

10 January 2022

Response regarding Scottish Excess Mortality from the UK Medical Freedom Alliance to:

Dr Gregor Smith – Chief Medical Officer for Scotland

Thank you for the letter (Reference 202100251064) dated 16 December 2021, sent to us by Emma Sigfridsson, Health and Social Care Analysis (HSCA): COVID Health Analysis, on your behalf in response to our Urgent Open Letter pertaining to Scottish Excess Mortality dated 26 October 2021ⁱ.

In our letter, we showed Official Scottish Mortality data from the National Records Scotland (NRS) demonstrating that **Scottish excess mortality has been very significantly out of range** compared to averages from the last 40 years over the summer/autumn period of 2021. Significant excess mortality has continued to be reported every week since then, up to the current date. Notably, the inflection in the trends towards rising excess mortality has occurred in a staggered fashion according to age groups.

You will be aware that since then we have sent a further Open Letter regarding the same issue to the Scottish Cabinet Secretary for Health and Social Care, copied to yourself, in which we present additional alarming data showing an **abnormal spike in deaths of newborns**, a **significant excess and rising trend in cumulative annualised infant mortality rates** since the summer of 2021 and a **distinct increase in number of deaths in all age groups above 45** over the summer months in Scotland, both with and without a diagnosis of COVID-19ⁱⁱ.

We are concerned that the response we received has not given any indication that you have even acknowledged or taken any steps to investigate this alarming data and the significant and steepening rise in excess mortality, compared to the previous 5-year averages, that is occurring in Scotland.

A) Public Inquiry

We recognize the currently open public inquiry by the COVID-19 Recovery Committee into excess deaths in Scotland but suggest that this matter is far graver and more urgent than to await responses from the public before further investigation.

B) Data Analysis

We regret your statement of being unable to reproduce the graphs we included in our letter. All data presented were directly derived from National Records Scotland (NRS).

We recognize that data may be analysed in many different ways - raw, cumulative annualised, moving average – but the conclusions would be the same. In our analysis, we chose to present cumulative annualised data in order to show when directional changes occur. As mortality data are very volatile, a simple chart will not clearly show trend changes and cumulative effects are masked. The resulting graph should be more or less a straight line, as one would expect no or very little excess mortality against the five-year average.

In 2021, excess mortality was high in January, attributed to COVID-19, but was then followed by negative excess, such that the cumulative rate for the year returned almost back to zero. Significant mortality variation commonly happens in the winter season but is invariably much more stable during the summer. It is therefore most unusual to see mortality deviations of up to 40% during the summer months, affecting all older age groups and virtually all council areas in Scotland. Our previously presented graph clearly showed the inflection points for each age group, where the trendline deviates from the usual trend down into summer and instead starts rising to notable excess mortality.

For ease of access, we have attached the figures and graphs leading to this analysis. These official data show that health policies have not only failed but led to catastrophic increases in mortality across the population.

C) Effects of the COVID-19 Vaccination Program

As we previously alluded, there has been one fundamental difference in 2021 to all previous years, which is the mass administration of a completely novel gene-based medical intervention, which currently remains under temporary emergency use authorization and relies on post-marketing surveillance to assess its safety.

In your response you refer to evidence for the benefits of the COVID-19 vaccination program as published in an analysis in the journal *Eurosurveillance*ⁱⁱⁱ and state that “*over 27,000 deaths have been averted amongst those aged 60 years and older in Scotland in the period December 2020 to November 2021*”.

We are deeply disappointed that you have quoted this analysis clearly without any scrutiny.

For several reasons, this statement does not hold up even to the casual observer as we outline below.

