

The Public Health Crisis Created by UK Social Policy Reforms

A TRANSCRIPT OF THE INTERVENTIONS IN DISABILITY POLITICS
ONLINE TALK

MO STEWART, MAY 2024

Re: The Public Health Crisis Created by UK Social Policy Reforms

**** Good evening. I appreciate this opportunity to talk about the research findings.**

**** I should advise that I'm a healthcare professional by training, a Fellow of the Centre for Welfare Reform, and the research lead for the *Preventable Harm Project* which identified the creation of an ongoing government induced public health crisis.**

- 1. For those of us in the UK who are unable to work due to chronic ill health or disability we find ourselves living in very dark times. Successive right-leaning administrations continue to intimidate those in greatest need in an effort to discredit the welfare state, and the people who need to use it, whilst successfully manipulating the British public and the British parliament.**
- 2. There is a tendency to deal with these threats one event at a time, such as the public reaction to the latest political assault on the welfare state, with Rishi Sunak once again attacking the [‘sick note culture.’](#) He needs to change his script as we've heard that all before. However, this ongoing government induced public health crisis isn't a recent thing. It's something that's been building in the UK for a very long time. ... some 45 years in fact.**
- 3. This identified threat to the health, wellbeing and often to the survival of those in greatest need didn't happen overnight. There is a lot of evidence from 15 years of research found in the [Preventable Harm Project](#), which began in 2009. This evening, I will focus on identifying those actors who collectively created a government induced public health crisis, which is not only ideologically motivated but also enjoys bipartisan support regardless of human consequences. The outcome of this crisis is often fatal, with no-one held to account.**
- 4. I think it's important to identify how this public health crisis was created. To do that, we need to take a trip down the memory lane of social policy reforms, gradually adopted by increasingly right-leaning administrations since 1979. During this journey, we will see how successive governments disregarded all evidence of the profound negative impact of social policy changes, compounded by a national press which refused to expose it.**
- 5. So, how did it all go so badly wrong? How did the UK move from a government Department which was originally created to help and support people during times of greatest need, to a Department whose culture is now identified as generating [‘institutional violence,’](#)**

negatively impacting on service users who are persecuted by the State. What happened to make this brutal preventable harm a reality? What happened? **MARGARET THATCHER** happened, and her devotion to 'tolerated harshness' in social policy lives on.

6. Elected as the Conservative MP for Finchley in 1959, Margaret Thatcher was elected as leader of the Conservative Party in 1975, and she was subsequently elected to government following the 1979 general election. Credited with moving the Conservative Party to the right, not only was she the first female Prime Minister (PM) in the UK, Thatcher was also the first UK PM totally devoted to the extremes of neoliberal politics which, as George Monbiot will tell you, 'is the ideology at the root of all our problems.' I will tell you that neoliberal politics is the politics of power, profit and greed which, when applied to UK social policy, is totally indifferent to human need.
 7. Thatcher held office as PM from 1979 – 1990. Her well-documented informal transatlantic alliance with the US President Ronald Reagan during most of her time in office identified him as Thatcher's 'political soulmate.' Her insistence that the welfare state was an unacceptable financial burden on the public purse opened the door to the influence of corporate America with UK social policy reforms. She actually planned the future 'demolition of the UK welfare state' without the mandate of the British people, as identified in my book *'Cash Not Care'* which was published in 2016.
 8. Few people realised that preventable harm was the inevitable creation of social policy reforms. Gradually adopted by every administration since Thatcher, en route to her political ambition to remove the welfare state, including the National Health Service (NHS), to be eventually replaced by private income replacement health insurance as first identified in the 1982 Cabinet Minute archives.
 9. However, in order to demolish the welfare state, it was first necessary to remove the past psychological security provided by the welfare state. To do that the 1982 Cabinet Minutes, recorded during Thatcher's first term in office, recommended using the 'politics of fear.' This has clearly been achieved, with 'disability denial' created by increasingly extreme social policy reforms, adopted by every administration since Thatcher as all evidence of social responsibility was abdicated.
-
10. Thatcher needed help designing the necessary 'politics of fear' and, during her second term in office, Professor Mansel Aylward was appointed to the medical civil service in 1985 to help to create it. He quickly rose through the ranks to become the Principal Medical Adviser for the Department for Social Security. He was later reappointed in 2001 as the UK Chief Medical Adviser by the renamed Department for Work and Pensions (DWP).

