Employment, poverty and health: ideology or science?

Since July 2013 when the New Zealand Government’s benefit ‘reforms’ saw the replacement of sickness and a proportion of invalid benefits by a single job-seeker support, GPs have been signing Work Capacity Medical Certificates bearing a quotation regarding the health benefits of work from the Position Statement on that subject from the Australasian Faculty of Occupational and Environmental Medicine (AFOEM), which is running a campaign on this theme.

Those GPs who have been inducted by the Ministry of Social Development (MSD) as ‘designated doctors’ are meanwhile being exposed to the scientifically more dubious claim that long-term benefit dependency is a cause of ill health. There are several reasons why GPs should be skeptical of this attempt to manipulate them into disentitling claimants to disability support.

Firstly there is clearly an alternative hypothesis to account for the statistics of ill-health amongst beneficiaries, and that is poverty, the health impacts of which get no mention whatsoever in the AFOEM document (or in the work assessment application form!)

Included amongst the statistics adduced by the AFOEM to support its claim that unemployment causes ill-health are statistics of ill-health of children! Of the competing hypotheses, poverty is clearly the one that best accounts for this, and if it wholly accounts for it amongst children, it would be perverse to maintain that it did not do so for adults also.

The same Government that has (for reasons entirely different from any supposed health benefits) vowed to reduce benefit numbers by 40,000 has meanwhile denied that child poverty is as deep and widespread as its critics claim. Moreover it has now been revealed that the Deputy Prime Minister has been concealing a major underestimate of the true extent of child poverty. As long as it can claim support from the medical profession by appearing to address the poorly substantiated health effects of benefit dependency, the more likely the Government is to continue in its state of denial regarding any link between poverty and illness.

Increases in illness resulting from the higher levels of poverty attendant on the draconian administration of benefits is likely to far outweigh any decreases obtained by the miniscule number of beneficiaries finding healthy employment in an economic recession.

Thirdly, foremost amongst the promoters of the ‘health benefits of work’ is the holder of an academic chair sponsored by the World’s largest disability insurer. Even worse, that insurer is one that has been thoroughly discredited in the United States courts for denying benefits to rightful claimants.

Surely it is time the medical profession objected publicly and loudly to being manipulated by Government and the corporate interests it transparently serves.
The allegations made above are substantiated by links in an Open Letter to the Royal College of Physicians published on http://www.waitemataunite.blogspot.com

See also http://nzsocialjusticeblog2013.wordpress.com/

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