

# **THE MINISTRY OF SOCIAL DEVELOPMENT (MSD) AND DR DAVID BRATT PRESENT MISLEADING “EVIDENCE”, CLAIMING “WORKLESSNESS” CAUSES POOR HEALTH**

**Medical scientific evidence is at best inconclusive, on the supposed “health benefits” of open employment**

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## **A) Introduction**

Since taking over as the new government in 2008, following the Fifth Labour Government, the New Zealand National Party has during three terms in government brought about continued, very substantial and somewhat draconian reforms to the social security system in New Zealand. These were the most profound changes to the welfare system that had been made since a previous National government’s radical social policy changes from 1990 onwards, accompanied by the infamous “Mother of All Budgets” in the year 1991. Under the then Finance Minister Ruth Richardson and Social Welfare Minister Jenny Shipley, severe cuts were made to benefits. These measures were followed by imposing stricter eligibility rules and longer stand down periods for benefits, and also radical changes to labour laws with the introduction of the Employment Contracts Act. In 1996/97 the Fourth National Government introduced some further reforms, which were though partly reversed again by a Fifth Labour Government from 1999 onwards. While during the years up to the mid 1980s most welfare reforms included further improvements for those dependent on benefit support, like more generous benefit payments and sundry other support, the changes brought in under National from 1990 to 1998 cut back on social security spending. The intention was to provide “more tightly targeted” welfare support.

The Fifth Labour Government did from 1999 up to 2007/08 bring in other new social welfare changes taking social policy into a new direction. That Labour led government did bring in a new approach to social security, by re-focusing on the concept of “social development” to be integrated with economic development. Apart from some improvements in the years 1999 to 2004, that government introduced new, additional expectations and stricter obligations for those claiming benefits - also for single parents with dependent children and some with sickness and disability. A new policy approach, that was to be gradually introduced, was designed to encourage parents with dependent children and also sick and disabled back into work. It followed some selected reform approaches tried in the United Kingdom (U.K.) and other jurisdictions.

But the latest major changes to the social security system took effect from 2010 to 2013 under the recent and current Fifth National Government. These were the most profound ones since the introduction of the former ‘Domestic Purposes Benefit’ in 1973 and the severe benefit cuts in 1991. Like Labour, National looked at the UK, to adopt new approaches. Some of these more recent social policy changes that were introduced in New Zealand under the so-called ‘Future Focus’ package, and

after that also with the ‘Social Security (Benefit Categories and Work Focus) Amendment Act 2013’, were firmly based on radically different, new approaches adopted from the United Kingdom. The U.K. has itself experienced a gradual and wider range of reforms in the social security area, going back as far as to the governments led by former Prime Minister Margaret Thatcher and John Major. Reforms continued there under Labour governments led by Tony Blair and Gordon Brown, and have over recent years been accelerated yet again under the Coalition government under Conservative Party leader and Prime Minister David Cameron. Many of these reforms from the late 1990s and the first decade of the 2000s included a gradual change in the way persons on benefits granted on grounds of sickness, injury and incapacity (resulting in disability) are being assessed for work capability.

New Zealand governments tend to “learn” from - and follow - a fair few systemic and legislative changes that are first made in the U.K., and integrate these into their own policy framework, and then bring in new laws or amend legislation here. New Zealanders, particularly those with sickness, injury and forms of incapacity, who may at some time in their lives become dependent on social security benefit support, should be very concerned about the changes that have been adopted from the U.K.. This is, because apparently much - if not most - research, that was relied on when introducing new assessment methods and a more forceful work expectation approach as part of the new welfare policy now in place here in New Zealand, comes from just one major research centre in Great Britain, and some “expert” directly or indirectly linked to it.

This is the so-called ‘Centre for Psychosocial and Disability Research’, formerly known as the ‘UnumProvident Centre for Psychosocial and Disability Research’, as it was for years also funded by the insurance company UNUM. Even more recently it has been renamed yet again, and is called the ‘Centre for Psychosocial Research, Occupational and Physician Health (PROPH)’. The Director of that Centre, a Professor Mansel Aylward, did for many years collaborate with UNUM, already when employed as Chief Medical Officer for the Department of Work and Pensions (DWP) in the U.K.. He played a significant role in developing new strategies and approaches in assessing work capability, and he was also instrumental in creating the predecessor for what is now known as the ‘Work Capability Assessment’ (WCA) used in the U.K.. As the former Chief Medical Officer for the ‘Department of Social Security’ (DSS, to become the DWP in 2001) Dr Aylward did in cooperation with UnumProvident’s former Vice President John LoCascio initially devise the ‘All Work Test’ that was recommended to and then used by the DSS for assessing sick and disabled for their work capability. That test was later changed a bit to become the Personal Capability Assessment (PCA), which was changed again to become the WCA. The new tests were introduced to replace the sole reliance on a person’s own general practitioner’s diagnosis and assessment that was used until 1995. In the U.K. the former ‘Invalidity Benefit’ was in 1995 replaced by the ‘Incapacity Benefit’, and the PCA was also used after then. The then ‘New Labour’ government did in 2007 or 2008 introduce the new ‘Employment and Support Allowance’ (ESA), for which the WCA was the new used assessment.

Much of the supposed “research” and “findings” that were used as the scientific basis and justification for assessing many sick, injured and incapacitated persons as “fit for work”, comes from researchers and advisors such as Prof. Aylward, and a small number of his colleagues, who are directly or indirectly linked to the mentioned Centre in Wales. They base their research and recommendations on a rather selectively interpreted form of the “bio psycho social model” for diagnosing, assessing and treating sickness and incapacity. Dr Aylward has been regarded by U.K. governments as an “expert” in his field, which must though be viewed as being so, partly due to the usefulness of his findings, in putting into place higher thresholds for qualifying for benefits on health grounds and disability.

Before and while the recent New Zealand welfare reforms were being discussed, formulated and proposed as new policy for the Department of Work and Income (WINZ, as part of MSD), Prof. Mansel Aylward was besides of a selected few other “experts” invited to both Australia and New Zealand, to “inform” leading medical professional organisations and governments of his new “findings” on the “health benefits of work”. The Ministry of Social Development’s newly established Principal Health Advisor, by the name of Dr David Bratt, did at around the same time fully adopt these new ideas, “findings” and approaches from the U.K.. He has since at least 2010 actively been promoting them, through a number of presentations and speeches he has given to medical professional groups and organisations. He has for instance repeatedly been speaking to general practitioner (GP) conferences and also to medical trainers and trainees, to present his rather selectively chosen

information, that is supposed to support the findings by researchers like Aylward et al. Dr Bratt has as Principal Health Advisor during at least 2012 and 2013 also had meetings with Dr Aylward and others, and facilitated their participation and input into a MSD selected 'Health and Disability Panel' that advised MSD and the government on welfare reform involving health and disability aspects.

Since the introduction of a new 'Work Capacity Medical Certificate' by MSD and Work and Income, and new assessment measures based on the mentioned "research", few appear to have raised serious questions about the validity and robustness of certain used statistics and supposed medical scientific "research" that MSD now rely on. Hence we saw a need to put questions to MSD about this, and an Official Information Act (O.I.A.) request was filed by a trusted person, who was himself very negatively affected by the rather controversial new approach. MSD was asked to present relevant sources and evidence to back up the partly bizarre and bold claims made by Dr Bratt and MSD, particularly in Dr Bratt's various presentations, which have been delivered to gatherings of medical practitioners and rehabilitation professionals. Also is Dr Bratt responsible to "train" the 'Designated Doctors' that MSD and WINZ use for providing supposedly "independent" second opinions on beneficiaries' health and disability. Dr Bratt has repeated some of his quotations and claims in a number of interviews to the mainstream media, who published his "evidence" in some reports.

This post reveals how limited, inconclusive, poor and at least in part very unconvincing many of the sources and findings are, that Dr Bratt has been using, when supposedly "informing" his target groups about the "evidence", reasons, purposes and justifications of the new assessment approaches now in place. As MSD appeared to be very reluctant to present much information at all, it became even necessary to make a complaint to the Office of the Ombudsmen, to try and obtain remaining asked for information, which was only forthcoming many months later, again only in small bits. Regrettably further requests to the Ombudsman to hold MSD to account for not providing much of the requested information were without success, and a separate post may follow at a later stage, which exposes, how ineffective even the Office of Ombudsmen is, in holding key government departments and personnel to account for their decisions and actions. Most disturbing was also the discovery, that Dr Bratt had apparently deleted "all" of his emails and possibly other records covering his correspondence and contacts with Professor Aylward, and others, and truly bizarre explanations were given for this. That separate matter of concern has been the reason for yet another complaint to the Chief Ombudsman to look into this, as it appears there may be a breach against the Public Records Act 2005.

**For some revealing information about Prof. Aylward and his research, read the following:**

**Vox Political**, UK website, on Prof. Aylward, his role in introducing work tests, 18 January 2013:  
[Unum, Atos, the DWP and the WCA; Who gets the blame for the biopsychosocial](http://unum.atos.com/who-gets-the-blame-for-the-biopsychosocial)  
<http://voxpolygononline.com/tag/personal-capability-assessment/>

**Black Triangle Campaign** with one of their posts on Prof. Aylward, from 09 Sept. 2012:  
<http://blacktrianglecampaign.org/2012/09/09/professor-mansel-aylward-my-what-a-very-tangled/>

**Some other links to information on Prof. Aylward and the yet again renamed "Cardiff Centre":**  
<http://sites.cardiff.ac.uk/experts/professor-sir-mansel-aylward-cb-dsc-ffpm-ffom-ffph-frcp/>  
<http://medicine.cf.ac.uk/primary-care-public-health/research/proph/>

A link to one of Prof. Aylward's presentations '*Worklessness and Health: A Symposium*':  
[http://www.gla.ac.uk/media/media\\_210440\\_en.pdf](http://www.gla.ac.uk/media/media_210440_en.pdf)

The AFOEM '*The Health Benefits of Work*' position statement, introduced and promoted by **Mansel Aylward** in 2010, and updated over recent years. It is now found under another link on the **Royal Australasian College of Physicians (RACP) website**, which is used to justify the new approaches in work ability assessments:

<http://www.racp.edu.au/docs/default-source/default-document-library/australian-and-new-zealand-consensus-statement-on-the-health-benefits-of-work.pdf?sfvrsn=2>  
<http://www.racp.edu.au/docs/default-source/default-document-library/read-realising-the-health-benefits-of-work-position-statement-october-2011-%28pdf-654kb%29.pdf?sfvrsn=0>

**This is the new web-page of the RACP College, with further information:**

<https://www.racp.edu.au/>

<https://www.racp.edu.au/advocacy/division-faculty-and-chapter-priorities/faculty-of-occupational-environmental-medicine>

<https://www.racp.edu.au/advocacy/division-faculty-and-chapter-priorities/faculty-of-rehabilitation-medicine>

(they and other vested interest parties have over time been changing their websites and appear to have restricted access to information formerly made available, as they seem concerned about revelations made by some advocates! Much formerly available information appears to have been deleted!)

*'Working for a healthier tomorrow'*, 'Dame Carol Black's Review of the health of Britain's working age population', TSO, London, 17 March 2008, UK Government:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/209782/hwwb-working-for-a-healthier-tomorrow.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209782/hwwb-working-for-a-healthier-tomorrow.pdf)

## **B) Welfare reform: Progressive changes to work capability criteria and expectations**

Under the last New Zealand Labour led government a change of approach was taken towards more pro-actively assisting not only single parents on the 'Domestic Purposes Benefit' and 'Widows Benefit' (DPB and WB) back into work, but also towards "encouraging" persons with longer term sickness and disability - being dependent on social security benefits - into paid work. A *'Sickness and Invalid's Benefit Strategy'* was introduced by the Ministry of Social Development (MSD) in 2004.

A policy package called *'Working New Zealand'* was introduced and then implemented through changes to the Social Security Act 1964. The package was based on new approaches that had been adopted and introduced in the U.K., which was based on the assumption that *"work in paid employment offers the best opportunity for people to achieve social and economic well-being"* and *"the priority for people of working age should be to find and retain work"*.

