financial inequity were guaranteed during austerity measures which were identified as being based on political propaganda and totally unnecessary. Academics noted that austerity measures were adopted by right-leaning governments, and not by others. This gave way to the confirmation that austerity measures were a political choice and not a financial necessity when introduced without any ethical approval.

At the same time as this travesty of justice was being created, chronically ill and profoundly disabled people, who had been deemed by all previous medical and administrative opinion as being unfit for work, were suddenly all under suspicion. In a measure masquerading as welfare reform, all 2.8 million claimants of Incapacity Benefit were to be reassessed...

State crime by proxy began in earnest as corporate welfare crime was created. (Stewart 2017b)

Whilst select committees exist to examine government policy in detail, it is atypical for a select committee report to be brutally honest and very direct, but there are always exceptions to the rule. This was demonstrated in the July 2019 *Welfare safety net inquiry* report (WPSC 2019) by the House of Commons Work and Pensions Select Committee (WPSC), chaired by Frank Field MP, which identified some disturbing observations:

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**Summary:** Since 2010, Britain’s welfare system has undergone substantial reform. This has changed both the benefits available to claimants, and the levels at which those benefits are set. The Department for Work and Pensions (DWP/the Department) says that those changes are intended to encourage and incentivise work – rather than benefit receipt – and to alleviate and prevent poverty. But we have heard repeatedly in our recent inquiries that the Department’s reforms are pushing some people not only into poverty, but into hunger and destitution. The “welfare safety net” is not fit for purpose for people living on the breadline.

People rarely approach select committees when everything is going well. Even allowing for that, the contrast between the Department’s characterisation of the effect of recent reforms, and the evidence we have heard, is stark. It is difficult to avoid concluding that the Department simply does not understand the impact of its reforms on some of the most vulnerable people it supports. DWP’s policy decisions have a direct impact on millions of people. There is no excuse for a lack of understanding or transparency about the effects of those decisions...

6. The Minister’s characterisation stood in stark contrast to the concerning evidence we received, over multiple inquiries and from multiple organisations, of the impact of the Department’s reforms on people’s incomes, and on indicators of poverty, hardship and destitution (including foodbank usage and homelessness). Some examples from previous inquiries are set out in Box 1. Claimants, and the organisations that support them, have told us repeatedly that the Department is failing in its duty to prevent claimants falling into hardship. We also heard repeatedly that the Department lacks both the will and the means to understand and evaluate the impact of its reforms on claimants. This may, to some extent, explain the disconnect between the Department’s view and those of our many stakeholders.

**Box 1: Evidence from previous inquiries**

**Disabled people:** We heard that changes to eligibility for disability premia – additional benefit payments for some disabled adults without a paid-for-carer – under UC are “likely to increase disabled parents’ need to rely on their children.” In return, this could “negatively affect the life chances of children of disabled people”. The Children’s Society said:

“Ben has been a young carer for his mother, Andrea, for many years, carrying out a range of household tasks as well as helping his mother to get around... The only support/respite he gets is from attending his young carers group and some sport activities he is involved in. Andrea is very concerned about the abolition of the Severe Disability Premium, particularly about the impact this loss in financial support would have on her son’s quality of life. She worries that without this, Ben would not be able to go to his young carers group and the social activities they can only just afford to take him to. His life would just involve school and carrying out his care responsibilities.”

**Survival sex:** K, a single parent with a disabled child, told us: “I am about to be moved onto Universal Credit. I will lose £200 a month, approximately. [...] I don’t have any savings. I am scared that I will have to wait weeks to get any money. I have just been trying to scrape together £1,500 to cover my mortgage and loans. I need to save so I am planning to escort or massage or something similar. [...] The thought of going into debt and having no money is really frightening. I have children. I can’t do that. I will sell my body.”

**47. Disabled people are at higher risk of falling into, and becoming trapped in, poverty than non-disabled people. That is, in part, because disabled people frequently face additional living costs. These range from basic essentials like food and fuel, to the costs of the adaptations and support that are needed to make society accessible. Disability benefits such as PIP are intended to help cover those costs and ensure that disabled people can participate in the economy and society on an equal footing. But benefit rates often fall short of the real costs of disability – and for many disabled people, boosting income through work can be difficult or impossible.**

*48. We recommend that the Department commission an independent survey of the additional costs of disability and long-term health conditions. This should be developed alongside its new poverty measure as a means of understanding where benefits are falling short, and informing policy to address poverty amongst disabled people.*

**49. The Department says that some of the most severely disabled people will receive more support under the current welfare system than they would have before 2010. But it has come at the cost of the support for people with conditions that, while not the “most severe”, can still have a substantial impact on their day-to-day lives and living costs. This includes people in the ESA WRAG group and Universal Credit equivalent. These claimants have also been subject to freezes and reductions in the generosity of benefits they are entitled to – despite the department itself finding them not “fit for work”. (Emphasis in original text. MS)**

64. But witnesses told us that, for other groups, the safety net has been substantially eroded by policy decisions since 2010.