11. Aylward was the clinical adviser who would help to create Thatcher's 'dark legacy,' to discredit the welfare state and the chronically ill and disabled people who use it, and he designed the groundwork to permit successive administrations to justify the unjustifiable.
12. Margaret Thatcher stood down in 1990 following a challenge to her leadership. John Major was then appointed as the leader of the Conservative Party, and the UK Prime Minister, which is a position he held until 1997. Thatcher 'bequeathed a party to John Major that was increasingly anti-European, indifferent to regional policy, and which favoured tax cuts at the expense of public spending as a matter of dogma.' Thatcher's 'dark legacy' lived on in successive social policy 'reforms.' We're still suffering from them.
13. John Major was more personable than Thatcher and any continuation of Thatcher's 'tolerated harshness' to human need became less obvious. However, Major continued with Thatcher's devotion to America and, in 1992, he consulted with the American corporate health insurance giant UnumProvident Insurance. By 1994 the company's Vice-President Dr John LoCascio was appointed as the official UK government adviser for 'welfare claims management,' which was the beginning of the end of the UK welfare state.
14. In order to successfully remove the psychological security provided by the welfare state it was imperative to remove the authority of family doctors, which historically supported patients who needed access to social security benefits when unfit for work. This was quickly achieved during the Major administration, as he adopted the recommendations from a co-authored paper by Aylward and LoCascio.
15. Published in an academic journal in 1995 the Aylward and LoCascio paper advised that despite their clinical knowledge, GPs should not have the responsibility of deciding which of their patients were unfit for work. Hence, influenced by corporate America, the opinion of GPs was removed from disability benefit applications which guaranteed future suffering.
16. Aylward and LoCascio claimed that the majority of disability benefit claimants were likely to be suffering from a psychosomatic condition. There was no evidence provided to support such claims, other than the biased opinion of the American corporate insurance giant appointed by John Major to advise the UK government on welfare cost reduction. Aylward and LoCascio recommended the removal of all medical opinion for disability benefit claims, to be replaced by their suggested biopsychosocial (BPS) non-medical functional model of assessment, as used in the US by the medical insurance industry. This guaranteed that disability benefit claimants were destined to suffer as their clinical need was totally disregarded, which generated a threat to those in greatest need and mental health problems were destined to increase as the past security of the welfare state was removed.

17. Incapacity Benefit was introduced by the Major administration in 1995 with the adoption of the All Work Test, using the Aylward and LoCascio non-medical BPS functional assessment model, conducted by doctors employed by the government.

18. Tony Blair was destined to become the Labour Party's longest serving Prime Minister following his landslide victory in the 1997 general election, claiming that 'New Labour' was about to do things differently compared with the traditional Labour Party. This meant that Blair had also adopted neoliberal politics, and was destined to adopt American social and labour market policies to continue with the Conservative social policy agenda, which guaranteed that preventable harm would continue. Despite using the All Work Test, by 2005 under the Blair New Labour administration, the numbers of Incapacity Benefit claimants had reached 2.7m. This included 39 per cent claiming IB for a mental health problem, which was almost one million people.

19. Every administration since Blair insisted that the numbers of disability benefit claimants should be reduced by 1 million people, suggesting that mental health problems are not a political priority for any administration. There was therefore a need to adopt a more stringent restriction to disability benefit to reduce claimant numbers, regardless of need.

20. Mansel Aylward spent most of his career involved with the private sector. He was appointed as the Director of the Health Claims Bureau Ltd in July 2005, which provides rehabilitation and case management services to health insurance companies. This appointment was just after he left the DWP in April 2005, and followed his appointment in 2004 as the first Director of the new UnumProvident Centre (the Centre) for Psychosocial and Disability Research at Cardiff University. The Centre received £1.6million funding for the first five years (2004–09) by UnumProvident Insurance. This emphasised the influence of corporate America with future UK social policies.