As part of an over-arching *'Working for New Zealand'* package, 'Working for Families' (WFF, introduced 2004 and implemented from 2005) offered incentives for persons with children and on low income to resume or stay in work, in the form of WFF tax credits. Under 'Working New Zealand' there were though few or no direct financial incentives offered to persons remaining dependent on benefits - with or without dependent children. They were rather facing disincentives and penalties if they would not make efforts to prepare for resuming work or to participate in training. One controversial measure was taken in 2005 to phase out the special hardship assistance called 'Special Benefit' from 2006, which was replaced by a new benefit component, called 'Temporary Additional Support' (TAS). That new supplement was not only capped at about 30 percent of the base benefit rate, it offered Work and Income (WINZ) case managers less flexibility and did leave beneficiaries in hardship worse off than if they were still able to claim the 'Special Benefit'. The Fifth Labour Government ignored that increases in claims for the former 'Special Benefit' were driven by the inadequacy of core benefits, which made it increasingly difficult for families to survive on a core benefit alone.

Under a 'Working New Zealand: Work-Focused Support' package a new approach with new requirements and obligations for beneficiaries was brought in. The stated aim was to *"increase opportunities for people to participate in the labour market, where work is an appropriate outcome"*.

Not dissimilar to comments we have heard from ministers under the present National led government, the then Minister of Social Development and Employment, David Benson-Pope commented: *"If we take no further action, assuming that current trends and practices continue, it has been estimated that the cost of supporting the existing population of beneficiaries (as at June 2005) over the lifetime of their claims on Domestic Purposes Benefit, Sickness Benefit and Invalid's Benefit represents a future liability of \$25 billion to the State"*.

The new work-focused package was intended to ideologically reframe the social security system around a focus on citizens' obligations to work - with no corresponding responsibility by the state to provide decent jobs and adequate wages. It was not so much based on 'evidence', but following similar efforts by governments in the U.K., the intention was to simply increase work expectations, and rather send signals to potential future benefit claimants, and to the public at large, that work has priority to support in the form of benefits. It was rather about saving welfare costs in the future.

Then Minister David Benson-Pope was quoted with the statement: *"The ability to work is often constrained by factors that a person may have little control over, such as the availability of childcare or mental health support services that are necessary for a person to work. Taking into account the context of a person's daily life requires acknowledgement of and support to address these barriers if employment is to be a realistic outcome"*.

Trials of the new service delivery model and the integrated "work focused" approach were conducted from mid 2005 onwards at 12 Work and Income service centres and two contact centres. Part of the new approach were "pre assessment processes", such as putting clients into certain priority streams like 'Retention in Work', 'Early Response (Rapid Return to Work)', 'Work-Focused (Able to Work but not Immediately)' and 'Work-Unlikely' (e.g. people with terminal cancer) categories. Seminars were offered and work brokerage services were expanded. Initially only new applicants were offered and could voluntarily attend certain seminars. But from September 2006 also existing beneficiaries would gradually be approached and asked to participate in case management and employment assistance efforts. Those in the 'Work-Unlikely' stream were not offered assistance to employment, but they could access services if they expressed an interest to participate.

From 01 July 2005 Invalid's Benefit recipients, who had previously only been able to work no more than 15 hours per week before they lost entitlement to the benefit, could with the agreement of their Case Manager, work 15 hours or more per week for up to six months without losing their benefit of entitlement. This was offered as an incentive for some persons with severe and long term sickness and disability, to trial work. Additional employment services were introduced for those suffering illness and/or disability, involving employment coordinators, vocational assessment tools and some targeted health interventions. These service additions were intended to reduce the time persons with ill health and disability may stay on primary income support.

Through the 'Social Security Amendment Bill 2006' three of the trialled streams were introduced in the form of 'Work Support', 'Work Support Development' and 'Community Support' (the latter for DPB and IB recipients). While participation in the new service model and up-front work-focuses services prior to benefit receipt was still voluntary during the mentioned trials (which most that were approached accepted), the new Bill provided for compulsory participation in certain services. From September 2007 on, it would become mandatory for unemployed persons applying for a benefit to participate in "pre-benefit activities". There were also additional requirements introduced for persons being work-tested. Planning and activity requirements were brought in for sickness and invalid's beneficiaries, and for spouses or partners of beneficiaries with a dependent child under 6. Sick and disabled were subjected to the same planning and activity requirements and sanctions as DPB and WB recipients. Failure to meet requirements would result in benefit cuts. The new Bill clearly indicated that sickness or disability would no longer be considered a good reason to be out of work, particularly given the enhanced employment assistance for sickness and invalid's beneficiaries provided during the trials. While also offering some other, perhaps minor improvements, the Bill removed much discretion, imposed more regulation and introduced a greater degree of coercion for many dependent on social security benefits.

The last Labour government also had plans to move towards a single core benefit, but given the continued discussion and lack of agreement as to how to re-design the system to facilitate this, and the fact that Labour lost the general election in 2008, this plan was never proceeded with.

Along with the changes that resulted from the passing of the **Social Security Amendment Act 2007**, which enacted new provisions proposed with the Social Security Amendment Bill 2006, MSD created **senior advisory positions** in the form of **Principal Health Advisor**, **Principal Disability Advisor**, and a number of subordinate advisory positions in the form of **Regional Health Advisor** and

**Regional Disability Advisor.** Also were further supportive positions of **Health and Disability Coordinator** created. These positions were appointed by the Chief Executive of MSD under section 41 of the State Sector Act 1988. The mentioned Principal Advisors were commissioned with offering both “strategic leadership” and “advice” to Work and Income staff, particularly the **Regional Health and Disability Teams**, on health and disability matters. They were tasked also with giving medical and expert advice on individual cases, where the subordinate Advisors may need further guidance. Also was and still is their role to liaise with health professionals like general practitioners (GPs), with Work and Income’s “**Designated Doctors**” and with health and disability service agencies and providers in the community.

Since 2007 the same originally appointed Advisors have been active in their roles, and this includes **the more prominent Principal Health Advisor is Dr David Bratt**, who formerly worked as an advisor for the Capital and Coast District Health Board, and who is himself a qualified GP. In 2008 MSD conducted a “designated doctor training program” through meetings held across the country, where Dr Bratt and the former Ministry Advisor Dr Rankin informed Work and Income’s contracted doctors of the Ministry’s processes and expectations in regards to medical examinations and certification done on WINZ clients with health conditions and disability. Such training continues to this day, but is no longer held through group meetings, but is rather offered less formally by way of ongoing consultations on changes to processes, and at times on a case by case basis.

The whole new medical and work capability assessment approach appears to lean heavily on what certain “experts”, mostly from the ‘**Centre for Psychosocial and Disability Research**’ (formerly “sponsored” by UNUM Provident insurance) based at Cardiff University in Wales, U.K. have been presenting as “research findings” over recent years. The **Director** of that Centre, **Professor Mansel Aylward**, who was once also Chief Medical Officer for the UK’s Department for Work and Pensions (DWP), has played a major role, and he was also behind a controversial work capacity test that preceded the now still used ‘**Work Capability Assessment**’ (WCA), which has also been heavily criticised by disabled, their representative organisations, by advocacy groups and also health professional representatives in the U.K., for failing especially persons with mental health conditions.

There have been further changes to the social security system in New Zealand, which culminated in a major reform drive under the former and present National led governments. More work test requirements, conditions and harsher sanctions were introduced in 2010 for sole parents with dependent children, and also for persons on the former sickness benefit under the “**Future Focus**” policy. Effective from July 2013 there were radical changes made to the benefit categories, merging seven former ones into only three main benefit types, and yet more expectations and requirements were introduced for the same kinds of groups of beneficiaries, with yet higher expectations for sick and disabled to also prepare and look for work. **Advisors from the U.K.** were consulted, and new approaches tried there (with rather disastrous results) were in part adopted here, so as to now consider persons with health conditions, injury and disability as also in most cases being “fit” for certain, “suitable” work. This approach is based on a change of criteria for assessing persons’ sickness, injuries, impairments and capability to work. Like in the U.K. the focus is now rather on what persons can hypothetically do, rather than what they cannot do (physically and mentally).

Throughout the continued reforms, there has been a lack of transparency in regards to how medical and work capability assessments are now being conducted, what solid medical scientific advice is being relied on, to apply a more stringent approach, where even persons with serious mental health conditions are increasingly approached, to not go or stay on the now introduced ‘Jobseeker Support – Deferred’ benefit, and rather try and find and stay in work. There has been anecdotal evidence of some of Work and Income’s “Designated Doctors” making bizarre, questionable recommendations, which are at times in stark contrast to what a client’s own doctor may have diagnosed. In some cases bias has been suspected, and like in the UK, more people raise questions about the justification and appropriateness of the new, stringent approach with putting higher expectations on sick, injured and disabled to work in employment on the competitive, stressful, open job market.

Since at least 2010 **Dr Bratt** has as **Principal Health Advisor** given a number of presentations and speeches to meetings of health practitioners and other health professional organisations, in which he has made some bizarre and bold comments, references and statements. **Repeatedly he likened benefit**

**dependence” to “drug dependence”,** and his presentation (apparently backed by his colleague Anne Hawker) called *‘Ready, Steady, Crook – are we killing our patients with kindness?’*, is a typical example of how heavily he appears to rely on selectively gathered statistical and other information.

This post will present information that had been sought from MSD, to offer explanations and medical scientific information, to support the unconvincing information Dr Bratt has regularly used in many of his presentations. Only two direct responses were delivered upon a request filed on 16 January 2014, and only limited further comments and explanations were obtained recently, with the rather “humble” assistance from Ombudsman Professor Ron Paterson.

**For some useful information welfare reforms it is also worth reading the following publications:**

**‘WORKING FOR NEW ZEALAND’:** A Background Paper on Recent and Proposed Welfare Reforms in New Zealand, Louise Humpage, Public Policy Group, University of Auckland, March 2007  
<http://www.artsfaculty.auckland.ac.nz/images/cms/files/LHumpage/Humpage%20Welfare%20forum%20background%20paper%20Mar%202007.pdf>

**‘ESCAPING THE WELFARE MESS?’**, Susan St John and Keith Rankin, Working Paper Nr 267, Revised December 2009:  
<http://www.cpag.org.nz/assets/WelfareMessrevised09.pdf>

**Other information of interest can be found in the following publications via links here:**

**‘Sickness and Invalid’s Benefits: New Developments and Continuing Challenges’**, MSD website, plus link to relevant PDF with report by Neil Lunt, *‘Social Policy Programme’*, Massey University, published in *‘Social Policy Journal of New Zealand’*, Issue 27, March 2006:  
<https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj27/sickness-and-invalids-benefits-27-pages77-99.html>  
<https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj27/27-pages77-99.pdf>

**‘Understanding the Growth in Invalid’s Benefit Receipt in New Zealand’**

By: Moira Wilson, Keith McLeod, Centre for Social Research and Evaluation, Ministry of Social Development, from *‘Social Policy Journal of New Zealand’*, Issue 29, Nov. 2006:  
<http://www.msd.govt.nz/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj29/understanding-the-growth-29-pages127-145.html>  
<https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj29/29-pages-127-145.pdf>

**‘Welfare in New Zealand’**, Wikipedia:

[https://en.wikipedia.org/wiki/Welfare\\_in\\_New\\_Zealand](https://en.wikipedia.org/wiki/Welfare_in_New_Zealand)

**‘Office for Disability Issues’**, website:

<http://www.odi.govt.nz/nzds/work-plans/2007-08/dpt-social-development.html>

See:

“4) *Work and Income*” ...

“2) *Working New Zealand, Work Focused Support: Support and Services for People in Work Development Support and Community Support Service Streams project(t)*”

OAG, Office of the Auditor General, website publications:

**‘Part 2: The Working New Zealand: Work-Focused Support Programme’**

<http://www.oag.govt.nz/2009/social-development/part2.htm>

**‘Part 3: Determining eligibility for sickness and invalids’ benefits’**

<http://www.oag.govt.nz/2009/social-development/part3.htm>

**‘Social Security Amendment Act 2007’** (changes introduced through the ‘Social Security Amendment Bill 2006’):

<http://www.legislation.govt.nz/act/public/2007/0020/latest/DLM408545.html>

**‘Working for Families’**, Wikipedia:

[https://en.wikipedia.org/wiki/Working\\_for\\_Families](https://en.wikipedia.org/wiki/Working_for_Families)

**‘Left Further Behind 2011’**, Chapter 6, **‘Working for Families’**; a Child Poverty Action Group (C.P.A.G.) Monograph, M. Claire Dale, Mike O’Brien, Susan St John:

<http://homes.eco.auckland.ac.nz/sstj003/pdf%20book%20chapters/2011%20Lfb%206%20%20St%20John%20Working%20for%20families.pdf>

**“Can the ‘In Work Tax Credit’ be justified as an in-work benefit?”**, Susan St John and M Claire Dale, NZEA annual conference 2009:

<http://www.cpag.org.nz/assets/Presentations/PresentationEconomistconference.pdf>

**‘THE TEN MYTHS OF THE ‘IN WORK TAX CREDIT’**, Susan St John, C.P.A.G.:

<http://www.cpag.org.nz/assets/sm/upload/58/dp/gt/3x/CPAG%2010%20MYTHS%20IWTC.pdf>

**Re: Appointments made by the Chief Executive of MSD** – of a Principal Health Advisor, a Principal Disability Advisor and various Regional Health and Disability Advisors: See **‘State Sector Act 1988’**:

<http://www.legislation.govt.nz/act/public/1988/0020/latest/whole.html#DLM5478489>

Read section 41 for details on the power of the Chief Executive to delegate powers and/or functions, also to employees and advisors.