117. The welfare safety net is about more than income, and more than DWP’s policies. But the DWP has a vital role to play in maintaining its integrity, simply because its decisions affect the incomes of so many households. Successive Governments have made huge savings from almost a decade of changes to uprating policies and freezes. The corollary, however, is an increasingly patchy safety net, which is failing to support some of those who need it most. The Department has made an important first step to measure poverty differently. It must now stand ready on what it will find. (WPSC 2019)

For the past ten years this researcher has identified the American corporate influence with the UK welfare reforms. Whilst there have been significant select committee reports (WPSC 2014), and various political debates regarding the ongoing preventable harm created by the fatally flawed WCA, politicians never quite ‘hit the nail on the head.’ They never look beyond the obvious DWP policies to the American corporate influence behind UK social policy reforms, influenced by Unum Insurance since 1992, as politicians totally miss the point (Stewart 2016, 2019a). As a consequence, DWP mortality totals try to hide reality. The DWP refused to publish how many chronically ill ESA claimants died after being found ‘fit for work’ following the WCA (Newton 2018, Patel 2016), then died when trying to search for a job they were totally unfit to take due to a health condition the DWP disregards (Stewart 2018c). At the risk of stating the obvious one more time, given that the WCA disregards diagnosis and prognosis when assessing sick and disabled people for financial support, then some ESA claimants will certainly die when, quite literally, ‘*killed by the state*’ (Elward 2016; Stewart 2019a) as the DWP dismiss their plight (Stewart 2019b, 2019c).

The reforms have been described ever since by politicians as “*supporting*” those in receipt of long-term sickness and disability benefits to return to work; regardless of clinical diagnosis or prognosis which is completely disregarded by the WCA, rendering the assessment both meaningless and dangerous. (Stewart 2019a)



Fig. 2

‘*Cash Not Care: the planned demolition of the UK welfare state*’ was published in September 2016 following several years of independent study (Stewart 2016). Having identified in great detail the influence of the American corporate giant Unum Insurance with successive UK governments’ social policy legislation since 1992 (Stewart 2016, Stewart 2018a), it is sinister that the entire national press will not alert the British public to the implications of the research. This is despite the fact that Professor Jonathan Rutherford first identified this American corporate threat to the UK welfare state in an Opinion piece published by the *Guardian* in 2008 (Rutherford 2008):

In fact, the origin of active welfare – the idea that the poor are the cause of their own poverty because they fail to take advantage of the opportunities “available” to them – lies in the American right... In 1994, the Tory government hired John LoCascio, second vice-president of giant US disability insurance company, Unum, to advise on reducing the numbers successfully claiming IB... Another key figure in the group was Mansel Aylward. They devised a stringent “all work test”. Approved doctors were trained in Unum’s approach to claims management. The rise in IB claimants came to a halt. However, it did not reduce the rising numbers of claimants with mental health problems. The gateway to benefit needed tightening up even more...

Unum has built up its influence in Britain. In July 2004, it opened its £1.6m Unum Centre for Psychosocial and Disability Research at Cardiff University... The aim of the centre is to transform the ideology of welfare and so help develop the market for Unum’s products... Commissioner John Garamendi described Unum as “an outlaw company... that for years has operated in an illegal fashion”... The more stringent the assessment, the more people fail it or fear failing it, and so the larger the potential market in private disability insurance. (Rutherford 2008)

Since the adoption of the welfare reforms, together with the remarkable research of the disabled community (Spartacus 2013; Hale 2014, 2019; Benstead 2019), academics in the UK and the OECD community have conducted in-depth detailed research, which invariably demonstrated the preventable harm created when the past psychological security of the UK welfare state is demolished, and the assessment used to limit access to the long-term out-of-work disability benefit was demonstrably unfit for purpose.

There is a vast selection of published academic books and papers identifying the preventable harm created by the ongoing UK welfare reforms, and the biggest problem facing the disabled community is the lack of access to often very significant evidence that could be used to challenge government policy. Until and unless the academic community make a much greater effort to alert the public when detailed and often disturbing evidence has been published, I can't see this situation improving any time soon. A few academics have made the effort to alert the public to their research findings and, together with Policy Press, some academics have kindly shared their published research papers, which permitted me to keep the disabled community informed over the past ten years.