21. At the same time as Unum were funding Aylward's research in the UK they were being identified in the US in 2005 by the California Department of Insurance Commissioner, John Garamendi, as being an *'...outlaw company'* and *'a company that has operated in an illegal fashion for years'*. By October 2007, BBC News exposed this American company as being accused of *'racketeering'* in the US for refusing to fund genuine insurance claims, who were now advising the UK government on welfare reform. Professor John Langbein of the Yale Law School exposed the company in his 2007 paper with the title of *'The Unum/Provident Scandal'* and, by 2008, Unum Insurance were identified by the American Association of Justice as being the *'second worst insurance company in the US.'* That's quite a record!!

22. Aylward's first commission at the Unum sponsored Centre in 2005 was by the Blair 'New Labour' administration, to provide research to justify the planned future reduction of the numbers of disability benefit claimants. This government commission resulted in a 2005 report co-authored by former orthopaedic surgeon Gordon Waddell. The report recommended the use of the more extreme Waddell–Aylward non-medical BPS functional assessment model, which also disregards all clinical opinion.
23. By 2006 UnumProvident Insurance had provided a detailed memorandum for the Work and Pensions Select Committee, which clearly listed the planned transformation of the long-term sickness and disability benefit known as Incapacity Benefit to the new Employment and Support Allowance (ESA). The requirement to ['resist diagnosis,'](#) ['change the name of Incapacity Benefit'](#) and ['benefits not to be given on the basis of a certain disability or illness but on capacity assessments'](#) have all come to pass.
24. Tony Blair resigned in 2007, to be replaced by Gordon Brown as the 'New Labour' Prime Minister from 2007 – 2010. It was [the Brown administration](#) who adopted the Work Capability Assessment (WCA) in October 2008 using the Waddell-Aylward BPS model of assessment to limit access to the ESA long-term disability benefit. The WCA would be conducted by unaccountable private contractors such as Atos Healthcare and, most recently, by the American corporate giant known as Maximus.
25. It should be cause for serious concern that the last Labour administration disregarded all warnings by the medical community against the adoption of the fatally flawed WCA. Concerns against the adoption of the WCA were expressed by the British Medical Association, the Royal College of Psychiatrists, the Royal College of General Practitioners, the Royal College of Nursing and the British Psychological Society, all to no avail.
26. The [Waddell and Aylward 2005 government commissioned report](#) was the justification used to successfully threaten and intimidate disability benefit claimants by successive administrations. With the implementation of the recommendation that one million disability benefit claimants should return to work (p12), which was based on discredited policy-based research, many of those in greatest need were destined to die when abandoned by the State as later demonstrated in published DWP mortality totals.
27. The Waddell-Aylward 2005 commissioned report also recommended that the income for IB should be reduced to the equivalent of unemployment benefit (p99), and the use of brutal benefit sanctions (p165-167) was also recommended, which removes all disability benefit income. Deaths by starvation were always inevitable. No-one is held to account.