### **C) O.I.A. request for medical scientific evidence on harm to health through “worklessness”, and on MSD’s Health Advisor’s claims in presentations**

#### **Questions put to MSD in an O.I.A. request from 16 January 2014:**

1. “Information in the form of clear statistical evidence of Dr David Bratt’s claims in his presentation *‘Ready, Steady, Crook – Are we killing our patients with kindness?’* (presented in Christchurch, 2010), **that 30 % of GP’s “had experienced a sense of threat and intimidation”** (see page 32), which in context of the presentation appears to be coming from patients seeking medical certification for sicknesses and/or disabilities (for Work and Income benefit receipt).

As this appears to be based on a kind of survey, I request a copy of the authentic survey result report this information is based on. If the report is not held by the Ministry of Social Development or Work and Income, I do in any case ask for a clear reference to where that particular information is documented, held and can be found. I also ask for a transcript or copy of the original questions asked in that survey. I furthermore ask for information on whether this is information that relates to the whole practice time that GPs have had in their past lives, or whether it was based on experiences in annual or other time defined periods. I request your clarification, whether a distinction was made in the survey question(s) between a **“sense of threat”** and a **“sense of intimidation”**, and whether any particular details on the kinds of threats or intimidation were given. Furthermore I ask for information on the frequency of such experiences GPs may have had over defined periods.

2. Dr David Bratt has, in his capacity as the Principal Health Advisor for the Ministry of Social Development, regularly made presentations of the types just mentioned under ‘1.’ above, which was to GP conferences and other health professional meetings, which contained a



range of apparently statistical data, for which the exact source has in some cases not been clearly given. Another such presentation is *'Medical Certificates are Clinical Instruments Too'* (from 2012). He has repeatedly stated the above claims on presentations bearing logos and other details, showing that they are apparently Work and Income authorised.

On the pages 13, 20, 21 and 35 of 'Ready, Steady, Crook' Dr Bratt makes references and comments in which he likens or compares "**benefit dependence**" to "**drug dependence**". I seek information from the Ministry of Social Development (MSD), whether it is the official position of MSD and Work and Income (WINZ) that benefit receipt is "**addictive**" like a "**drug**", as suggested by Dr Bratt on page 35, where it reads: "*the "benefit" – an addictive debilitating drug with significant adverse effects to both the patient and their family (whānau) – not dissimilar to smoking*". Dr Bratt also commented in an article in the "NZ Doctor" publication from 01 August 2012 that – quote: "*Long term unemployment has been shown as bad as smoking 10 packets of cigarettes daily*". He continues: "*As a drug, it would be an addictive, debilitating substance, he told the RNZCGP education convention*". If the Ministry shares the comments and views of Dr David Bratt, I ask for clear medical scientific evidence that this is the case, and I also ask for references to scientific reports proving this, preferably quoting information from such reports. It would assist if the Ministry could provide some consistent scientific evidence of this, from preferably a number of scientific reports and sources.

3. Further to the presentation 'Ready, Steady, Crook', on **page 32** there is a range of other statistical data mentioned, which is also claimed to come from a "GP survey", it includes claims that of GPs surveyed on (apparently related to medical certification and associated) pressures they faced, that about "*71 felt it was a mechanism to provide income to the patient*", "*55 % felt W&I staff created an expectation*", "*40 % - because they believed there was no work available*" and "*31 % - felt W&I weren't doing anything for the patient*".

**In relation to those "results" or "answers" form GPs, I ask the following:**

- a) Which particular survey/s do these "results" come from, and what were the exact questions asked in relation to the data presented in that - and certain other presentations - by Dr David Bratt?
  - b) Which of any of those alleged "pressures", if any, had contributed to a GP's decision on whether or not to, or how to complete, a medical certificate for a patient dependent on, or intending to apply for a benefit from Work and Income?
  - c) Which of any of those alleged "pressures", if any, had given the GPs questioned the ultimate motivation, to issue a medical certificate or not, or to make any other determination on the specific way of completing medical certification?
4. Also in the same presentation 'Ready, Steady, Crook' on **page 23**, and in certain other ones, Dr Bratt claims that according to both Australian and New Zealand studies there is a chance of it being only 70 percent likely that a person "ever" returns to work after 20 days off work, it being only 50 percent likely for a person to "ever" return to work after 45 days off work and it being only 35 percent likely for a person to "ever" return to work after 70 days off work.

Please supply copies of the authentic statistical evidence for this data to be correct and also current, and please provide the source information, or at least a clear reference to the report/s stating so, where records may not be kept by MSD or WINZ themselves. I also ask for clarification of whether the information in the mentioned presentation/s is relating to the chance to really "ever" **return to any work**, or whether it is rather referring to "ever" return to the same job that may have been held by a person until she/he got sick, injured, impaired and/or disabled, and was consequently forced to stop working due to that.

5. Please provide information on Dr David Bratt's claim in a 'NZ Doctor' publication from **01 August 2012** (article by Lucy Ratcliffe), where he states: "*A UK study found of the main obstacles for going to work, medical problems made up just 3 % of the list*". He has made

similar claims in his various presentations. As the data appears rather unspecified and inconclusive, I request the clear scientific report data, and evidence, that this is the case. I seek information that Dr Bratt, MSD and/or WINZ hold on this study, and on the source of the report data. Please provide the information from the study that shows what exact questions to what study group of persons were asked, what detailed information was gathered under what criteria and scope. Does this apply to all working age persons simply going to work or trying to work, whether sick or not, of whom some suffer sickness, impairments and disability? Or was the studied group of persons actually made up of affected sick and disabled only? It is hard to believe that such a small percentage of sick and disabled on health related benefits are seeing their condition as an obstacle to work. This information is sought to clarify the claims made in the article and various presentations, as out of context information can easily misinform and mislead.

6. Dr David Bratt's presentations list a fair amount of information, which he claims prove the harms of "*worklessness*", and of being out of work (for sickness, injury or possibly other reasons). Please provide information that Dr David Bratt has as Principal Health Advisor presented in similar kinds of presentations, or in other forms of communications, about the harms that exist at workplaces, about certain harms caused by work, about certain types of work causing ill health or injury, and about insufficiently equipped and organised work places, or particular work practices, work duration, or any other aspects relating to work or employment, that may be causing harms to health and safety of workers. This is for the case Dr Bratt has such information, and that he has gathered, obtained and/or prepared such information for the Ministry of Social Development and/or Work and Income. It must be presumed, or at least be expected, that the Ministry is equally concerned about these issues, which beneficiaries referred into open or other employment may face.
7. Please provide information that Dr David Bratt as Principal Health Advisor may have gathered, obtained, prepared and presented, which gives details about **the negative and harmful health effects of suffering from relative or general poverty**, instead of simple "*worklessness*", that people on benefits or in low paid work may face. There have been international studies on the effects of poverty, and how poverty does affect the health and well-being of adults and their children, irrespective of their employment status. I am interested to receive such information that Dr David Bratt has on file, that the MSD or Work and Income may have on file in their archives, that is being used to raise awareness on these matters, which are of serious concern, apart from concerns about employment of beneficiaries and their dependants.
8. I also request information that Dr Bratt may have gathered, obtained, prepared and presented, that states that the quality of health of a beneficiary, who suffers from sickness, illness, physical or mental impairment and disability, may rather much more depend on individual circumstances, and that some simple forms of physical activity or mental activity, other than work in the form of "open employment" (for paid income), may prove more beneficial than putting such vulnerable persons under any expectations or pressures to seek and obtain paid work on the open job market.
9. Please provide a list of **the various "research" sources and reports** that Dr David Bratt has used for obtaining information for his various presentations (of the types as mentioned above), and please state clearly, which ones were from professionals like Dr Gordon Waddell, Professor Dr Mansel Aylward and others who worked at (and in cooperation with) the 'Centre for Psychosocial and Disability Research', formerly funded by "Unum Provident" (a US and UK based disability and health insurance provider), at Cardiff University in the UK. It would perhaps assist to also get a percentage rate for the contents of data from the "researchers" at that Centre, which has been relied on and used for Dr Bratt's presentations. There is concern amongst the public, that Professor M. Aylward and some colleagues have repeatedly attempted to claim, that a high number of persons suffering "moderate" mental health or musculo-skeletal conditions actually only suffer from alleged "illness belief".

10. Please provide information on the times, dates, types of and purposes of contacts, meetings and communications (including correspondence) that Dr David Bratt had with –
- a. Professor Dr Mansel Aylward (from the ‘Centre for Psychosocial and Disability Research’, Cardiff University),
  - b. Dr David Beaumont (formerly ATOS employee, from the UK, now ‘Pathways to Work’ director, and advisor to MSD, and formerly also to ACC), and
  - c. Dr Gordon Waddell (‘Centre for Psychosocial and Disability Research’) - in the course of performing his duties, and also otherwise, while holding his position as Principal Health Advisor for MSD and Work and Income.

Dr David Bratt has in his capacity as the senior advisor for the Ministry of Social Development, on health conditions and related matters affecting Work and Income beneficiaries, regularly held speeches and presentations (as listed above). He has at such occasions been presenting PDF, PowerPoint or similar presentations, detailing aspects of the subject matters he would cover.

The above specified information is sought for reasons of providing public transparency and accountability, and assurance in Dr David Bratt’s professional competency and integrity as Principal Health Advisor for the Ministry, while being a qualified medical practitioner in a public service role. As he is commissioned with communicating to medical practitioners and other health professionals, the information that MSD and WINZ deem essential to present, in order to facilitate the effective co-operation between staff working for the Ministry and health professionals, there is a strong public interest that this information is made available.

The above requested specified information is sought to be made available under the Official Information Act 1982 within the specified time frame of 20 working days.

I kindly and respectfully ask that the information is made available by way of a sufficiently detailed written response, and by way of good quality, easily readable photo copies of original documents containing the relevant information. Otherwise it can also in part be made available by way of equally good quality computer generated printouts. If not available in hard copy form, a standard CD containing the corresponding, relevant documents and information in PDF, or similarly common, readable data format can be accepted.

Thank you for your acknowledgment and appreciated co-operation.