Certainly, some of the most significant research in recent years is the work of Professor Peter Dwyer and his team at York University, using a total of six universities nationwide, who conducted the *Welfare Conditionality: Sanctions, Support and Behaviour Change Project* over a period of five years. The research generated a lot of detailed evidence regarding the preventable harm created by the imposition of welfare conditionality (Dwyer 2019, 2018, 2018b), and I was very happy to be invited to make a contribution to this very important project (Stewart 2017b).

Welfare conditionality that can be more specifically defined as an approach that makes access to certain basic, publicly provided welfare benefits and services dependent on an individual first agreeing to meet particular compulsory duties or patterns of responsible behaviour (Deacon 1994) is now an embedded feature of many advanced and emerging welfare states across the globe...

In short, today welfare conditionality is an idea with international reach and significance. Of course that does not mean that it is operationalised in a single uniform manner within the numerous nations and settings in which it is implemented... Unlike the UK's system, which continues to take a 'work first' focused approach, within many of the Dutch municipal local authorities to which responsibility for delivering welfare conditionality is devolved, people can fulfil their civic contribution requirements through voluntary work, informal caring responsibilities or other useful activities... Supporters and service providers linked to *Tegenprestatie* programmes emphasise the positive support available and a more 'human investment' approach to welfare conditionality, designed to enhance wider social inclusion beyond simple inclusion in paid employment that is central to the 'work first' conditionality that dominates in the UK and elsewhere...

Opponents of welfare conditionality view its use as ethically unjustifiable, because it disproportionately punishes poor people, is socially divisive, and, by primarily focusing on the responsibility to undertake paid work, undermines other valid forms of social contribution, such as informal care. They also argue that it is largely ineffective in promoting paid employment or personal responsibility, and that it exacerbates social exclusion among disadvantaged populations (Dwyer, 1998; Wright, 2016; Fletcher and Wright, 2017; Batty, 2017; Patrick, 2016; Edminston, 2018). (Dwyer 2019)

One of the most significant academic papers published during the ongoing punitive welfare reforms was a paper by Ben Barr and colleagues, as published in 2015 by the *Journal of Epidemiology &*

Community Health. *'First, do no harm': are disability assessments associated with adverse trends in mental health? A longitudinal ecological study* (Barr *et al* 2015), identified the preventable harm created and the adverse effect on the mental health of claimants, using a toxic assessment system that guarantees preventable harm (Stewart 2019b). It was a very significant paper as, once again, academic evidence had been produced which supported the claims of the disabled community that the removal of the past psychological security of the welfare state was guaranteed to cause an increase in mental health problems, and so it has.

The provision of cash benefits to people who are unable to work because of disability is an essential component of health and welfare systems that aim to promote the social inclusion of people with disabilities. In recent years many countries, including the UK, the Netherlands and Australia, have introduced more stringent functional assessment checklists to reduce the growing number of people receiving disability benefits. While in most countries these more stringent criteria have only been applied to new benefit claimants, the UK and the Netherlands have gone further – reassessing the entire caseloads. In the UK this process started in 2010 when the government initiated a programme to reassess all existing claimants of out-of-work disability benefits using the WCA...

The programme of reassessing people on disability benefits using the Work Capability Assessment was independently associated with an increase in suicides, self-reported mental health problems and antidepressant prescribing. This policy may have had serious adverse consequences for mental health in England, which could outweigh any benefits that arise from moving people off disability benefits. (Barr *et al* 2015)

The difficulty with academic research, and the significance of it, is that the majority of the lay public will never access it and the academic world make little effort to alert the public to significant research findings that often have implications for millions of lives. Toxic neoliberal politics has negatively impacted on human life across the globe as few are aware of the significance of its influence (Soldatic 2019; Monbiot 2016). As various catastrophies are identified, few manage to link them together or to begin to realise that there is a link.

After Margaret Thatcher and Ronald Reagan took power, the rest of the package soon followed: massive tax cuts for the rich, the crushing of trade unions, deregulation, privatisation, outsourcing and competition in public services. Through the IMF, the World Bank, the Maastricht treaty and the World Trade Organisation, neoliberal policies were imposed – often without democratic consent – on much of the world...

