

PROPOSITION OF THE CENTURY **from the government that affects everybody – including** **YOU!**

**Did you know that you as a Swedish tax payer soon will be without
a real sickness insurance and protection of employment?**

**Therefore you ought to thoroughly read this appellasjon over and spread it
among relatives, friends, news media, politicians, municipalities etcetera. For
instance through a mailing list!**

**To read this appellasjon doesn't take money, only a short time! It is a very well-spent time!
Should the proposition be determine by the parliament there is no possibility for restoration!**

Social Consequences of the Stricter Rules in Sickness Leave

We fear that the consequences of the proposition will be:

1. **The proposition lays the costs of the state for sickness benefit on the MUNICIPALITIES, which will lead to municipal tax raises or serious cost-savings on parks, roads, schools, infant schools, home care of elderly people, other care of elderly people, social psychiatry, centres of activities on behalf of ill people and in other municipal fields. Sickness benefit is paid by the state. Social economic support, which is lower than the sickness benefit from the state, is paid by the municipality.**
2. **The proposition results in a woman trap! Most of the people being refused compensation by the new rules are women, who will be transferred to social economic support. If you are living together with a man who has a job or if you have a condominium flat, a car or savings in the bank, you will not qualify for minimum economic support from the welfare office. Women will then become more dependant on men.**
3. **The proposition results in a debt trap! Since many ill people have taken loans, it means that a very efficient obstruction is put in the way of every attempt to recover one's circumstances in life. Without debt restructuring you cannot get a flat, and without a flat it is almost impossible to get a job. Large education loans hit university graduates extraordinary hard!**
4. **The proposition is virtually irreversible! Do not put your trust in promises on restorations, that is not possible! The projected resource jobs arrangement is questionable, that might just be a way to conceal the cuttings in the national sickness insurance!**
5. **Life annuity from work-related injuries will be extremely difficult to claim.**

Sweden as a land of poverty is back!

Legal Consequences of the Stricter Rules on Sickness Leave

- Month 1 – 3**
(day 1-90) **Level of compensation** is 80 % of the SGI¹, however one qualifying day and then sick pay for the next 13 days for most people on sickness leave.²
Evaluations of working capacity is to be made in comparison to the normal job of the person insured or another suitable job that the employer is offering at the moment regardless the rate of the sickness leave (100%, 75%, 50% or 25%).³
Consequence: So far there are no problems for the person on sickness leave.
- Month 4 – 6**
(day 91-180) **Level of compensation** is 80 % of the SGI, thus the same as for the first three months.⁴
Evaluations of working capacity is now widened to regard the question if the person insured will be able to support himself by other duties for the employer after a medical rehabilitation, transfer to other duties or other working life targeted rehabilitation arrangements.⁵
 If it is considered a risk that the person on sickness leave will not be able to return to work for the employer before the 180th day of the sickness leave the person insured should be offered support from the employment service. The person on sickness leave then has, with support from the employment service, till the 180th day to find a new job, without hazarding the entitlement to the daily sickness allowance.⁶
Consequence: According to the government's evaluation this should mean that many people are forced back to work earlier than today.⁷ Failing to comply with this demand means that the daily sickness allowance can be denied.⁷
- Month 7 – 12**
(day 181 – 364) **Level of compensation** is 80 % of the SGI, thus the same as for the first six months.⁸
Evaluations of working capacity is now significant widened. This will now be made in relation to the entire national job market regardless of i.a. residence and profession.⁹
 This means a hypothetical question if the person on sickness leave is able to manage "any kind of work on the regular job market". If he or she is, the daily sickness allowance is refused. No consideration to age, legal residence, education and previous jobs is to be made anymore.¹⁰
 Exceptions from this rule of evaluation will be extremely rare. Only if the social insurance office considers it very likely that the person on sickness leave will return to work for the employer, the daily sickness allowance will not be refused, which applies to those who are awaiting a surgical intervention or those who have just had a surgical intervention, that according to the medical science is deemed to result in a recovery of the working capacity. The exception may also apply to rare cases based on the insurance medical guidelines, drawn up by The National Board of Health and Welfare regarding some diagnostics, if it is considered that the person insured will be able to return to work for the employer within the period of the 180th day till the 364th day.¹¹
Consequence: Thus a nurse in Luleå can be refused daily sickness allowance if she is offered a position as a cleaner in Halmstad after six months on sickness leave, since i.a. the legal residence and education of the person on sickness leave is no longer to be considered.
- Month 13 – 30**
(day 365 – 914) **Level of compensation** is 75 % of the SGI, and in extraordinary cases, like sickness leave because of certain cancer types, neurological diseases such as amyotrophic lateral sclerosis or under the condition that the person insured is awaiting a transplant of a vital organ, 80 % of the SGI. You must apply for this daily sickness allowance (*extension of daily sickness allowance*).¹²

¹ SGI stands for "sjukpenninggrundande inkomst", and means "income deciding the daily sickness allowance".