Yours sincerely

XXXXXXXXXX XXXXXXXXX”

**Sundry reference information on Dr David Bratt’s presentations - and of his comments quoted in media reports - can be found via the following links:**

1) *‘Ready, Steady, Crook – Are we killing our patients with kindness?’*

<http://www.gpcme.co.nz/pdf/GP%20CME/Friday/C1%201515%20Bratt-Hawker.pdf>

(presentation by Dr D. Bratt and A. Hawker, for Work and Income, to GP conference in Christchurch, 2010, see pages 13, 20, 21 and 35 for comparisons to drug dependence)

2) *‘Medical Certificates are Clinical Instruments Too!’*

[http://www.gpcme.co.nz/pdf/2012/Fri\\_DaVinci\\_1400\\_Bratt\\_Medical%20Certificates%20are%20Clinical%20Instruments%20too%20-%20June%202012.pdf](http://www.gpcme.co.nz/pdf/2012/Fri_DaVinci_1400_Bratt_Medical%20Certificates%20are%20Clinical%20Instruments%20too%20-%20June%202012.pdf)

(GP presentation by Dr D. Bratt, 2012, see pages 3, 16 and 33 for his likening of benefit dependence to “drug dependence”)

3) **'Pressure – No Pressure' (How to deal with “pushy” patients)**

[https://www.google.co.nz/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKewjtperG0jpAhVKwGMKHe5TB\\_AQFggaMAA&url=http%3A%2F%2Fwww.rgpn.org.nz%2FNetwork%2Fmedia%2Fdocuments%2FConference2011%2FD-Bratt.ppt&usq=AFQjCNFEedYN\\_dDW9BAZvZo\\_cQpC2rFyelg&bvm=bv.133178914,d.dGo](https://www.google.co.nz/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKewjtperG0jpAhVKwGMKHe5TB_AQFggaMAA&url=http%3A%2F%2Fwww.rgpn.org.nz%2FNetwork%2Fmedia%2Fdocuments%2FConference2011%2FD-Bratt.ppt&usq=AFQjCNFEedYN_dDW9BAZvZo_cQpC2rFyelg&bvm=bv.133178914,d.dGo)

(PowerPoint presentation by Dr Bratt, downloadable from the web, again likening benefit dependence to “drug dependence” and presenting a lot of selectively gathered information)

4) **'Shifting Your Primary Focus to Health and Capacity – A New Paradigm'**

<http://www.gpcme.co.nz/pdf/WS%20142%20Bratt%20-%20Shifting%20Your%20Primary%20Focus%20to%20Health%20and%20Capacity.pdf>

(**Prof. Sir Mansel Aylward**, Director Centre for Psychosocial and Disability Research, Cardiff University; **Dr David Bratt**, Principal Health Advisor, Ministry of Social Development; joint presentation at GP CME Presentation – June 2013; **questioning “traditional” diagnosis on a medical model basis, and promoting the Aylward version of the “bio psycho-social model”, and even promoting ‘Long Acting Reversible Contraception’ to improve employability of women, see page 45!!!**)

5) **'Harms lurk for benefit addicts'**

<http://www.nzdoctor.co.nz/in-print/2012/august-2012/1-august-2012/harms-lurk-for-benefit-addicts.aspx>

(article in NZ Doctor magazine, by Lucy Ratcliffe, 01 August 2012, where Dr Bratt is again quoted with his preposterous claims about benefit dependence being like “drug dependence”, and that: “A UK study found of the main obstacles for going to work, medical problems made up just 3 per cent of the list.”)

try this link if the above does not work:

[Dr D. Bratt, MSD, 'Harm lurks for benefit addicts', article, NZ Doctor, 01.08.12, scan, 18.08.2012](#)

\*\*\*\*\*Please search online under the title of the article, if the link does not work!\*\*\*\*\*

6) **See also:** 1 PDF file containing the **position description for Principal Disability Advisor** (original from 2007), received with an earlier O.I.A. reply from MSD:

[MSD, O.I.A. Request, Princ. Health Advisor, position description, highlighted points, Jan. 2007](#)

7) See the anonymised letter containing the questions put to MSD on 16 Jan. 2014:

[MSD, O.I.A. rqst. re Dr Bratt, presentations, contacts, anon. ltr w. questions, 16.01.14](#)

8) **See also the supposed “evidence based” position statement launched via the AFOEM from 2010 onwards, presented and promoted by Prof. Mansel Aylward, called ‘The Health Benefits of Work’, which is now found under another link on the Royal Australasian College of Physicians (RACP) website, which is used to justify the new approaches in work ability assessments:**

<http://www.racp.edu.au/docs/default-source/default-document-library/australian-and-new-zealand-consensus-statement-on-the-health-benefits-of-work.pdf?sfvrsn=2>

**This is the new web-page of the RACP College, with further information (as on 19.09.2016):**

<https://www.racp.edu.au/>

<https://www.racp.edu.au/advocacy/division-faculty-and-chapter-priorities/faculty-of-occupational-environmental-medicine>

<https://www.racp.edu.au/advocacy/division-faculty-and-chapter-priorities/faculty-of-rehabilitation-medicine>

(they and other vested interest parties have over time been changing their websites and restricted access to information formerly made available, as they appear concerned about revelations made by some advocates!)

## D) MSD's O.I.A. responses – failing to deliver convincing evidence

### 1. Response from 27 February 2014:

*“27 FEB 2014*

*Dear XX XXXXXXXXX*

*Thank you for your letter and email of 16 January 2014 requesting, under the Official Information Act 1982, detailed information regarding Dr Bratt's presentation 'Ready, Steady, Crook' and his meetings with other health professionals.*

*Dr Bratt's presentations are designed as interactive workshops with medical professionals. The slides are merely a prompt and do not provide the context of the discussions. There are no transcripts of these discussions.*

#### *Statistics in the presentation 'Ready, Steady, Crook'*

*The majority of references which highlight the adverse effects of worklessness are readily available in the Position Paper "Realising the Health Benefits of Work" produced by the Australasian Faculty of Occupational and Environmental Medicine. A further reference list is available in the paper commissioned by the United Kingdom Department of Health and the Department for Work and Pensions by Dame Carol Black entitled "Working for a Healthier Tomorrow".*

*The figures showing the likelihood of return to work are from the following papers:*

- *Campbell Research and Consulting. 2008/09 Australia & New Zealand Return to Work Monitor. Melbourne: The Heads of Workers Compensation Authorities; 2009*
- *RTW Trends in Australia and New Zealand. Dr Mary Wyatt, 2009 which is publicly available at <http://www.rtwmatters.org/publications/all-jurisdictions-rtw-monitor-part-1/>*
- *Johnson D, Fry T "Factors Affecting Return to Work after Injury: A study for the Victorian WorkCover Authority. Melbourne: Melbourne Institute of Applied Economic and Social Research; 2002.*

*Please find enclosed a copy of the Work and Income Medical Certificate Survey – 2010 and the results of that survey which featured in Dr Bratt's presentation 'Ready, Steady, Crook'.*

#### *Lucy Ratcliffe's Article*

*With regards to Dr Bratt's statement quoted by Lucy Ratcliffe – the figures were taken from a presentation by Sir Mansel Aylward to a representative group of medical professionals from various medical colleges in 2012. The study was independently undertaken by Cardiff University where recipients of a disability-related benefit were interviewed to help identify the key factors that prevented their return to the workforce.*

#### *Dr Bratt and Other Practitioners*

*Sir Mansel Aylward was invited to New Zealand by Sir Peter Gluckman, the Chief Science Advisor, to review the 'Growing Up in New Zealand' study. In June 2013 Sir Mansel Aylward returned to New Zealand to present his report into the study. During his visit to the Faculty of Occupational and Environmental Medicine Dr Bratt met with him to discuss the extensive work he has been involved with about the adverse health effects of worklessness. At the invitation of the New Zealand Medical Association Sir Mansel Aylward was a keynote speaker at the General Practitioner Conference and Medical Exhibition in Rotorua in June 2013 where he addressed over 900 General*

*Practitioners. Prior and subsequent to this visit, Dr Bratt had numerous email and phone conversations with Sir Mansel Aylward to confirm the travel arrangements and conference details.*

*Dr David Beaumont is an occupational medicine physician who is the President-Elect of the Australasian Faculty of Occupational and Environmental Medicine. He was co-chair of the group that collated the Position Paper on “Realising the Health Benefits of Work”. Dr Beaumont does not and has never worked at the Ministry. He was part of the external advisory committee representing the various health and disability organisations that the Ministry co-ordinated regarding the Welfare Reform programme. Dr Bratt’s contact with Dr Beaumont was limited to facilitating meetings with Sir Mansel Aylward.*

*Dr Bratt has not met with or had any correspondence with Professor Gordon Waddell.*

*The remainder of your request for information is very broad and substantial manual collation would be required to locate and prepare all of the information within scope of your request. As such I refuse the balance of your request under section 18(f) of the Official Information Act. The greater public interest is in the effective and efficient administration of the public service.*

*I have considered whether the Ministry would be able to respond to your request given extra time, or the ability to charge for the information requested. I have concluded that, in either case, the Ministry’s ability to undertake its work would still be prejudiced.*

*I am sorry that I cannot be more helpful on this occasion. You have the right to seek an investigation and review of my response by the Ombudsman, whose address for contact purposes is:*

*The Ombudsman  
Office of the Ombudsman  
PO Box 10-152  
WELLINGTON 6143*

*Yours sincerely*

*Debbie Power  
Deputy Chief Executive Work and Income “*

Attached to that letter was a 3-page copy of the mentioned ‘**Work and Income Medical Certificate Survey – 2010**’, with a set of questions and the summary of answers. It is attached to response from MSD dated 27 Feb. 2014, and the whole response can be viewed and downloaded here:

[MSD, O.I.A. rqst, re Dr Bratt, presentations, contacts, anon., 16.01., reply by CE, 27.02.14](#)

## **2. MSD’s further response by email, from 12 Nov. 2014 (10:19 am)**

Following a complaint letter by the O.I.A. requester to the Office of Ombudsmen (from 09 March 2014), which will also be attached to this post, the Ministry did many months later, on 12 Nov. 2014, send a further response by email:

*“Dear Mr Xxxxxxxx”*

*“We refer to your Official Information Act request of 16 January 2014, where you sought detailed information regarding Dr Bratt’s presentation ‘Ready, Steady, Crook’ and his meetings with other health professionals. Further to this request and your subsequent complaint to the Office of the*

Ombudsman, we are able to provide you with further clarification regarding the questions you believe were not fully answered:

- **question one:** Whether the information obtained from GPs related to a specified time period? *The survey was carried out in 2010 at several large National General Practitioner Organisations' annual conferences. No time period was specified for responses to apply to. The date, 2010, is on the subject heading of the survey sheet – as already provided*
- **question three:** No response to part c) of the question – *the purpose of the survey question was to gauge the extent to which GPs are aware of additional “external” pressures on them when completing Medical Certificates. No in-depth analysis was possible on the basis of a simple self-reported survey sheet. The responding GPs were not asked the questions – they were just handed the survey sheets to complete and return to Dr Bratt if and when they chose to do so*
- **question four:** No clarification of whether the statistical information relates to persons ever returning to any work, or whether the person may never return to the same kind of job or work previously undertaken – *it is Dr Bratt's understanding that the Australian/New Zealand statistics quoted relate to the likelihood of a person having been out of work unintentionally for a period of time ever returning to their original job or a similar one. You have already been supplied with the reference*
- **question 10:** Exact times, dates and types of contacts with the listed professionals were not provided – *Dr Bratt does not keep a record of the times, dates, and types of contacts he has had with the listed professionals or anyone else. Dr Bratt's emails from that period have been deleted. Many contacts were personal to Dr Bratt. Dr Bratt has never had any contact with Professor Waddell*

*We hope you find this information helpful.*

*The Office of the Ombudsman has been forwarded a copy of this email. They will be in touch in due course.*

*Yours sincerely*

*Ombudsman and Privacy Complaint Services*

*Ministry of Social Development”*

A scan copy of that anonymised response from 12 Nov. 2014 can be viewed by clicking this link here: [MSD, O.I.A. rqst, re Dr Bratt, presentations, contacts, anon., 16.01., further reply, 12.11.14](#)

## **E) MSD's repeated reluctance to provide official information - an analysis and interpretation of received information**

**When looking at the rather specific, clear requests and questions 1 to 10, that were put to MSD by way of the above O.I.A. request from 16 January 2014, and then looking at the information provided with the responses from MSD on 27 February and also 12 Nov. 2014, the following becomes clear:**

MSD chose not to respond at all to a number of questions or requests, MSD only provided some of the asked for information on some other requests, and MSD actually only properly answered a few of the

total number of requests. We can say that the response from 27 February 2014 was rather brief, superficial and poor, as it simply ignored many requests, and apart from that provided only limited information in a summarised manner. That was no coincidence, and will rather have been intentional. There appears to have been a reluctance to provide anything of substance that could lead to further follow-up questioning by the requester, or for that sake other members of the public.

## Requests/questions 2 and 9

So MSD appear to have started with first responding in part only to **requests 2 and 9** in the O.I.A. - by simply referring the requester to two “papers” that Dr Bratt appears to have primarily relied on when preparing his presentation ‘Ready, Steady, Crook’. These are:

- 1). **“Realising the Health Benefits of Work”**, produced by the ‘Australasian Faculty of Occupational and Environmental Medicine’ (AFOEM), largely based on “research” information presented by controversial **Professor Mansel Aylward**;
- 2). **“Working for a Healthier Tomorrow”**, commissioned by the United Kingdom Department of Health and the Department for Work and Pensions - by **Dame Carol Black**, who has relied on similar research findings as Prof. Aylward.

Both of these “**position papers**”, containing selected statistical - and also some other research data with their references, are well known to insiders, but they are both significantly influenced by the so often quoted same “experts” like Professor Mansel Aylward and some of his like minded colleagues like Waddell and Burton, with links to the once so called ‘**(UNUM Provident) Centre for Psychosocial and Disability Research**’ in Cardiff, Wales. Both publications contain numerous references to these and selected other professionals, and must therefore be treated with caution, as to their “independence”. Even Professor Aylward has in recent years repeatedly admitted, that more research is needed to be conducted in the areas he has “researched”, after having faced wide spread criticism in the U.K. and elsewhere. References offered do otherwise represent a list of various statistical and other employment or welfare related reports, with little solid medical scientific value. I will address **requests 2 and 9** separately in more detail later in this post.