28. These recommendations were all adopted by successive social policy reforms, as the credibility of the Waddell - Aylward (2005) commissioned report was initially challenged by the late Dr Alison Ravetz. She warned that the Waddell-Aylward report was 'largely self-referential – that it appeals for validation to itself and is framed within the same political and policy agenda.' That's evidence of an academic using the required diplomatic language to expose the fact that the 2005 Waddell-Aylward government commissioned report was fatally flawed.
29. Subsequently, very detailed evidence provided in a paper by Professor Tom Shakespeare and colleagues challenged the integrity of the Waddell-Aylward (2010) research as being 'empirically invalid' when providing 'no coherent theory or evidence behind this model' and 'demonstrating a cavalier attitude to scientific evidence.' This was a damning critique by academic experts, which was also disregarded by the DWP. The Waddell-Aylward research findings were used to justify the intimidation of chronically ill and disabled benefit claimants with a priority to reduce welfare costs and disregard clinical need, justified by government commissioned research which failed all academic scrutiny.
30. This of course had no political impact whatsoever, not least because academic publishers take no responsibility for the evidence they publish, and made no attempt to publicise the chilling evidence in this very significant paper. The Shakespeare co-authored paper listed many examples of misleading claims by Waddell and Aylward to justify the significance of their BPS model, as adopted by the DWP to restrict access to disability benefit using the enforced WCA. In reality, the Waddell-Aylward BPS model of assessment does not represent evidence-based policy, as required by genuine academic research, and was identified as demonstrating 'a chilling example of policy-based evidence.'
31. Waddell and Aylward published another paper in 2010 which was cause for concern, claiming that many people claiming disability benefits were simply suffering from 'common health problems,' such as cardio-respiratory or mental health conditions and should return to work. This was a sweeping generalisation about conditions that can vary dramatically.
32. This was a very dangerous tactic used to justify future welfare reforms, with derogatory political claims of the number of claimants on long-term disability benefit. Whilst cardio-respiratory health conditions may indeed be 'common', they can also be fatal, and those suffering with a potential life-threatening condition should not be intimidated and forced to return to work, which for many sufferers is likely to negatively impact on their survival.
33. Having met the government's requirements to discredit disability benefit claimants, in 2010 Aylward was actually honoured with a Knighthood in the New Year honours list for 'services to healthcare.' [You really couldn't make this up. ...]

-
34. Another influential government commissioned report was produced in 2007 and is commonly known as the 'Freud Report.' It was created in less than six weeks to offer examples of how to limit costs of out-of-work benefits, and to progress the 'New Labour' government's 'Welfare to Work' agenda. Published by the DWP in March 2007, the report was written by multi-millionaire David Freud, a former investment banker with no experience of welfare, public service or government policy. Freud was commissioned by the Blair administration to support policies such as the 'New Deal,' as adopted to reduce inactivity and in-work poverty and to meet the government's ambitious – and some would say absurd – 80% employment target in what is an ageing population.
35. In keeping with other government commissioned reports, the 'Freud Report' claimed to want to support those in greatest need 'with the least advantaged in receipt of more individualised support.' However, the DWP's understanding of 'individualised support' for those in greatest need is demonstrated by relentless intimidation, in hostile and threatening letters to disability benefit claimants arriving in the infamous brown envelopes. This is government induced psycho-coercion working at its most efficient.
36. To justify his insistence that it was imperative to get many more people from disability benefit into work, regardless of human consequences which are routinely disregarded, Freud quoted from yet another DWP commissioned report, published by the Centre at Cardiff University. It's important to remember that the Centre is an influential right-leaning think tank, funded by UnumProvident Insurance until 2009, and created to help to dismantle the UK welfare state one government commissioned report at a time.
37. Of course, there is a tendency to overlook the fact that the many claims in the *Freud Report* (2007) were challenged by Professor Danny Dorling when writing as the Guest Editor for the *Journal of Public Mental Health* in 2007. Dorling exposed the fact that Freud had 'misinterpreted his own references,' which is a very polite way of identifying Freud's incompetence. Consequently, Freud's predicted future mass reduction of the numbers claiming long-term disability benefits would not and could not happen. Hence, future punitive social policy reforms initially adopted in 2008 were justified by using recommendations from the government commissioned (2005) *Waddell and Aylward* report and the *Freud Report* (2007), which both failed all academic scrutiny.
38. Freud's 2007 report recommended 'moving towards a single system of working age benefits, ideally a single benefit, in order to support the Government's ambition of work for those who can and support for those who cannot.' This would be created by the

introduction of Universal Credit (UC), piloted in 2013 and gradually rolled out to replace six benefits, including the ESA.

