Wessely, Woodstock and Warfare?

Margaret Williams   9th August 2007

In the UK, there seems to be an on-going war of attrition being waged against those with ME (myalgic encephalomyelitis) and those with other expediently-called "medically unexplained" disorders such as Gulf War Syndrome.

It will be recalled that in 2002 the British Medical Journal ran a poll on "non-diseases" with which psychiatrist Professor Simon Wessely was involved; in that poll, BMJ readers voted ME a "non-disease" along with big ears and freckles.

Despite substantial and irrefutable international evidence that ME is a complex multi-system organic disorder, Government Departments such as the Department for Work and Pensions (DWP) and its Wessely School psychiatrist advisers continue to deny the biomedical nature of ME and claim it is a psychosocial (behavioural) disorder.

The Medical Research Council erroneously classifies it as a mental disorder, as does the Institute of Psychiatry.

The entry in the recent revision of the DWP Handbook about ME, produced under the leadership of psychiatrist Professor Peter White, has been deemed by the ME Association to be unfit for purpose.

The forthcoming NICE Guideline on ME, due on 22nd August 2007, is widely believed to follow the published draft guidance, which was roundly condemned as being biased and erroneous due to the unbalanced influence of those who believe ME to be a behavioural disorder.

The NHS Plus (Department of Health) Policy Document of October 2006 ("Occupational Aspects of the Management of Chronic Fatigue Syndrome: a National Guideline") is a travesty and has been condemned by a total of 18 ME charities and organisations. The two external assessors for this national Policy Document were psychiatrists Peter White and Michael Sharpe and their influence reflects what has been referred to by the Presiding Officer (Speaker) of the Scottish Parliament as *"the cold grip of psychiatry"* (www.meactionuk.org.uk/Defiance_of_Science.htm).

At a meeting on 13th July 2007 at the Royal Society of Medicine (RSM) on "Pathways to Work", Professor Mansel Aylward (see below) was a key speaker, with Professor Peter White chairing the afternoon session.

All this augers particularly badly for those with ME, especially as it is now known that ME has been specifically targeted in order to de-legitimise it in order to save society's resources and company profits (see below). Indeed, it seems the State believes that the upward trend in people receiving Incapacity Benefit is a cultural phenomenon rather than a health problem and the solution is not to cure the sick but to ensure that the outcome of treatment is work.

Despite the fact that the UK is a signatory to the World Health Assembly and despite the formal written acceptance by the then Health Minister (Lord Warner) in February 2004 that the UK accepts the World Health Organisation classification of ME as a neurological disorder, none of the above bodies pays the slightest heed to the WHO classification.

Further, despite having formally accepted ME as a nosological entity as long ago as 1978, the Royal Society of Medicine has now joined in this Establishment warfare of attrition.

The RSM Section of Psychiatry is currently running a competition. It is called "The Mental Health Essay Prize". The closing date for entries is 7th January 2008. Two prizes will be awarded for an original essay on the subject of "The primary impact of psychiatric illness on physical health". The notice states: "Candidates might like to consider contentious disease entities such as ME from a psychiatric perspective".
The in-built prejudice will not go unnoticed by the ME community.

So the war of attrition seemingly gathers pace. What is it all about? It seems to be about social engineering and eugenics.

The continued reckless and deliberate disregard of the ever-mounting evidence of the organic nature of ME seems to show a frightening similarity to State-sanctioned eugenics.

Eugenics is a social philosophy. It is not concerned only with selective breeding or solely with Nazi atrocities such as the extermination of undesired population groups. Historically, eugenics has been used as a justification for coercive state-sponsored discrimination and human rights violations. The goals of various groups advocating eugenics have been to save society's resources (Wikipedia on-line).

From his published articles, it is undeniable that Wessely appears to be concerned about what he regards as the waste of society's resources on those whom he believes do not merit the expenditure of such resources, which seems to include the expenditure of NHS resources entailed in investigating those with ME. Instead,
he advocates a regime of "behavioural modification".

The behaviourist school of psychology was first presented by John Watson between 1908 and 1912. In 1912 he wrote: "*Psychology as the behaviourist knows it is the prediction and control of behaviour*".

Are we witnessing State efforts to exert control by insisting that ME is a behavioural disorder? Does it no longer matter that by deliberately denying people with ME the benefits necessary for survival, both medical and financial, people with ME are at serious risk of non-survival? Many people with ME are so sick that they are unable to contribute to the State economy but instead are financially and socially dependent upon it, so in reality is their non-survival the socially-constructed aim? It is already established policy that the greater good must take precedence over individual need.

The war of attrition in the UK is ostensibly about the need to curb and control the escalating costs of free-for-all Incapacity Benefit. In December 2005 Hooper et al noted: "*One of the goals of UK government – both Conservative and New Labour – has been and continues to be to achieve a significant reduction in the escalating cost of sickness and disability benefits by curtailing the number of those eligible to receive such benefits. This is clearly necessary, but a key problem lies in determining who is genuinely sick and disabled (and therefore eligible for state disability benefits) and who is capable of some form of employment*" (http://www.meactionuk.org.uk/HOOPER_CONCERNS_ABOUT_A_COMMERCIAL_CONFLICT_OF_INTEREST.htm).