² See prop. 2007/08:136, pages 7 and 99 in the PDF version and the proposition in chapter 3 section 4 paragraph 1 p 1-2 of the National Insurance Act (1962:381), AFL! The prop. stands for proposition, and means legal preparatory work. All references to prop. down below regards the Swedish version, since this legal preparatory work isn't written in English.

³ See prop. 2007/08:136, pages 12 and 100 – 101 in the PDF version and the proposition in chapter 3 section 7 paragraph 3 of the AFL!

⁴ See prop. 2007/08:136, pages 7 and 99 in the PDF version and the proposition in chapter 3 section 4 paragraph 1 p 1-2 of the AFL!

⁵ See prop. 2007/08:136, pages 13 and 100 – 101 as well as 60 – 65 in the PDF version and the proposition in chapter 3 section 7 paragraph 3 of the AFL!

⁶ See prop. 2007/08:136, page 62 in the PDF version!

⁷ See prop. 2007/08:136, page 95 in the PDF version!

⁸ See prop. 2007/08:136, pages 7 and 99 in the PDF version and the proposition in chapter 3 section 4 paragraph 1 p 1-2 of the AFL!

⁹ See prop. 2007/08:136, pages 13 and 101 as well as 65 – 70 in the PDF version and the proposition in chapter 3 section 7 paragraph 5 of the AFL!

¹⁰ See prop. 2007/08:136, page 67!

¹¹ See prop. 2007/08:136, page 67-68!

¹² See prop. 2007/08:136, pages 7 – 8 as well as 99 in the PDF version and the proposition in chapter 3 section 4 paragraph 2 of the AFL!

Evaluations of working capacity is now to be made *in relation to the entire national job market without any exception*.¹³

Consequence: The same as for day 181 – 364, but without any exception.¹⁴

Month 1 – 30
(day 1 – 914)

The level of compensation is covered by a *blocking regulation*, meaning compensation will be granted for the maximum of 364 days in a time span of 450 days. Exceptions may occur but should be very rare. This rule aims to prevent the possibility to bypas the time limits by declaring fit, and then undertake another period of sickness. After applying like on day 13-30 you may be granted extension of daily sickness allowance for another 550 days.¹⁵

Month 31 and beyond that

The qualification for daily sickness allowance ends after about 2,5 years on sickness leave. Instead the person insured will perhaps, but not surely, be transferred to *permanent sickness compensation* (prev. *early retirement pension*). The right to permanent sickness compensation however is to be determined already after one year of sickness leave, and if it is refused, that would mean extremely bad opportunities to be granted such compensation after 30 months on sickness leave.¹⁶

Consequence: Temporary sickness compensation will be abolished. Transfer to unemployment benefit or social economic support.

Protection of employment

Up till now labour law lawyers have a very bad experience from employer's way of handling their responsibility of rehabilitation, and there is no reason to believe that they will put more effort in transferring personnel on sickness leave to other duties only because time limits are introduced. *They will rather see a possibility to get rid of the ill person more quickly.*

Temporary sickness compensation
Prev: *sickness benefit*

Those with a period of temporary sickness compensation expiring after 30th June 2008, may apply for another period of temporary sickness compensation of maximum 18 months according to the transfer rules. That is if your period of period of temporary sickness compensation expires 1st July 2008 or afterwards. En small group, with temporary sickness compensation expiring on 30th June 2008 may therefore have a misfortune.¹⁷ This minor group of persons will promptly be transferred to unemployment benefit or social economic support.

Permanent sickness compensation
Prev: *early retirement pension*

The requirements for permanent sickness compensation will be very tightened. Only persons suffering from irreversible medical conditions will be granted permanent sickness compensation. In plain English this means that most of the psychiatric diseases (mental fatigues, personality disorders, fatigue syndromes, all anxiety disorders, most of the posttraumatic strain syndromes etcetera) will result in a refusal of compensation by the social insurance office, the only psychiatric diseases that could possibly qualify a person for permanent sickness compensation are schizophrenia and dementia diseases. The same should be the case regarding many attrition injuries. A tiny reversibility means that the application for permanent sickness compensation will be rejected.¹⁸

Those who now have a permanent sickness compensation must consider that the social insurance office will review their entitlements to the compensation at least triennially, since that rule is kept till further notice according to the proposition. I plain English this means that, when the review is made, the evaluation will be made according to the suggested, far stricter, rules on permanent sickness compensation. If you fail to meet the requirements, then there is no other way but to apply for unemployment benefit or social economic support.