39. By 2008 Freud admitted that he *'didn't know anything about welfare'* when appointed to write his report, yet claimed in the national press that up to two thirds of IB claimants were not entitled to the benefit and that 1.9m people on disability benefit should return to work. This opinion was based on ideology and research reports published by the Centre, which are totally discredited policy-based reports.
 40. Freud was ennobled by David Cameron in 2009, became a life peer, and was appointed as a shadow DWP minister in David Cameron's Conservative opposition administration. In the Coalition government elected in 2010, Lord Freud was appointed as the Parliamentary Under Secretary of State for Welfare Reform at the DWP, and the DWP spokesperson in the House of Lords. Freud's influence increased when supporting the Conservative Party.
 41. One of his more memorable comments was when Freud claimed in 2014 that some disabled workers should only be paid £2 per hour because *'they're not worth the full minimum wage.'* His comments generated an outpouring of anger, distress and offence and he was forced to apologise, but the damage was already done. Freud had demonstrated his utter contempt for the disabled community, who are being forced to look for employment regardless of predictable and often fatal human consequences when, quite literally, *'killed by the State'* as regularly exposed in significant published research.
 42. Having never been elected, Freud was appointed in May 2015 as a DWP Minister of State, with a great deal of influence regarding the costs of future social policy reforms. Needless to say, the creation of UC was destined to cause more human suffering. The system obliged the chronically ill and disabled community to make an online application for benefit, and to be paid monthly, whilst disregarding the hardship this would cause. Freud stepped down from government in December 2016 to write a book about his influence when in office at the DWP.
 43. Of course, there was no government acknowledgement that a third of the adult population do not use the Internet, and they do not have a computer or an email address. Hence, adopting a major new benefit which was only available via an online application was destined to cause anxiety for many, which was not it seems a consideration when UC was adopted. Published research by Mandy Cheetham and colleagues in the *British Medical Journal* in 2019 identified the disturbing impact of the adoption of UC, which highlighted increased human suffering of those in greatest need.
-

44. It is common knowledge that if you tell a very big lie often enough, for long enough, people will eventually believe it. This theory has been adopted by successive UK administrations, who continue to claim that fraud is a serious problem with disability benefit claimants, when aided by banner headlines in the tabloid press which, of course, is and always was totally untrue with the adoption of 'fake news.'
45. To justify the adoption of harsh and unnecessary austerity measures, which were introduced without ethical approval, the Coalition administration elected in 2010 vehemently challenged the integrity of the chronically ill and disabled community, and routinely accused disability benefit claimants of fraud; while failing to produce any evidence to support their claims. Relentless toxic rhetoric was all that was needed as a distraction from the fact that social support would be significantly reduced by austerity.
46. Let's not forget that a consequence of this hostility was the excessive use of sanctions imposed by Jobcentre 'Decision Makers,' who Professor Harrington identified in 2010 in his first WCA annual review as being under qualified for the responsibilities they have. 'Decision Makers' are basic grade administrators, not medical administrators, who freely admitted to Harrington that they don't understand evidence from claimants' doctors, so tend to disregard all medical evidence and support the WCA decision. This guaranteed death, despair and suffering by many, with no-one held to account.
47. 'Decision Makers' do of course have unlimited powers to create preventable harm, and the DWP seem unconcerned as to the numbers of chronically ill and disabled benefit claimants who starved to death when all income was arbitrarily removed, at will, by these seemingly unaccountable and under qualified basic grade administrators.
48. It seems that no-one is held to account when social policies can justify punishing genuine chronically ill benefit claimants, who [can be routinely starved to death](#) as punishment for being too ill to attend a DWP appointment. Is this not a national scandal?!
49. When Secretary of State for Work and Pensions for the Coalition government, Iain Duncan Smith MP made these unfounded claims his main mission, and accused those in greatest need at every opportunity when successfully adopting psycho-coercion. His claim that it was his ambition to move one million more disability benefit claimants into work has been his soundbite since 2010, whilst disregarding published academic research demonstrating his ['thinly veiled character assassination'](#) of disability benefit claimants, as identified by Dr Kayleigh Garthwaite in 2014.
50. Her research collated DWP published reports which identified that disability benefit fraud amounted to only 0.5% of the DWP budget, which means that 99.5% of all disability benefit

claims were genuine. The biggest drain on the DWP budget was identified as being DWP errors, not fraudulent claims. The latest DWP figures identify [disability benefit fraud as being ZERO](#), so why are DWP Ministers still terrorising all disability benefit claimants as they continue to mislead the British public without being held to account?