Neoliberal policies are everywhere beset by market failures. Not only are the banks too big to fail, but so are the corporations now charged with delivering public services. As Tony Judt pointed out in *Ill Fares the Land*, Hayek forgot that vital national services cannot be allowed to collapse, which means that competition cannot run its course. Business takes the profits, the state keeps the risk. The greater the failure, the more extreme the ideology becomes. Governments use neoliberal crisis as both excuse and opportunity to cut taxes, privatise remaining public services, rip holes in the social safety net, deregulate corporations and re-regulate citizens. The result is the disempowerment of the poor and the middle... when the thick mesh of interactions between people and the state has been reduced to nothing but authority and obedience, the only remaining force that binds us is state power. (Monbiot 2016)

## 5 Conclusion

*“The only thing necessary for the triumph of evil is for good men to do nothing.”*

**Edmund Burke, 1729 ~ 1797**

For the past ten years I have been identifying and reporting the inevitable preventable harm created by the adoption of neoliberal politics, the planned demolition of the UK welfare state and the influence of Unum Insurance since 1992 with successive British government(s). Gradually, the UK is being transformed from a welfare state into a replica of an American state, with the planned adoption of private income protection health insurance to eventually replace the UK’s financial safety net, with a guarantee that people would suffer for the crime of being ‘unfit to work’ (Stewart 2016).

The harmful welfare reforms adopted by New Labour in 2008 were dramatically increased by the brutal reforms introduced by the coalition and Conservative government(s) since 2010, when adopting unnecessary additional austerity measures. Consequently, preventable harm was guaranteed in every successive social policy Green Paper, and is identified by this author as linking back to what was termed a long time ago as being Thatcher’s ‘*dark legacy*’ (Young 2013).

The ongoing suffering of those in greatest need was created by the work of only three men, whose DWP commissioned research justified the welfare reforms and the adoption of the dangerous WCA for claimants of disability benefit. Yet, the BPS model adopted for the WCA as created by Mansel Aylward and Gordon Waddell (2005, 2010), together with the ‘*Freud report*’ (Freud 2007; Stewart 2017d), have failed all academic scrutiny (Shakespeare *et al* 2016; Dorling 2007). So, the devastation experienced by those in greatest need by the impact of the welfare reforms and additional austerity measures was created using flawed DWP commissioned research. This has been common knowledge for a long time. All this was made possible with the adoption of neoliberal politics, which was initially adopted by Thatcher, and by every successive UK government since Thatcher, as the politics of power, profit and greed has swept the world (OECD 2003). The human consequences of the adoption of neoliberal politics is rarely identified (TP 2019), and few in the UK have stopped to identify the human crisis created by the politics of greed (Monbiot 2016; Stewart 2018a).

The only guarantee is that with each passing year more preventable harm is created by the UK government for those in greatest need, who have got the message that they are nothing more than a financial burden on the state. Their needs are considered to be cost prohibitive to a government where cost is the only concern, and any and all costs will be reduced by the adoption of dangerous social policies regardless of human consequences. Testimony of need by the disabled community is invariably challenged and disregarded by the DWP, at a cost of £1.6billion over a three year period for private contractors to conduct disability assessments (PAC 2016). No-one is held to account for the manipulation of the British public by politicians who lie for a living. They are very experienced and successful, as they manipulated Parliament to adopt social policies which were guaranteed to cause preventable harm, destitution and death when, quite literally, ‘*killed by the state*’ (Elward 2016; Stewart 2019a). Where are the political debates against this ongoing state sanctioned atrocity by well-informed politicians who know about the corporate influence of Unum Insurance since 1992 with UK social policy and the planned future demolition of the UK welfare state?(Stewart 2016).

In order for neoliberal politics to succeed for the adoption of welfare reforms, it was necessary for successive UK government(s) to disregard medical ethics and any adherence to a moral code. This was demonstrated in a statement by Professor Philip Alston, the United Nations Special Rapporteur on extreme poverty and human rights, following his visit to the UK in 2018 (Alston 2018):

It thus seems patently unjust and contrary to British values that so many people are living in poverty. This is obvious to anyone who opens their eyes to see the immense growth in foodbanks and the queues waiting outside them, the people sleeping rough in the streets, the growth of homelessness, and the sense of deep despair that leads even the Government to appoint a Minister for suicide prevention...

But the full picture of low-income well-being in the UK cannot be captured by statistics alone. Its manifestations are clear for all to see. The country's most respected charitable groups, its leading think tanks, its parliamentary committees, independent authorities like the National Audit Office, and many others, have all drawn attention to the dramatic decline in the fortunes of the least well off in this country. But, through it all, one actor has stubbornly resisted seeing the situation for what it is. The Government has remained determinedly in a state of denial. Even while devolved authorities in Scotland and Northern Ireland are frantically trying to devise ways to 'mitigate', or in other words counteract, at least the worst features of the Government's benefits policy, Ministers insisted to me that all is well and running according to plan...