1) **The analysis is founded on an incorrect assumption of vaccine effectiveness**

- a. The study clearly states that it provides an “*estimate*” of the “*number of deaths averted*”. In order to arrive at the estimate, an assumption is made about vaccine effectiveness (first dose 60% / second dose 95%), and all subsequent calculations are based on that assumption.
- b. In the clinical regulatory trials, **vaccine effectiveness was not defined by numbers of deaths averted**. The clinical trials were not set up to assess vaccine effectiveness with regards to death or even hospitalization^{iv v}. Instead, vaccine effectiveness was defined by the reduction of symptoms^{vi}. Whilst numbers needed to vaccinate (NNTV) to prevent a symptomatic case may be 490, the NNTV for prevention of a death will be as much as 53 times higher (25,940)^{vii}.
- c. The quoted rate of 95 % vaccine effectiveness in the regulatory trials was pertaining to relative risk reduction. This does not relate to the reduction of any particular outcome (illness/ hospitalization / death) in an individual, which is defined as absolute risk reduction. **The absolute risk reduction regarding the development of symptoms (not death) for an individual has been shown to be in the range of 1%**^{viii}. Some population groups, including the elderly, were also not adequately represented in the clinical trials, and therefore statistical significance of outcomes may not even apply to them^{ix}.

2) **Figures resulting from this incorrect assumption are in stark incongruence with observed data**

As the analysis is clearly based on false assumptions, the data cannot be expected to be correct. This is confounded by an assessment of actually occurring mortality in Scotland.

- a. The study suggests that the expected mortality per 100,000 for the age groups 60 years or older related to COVID-19 would have been 2,343.8 in Scotland for the weeks 51/2020 to 45/2021 whilst the observed COVID-19 related mortality was 333.3, concluding that 86% of deaths were averted by vaccination.

Assessing Scottish all-cause mortality rates from the last 20 years for this age group, it has never been close to the proposed expected figure of 5961 per 100,000 (Fig 1).

The average annual number of deaths occurring in this age group has been 49,146 in the last 22 years. It was 56,553 in 2020 and 55,131 in 2021. **There is absolutely no scientific basis for the assumption of the modelled expected COVID-19 related mortality rate or the assumption that without vaccination the death rate for those aged 60 or older in Scotland would have been 50% higher than observed.** The conclusion that over 27,000 deaths have been averted is therefore a completely unreasonable speculation and can only be described as false.

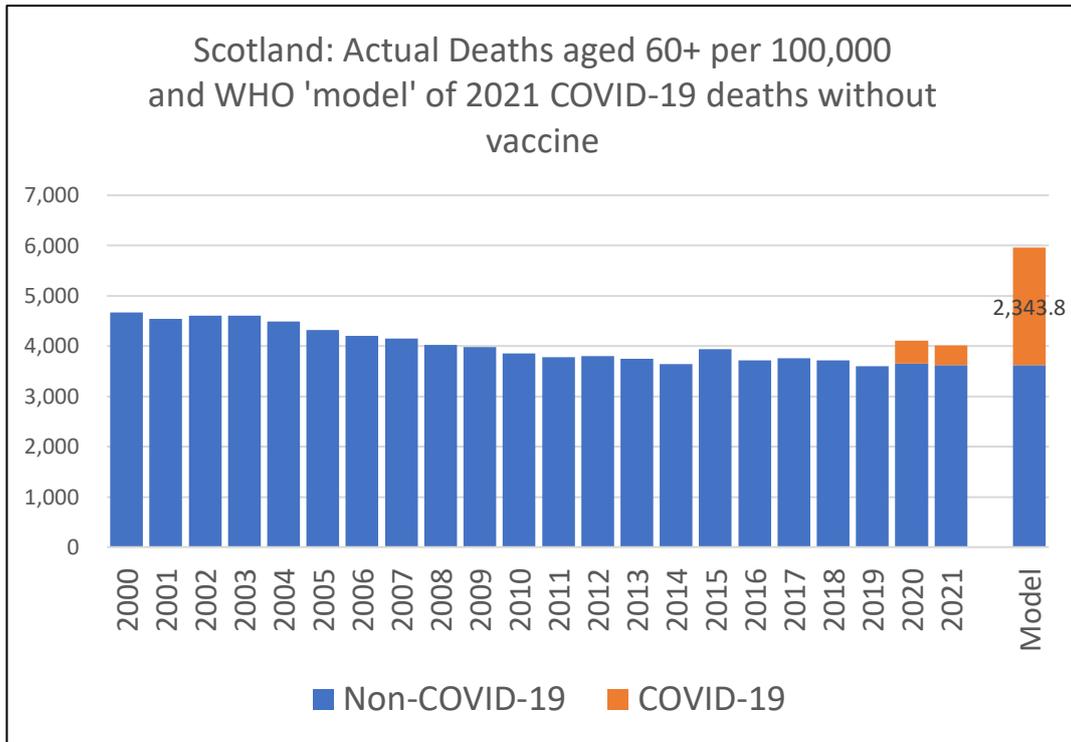


Fig 1 All-cause annual mortality rates per 100,000 in Scotland for age groups 60 and older