## Request/question 4

**O.I.A. request 4** sought specified information in the form of statistical evidence for claims Dr Bratt made on slide or **page 23** of his presentation ‘**Ready, Steady, Crook**’, which has also appeared in some other presentations. There he stated the following re ‘Worklessness’, sounding rather definitive:

**“If the person is off work for:**

*20 days the chance of ever getting back to work is 70%*

*45 days the chance of ever getting back to work is 50%*

*70 days the chance of ever getting back to work is 35%”*

(On page 22 of the presentation a reference is made to “*both Australian and NZ studies*”)

There was some information provided to answer **request 4**, but it is again of very limited usefulness, as all that MSD offered in the first response from 27 Feb. 2014 were three sources of largely statistical information on the likelihood of persons returning to work, based mainly on surveys:

- 1). Campbell Research and Consulting: ‘*2008/09 Australia & New Zealand Return to Work Monitor*’; *The Heads of Workers Compensation Authorities*; Melbourne, 2009
- 2). ‘*RTW Trends in Australia and New Zealand*’; Dr Mary Wyatt, 2009; publicly available at <http://www.rtwmatters.org/publications/all-jurisdictions-rtw-monitor-part-1/>
- 3). Johnson D, Fry T “*Factors Affecting Return to Work after Injury: A study for the Victorian WorkCover Authority. Melbourne: Melbourne Institute of Applied Economic and Social Research*”; 2002.

When examining these “sources” more closely, they represented actually just two, as 1) and 2) above used the same survey data gathered annually by ‘**Campbell Research and Consulting**’!

The annual Campbell Research and Consulting ‘**Australia & New Zealand Return to Work Monitor**’ has been based on annual phone surveys that only covered outcomes and processes reported by sample



groups of between a total of about two to three and a half thousand workers involved in workers compensation schemes. It has not included workers with employers that are self insured. Selected persons, who were paid at least 10 days income compensation, were 7 to 9 months after lodging their claims simply being asked a set of questions relating to past or existing work, their individual circumstances and their prospects to return to work, and what could have impacted on this. The survey has not included Western Australia, ignored some types of useful important information, and is therefore hardly all that representative. It did not provide proper medical, scientific information on the direct impact of injuries, sickness and impairments on work ability. The one report quoted only covers a survey for 2008 to 2009. As for data collected for New Zealand showing some differences to that gathered for jurisdictions in Australia, one must consider that there may be different standards for occupational health and safety, and for the application of such for both countries. Also may there be systemic differences in regards to accessible rehabilitation and health care, in income and compensation payment levels, in availability of suitable employment, and of course in economic circumstances, which would all play a role and contribute to some variances in the presented figures. Yet overall, trends and levels for Return to Work (RTW) have been quite similar and mostly stable over time, in both New Zealand and Australia.

**An online publication of the mentioned report can be found via this link:**

<http://www.hwca.org.au/documents/Australia%20and%20New%20Zealand%20Return%20to%20Work%20Monitor%202008-2009.pdf>

As for the information presented in reply to O.I.A. **request 4**, which was asking for evidence backing the statistics quoted by Dr Bratt in his presentation '*Ready, Steady, Crook*' (page 23), a reader of that report will struggle to find such evidence in the mentioned report. It appears that Dr Bratt was re-interpreting selectively chosen data, to suit his agenda to "prove" things, that are not actually backed up by information contained in any of the referred to reports.

Yes, the various sets of statistical data presented in tables and graphs even contradict some of Dr Bratt's other frequent claims, that are based on other "research" by "experts" like Mansel Aylward, such as that most barriers for persons to return to work are not related to sickness or disability. Roughly half of all persons returning to work claim that they fully recovered from their injuries, and only a marginal percentage mentions "psychological" reasons for not having been able to return to work (see also a table 9 on page 23 and table 10 on page 25 of the above report from 2008-2009).

As for **Dr Mary Wyatt**, and her reports on the '*Return To Work Matters*' website, she is herself editor for that website and has authored many publications on it. She is also mentioned as having been chair of the 'Australasian Faculty of Occupational and Environmental Medicine Policy Committee' and is a member of the 'College of Physicians Policy and Advocacy Committee'. As we know, under President Elect Dr David Beaumont, it was the AFOEM itself, which invited Mansel Aylward to present his "findings" to the Faculty, which was the launch of the agenda to influence the New Zealand and Australian medical professional organisations to bring in new UK style medical and work capability assessment approaches. Mary Wyatt did alongside Mansel Aylward attend the launch of the so-called '**Realising the Health Benefits of Work**' position statement in May 2010. Dr Beaumont was the co-chair of the AFOEM's '**Position Statement Working Group**'. Again, we see that all the usual, known key promoters of these policies joined their forces to introduce them here in "Down Under".

**While there are claims made that RTW rates have declined over recent years (up to 2009), this appears to be only so for Australia, but not New Zealand, because on the website it says this:**

*"There has been no material change in the time taken to return to work in New Zealand" ...*

See the website page found via this link for more details, under '*Executive Summary*':

<http://www.rtwmatters.org/publications/all-jurisdictions-rtw-monitor-part-1/>

**Also take note of this information on the same page:**

*"Claim cost data was provided by Australian jurisdictions only. Claim costs have increased across all jurisdictions, with the average cost of claims at six months up an average of 22%. This ranged from 11% in SA to 37% in Victoria. Information on claims costs was not available for NZ."*

*“It should be noted that W.A. does not participate in the Annual Return To Work Monitor survey or report.” “An anomaly with the Victorian data is being investigated.”*

**On the same page, under the heading ‘Background to this publication’, it says this:**

*“In this series we compare and contrast return to work trends across Australian and New Zealand jurisdictions from 2005-06 to 2008-09.*

*The RTW Monitor survey has been run each year since the mid 90s, initially in Victoria with other jurisdictions joining the monitor later. The last four years of the Monitor are publicly available via the [Heads of Workers Compensation Authorities](#) website and have been used to compare recent jurisdictional trends.*

*At the outset we need to make clear - one cannot simply compare the results of one jurisdiction to another.”*

**Under ‘The Return to Work Monitor survey’ we read:**

*“The Return to Work Monitor is a survey of approximately 2000 injured workers in Australia and New Zealand. The Monitor asks people with work injuries about return to work.*

*The Monitor interviews employees seven to nine months after they have lodged a claim, where ten days or more compensation has been paid. The survey is completed by phone in November and May each year by [Campbell Research & Consulting](#).*

*The RTW Monitor is designed to compare return to work outcomes and the processes involved in workers compensation schemes. Injured workers employed by organisations which are self-insured are not included.”*

**Here is the link to the main page of the site with more info:** <http://www.rtwmatters.org/>

So that website and the relevant information on it are also based on the same report as listed under 1) above, that is by ‘**Campbell Research and Consulting**’.

As for the quality of the data, and the bold, definitive sounding statements that Dr Bratt makes in his presentations, it shows he is selectively picking statistics to promote his and MSD’s push to bring in firmer work capability assessment criteria and higher work test obligations for sick, injured and impaired. He is quoting and interpreting data out of context and thus misrepresenting the otherwise much more balanced - hardly that worrying - real situation and trends we have. A closer look at the information on ‘**RTW Matters**’ reveals, that it does not back many of Dr Bratt’s assertions.

**For the spin used see also pages 5 and 6 of the publication ‘RACP news’, Vol. 30, 4 August 2010:** <http://www.racp.edu.au/docs/default-source/racp-news/racp-news-august-2010.pdf?sfvrsn=2>

Only the third mentioned report called “**Factors Affecting Return to Work after Injury: A study for the Victorian WorkCover Authority**”, from the ‘Melbourne Institute of Applied Economic and Social Research’ (in 2002) appears to contain some basis for the information that Dr Bratt likes to include in his presentations, as was asked for with **O.I.A. question 4**. A link to that report can be found here: [https://www.melbourneinstitute.com/downloads/working\\_paper\\_series/wp2002n28.pdf](https://www.melbourneinstitute.com/downloads/working_paper_series/wp2002n28.pdf)

That rather outdated report is based on a descriptive analysis of data from a sample of records from close to 50,000 claims lodged for workers’ compensation in Victoria between 01 July 1993 and 30 June 1998 (a third of the total). The database used, which is covering circumstances about claims, actually covers a 15 year period. But already on page 3 under ‘**1.3 Results**’ and ‘**Descriptive analysis**’ it says in the report, that “*the data are very skewed in a number of important respects, with many*

*claims being of very short duration and low cost, and few observations with very long duration and very high cost”.*

Under ‘**Multi-variate modelling**’ it also says: *“In none of the above analysis is the independent effect of other claimant characteristics controlled so conclusions about apparent differences between groups may be misleading”.*

But using a multi-variate analysis and making a simple comparison of groups of claimants, the authors claim that their research revealed significant independent effects of certain defined classes of variables (e.g. in incidence, duration and cost between industries, by affliction type, incidence type and agents). Under ‘**1.5 Discussion**’ (on page 4) the publication explains how workers compensation claims behaviour was observed, particularly in regards to incidence, duration and amounts of claims. Some limitations of the research method were again being noted.

Under ‘**2. Introduction**’ (page 5) the report then also concedes:

*“However while the focus of the study is return to work it should be noted that return to work is not observed directly in the data. What is observed is that claimants no longer receive weekly payments. It is surmised that, for those of workforce age, going off benefit is tantamount to return to work. However there are other possibilities”.*

Nevertheless, the report appears to have some scientific value, like it is the case with many research reports of this type having some quality issues, but otherwise at least some useful information to provide. By looking at a table ‘**3.2 Summary statistics, WorkCover sample, means and medians**’ on page 12, we see information that may raise some questions, but significant variations between mean and median time off work, and other aspects are logically explained. Despite of the marked difference for time off work between females and males, most of the other data is hardly extraordinary. Mean time lost off work and paid by WorkCover is 96 days for females and 64 days for males. Data provided on page 14 a table ‘**3.5 Weekly compensation payments by affliction**’ is with the shown variations also not that surprising.

The report does for the rest present a large number of graphic and tabled statistical presentations, as well as some formulae for calculating incidence, durations, costs, and so forth of workers’ compensation payments, which do generally appear to tell us what most will already have presumed or known from anecdotal reporting. Nothing appears to be all that much out of the ordinary. Such facts like the severity of a condition or injury being a strong indicator for the likely length of a claim is hardly surprising. As only a small percentage of workers will be affected by serious injury, the fact that they are likely to depend on claims payments for longer periods, and are therefore less likely to return to their former employment, is simply normal and to be expected. And while the costs per capita will be high for instance for some serious injuries, this has to be viewed in the context of the vast majority of the claimants not being that seriously injured and out of work for shorter periods.

Having gone over that partly mathematically complex analysis and report, I have not found any direct mention of the statistical data Dr Bratt has used on page 23 in ‘**Ready, Steady, Crook**’, so I must presume he and others have extrapolated figures from data sets in this report. This will most likely have been done from the various graphs showing so-called “survivor functions” for certain conditions and other impacting factors or circumstances. The way the information is used in Dr Bratt’s presentations is extremely misleading. The vast majority of people do eventually return to work, and only a small percentage of injured and impaired persons will not return to work for longer periods. What Dr Bratt and MSD have done, is to confuse - or intentionally mix up - cause and effect, ignoring the fact that only a tiny percentage of injured, same as seriously sick and impaired persons, will never return to their previous or even other work. The systems and supports that are in place do already ensure that most people do minimise their time off work, and are encouraged to return to employment.

And only upon the Ombudsman complaint from early March 2014 did MSD provide some further information in response to the O.I.A. request number on 12 November 2014. It did then contain the following comments:

*“it is Dr Bratt’s understanding that the Australian/New Zealand statistics quoted relate to the likelihood of a person having been out of work unintentionally for a period of time ever returning to their original job or a similar one.”*

That did most certainly qualify the earlier provided information, and put a totally new meaning on the rather blunt, misleading claims made in *‘Ready, Steady, Crook’*. Also should we ask the valid question, how relevant are RTW figures for workers suffering injuries due to accidents, as that is just one group of people that may face impairments and disabilities necessitating time off work and workers’ compensation or other social security support. How relevant is this kind of research for persons having congenital health conditions, having permanent physical or mental sickness or impairments, leading to disability? I dare say that the research referred to above may not be all that relevant at all, same as it may not be that relevant for healthy persons who are unemployed. Hence the references provided by MSD, to provide supposed “evidence” for Dr Bratt’s claims, lack credibility.