Medical Consequences of the Stricter Rules on Sickness Leave¹⁹

Daily sickness allowance

The demands on the individual to quickly recover will in a significant way worsen the situation for all those who are struck by mental fatigues, anxiety, fatigue condition and so on. The growing strain to recover increases the boost of press hormones which will aggravate the possibilities to recuperate. To reduce the level of strain in the brain is the fundamental provision to get started with a recuperation from these conditions. As long as the person feels strained and pressed, there can be no recuperation.

¹³ See prop. 2007/08:136, pages 13 and 101 in the PDF version and the proposition in chapter 3 section 7 paragraph 6 of the AFL!

¹⁴ See prop. 2007/08:136, page 101 in the PDF version, under the comment on the sixth paragraph of the section!

¹⁵ See prop. 2007/08:136, pages 7 and 99 in the PDF version and the proposition in chapter 3 section 4 paragraph 3 of the AFL!

¹⁶ See prop. 2007/08:136, pages 7 and 99 as well as page 80 in the PDF version and the proposition in chapter 3 section 4 paragraph 2 p 4 of the AFL!

¹⁷ See prop. 2007/08:136, pages 113 – 114 in the PDF version!

¹⁸ See prop. 2007/08:136, pages 88 and 103 in the PDF version!

¹⁹ This description on consequences specifically covers psychiatric diagnostics but also covers some general consequences in other medical fields!

We are about to see a lot more persons with real deep mental fatigues, which will require hospitalization when the ill person is that exhausted that he or she will have no energy left to eat or take care of their hygiene. This will increase the costs for the mental care, that is already overburden. The number of suicides also stands a good chance to rise when the medical service no longer manage the situation. We are about to see a lot more cases of fatigue depression among the health care staff, who will not be able to deal with the growing work stress. What we are about to see is a repeat of what happened during the mid 1990's and the consequences that it brought about on worsened health of the population ten years afterwards.

Sickness compensation

Those how today are supported by sickness compensation have been on sick leave long enough to be granted supported by sickness compensation instead of daily sickness allowance by the social insurance office. This is a large group of people who were gradually transferred from daily sickness allowance to sickness compensation in order to reduce costs for daily sickness allowance (sickness compensation is considerable lower than daily sickness allowance). Among these people we find many of those who were taken care of mental hospital before. These have been closed down and the patients have been transferred to the open society. Some of those patients are likely to be entitled to permanent sickness compensation according to the proposition, but there are also many others who suffer from more intermittent diseases (such as bipolar disorders or diseases) who in between might be considered fit for work. With the harder application of the law during the last years, we have noticed that even persons suffering from phychosis have been considered fit for work! Persons suffering from phychosis stand for a significant number of bizarre crimes of violence, suicides and misery in our society!

A large group of people who are particular exposed are refugees from regions of war and countries previously ruled by dictatorship regimes such as Bosnia, Iran, Pakistan, Iraq, Iraq, certain eastern countries, etcetera. These persons often carry serious traumatical experience, that several years later may result in illness in a post traumatic stress syndrome similar to phychosis. It is often very difficult to indicate the possibility to rehabilitate these persons. That depends very much on which access of rehabilitation that can be provided. Generally speaking, drugs have a very little impact on these people but rather it's a matter of long term creative psychotherapies and safety. These groups of people have increased substantially over the last years and they very often find it very difficult to get a good health care. Other groups of people who are presumed to be hit hard are those who are traumatize otherwise, for instance incest, smuggling humans, prostitution, child pornography crime, mental or physical assault and other victims of crime as well as survivors from the Tsunami and Estonia disaster etcetera. Even these groups of people may probably be considered to have a long-lasting, but not irreversible²⁰, reduction of the working capacity.

Even as for the strict medical long-lasting and bad diseases (such as multiple sclerosis, cancer, rheumatic diseases, traumatic accidents, bad immunologic diseases, very advanced diabetes, etcetera) the consequences should be the same. These diseases appear to result in long-lasting, but not surely irreversible reduction of the working capacity. Even in these cases a higher press to recover quickly will result in medical worsening. We know now that growing levels of cortisol²¹, which is seen in negative stress, in a significant way aggravate healing and recuperation as well as increases the risk of complications and mortality.

Support Påskupproret's Appellation Against the Phase Out Law!

For further information, visit our webpage: <http://resurs.blogg.se> or <http://bloggen.resurs.be>!

**A huge thankyou for taking your time to read this appellasjon
against this new phase out proposition
and an equally warm thankyou beforehand for passing this information on
to other people!**

Resursnätverkets Påskuppror 7-Apr-08

²⁰ See prop. 2007/08:136, page 88 and 103 in the PDF version!

²¹ Cortisol is a vital strain hormone.