In my travels across England, Wales, Scotland and Northern Ireland I met with people living in poverty, whether old, young, disabled, in work or not... I also met a range of Ministers in the central government and in Wales, as well as with the First Minister of Scotland. I spoke at length with politicians from all the major political parties...

Although the provision of social security to those in need is a public service and a vital anchor to prevent people being pulled into poverty, the policies put in place since 2010 are usually discussed under the rubric of austerity. But this framing leads the inquiry in the wrong direction. In the area of poverty-related policy, the evidence points to the conclusion that the driving force has not been economic but rather a commitment to achieving radical social re-engineering. Successive governments have brought revolutionary change in both the system for delivering minimum levels of fairness and social justice to the British people, and especially the values underpinning it. Key elements of the Beveridge social contract have been overturned... great misery has also been inflicted unnecessarily, especially on the working poor, on single mothers struggling against mighty odds, on people with disabilities who are already marginalised, and on millions of children who are being locked into a cycle of poverty from which most will have a great difficulty escaping...

Many aspects of this (Universal Credit) programme are legitimate matters for political contestation, but it is the mentality that has informed many of the reforms that has brought most misery and wrought the most harm to the fabric of British society. British compassion for those who are suffering has been replaced by a punitive, mean-spirited, and often callous approach apparently designed to instill discipline where it is least useful, to impose a rigid order on the lives of those least capable of coping with today's world, and elevating the goal of enforcing blind compliance over a genuine concern to improve the well-being of those at the lowest levels of British society...

No single programme embodies the combination of benefits reform and the promotion of austerity programmes more than Universal Credit... it is fast becoming Universal Discredit... The Universal Credit system is designed with a five week delay between when people successfully file a claim and when they receive benefits... The rationales offered for the delay are entirely illusory, and the motivation strikes me as a combination of cost-saving, enhanced cashflows, and wanting to make it clear that being on benefits should involve hardship. Instead, recipients are immediately plunged into further debt and inevitably struggle mightily to survive.

(Statement on visit to the United Kingdom, by Professor Philip Alston, United Nations Special Rapporteur on extreme poverty and human rights. November, 2018)

Influential journalists such as Patrick Butler and Frances Ryan have regular columns in the *Guardian*, and they identify the ongoing preventable harm created by social policy reforms, yet they fail to acknowledge why it's happening. Regular reports of the suffering, as reported by Butler (2015) and Ryan (2015), make for powerful press stories but fail to identify the reality of why the reforms were adopted, or the American corporate influence with DWP social policies since 1992 (Stewart 2015, 2016, 2017c, 2018a, 2019a, b, c). They say it's not their job. So, whose job is it to warn the lay public about the planned demolition of the UK welfare state? Is it not the job of influential journalists when writing in the national press, especially when Ryan (2019) has the occasional Opinion piece in the *Guardian*, which is unrelated to her column, and the *Guardian* is where Rutherford (2008) first broke the news regarding the influence of Unum Insurance with future UK social policies.

The only UK journalist who has had the courage to identify the influence of Unum Insurance with the UK government, and the American corporate giant's influence with the welfare reforms, is John Pring, the distinguished Editor of the Disability News Service (DNS 2019, 2018b, 2016). There have never been any repercussions for exposing the influence of Unum Insurance. However, John writes for a selective audience and his many significant articles are not brought to the attention of the general public. Whilst many in the disabled community are well informed, the majority of the British public are not because the national press will not report the influence of corporate America with the planned future demolition of the UK welfare state as they once did (Rutherford 2008). Why not?

As with all my published reports, the evidence within *Influences and Consequences* is all available in the public domain. Over the years I have been able to alert the disabled community to the preventable harm created by the welfare reforms, and the powerful American corporate influences behind them. Following ten years of study it seems clear that nothing can or will improve unless the general public are alerted to the preventable harm created by the influence of Unum Insurance with British welfare reforms, and that seems very unlikely to happen with a compromised right-leaning national press. The only shining light is the work of the disabled campaigners and support groups, such as Disabled People Against Cuts, who have highlighted and disseminated my research and have challenged the progress of neoliberalism. Without their resistance to this government imposed brutality the situation would have been far worse than it is (DNS 2018a).