### **Requests/questions 1 and 3**

The information that MSD provided in reply to **O.I.A. requests 1 and 3** did at first consist only of a copy of a survey form with response data on it, which was gathered from general practitioners attending some conferences. Initially it was in the letter from 27 February 2014 simply referred to as: *“Please find enclosed a copy of the **Work and Income Medical Certificate Survey – 2010** and the results of that survey which featured in Dr Bratt’s presentation ‘Ready, Steady, Crook’”*.

You can find the authentic copy of that form at the end of the first O.I.A. response by MSD from 27 Feb. 2014, which is contained in the attached PDF file, also found via this link:

[MSD, O.I.A. rqst, re Dr Bratt, presentations, contacts, anon., 16.01., reply by CE, 27.02.14](#)

For those not aware of what the information on **page 32** of Dr Bratt’s presentation *‘Ready, Steady, Crook’* is, here are the claims he makes there about findings from a *‘GP Survey’*:

*“Sources of pressure felt by GPs*

*71% felt this was the mechanism to provide income to the patient*

*55% - felt W&I staff created an expectation*

*40% - because they believed there was no work available*

*31% - felt W&I weren’t doing anything for the patient*

*30% - had experienced a sense of threat and intimidation”*

Again, MSD provided that form, without offering any explanations for the contents of that form, and without properly answering questions in O.I.A. requests 1 and 3. Only upon the complaint to the Office of the Ombudsmen (dated 09 March 2014) did MSD deliver **the following additional explanations** in their further response from 12 Nov. 2014:

[MSD, O.I.A. rqst, re Dr Bratt, presentations, contacts, anon., 16.01., further reply, 12.11.14](#)

Re question one: “Whether the information obtained from GPs related to a specified time period? “

Comments by MSD: *“The survey was carried out in 2010 at several large National General Practitioner Organisations’ annual conferences. No time period was specified for responses to apply to. The date, 2010, is on the subject heading of the survey sheet – as already provided”*

Re question three: “No response to part c) of the question”

Comments by MSD: *“the purpose of the survey question was to gauge the extent to which GPs are aware of additional “external” pressures on them when completing Medical Certificates. No in-depth analysis was possible on the basis of a simple self-reported survey sheet. The responding GPs were not asked the questions – they were just handed the survey sheets to complete and return to Dr Bratt if and when they chose to do so”*

So while Dr Bratt quotes his so-called “GP survey” results like some convincing “evidence” in his presentations, such as *‘Ready, Steady, Crook’* (see **pages 31 to 33**) or *‘Medical Certificates are*

*Clinical Instruments Too*’ (see page 29), this is far from the truth. That very “survey” he conducted, lacked any proper statistical methodology and validity, as it was not conducted in an appropriate scientific manner. It was merely a random “survey” based on questionnaires he handed out, and which he only partly got back. From the returned questionnaires, which were also not all fully completed, he extracted the figures that he considered of use, to promote his agenda of trying to convince medical and other health professionals, same as other target groups, to adopt the approaches he favours for getting sick, injured and disabled into “suitable” forms of work. It was apparently an attempt to generate an impression, that GPs face some unreasonable “pressures” or expectations from patients, seeking medical certificates to claim benefits.

## Further to request/question 2

As for **O.I.A. request 2**, MSD have shied away from offering any proper response to the questions asked in it. NO confirmations was given, and no medical scientific evidence was delivered to prove that “**the benefit**” is “**addictive**” like a “**drug**”, or that any of the other bizarre claims made in Dr Bratt’s presentations have any validity. Let us remember that Dr Bratt has repeatedly claimed that “**Long term unemployment has been shown as bad as smoking 10 packets of cigarettes daily**”. He has also asserted: “**As a drug, it would be an addictive, debilitating substance, he told the RNZCGP education convention**” (see question 2 in the O.I.A. request from 16 Jan. 2014). Up to this day, MSD have given no proper response to that request. Not even the complaint to the Ombudsman resulted in any further information, even though it was pointed out, that neither the position paper by the ‘Australasian Faculty of Occupational and Environmental Medicine’ (AFOEM), called “Realising the Health Benefits of Work”, nor the UK paper titled “Working for a Healthier Tomorrow”, by Dame Carol Black, does deliver evidence to support Dr Bratt’s bold quotes or comments.

The Ombudsman did not bother to press MSD for a clear answer, but concluded in his provisional decision, that from their earlier comments, it must be presumed that MSD agree with Dr Bratt. In a “provisional opinion” on the O.I.A. requester’s complaint, Ron Paterson wrote on 22 May 2015:

*“In response, the Ministry has provided the following additional information:*

*Question 2 – In relation whether MSD agrees with Dr Bratt, the answer is yes, and the links, including the five references, were provided. While MSD did not specifically state that it agreed with Dr Bratt, it can be implied from providing the references.” “The Ministry does not hold this information and has no further comment to make.”*

**This is an astonishing comment. Indeed, the Ministry appears to have been forced to concede that it “agrees” with Dr Bratt’s comments and position, being his employer, it would possibly have to dismiss him, should it disagree with him now, having allowed him to make bizarre, misleading claims in his presentations. But of course MSD will not comment on this publicly.**

## Request/question 5

**O.I.A. request 5** referred to a **NZ Doctor** publication from 01 August 2012 (article by Lucy Ratcliffe), where Dr Bratt was quoted as saying: “**A UK study found of the main obstacles for going to work, medical problems made up just 3 % of the list**”. So the source of the supposed evidence was asked for, but again, NO proper response was provided by MSD. All that MSD provided in their response from 27 Feb. 2014 was the following: “*With regards to Dr Bratt’s statement quoted by Lucy Ratcliffe – the figures were taken from a presentation by Sir Mansel Aylward to a representative group of medical professionals from various medical colleges in 2012. The study was independently undertaken by Cardiff University where recipients of a disability-related benefit were interviewed to help identify the key factors that prevented their return to the workforce.*”

So again, we are merely talking about a kind of “survey”, or number of “interviews”, to gather data.

After the dissatisfaction with MSD’s unclear response, mentioning no source by name, date and author, the requester followed up the initial complaint to the Ombudsman, the following information from MSD was provided by Ron Paterson in his “provisional opinion”:

***“Question 5 – Mr ..... has previously been provided with Dr Bratt’s research sources. The Ministry holds no additional information about the Cardiff University study.”***

Again the requester and readers here are left without any proper response, as the particular study is not named by title, by author or date. The only reference being made to a “study”, which though appears to be nothing else but a form of series of interviews of persons affected with disabilities, does not give us the opportunity to properly examine and assess it. NO information about the quality and scientific solidity of the research or results is presented; hence I would not give much credit at all to the claims made by Dr Bratt, supposedly supported by the mentioned, unknown “Cardiff University study”.

### **Requests/questions 6, 7 and 8**

There was NO real information at all provided by MSD in response to **O.I.A. requests 6, 7 and 8**, neither in the letter from Deputy Chief Executive Debbie Power dated 27 February 2014, nor in the additional response by email (from an unnamed MSD staff member) dated 12 Nov. 2014. Hence the requester made an attempt to ask the Ombudsman by way of a further letter from early December 2014, to seek from MSD at least some samples of the information in response to requests 6, 7 and 8, as not ALL such information was expected.

Under **request 6** the request was for information that Dr Bratt may have on harms that exist at workplaces, about certain harms caused by work, about certain types of work causing ill health or injury, and about insufficiently equipped and organised work places, or particular work practices, work duration, or any other aspects relating to work or employment, that may be causing harms to health and safety of workers. Under **request 7** the request was for information Dr Bratt may have about the **negative and harmful health effects from relative or general poverty**, instead of simple “*worklessness*”, that people on benefits or in low paid work may face. And lastly under **request 8**, the request was for information on whether the quality of health of a beneficiary, who suffers from sickness, illness, physical or mental impairment and disability, may rather much more depend on individual circumstances, and that some simple forms of physical activity or mental activity, **other** than work in the form of “open employment”, may rather be beneficial for people.

**Regrettably the Ombudsman was not able or willing to obtain further information from MSD on these matters, and in his “provisional opinion” from 22 May 2015 he quoted MSD with this:**

***“Questions 6, 7, 8 and 9 – In relation to question 6, Mr ..... also has copies of other Dr Bratt presentations, and they are publicly available. Mr ..... was also given the overarching links to papers and the substance of the statistics which informed Dr Bratt’s papers. Most of the rest falls under section 18 (f).” “The information in relation to Questions 7 and 8 is not held.” “In response to the request for other examples of the references requested in Questions 6 to 9, and whether Dr Bratt can estimate the percentage of research from the Centre, the Ministry stated that the information is not readily accessible.”***

This response by MSD, passed on through the Ombudsman, is nothing much as a typical O.I.A. “cop out”, as it suggests that Dr Bratt and MSD simply cannot bother making any effort to present at least some samples of the information sought, that is at least to provide information on requests 6 and also 9. **But it has at least become clear, that Dr Bratt, and with that also MSD, do NOT hold any of the information requested under points 7 and 8. That proves, that his focus is ONLY on stressing any perceived and hypothetical harm that may be caused through “worklessness”.** We know the reasons and motivations behind this. Dr Bratt appears to take no real interest in the harm that may be caused to health through poverty. He does also seem to have little interest in the possibility, that some health benefits may rather be achieved for individual’s suffering illness, sickness, physical and mental impairments causing disability, by engaging them in other activities than paid open employment. Dr Bratt seems to rather only focus on supposed “health benefits” that he believes come with paid work, than through an individual’s other physical or mental activities, that may be limited, and that may well prohibit demanding, stressful and strictly regulated paid employment on the competitive job market.

**That proves again, that the drive to get people off benefits and into work is primarily motivated by achieving cost savings for MSD and Work and Income, and by getting beneficiary numbers down.** There is no alternative offered to paid work, it seems, while many if not most impaired and disabled persons may rather be better placed in special, subsidised employment, or other health promoting activities, that could enhance their lives and offer them a lifestyle and security that better suits them.

### **Further to request/question 9**

Re request 9 the Ombudsman has already commented above, what MSD's position is re the information sought under it. A further request letter to the Ombudsman from early December 2014, emphasized that it would suffice if MSD provides a list of the research resources Dr Bratt used for his presentations. By mentioning the author of such, it would be sufficient to establish, from whom he sourced such information, the requester wrote. The requester also expressed the following concerns:

*"As for my request under point 9 MSD have only provided a short list of 3 sources for sources and reports that provide or back up information Dr Bratt used in the mentioned two presentations. These reports at the bottom of their response from 27 February are all about "return to work" statistics, and how they are being interpreted, and about nothing else. They do not deliver medical scientific proof that I asked for, for instance for Dr Bratt's claims about the alleged harmful effects of benefit dependence, and the benefit being like **"an addictive debilitating drug with significant adverse effects to both the patient and their family (whanau) – not dissimilar to smoking"**. He also claims **"Long term unemployment has been shown as bad as smoking 10 packets of cigarettes daily"**. Dr Bratt told a NZ Royal College of General Practitioners education convention that the benefit is, **"as a drug, it would be an addictive, debilitating substance..."**. (see also my request 2)."*

*"I have information that Dr Bratt has been relying a lot on information delivered by the so-called **Centre for Psychosocial and Disability Research**' run for years by Professor Mansel Aylward, with whom he has also had regular personal and professional contacts. It is clear that Dr Bratt has used resources that were prepared and written by Mansel Aylward, also Gordon Waddell and Kim Burton, all being directly or indirectly linked to the said "research centre", as part of Cardiff University, and to other research that follows similar theories about "worklessness" and causes for poor health and for disability. Mansel Aylward has basically presented studies based on comparing statistical data, and he drew his conclusions from the information, which does though deliver anything but conclusive evidence about the causal effects of unemployment on health, resulting in sickness and disability, of which many people dependent on health related benefits may suffer. While there may be some form of correlation or association between unemployment and poor health, this does not mean that one circumstance or condition is the cause of the other. It is significant to note that the same centre where Mansel Aylward has for many years served as a director used to be **sponsored** by a controversial insurance corporation called **UNUM**, who also cooperated with him as an "advisor" on welfare reforms in the UK, when Aylward was Chief Medical Officer for the Department of Work and Pensions (DWP) in the UK. Such "sponsoring" by a vested interest party, that then also launched new health and disability insurance products on the UK market, while welfare reforms tightened entitlement criteria for many sick and disabled there, should be of major concern. The fact that Mr Aylward went onto the payroll of the same company raises many questions, also about his "research", and the quality of it."*

The above stated concerns may have alerted MSD and Dr Bratt, to not enter any correspondence on this sensitive area, as some of the issues raised have also led to intensive debate about the controversial 'Center for Psychosocial and Disability Research', which has recently been renamed yet again, after it had already the former sponsor's name 'Unum Provident' taken out of it. MSD seem very reluctant to discuss any concerns, or to provide any information that Dr Bratt appears to have relied on, and I will leave it up to the reader to make her or his own conclusions about the reasons behind all this. Any informed and intelligent enough person can draw their own logical conclusions.

