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American influenced punitive UK welfare reforms

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A feature article by Mo Stewart

For the purposes of budgeting, politicians discuss welfare and healthcare separately. Of course, in reality, the two are closely linked. If the welfare of patients is compromised then a higher demand for healthcare often follows as vulnerable people, who do not enjoy the best of health, can quickly become high risk patients with a significant deterioration in health. The ongoing welfare reforms have been demonstrated to be a political choice not a political necessity, as government propaganda since 2010 has been relentless when attacking those who need help the most but who rarely have a voice to challenge the many unsubstantiated government claims. The welfare reforms have been demonstrated to be causing preventable harm, as those surviving on a modest income now live with uncertainty and with the possibility that a political decision has enforced a return to employment regardless of health or medical opinion.

When it comes to the British government imposing severe welfare reforms, whilst citing academic research to justify government claims of vast numbers of people 'languishing' on long-term sickness benefit, reference was made to research¹ commissioned by the Department for Work and Pensions (DWP) that did not require peer review prior to publication. The fact that the cited 2005 research was sponsored by UnumProvident Insurance², an American corporate healthcare insurance giant, is never mentioned in political circles and the general public are very easily misled.

The long-ago plan to dismantle the welfare state³ began with the 2006 Green Paper: *A New Deal for Welfare ~ empowering people to work*⁴. The Green Paper introduced the 'reform' of Incapacity Benefit, which really meant the demolition of the income replacement benefit paid to people of working age who are unfit to work. However the DWP, not for the first time, overlooked the reality that someone, somewhere, would challenge the credibility of their argument, as demonstrated so well by Professor Alison Ravetz.⁵

At the time of the launch of the 2006 Green Paper, Tony Blair was the 'New Labour' British Prime Minister who had adopted the Conservative Party's philosophy for future welfare reforms. In October 2008 Blair's replacement, Gordon Brown, set into motion the welfare reforms with the introduction of the Employment and Support Allowance (ESA)⁶, to replace Incapacity Benefit. The ESA application required the claimant to endure the new Work Capability Assessment (WCA) before any award of benefit and, using the WCA as co-designed by the same private healthcare insurance giant who funded the DWP research, unlimited suffering and preventable harm⁷ was guaranteed for the chronically sick and disabled ESA claimants of the United Kingdom (UK).

Much has been written about the fatally flawed WCA, the influence of a discredited American corporate healthcare insurance giant with British welfare reforms⁸ and the manipulation of the British public, aided and abetted by a complicit national press⁹, at the expense of the most

vulnerable people in the UK. The government rhetoric is working well as disability hate crimes in the UK continues to rise.¹⁰

Ministers have no difficulty citing more DWP commissioned research¹¹, in order to justify punitive welfare reforms that were guaranteed to cause preventable harm¹² to working age people who are unfit to work. The gradual demolition of the UK welfare state and the eventual move to welfare funded by private healthcare insurance¹³ is well underway, and the psychology employed to manipulate the British public was masterful.

The constant drip feed by the national press¹⁴, who were happy to repeat the endless suggestion of vast amounts of benefit fraud, with reference to ‘shirkers and scroungers’ for which, according to the DWP’s own figures¹⁵, there is very little evidence but the relentless suggestion increased the stigma¹⁶ of sickness benefit claimants. A decrease in self-worth was predictable, with significant academic research demonstrating the dangers of neoliberalism in health care and the negative impact of ‘Thatcherism’ on health and well-being in Britain.¹⁷

Academic research exposed more evidence that was cause for concern, confirming that the on-going austerity measures had disproportionately affected children and people with disabilities.¹⁸ Whilst those living, surviving and struggling on the ‘front line’ already know this from experience, nevertheless, it is the academic research that will be noted, even by some politicians, if the evidence can be brought to public attention instead of hidden away in academic journals that have a limited readership.

Regardless of the quality or the quantity of research conducted by the disabled community¹⁹ it will be disregarded by government. So, high calibre researchers in the voluntary sector are usually dependent upon the disability support groups to publish often very significant research findings or, perhaps, national charities, such as *MIND*.²⁰

It seems irrelevant to the British government that, with the exception of Greece, the UK now spends the lowest amount of gross domestic product on healthcare than any other country in Europe²¹, whilst the DWP welfare reforms use savage sanctions that removes all income²² from claimants which guarantees hunger, and worse, often just for being too ill to attend a meeting with the local Jobcentre. In every case DWP staff presume guilt of the claimant often before they have all the facts, by which time the damage has been done, often creating more demands on healthcare. Does this not demonstrate why UK welfare reforms should be designed by UK experts, without the input from an American corporate healthcare insurance giant with an alternative agenda?²³

Given that the purpose of the welfare reforms was to reduce government welfare costs, regardless of human consequences, and the introduction of the critically flawed WCA caused preventable harm to countless numbers²⁴, perhaps it is time for the British government to be held to account as to why they permit the most vulnerable of all to live in fear, and to starve to death²⁵, whilst disregarding critically acclaimed academic research that concluded that the WCA is demonstrably dangerous.²⁶

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