For the past ten years I have struggled with my own ethical concerns of reporting the political realities of welfare reforms to the disability support groups. I am very conscious that my research evidence may cause distress. I am especially alert to the fact that some readers may themselves be very ill, and reading this evidence may have negative consequences for those who already suffer so much. I have never come to terms with that ethical challenge. The only hope is that the research of the past ten years can be used in the years to come to identify the dangers of right-leaning UK governments, whose loyalty is to corporate America and not to the British disabled public. Quite simply, the adoption of dangerous social policies were always destined to cause death, despair and preventable harm to some of those in greatest need, who are now living through what is the creation of Thatcher's 'dark legacy' (Young 2013) as identified and predicted a long time ago (Stewart 2016).

**PER ARDUA AD ASTRA**

through adversity to the stars

## Appendices

***“Never believe anything until it’s officially denied.”***

**John Pilger**

Over the past ten years there has been a lot of official correspondence, which usually failed to attract any official written reply, although contact via email or ‘phone was often immediate once my letter was received. Panic was usually detected in the voice of the caller. Examples of correspondence are listed below. Cameron’s Cabinet Office attempted to ‘*incentivise*’ me to stop the research in 2014.

It is cause for serious concern that the doctor appointed as the Chief Medical Officer (CMO) for Health and Social Care in England didn’t want to know about the preventable harm created since 2010 by the social policy reforms and austerity measures as adopted by the Department for Work and Pensions (DWP), which is negatively impacting on public health, especially mental health. These top appointed government officials are very good at ‘*sitting on the fence*,’ and distancing themselves from identified preventable harm created by the adoption of dangerous social policies when influenced by corporate America. Instead of offering at least some concern the CMO, Professor Dame Sally Davies, claimed that it wasn’t her responsibility and referred me to the DWP. I doubt her successor will be any different. The DWP no longer appoints a CMO. So who at the DWP could be held accountable for the identified deaths, despair and preventable harm linked to the use of the fatally flawed BPS model, as co-designed by a former DWP CMO and adopted for the WCA?

Letters to various DWP Ministers in late 2017 - 2018 attracted a lengthy letter from an appointed Civil Servant, with a very impressive title, and my reply to him was a lot longer than his original letter when pointing out his many errors. My letter to Roy O’Shaughnessy, in his position as the Chief Executive of the Shaw Trust, attracted an immediate telecom from Europe, a letter from the Chief Executive on his return to the UK and, eventually, a meeting with the administration of the Shaw Trust. Needless to say, my letter to Mansel Aylward did not attract a reply.

As well as correspondence, there were various documents of significance over the past ten years, including the result of a recent FOI request, which identified the £multi-million costs since 2010 of the private contracts issued by the DWP to assess disabled claimants using the totally bogus WCA. Costs are irrelevant to the DWP. The purpose of the enforced WCA was not to reduce costs. It was to destroy what was once the psychological security of the UK welfare state to prepare for the adoption of American influenced private health insurance. This has been achieved (Stewart 2016).

The Appendices also list the articles I have had published in academic journals, a conference paper I gave at a seminar in Liverpool in September 2018, and identifies the book chapters included in books of significance edited by academics. It also identifies the You Tube book launch of *Cash Not Care*, in London in 2016, where John McDonnell MP, Bns Tanni Gray-Thompson and Professor Peter Beresford all spoke and supported the research. My interview for the *Self & Society Journal* is also listed. The total human cost in lives lost due to DWP social policy reforms since 2010 may never be known, but there has been a fall in life expectancy affecting the health of the population in the UK since 2014, which should never ever happen (ONS 2019).

All the evidence listed below is available online via my website at: [www.mostewartresearch.co.uk](http://www.mostewartresearch.co.uk)

## **YOUTUBE Book Launch: London 2016**

Stewart M 2016: *Cash Not Care: the planned demolition of the UK welfare state*

London book launch, October 2016. YOUTUBE video, 42 minutes.

Speakers: Mo Stewart, Professor Peter Beresford, Bns Tanni Grey-Thompson and John McDonnell MP

<https://www.youtube.com/watch?v=sDEG4hecPqQ>

## **Journal Articles**

Stewart M (2017): A Sense of Betrayal.

*The Journal of Public Mental Health Vol 16, No 1, pp 6-8*

<https://www.emerald.com/insight/content/doi/10.1108/JPMH-05-2016-0023/full/html>

Stewart M (2017): Demonising disabled people: public behaviour and attitudes during welfare reforms.