51. Historically, Iain Duncan Smith's often hostile rhetoric when Secretary of State at the DWP was reproduced in banner headlines by the tabloid press. This coincided with [a 213% increase in prosecuted disability hate crimes](#), including murder, which was rarely mentioned by the regional press and was largely disregarded by the national press.
 52. Another one of Duncan Smith's most common claims was that austerity measures were needed due to the excessive expenditure on welfare by the previous New Labour administration (1997-10), which was exposed in 2015 by the Institute for Fiscal Studies as being totally false. The biggest expenditure on welfare costs was identified as being by the John Major administration in the 1995-96 budget. Yet another misrepresentation of reality by Iain Duncan Smith, whose hostile claims were always reported, yet the exposure of his misrepresentation of spending by the previous Labour administration was largely disregarded, but was [highlighted online by the Ekklesia think tank](#).
 53. It seems that Duncan Smith never tires of making hostile claims to support his social re-engineering ambitions, as he manufactures information to report to the media. Another one of his hostile claims was that vast numbers of disability benefit claimants were '*living a life of leisure*' instead of searching for work. It remains unclear how anyone can be '*living a life of leisure*' when living in poverty and relentlessly persecuted by the State?
 54. He certainly disregards any authority who challenges him, including Sir Andrew Dilnot who was the Chairman of the UK Statistics Authority in 2013. Sir Andrew was so concerned with Duncan Smith's misuse of statistics that he wrote to the Secretary of State, reminding him that the statistics he was using to claim the success of social policy reforms were ['unsupported by official statistics published by the department.'](#)
 55. Iain Duncan Smith actually received a knighthood in 2020 for '*political and public service*,' which was another insult to the chronically ill and disabled community by honouring this man who willingly caused so much fear, anxiety and distress to so many vulnerable people. Giving this man such an honour is certainly a national scandal.
-
56. Thanks to persistent lobbying by John Pring, the editor of the *Disability News Service*, the DWP did reluctantly [publish the mortality totals](#) of disability benefit claimants following a WCA which, you will remember, is a flawed and dangerous assessment model that

disregards all clinical need. The mortality totals of the deaths linked to the WCA from December 2011 to February 2014 were, finally, published by the DWP in August 2015.

57. They listed the number of disability benefit applicants who died after being found '*fit for work*' by the WCA, and refused access to the ESA. These deaths totalled 2,380 people in a 26 month period which, according to Patrick Butler of the *Guardian*, averaged '[90 deaths per month](#)' of chronically ill and disabled people abandoned by the State. Due entirely to the hostile public reaction to these figures, every subsequent publication of mortality totals by the DWP no longer includes the number of deaths of claimants found '*fit for work*' by the WCA. We will therefore never know how many thousands of chronically ill and disabled people have died when abandoned and, quite literally, '[killed by the State.](#)' This is sinister.
58. Just as the Coalition administration began attacking the disabled community to distract attention from the adoption of austerity measures in 2010, so Rishi Sunak and the Secretary of State decided [to once again publicly attack the disabled community](#) as a distraction from the state of the nation and a failing economy.
59. It would appear that neither the PM or the Secretary of State accessed the disturbing 2014 NHS report, which exposed that [almost 50% of ESA disability benefit claimants had attempted suicide](#) at some point. It remains unclear if they would be concerned if they had access to what is a very disturbing report, identified in 2016 by the *Disability News Service*, and demonstrating the public health crisis and the preventable harm linked to social policy reforms enforced by the hostile and brutal DWP. You'd better pray you never get too sick to work. ...
60. It should be remembered that the British public didn't give any administration permission to persecute and terrify the chronically ill and disabled community, and they didn't grant permission for the DWP to starve to death anyone who is unfit to attend a DWP appointment. This abuse of power must end or many more people will die when '[killed by the State.](#)'
61. In closing I remind you that the removal of care, concern, compassion, dignity and humanity from any disability assessment is, by definition, tyranny. This talk has only just scratched the surface of the ongoing government induced public health crisis, which is now the norm in the UK and is impacting on those in greatest need.
62. There is a great deal more evidence available online via the [Preventable Harm Project](#), which is sponsored by Policy Press and benefits from a vast array of published research papers and articles by a multitude of high-calibre academics, whose peer-reviewed research is not government commissioned. . . . Thank you for your time.