## Request/question 10

As for **request 10** there was initially only a briefly summarised, rather disappointing response given by MSD in the first letter from 27 Feb. 2014. Instead of providing any of the more detailed sought information, a brief overview of contacts Dr Bratt had (or did not have) with the named “experts” was given by MSD, being Prof. Aylward, Dr Waddell and Dr Beaumont. Rather than providing detailed information on the times, dates, types of and purposes of contacts, meetings and communications (including correspondence) that Dr Bratt had with these professionals, the following general explanation was given:

*“In June 2013 Sir Mansel Aylward returned to New Zealand to present his report into the study. During his visit to the Faculty of Occupational and Environmental Medicine Dr Bratt met with him to discuss the extensive work he has been involved with about the adverse health effects of worklessness. At the invitation of the New Zealand Medical Association Sir Mansel Aylward was a keynote speaker at the General Practitioner Conference and Medical Exhibition in Rotorua in June 2013 where he addressed over 900 General Practitioners. Prior and subsequent to this visit, Dr Bratt had numerous email and phone conversations with Sir Mansel Aylward to confirm the travel arrangements and conference details.*

*Dr David Beaumont is an occupational medicine physician who is the President-Elect of the Australasian Faculty of Occupational and Environmental Medicine. He was co-chair of the group that collated the Position Paper on “Realising the Health Benefits of Work”. Dr Beaumont does not and has never worked at the Ministry. He was part of the external advisory committee representing the various health and disability organisations that the Ministry co-ordinated regarding the Welfare Reform programme. Dr Bratt’s contact with Dr Beaumont was limited to facilitating meetings with Sir Mansel Aylward.*

*Dr Bratt has not met with or had any correspondence with Professor Gordon Waddell.”*

Upon a complaint to the Ombudsman, the following further information was provided by MSD, sent by an unnamed staff member by email on 12 November 2014:

*“Dr Bratt does not keep a record of the times, dates, and types of contacts he has had with the listed professionals or anyone else. Dr Bratt’s emails from that period have been deleted. Many contacts were personal to Dr Bratt. Dr Bratt has never had any contact with Professor Waddell”*

As both received responses were considered very unsatisfactory by the O.I.A. information requester, the requester sent yet another letter to the Ombudsman on 03 December 2014 expressing concerns about the lack of available information, the deletion of emails, and contradiction in MSD’s statements. The requester explained the involvement of Mansel Aylward and Dr Beaumont in consultations for the formation of major welfare reforms in 2012/13, and how they advised a MSD appointed ‘Health and Disability Panel’ on health and work capability assessment matters. He stated that Mr Aylward was repeatedly mentioned by the then Minister Paula Bennett as an advisor they used during the reform process. It would be beyond belief that no records were kept by Dr Bratt on his contacts with both professionals, the requester wrote. Also did the complainant express concerns about Dr Bratt mixing private with official contacts and activities. Mention was made of Dr Bratt’s visit to the UK in early 2014, where he again met and consulted with Prof. Aylward, in his capacity as Principal Health Advisor. This showed there had been a close professional cooperation between the two, the requester asserted. The requester also referred to information used in Dr Bratt’s presentations and his repeated comments to media, which indicated he had contact with Mr Aylward for at least two years, and used information from the ‘Centre’ headed by Prof. Aylward in Cardiff. It was evident that Dr Bratt was acting in his professional capacity and would have had to keep certain records of his contacts and correspondence with Drs Aylward and Beaumont, the requester wrote. Dr Beaumont’s former employment at ATOS in the UK was mentioned, same as how controversial work capability assessments in the UK were conducted by that firm. Dr Aylward’s involvement as former Chief Medical Officer of the DWP in the UK was mentioned, and evidence was presented to the Ombudsman on contacts and cooperation between Drs Bratt and Aylward.



The O.I.A. information requester furthermore wrote to the Ombudsman:

*“I suggest you insist on MSD providing the information that has so far not been delivered, that has been withheld under section 18 (f) under the Official Information Act, and that has otherwise been delivered short of what my initial request sought. It is in my view a somewhat questionable justification, and indeed very worrying, that MSD simply states Dr Bratt deleted all records of his contacts and emails.”*

Regrettably the Ombudsman did not appear to make much in the way of further efforts to obtain further information from MSD, but at least sought some further comments in relation to request 10. In his “provisional opinion” letter from 22 May 2015 Ron Paterson had this to write:

***“Your complaint***

*You complained to this Office about the Ministry’s decision on the request. In particular, you raised concerns about the refusal of much of the information sought under section 18(f), stating that the response you received was unsatisfactory because it did not completely answer your questions, including questions 1, 3, 4 and 10.*

*You also commented that it is reasonable to expect the Ministry, as an “organised government agency”, to locate and release the specified information without too much time and effort being required, and it is in the public interest that the Ministry does so.*

***Comments by the Ministry***

*In its report to me, the Ministry advised that your request asked a number of broad questions concerning information that was not centrally held. The Ministry stated that attempting to collate the information from over 100 sources would be a time consuming exercise. However, the Ministry informed me that you have been provided with links and references to the research sources requested. The Ministry confirmed that the information sources are highly respected academics whose papers are publically available.*

*In order for the Ministry to centrally collate the papers and documents as well as the sources already provided into a single document, it would require a significant amount of time from Dr Bratt – approximately two weeks. The Ministry advised that diverting Dr Bratt away from his role as Principal Health Advisor for this length of time would have a serious and prejudicial impact on the Ministry’s ability to carry out its functions.*

*However, the Ministry agreed that additional information could be provided to you about questions 1, 3, 4 and 10, and it did so on 12 November 2014. On 03 December 2014 you confirmed that you remained dissatisfied and considered that the Ministry had still not provided an appropriate reply. You detailed the particular information that you still wished to obtain. A copy of this was provided to the Ministry and it was asked to provide further comments. In response, the Ministry has provided the following additional information:”*

(Note: See further above, the already quoted further information provided to questions 1, 3 and 4!)

The Ombudsman Ron Paterson did in his “provisional opinion” add the further comments he received from MSD as response by them to **request 10**:

***“Question 10 – Dr Bratt only deleted emails which were personal in nature and did not relate to official engagements in his capacity as Principal Health Advisor.”***

*“In relation to question 10, the Ministry provided me with a copy of its guidance relating to the retention of records, including emails, which is issued to staff and is available on the Ministry’s intranet. I have asked the Ministry to send you a copy of the guidance also.”*

Ron Paterson did not have anything else to comment on the O.I.A. requester’s concerns about Dr Bratt’s deletion of emails (as stated by MSD), or about any legal issues that may have arisen in relation to O.I.A. request 10. For the remainder of his “provisional opinion” he wrote about the provisions in the O.I.A. allowing MSD to withhold or not provide information sought. In his response

in his letter with his “provisional opinion” from 22 May 2015 Professor Paterson wrote further down in his letter to the requester:

*“I am satisfied that the remaining information that is withheld by the Ministry in relation to your request is not centrally located. There seems little doubt that responding in full to your request would involve substantial collation and research, particularly by Dr Bratt. **In addition, the estimated time of two weeks that Dr Bratt would be diverted from his role to do this work would undoubtedly negatively affect the Ministry’s day-to-day operations.**”*

In the end of the letter Ron Paterson summarises under ‘My provisional opinion’:

*“**In my provisional opinion, for the reasons set out above, the Ministry was entitled to refuse part of your request for information relating to Dr Bratt’s presentations under sections 18(f) and 18(g) of the OIA.**”*

Being understandably very disappointed by the provisional opinion of the Ombudsman, the requester made a final attempt to request Professor Paterson to further investigate the matters raised, and to seek further clarifications from MSD. This was done by way of a letter dated 13 June 2015. Regrettably the Ombudsman did push aside numerous points of serious concern, and dismissed sufficient clear, also documented evidence that justified a formal investigation, and he did with his final decision more or less confirm his “provisional opinion”, which was stated in a rather short letter from 23 June 2015. He even used references to a letter from the Chief Archivist, who had also been consulted on Dr Bratt’s failings, to justify taking no action. But the Chief Archivist had herself ignored relevant evidence, and simply trusted comments by MSD, made in the first O.I.A. response from 27 Feb. 2014, even though comments by Debbie Power were later contradicted in two further responses from MSD.

**Ron Paterson wrote** in his final decision on 23 June 2015:

*“I have now had an opportunity to consider your comments on my provisional opinion. **However, having considered all the issues raised, I remain of the view that the Ministry was entitled to refuse part of your request, on the basis that some of the information is not held, and the remaining information would involve substantial collation and research.***

*I note that Archives New Zealand has looked into your concerns about the issue of Dr Bratt’s record keeping and is unable to provide any further assistance. **In any event, my investigation is limited to the information actually held by the Ministry at the time of your request. Without access to the information in question, it is not possible to assess the content of those communications.***

***Overall, it seems that your concerns stem from your disagreement with Dr Bratt’s and the Ministry’s policies in relation to sickness beneficiaries, and the basis for that policy. It is open to you to raise your concerns about those policies with the Chief Executive of the Ministry, and/or your local Member of Parliament. The Ombudsmen have no authority to investigate matters of government policy. I have now concluded my investigation.***”

The above summary of the correspondence covering concerns and outcomes relating to O.I.A. request or question 10 shows us, that MSD have not only been totally reluctant to provide detailed information about the contacts and correspondence Dr Bratt had with both Prof. Mansel Aylward and Dr David Beaumont (now President of the AFOEM), but that **MSD have even done everything possible to cover Dr Bratt from being held to account for not keeping public records**, which he should strictly have been required to keep under the Public Records Act 2005. Also has the Ombudsman, Professor Ron Paterson, been very reluctant to further investigate this matter.

**Please find here the letters to and from the Ombudsman in PDF file format:**

[Ombudsman, complaint, O.I.A. to MSD, public interest, re Dr Bratt, anon., xx.03.2014](#)

[Ombudsman, complaint, MSD, O.I.A. rqst. 16.01.14, Dr Bratt, presentation info, ltr, xx.12.14](#)

[Ombudsman, complaint, O.I.A. to MSD, Dr Bratt, publ. int., prov. dec., compl., hilit, 22.05.15](#)

[Ombudsman, complaint, 3xxxxx, MSD, O.I.A. fr. 16.01.14, Bratt, presentations, anon, ltr, 13.06.15](#)

[Ombudsman, complaint, MSD, O.I.A. rqst. 16.01.14, Dr Bratt, presentation info, hilit dec., 23.06.15](#)

## **F) A new issue with Dr David Bratt's deletion of all email correspondence**

As a result of the **O.I.A. request 10** made as part of the wider O.I.A. request to MSD from 16 Jan. 2014, there have been three different comments or statements by MSD in relation to Dr Bratt's contacts with two of three initially mentioned senior professionals, being Professor Mansel Aylward from the former 'Centre for Psychosocial and Disability Research' in Cardiff, Wales, and Dr David Beaumont, now President of the AFOEM, who has in the past also run his own rehabilitation business called "Pathways to Work", based in Otago. Of particular significance are the various responses by MSD relating to the contacts and correspondence between Dr Bratt and Prof. Aylward.