*Welfare Conditionality: sanctions, support and behaviour change project*

<https://www.mostewartresearch.co.uk/wp-content/uploads/2018/02/Demonising-disabled-people-public-behaviour-and-attitudes-during-welfare-reforms-2017.pdf>

Stewart M (2018): Psychological tyranny prescribed by the DWP: preventable harm is government policy. *British Journal of General Practice 2018; 68(677): 579*

<https://bjgp.org/content/68/677/579>

Stewart M (2018): State Crime by Proxy: Corporate influence on state sanctioned social harm

*The Journal of Critical Psychology, Counselling and Psychotherapy Vol 18, No 4, pp 217 – 227*

<https://www.mostewartresearch.co.uk/wp-content/uploads/2019/04/JCPCP-18-4-M-Stewartarticle.pdf>

Stewart M (2019): Psychological Tyranny Masquerading as Welfare Reform

*The Journal of Critical Psychology, Counselling and Psychotherapy Vol 19, No 1, pp26 – 35*

<https://www.mostewartresearch.co.uk/wp-content/uploads/2019/03/Psychological-Tyranny-MasqueradingWelfare-Reform.pdf>

Stewart M (2019): Preventable Harm: Creating A Mental Health Crisis

*The Journal of Public Mental Health Vol 18, No 4, pp224-230*

<https://www.mostewartresearch.co.uk/wp-content/uploads/2019/06/Preventable-Harm-creating-mental-health-crisis.pdf>

## **Conference Paper**

Stewart M 2018: The American Corporate Influence with British welfare reforms

The Sociological Review Foundation:

*Welfare Imaginaries – constructing rhetoric, realities and resistance over time*

*21<sup>st</sup> Century Welfare – Seminar presentation - transcript*

University of Liverpool, September 2018

<https://www.mostewartresearch.co.uk/wp-content/uploads/2018/10/Seminar-Presentation-Lpool-2018-FINAL002.pdf>

**Conference Audio: Welfare Imaginaries Seminar Talk: Soundcloud** (15 minutes)

<https://www.mostewartresearch.co.uk/videos/>

## Book Chapters

Developing the evidence to challenge ‘welfare reform’: the road to ‘Cash Not Care’ in Peter Beresford and Sarah Carr’s (Eds) *Social Policy First Hand: An international introduction to participatory social welfare*. Policy Press, University of Bristol, 1-9 Old Park Hill, Bristol B52 8BB, pp. 389 – 393 ISBN: 978-1-4473-3236-7 (pbk) : ISBN: 978-1-4473-3237-4 (ePub) (2018)

The impact of neoliberal politics on the welfare and survival of chronically ill and disabled people in the UK. Maria Berghs, Tsitsi Chataika, Dube Kudakwashe and Yahya El-Lahib (Eds) *The Routledge Handbook of Disability Activism*. Routledge, 2 Park Square, Milton Park, Abingdon OX14 4RN, pp. 41- 56. ISBN: 978081534903 (hbk): 9781351165082 (ebk). (2020)

## Correspondence

Letter to Peter Schofield

Permanent Secretary

DWP, 29<sup>th</sup> October 2019

<https://www.mostewartresearch.co.uk/wp-content/uploads/2019/10/REDACTED-letter-Peter-Schofield-DWP-Permanent-Secretary-DWP.pdf>

Letter to Dr Sarah Wollaston MP

Chair

Health & Social Care Select Committee, 25<sup>th</sup> October 2019

<https://www.mostewartresearch.co.uk/wp-content/uploads/2019/10/REDACTED-letter-Chair-Health-Social-Care-Cttee.pdf>

Reply from DWP

Freedom of Information Team re costs of private contracts

Data as Spend per annum 10<sup>th</sup> October 2019

<https://www.mostewartresearch.co.uk/wp-content/uploads/2019/10/DWP-costs-FOI-Reply.pdf>

Letter to Professor Dame Sally Davies

Chief Medical Officer

Dpt of Health and Social Care, 3<sup>rd</sup> May 2019

<https://www.mostewartresearch.co.uk/wp-content/uploads/2019/05/Redacted-letter-Prof-Dame-Sally-Davies3rd-MAY-2019.pdf>

Reply from DWP

Freedom of Information Team re ESA mortality statistics

Data as Statistics, 11<sup>th</sup> March 2019

FoI ref: 2018-9859

<https://www.mostewartresearch.co.uk/wp-content/uploads/2019/03/FOI-2018-9859-Response.pdf>