In an article dated 5th March 2005 by Marshall and Williams ("ME: who is attacking whom?"), attention was drawn to a conference entitled "Malingering and Illness Deception Meeting" that had been held on 6th - 8th November 2001 at Woodstock, Oxford. It was noted that attendees included key members of the "Wessely School", namely psychiatrists Simon Wessely, Michael Sharpe, Peter White and Anthony David, as well as an active member of HealthWatch (Diana Brahams) and Dr John LoCascio, who had been head-hunted from UNUMProvident Insurance company to manage sickness and disability claims (http://www.meactionuk.org.uk/ME_-_Who_is_attacking_whom.htm).

Further reference was made to this event in the document by Hooper et al referred to above (Concerns about a Commercial Conflict of Interest) that was submitted to The Group on Scientific Research into ME at the House of Commons (the Gibson Inquiry).

The ramifications of the Woodstock conference have been taken up by Jonathan Rutherford, who writes for Compass (a democratic pressure group launched in 2003 whose goal is to debate and develop ideas for a more equal world; it has over 2,000 members in the UK). His article is called "New Labour and the end of welfare". People are urged to read Rutherford's article for themselves. It can be accessed at http://www.compassonline.org.uk/article.asp?n=563

Because the matter is so important for those with ME, renewed attention is drawn to Rutherford's article published on 25th April 2007, from which the following quotations are taken:

"In November 2001 a conference assembled at Woodstock, near Oxford. Its subject was 'Malingering and Illness Deception'. Amongst the 39 academics and experts was Malcolm Wicks, Parliamentary Under Secretary of State for Work, and Mansel Aylward, his Chief Medical Officer at the Department of Work and Pensions (DWP). What linked many of the participants together, including Aylward, was their association with the giant US income protection company UnumProvident".

“New Labour was looking to transform the welfare system”.

“In 1994 Peter Lilley, (Conservative) Secretary of State for Social Security, hired John LoCascio to advise on ‘claims management’. Lo Cascio was second vice president of Unum. He joined the ‘medical evaluation group’. 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”.

“(Unum)Provident introduced an aggressive system of ‘claims management’.

“Specific illnesses were targeted in order to discredit the legitimacy of claims”.

“In the UK, two Woodstock participants, Professor Simon Wessely and Professor Michael Sharpe, were working on reclassifying ME/CFS as a psychiatric disorder. A change in classification would save the industry millions of dollars”.

“(In) 1999 New Labour introduced the Welfare Reform Act. Mansel Aylward devised a new Personal Capability Assessment (PCA). The task of administering the PCA was contracted out to SchlumbergerSema which was then taken over (along with its DWP assets) by the US corporation Atos Origin. Its computerised evaluation of claims resulted in significant numbers of rejected claims”.

“In July 2004 (UnumProvident) opened its £1.6 million UnumProvident Centre for Psychosocial and Disability Research at Cardiff University. The company appointed Mansel Ayward as Director following his retirement from the DWP. Professor Peter Halligan, who had forged the partnership with UnumProvident, was ambitious: ‘Within the next five years, the work will hopefully facilitate a significant re-orientation in current medical practise in the UK’ ”.

“The two men were joined by Gordon Waddell, another Woodstock participant. In 2005 the centre produced The Scientific and Conceptual Basis of Incapacity Benefits (TSO, 2005) written by Waddell and Aylward and published by the DWP. The methodology used by Waddell and Aylward is the same one that informs the work of UnumProvident”.

“In a memorandum submitted to the House of Commons Select Committee on Work and Pensions, UnumProvident define their method of working: ‘**Our extended experience has shown us that the correct model to apply when helping people return to work is a bio-psychosocial one’ ”.**

“Waddell and Aylward adopt the same argument. Disease is the only objective, medically diagnosable pathology. Sickness is a temporary phenomenon. **Illness is a behaviour**”.

“(Incapacity benefit) trends are a social cultural phenomenon, rather than a health problem”.

“The solution is not to cure the sick, but a ‘fundamental transformation in the way society deals with sickness and disabilities’ (page 123)”.

“The goal and outcome of treatment is work”.

“No-one who is ill should have a straightforward right to Incapacity Benefit”.

“(In the US in 2004) Commissioner John Garamendi described UnumProvident as ‘an outlaw company. It is a company that for years has operated in an illegal fashion’ ”.

“The (UK) 2006 Welfare Reform Bill sets a target of an 80 per cent employment rate. To achieve this, the numbers on Incapacity Benefit will have to be reduced by one million. In 2008, Incapacity Benefit will be replaced by an Employment and Support Allowance. ‘Customers’ who fail to participate in work-focused interviews or to engage in work related activity will lose benefits”.

“In the meantime, UnumProvident continues to exert its influence, aided by the ideological work of the Woodstock group of academics”.

People with the “targeted” disorder ME may be too sick to take on board just what is happening and how disastrous the consequences may be for them.

By targeting those with ME, a dangerous precedent is being set for the refusal of benefits and is aimed at a vulnerable group of sick people who are least able to fight back. That this is happening at all in the light of the mounting global biomedical evidence of the organic origins of ME shows a State-sanctioned contempt for and rejection of the sickest members of society by the very people who are trusted with a duty of care towards all its citizens.

Patients’ associations, clinicians and carers of ME patients must stand together without further delay in repelling such an extremist policy which has been in operation for over two decades and has already resulted in an unknown number of suicides through inability to fight the system that is meant to support them.

It is suggested that those who are able should bring this matter to the urgent attention of their Member of Parliament, their local newspaper and television newsrooms.

After all, this planned withdrawal of support may begin with the ME population, but which group of disabled UK people who are deemed unworthy of State support on the basis of costly non-productivity will be targeted next?