### **In the first response from 27 February 2014 Debbie Power did in her letter state the following:**

*"At the invitation of the New Zealand Medical Association Sir Mansel Aylward was a **keynote speaker** at the **General Practitioner Conference and Medical Exhibition in Rotorua in June 2013** where he addressed over 900 medical practitioners. **Prior and subsequent to this visit, Dr Bratt had numerous email and phone conversations with Sir Mansel Aylward to confirm the travel arrangements and conference details.**"*

### **The O.I.A. requester then wrote to the Ombudsman on 09 March 2014:**

*"**Re question 10.** MSD have only provided a general summary of '**Dr Bratt and Other Practitioners**', and not disclosed the exact times, dates and types of contacts Dr Bratt had with the listed professionals - like Professor Aylward and Dr Beaumont. I accept that he never had contact with Professor Waddell. While I do not expect every single email or phone call being listed, it must be reasonably expected from MSD to provide the information I sought, by listing times or at least dates, and a frequency of phone calls or emails sent on certain days. **I would certainly expect dates for face to face conversations and meetings to be provided, for the whole period of Dr Bratt's employment as Principal Health Advisor for MSD and Work and Income.**"*

### **The requester asked the Ombudsman that the following action be taken:**

*"Given the unsatisfactory responses received, I ask you at the Office of the Ombudsmen to examine and assess the O.I.A. request and questions I sent (on 16 Jan. 2014), and to do the same with the responses I received from Debbie Power at MSD (on 27 Feb. 2014), and to then take the necessary action by approaching the Ministry of Social Development, in order to instruct them to provide the information that I should reasonably be able to expect and receive in this matter."*

*"**In view of the fact that we are talking about rather serious matters, where a Principal Health Advisor for MSD is making in part controversial and disputed comments and claims in presentations that he gives to professional medical organisations and other groups, I trust that you will give my request in this matter serious considerations.**"*

**On 12 November 2014 the requester received some further information and explanations from MSD** by way of an email, which showed no name or other identification of the author underneath it:

*"**..question 10: Dr Bratt does not keep a record of the times, dates and types of contacts he has had with the listed professionals or anyone else. Dr Bratt's emails from that period have been deleted. Many contacts were personal to Dr Bratt. Dr Bratt has never had any contact with Professor Waddell.**"*

The response was "signed" only with: "*Ombudsman and Privacy Complaint Services Ministry of Social Development*", and provided only limited additional information to other requests that had been made.

**In a new letter from 03 Dec. 2014 to the Ombudsman's Office the O.I.A. requester expressed his concerns about the further response received from MSD, and under Para [5] wrote:**

*"[5] The additional information offered in response to my original question 10 does though not help me in any way at all. I do actually find the comments made by MSD somewhat bizarre and astonishing, to say the least, and they are in my view unacceptable. To simply state that "Dr Bratt does not keep a record of the times, dates, and types of contacts he has had with the listed professionals or anyone else", does not sound credible to me. I am surprised to read MSD's comment "Dr Bratt's emails from that period have been deleted. Many contacts were personal to Dr Bratt." "*

Under Para [17] the requester also wrote:

*"I do not accept the answer that MSD give in both responses about Dr Bratt's contacts with professionals like Professor Mansel Aylward and Dr David Beaumont, who were senior official advisors that were substantially involved in the consultation and formation process for the last major, controversial welfare reforms in 2012/13. MSD and then Minister Paula Bennett sought their advice on how persons on health related benefits should be treated and "assisted" when assessing them and trying to place them into work. It is beyond belief, that NO records were kept in a professional form and manner by Dr Bratt as a senior official in a senior advisory role for the Ministry of Social Development. He will certainly have kept comprehensive information on his contacts and in relation to organising the visits and meetings involving those two well known professionals. It is furthermore beyond belief, that Dr David Bratt was allowed to mix his private and official correspondence while performing his responsibilities as Principal Health Advisor for MSD. I do not believe that Dr Bratt was entitled to simply delete ALL his email correspondence and contacts that covered activities with the mentioned professionals."*

Some further concerns were expressed, which have partly already been mentioned further above in earlier sections in this post. Then in his "provisional opinion" Ombudsman Paterson wrote on 22 May 2015, that MSD had provided some additional information to 'Question 10'. He quoted MSD with:

*"Question 10 – Dr Bratt only deleted emails which were personal in nature and did not relate to official engagements in his capacity as Principal Health Advisor."*

*"In relation to question 10, the Ministry provided me with a copy of its guidance relating to the retention of records, including emails, which is issued to staff and is available on the Ministry's intranet. I have asked the Ministry to send you a copy of this guidance also."*

**Given the inconsistencies in the responses given by MSD, the requester did raise further concerns in a letter to the Ombudsman on 13 June 2015:**

*"In view of those three comments I must ask, what is the truth then? All comments are somewhat contradictory, and somehow in conflict with each other, and this does leave me in a situation, where I get the impression that the Ministry is unsure of the truth. Dr Bratt was clearly corresponding with Professor Mansel Aylward **in his professional capacity as Principal Health Advisor**, not just on "personal" or "private" terms, as he was arranging and checking travel and booking arrangements for Mr Aylward **to attend meetings with him and at conferences here in New Zealand**. Mr Aylward can therefore not have been a "personal" contact. It is also bizarre, that in the further response from 12 November a claim is suddenly made, **that Dr Bratt keeps no records of times, dates, types and contacts he has had with said professional(s), or anyone else**. It remains to be my view that as Principal Health Advisor for MSD Dr Bratt was and is required to keep certain records about his correspondence and contacts, and I assert that these were not limited to arrange travel and conference attendance. Professor Aylward was also quoted as **advisor on welfare reform**, and **his input had been sought for formulating new welfare policy** as part of substantial reforms, which started to be implemented from mid July 2013. And re the comments by Ms Power in the letter from 27 February 2014, fair questions must be asked, what were the **subsequent email and phone contacts** about, when Dr Bratt was meant to correspond only about confirming travel arrangements and conference details? Once those events had taken place, one would have thought there was no further correspondence needed for that purpose. I presented you **evidence** of Dr Bratt and Dr Mansel Aylward making joint presentations and participating in media interviews together, and Dr Bratt did so as Principal Health Advisor for MSD. This can hardly be described as contacts only of a "personal" or "private" nature! Even MSD's response from 12 November 2014 concedes that **"many" contacts were "personal"**, but that also means **not all**. The information in your letter from 22 Mai implies there were some emails kept. So not all emails from the referred to period can have been deleted after all."*

**The requester went further in Paras [15] and [16] of his letter and explained other efforts he had made, and issues that remained:**

*"[15] I can inform you that **the same issue was raised with the Chief Archivist Marilyn Little**, and I will attach correspondence in that matter to this letter, which I will also send to you by email. One of her response letters was dated xx March 2015, and on that same day she wrote to Mr Brendan Boyle, also providing the Ministry with the applicable **General Disposal Authorities (GDA)** for records*

management and maintenance in the public service. I presume I have not received the guidance you mention in your letter from MSD, as they seem to assume, that I have them already. A second letter from Marilyn Little is dated xx April this year, and **regrettably sees no reason to further investigate the contradictions I observed in comments received from MSD in this matter.** I strongly suggest your Office of Ombudsmen looks into this, as there are so many conflicting claims and comments on record now, none of them appear to reveal the whole truth about what records Dr Bratt kept of his communications and correspondence with Professor Mansel Aylward and with Dr David Beaumont. I strongly suggest you consult with the Chief Archivist at Archives New Zealand about what action to take, to establish what has really gone on at Dr Bratt's Office. I remind you of information I sent you by way of reference material and attachments with my letter from 03 December 2014, showing how much Mansel Aylward was involved in consulting with MSD and the government on welfare reforms. He did not just visit New Zealand to play golf with Dr Bratt, or to "entertain" himself and others by holding a couple of brief speeches at GP conferences, followed by mostly private contacts of whatever types of lesser relevance. Paula Bennett heavily relied on him and his advice to the Health and Disability Panel set up to consult on welfare reform matters in her 'Speech to Medical Professionals' on 26 September 2012. Therefore Mansel Aylward was involved in assisting policy formation by the government!"

**"[16]** In my original O.I.A. request from 16 January 2014 I did not ask for mere scheduling or diary type details about Dr Bratt's contacts with Professor Mansel Aylward and other named professionals. I asked for "information on the times, dates, types of and purposes of contacts, meetings and communications (including correspondence)". Nowhere did I talk about ordinary scheduling details for bookings for travel and the likes. I expected information about when Dr Bratt had meetings with Mansel Aylward and Dr Beaumont, and about when and how they corresponded about particular matters (purposes) involving their professional roles and activities. The fact that **Dr Bratt and Mansel Aylward prepared and gave joint presentations to GP conferences and the likes**, that they jointly faced up to a 'NZ Doctor' journalist to answer questions about their work, and that **they professionally worked together in other ways, and early last year also met in their professional capacities in the UK and Europe**, that proves that contacts and correspondence were not just "personal" and "private", and that the details I asked for should have been presented in relation to such activities. Details about these activities will have been recorded, and should hence be available. Again, I fear that MSD is taking advantage of provisions in the O.I.A. to avoid more transparency in these matters." "

**At the end of Para [18] he then wrote:**

**"Most certainly I seek the information I asked for under 'Question 10'**, as I explained above, the Ministry has provided 3 different, somewhat contradictory comments to it, and has refused to deliver any significant information, at one time claiming all emails and contacts were deleted by Dr Bratt. **I request your Office takes actions in this matter, to conduct an investigation into the conflicting explanations that have been provided by the Ministry**, as some records should have been kept on Dr Bratt's professional meetings and correspondence with Professor Aylward, perhaps lesser so with Dr David Beaumont. Professor Dr Aylward acted as advisor on welfare reform policy to MSD. As you mention yourself in your letter from 22 May, not all emails appear to have been deleted after all, as he only deleted those that were "personal in nature".

As we read under **Chapter E)** above (towards the end), the Ombudsman strangely saw no need to further investigate the matter of Dr Bratt deleting emails for a whole period, even though serious concerns and evidence were presented to him. This does though remain to be a matter of huge concern as it may involve serious breaches of the Public Records Act, because so-called 'General Disposal Authorities' issued by the Chief Archivist appear to have been breached. We are informed the matter has again been raised again with the Office of Ombudsmen, now with the Chief Ombudsman, and a final decision on a new complaint will need to be awaited and analysed in due time.

## G) Final conclusions

Having read all the correspondence in question, from the requester, from MSD, and from the Office of Ombudsmen, the whole matter is in our view a blatant cover up of the truth behind the present government's and the Ministry of Social Development's agenda for welfare reforms, including work capability assessments of sick, injured and disabled on benefits, which is of course administered, implemented and enforced by MSD's department Work and Income NZ. Dr Bratt has as a senior advisor been involved in various activities, in consultations and has conducted correspondence with other senior external advisors, details of which MSD is determined to withhold from the public. The deletion of emails, which clearly mostly included such correspondence on a range of administrative and health advisory matters, by Dr Bratt as Principal Health Advisor, is in our view an illegal act, in breach of the Public Records Act 2005. We understand it has now been followed up in the form of a formal complaint to the Chief Ombudsman under the Ombudsmen Act 1975.

We can see from this how MSD do all that is within their powers, to frustrate the release of official information they consider as highly sensitive, and even when information is made available, it is only done so in very summarised, abbreviated form, and often basically "drip fed", after a requester involves the Office of the Ombudsmen. Given the high work load and lack of resources the Ombudsmen have, MSD can rely on any complaints taking a long time to be processed, so by the time any further details may need to be addressed, the complaint matter may be deemed less relevant, given the time that has lapsed since it was raised.

The Ombudsman has in our view in this case also not acted in accordance with his responsibilities under the Ombudsmen Act, as he should have felt compelled to further investigate matters, particularly in regards to Dr Bratt's deletion of "all emails" for a certain period. The information and evidence that was presented to both the Chief Archivist and the Ombudsman should actually have warranted more action, but there is an evident lack of motivation by both Offices, to take on new complaints, as they have already too many issues to work with. As a separate complaint has some time ago been filed with the Chief Ombudsman by the requester, we will await the outcome of that with great interest, although this is likely to take at least a year or two, to be resolved.

### Quest for Justice

09 August 2015

(Updated 19 Sept. 2016)

Here is a link to the original post online, on 'nzsocijusticeblog2013':

<https://nzsocijusticeblog2013.wordpress.com/2015/08/09/msd-and-dr-david-bratt-present-misleading-evidence-claiming-worklessness-causes-poor-health/>

Other posts of relevance to study:

<https://nzsocijusticeblog2013.wordpress.com/2013/09/02/medical-and-work-capability-assessments-based-on-the-controversial-bio-psycho-social-model/>

<https://nzsocijusticeblog2013.wordpress.com/2013/09/07/the-health-and-disability-panel-and-its-hand-picked-members/>

<https://nzsocijusticeblog2013.wordpress.com/2013/12/28/designated-doctors-used-by-work-and-income-some-also-used-by-acc-the-truth-about-them/>

<https://nzsocijusticeblog2013.wordpress.com/2014/06/21/work-ability-assessments-done-for-work-and-income-a-revealing-fact-study-part-a/>

(see other parts following 'Part A' online)

<https://nzsocijusticeblog2013.wordpress.com/2015/01/23/the-discredited-indefensible-work-capability-assessment-wca-in-the-uk-and-what-its-demise-must-mean-for-nz-welfare-reforms-part-1/>

(see also 'Part 2' on the WCA in the UK, and the reviews on it)