Reply to John Herron

Ministerial Correspondence Team Manager

DWP, 5<sup>th</sup> March 2018

<https://www.mostewartresearch.co.uk/wp-content/uploads/2018/03/Redacted-reply-DWP-MinisterialCorrespondence-Team-Manager.pdf>

Response from John Herron

Ministerial Correspondence Team Manager

DWP, 16<sup>th</sup> February 2018

<https://www.mostewartresearch.co.uk/wp-content/uploads/2018/02/letter-dwp-ministerial-correspondence2018.pdf>

Reply to Penny Mourdant MP

Minister for Disabled People, Health and Work

1st July 2017

<https://www.mostewartresearch.co.uk/wp-content/uploads/2018/02/letter-to-Minister-for-Disabled-People-July2017-003.pdf>

Letter to Professor Sir Mansel Aylward

12<sup>th</sup> May 2017.

<https://www.mostewartresearch.co.uk/wp-content/uploads/2018/02/letter-Mansel-Aylward-Public-HealthWales.pdf>

## Interview

The Planned Demolition of Britain’s Welfare State

An interview with MS

Editor of the AHP Newsletter, associated with the

*Self & Society* Journal No 1 – Summer 2018

<https://www.mostewartresearch.co.uk/wp-content/uploads/2018/07/Self-Society-journal-interview.pdf>

## Life Expectancy decline

Office of National Statistics (Fig 3)

**Table 1: Life Expectancy in the four countries of the UK, men and women, 2014 to 2018**

	Life expectancy in Years				Change		Change as effects	
	2014		2018		2014 to 2018		2018	
	Men	Women	Men	Women	Men	Women	Men	Women
<b>England</b>	79.51	83.23	79.55	83.20	0.04	-0.03	15	-11
<b>N. Ireland</b>	78.61	82.38	78.84	82.44	0.23	0.06	84	22
<b>Scotland</b>	77.32	81.34	77.05	81.01	-0.27	-0.33	-99	-121
<b>Wales</b>	78.79	82.61	78.23	82.19	-0.56	-0.42	-205	-153
<b>UK</b>	79.25	82.99	79.24	82.93	-0.01	-0.06	-4	-22

Source: ONS (2019) *National life tables, UK: 2016 to 2018*, London: Office for National Statistics

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/nationallifeexpectancies/unitedkingdom/2016to2018>

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## About the author:

Mo Stewart is a medically retired healthcare professional originally trained in the National Health Service. She is also a disabled veteran of the Women's Royal Air Force medical branch. For the past ten years Mo has worked on behalf of the disabled community as an independent disability studies researcher, exposing the influence of corporate America since 1992 with the planned future demolition of the British welfare state, as successive right-leaning UK governments gained political control and embraced Thatcher's long-ago planned 'dark legacy'.

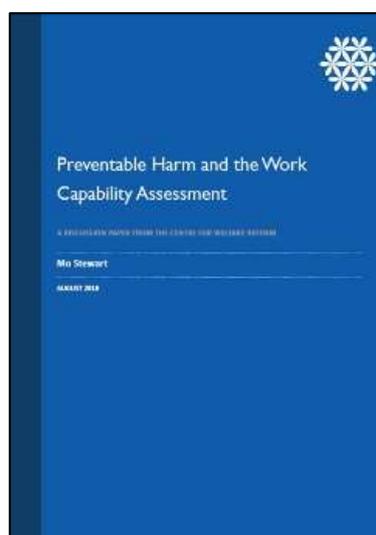
The research has been cited and quoted during social welfare policy debates in the House of Lords, the House Of Commons and in Westminster Hall since 2011, and Mo's forensically detailed research evidence is welcomed by academics in the UK, Australia, Canada and New Zealand as well as by the disabled community. Published in September 2016 following several years of private study, 'Cash Not Care: the planned demolition of the UK welfare state' is recommended reading for social policy courses in the UK and Australia, and has been added to university libraries. Recently, Mo contributed a chapter to two new academic texts and, in December 2018, her opinion was published by the British Journal of General Practice, where it remains as one of the top ten most read articles. Over the past three years Mo's research has been published in academic journals for which she was awarded the Emerald Literati Awards 2018 Highly Commended Paper, presented by Emerald Publishing. Mo is a Fellow of the Centre for Welfare Reform. The past ten years of research are all available online via her website, which may be accessed at: [www.mostewartresearch.co.uk](http://www.mostewartresearch.co.uk)

Mo may be contacted via email at: [Mozzas01@gmail.com](mailto:Mozzas01@gmail.com)

Her previous published research includes:

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demolition of the UK welfare state  
Mo Stewart, 2016  
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