- b. The suggestion in the proposed model is that 39% of mortality would have been related to COVID-19. **COVID-19 related deaths have not constituted a major proportion of all-cause mortality, and it is therefore entirely implausible to assume it may have contributed to as many as 39% of the deaths in 2021** (Fig 2). With the natural course of the pandemic, deaths due to the disease would have been expected to diminish even without vaccination as people increasingly acquire broad-based natural immunity, effective also against naturally occurring variants^{x, xi}.

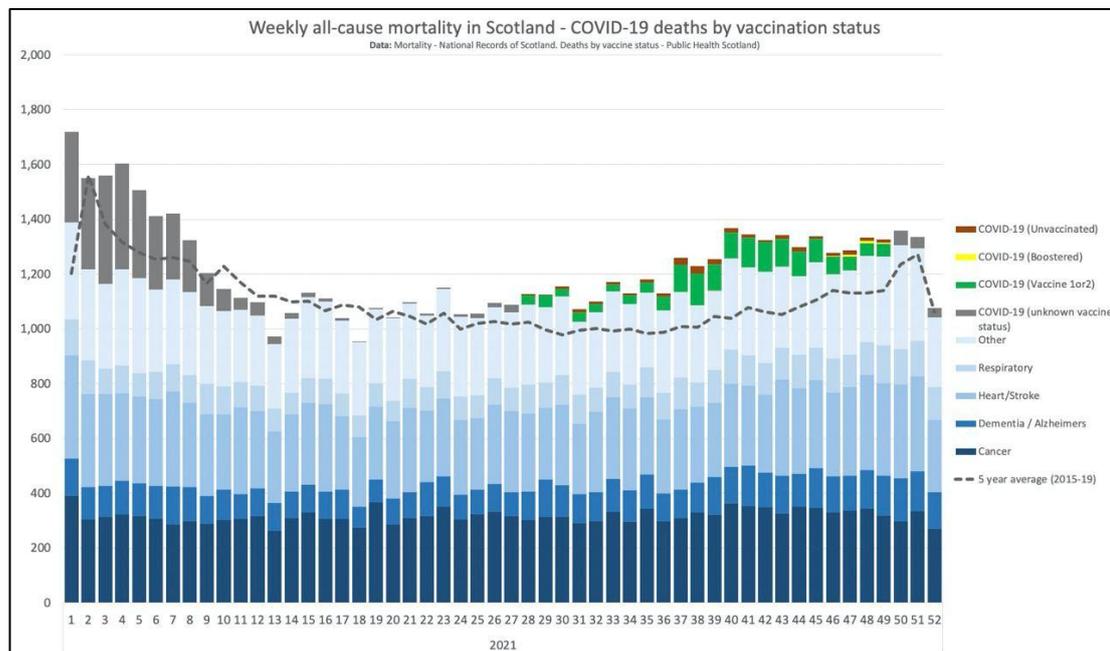


Fig 2 Weekly all-cause mortality in Scotland (NRS data)
Vaccination Status Data from Public Health Scotland (PHS)

- c. We have in our previous two Open Letters highlighted our grave and urgent concerns regarding significant excess mortality in Scotland. This is also demonstrated in Figures 2 and 3.

It is absolutely unprecedented that excess mortality rose over the summer months in 2021 and that this occurred across all age groups and across all regions in Scotland.

The claim that the COVID-19 vaccination program has saved any lives is based on a model that relies on false premises and assumptions. In reality, mortality has increased significantly and in unprecedented proportions since its introduction.

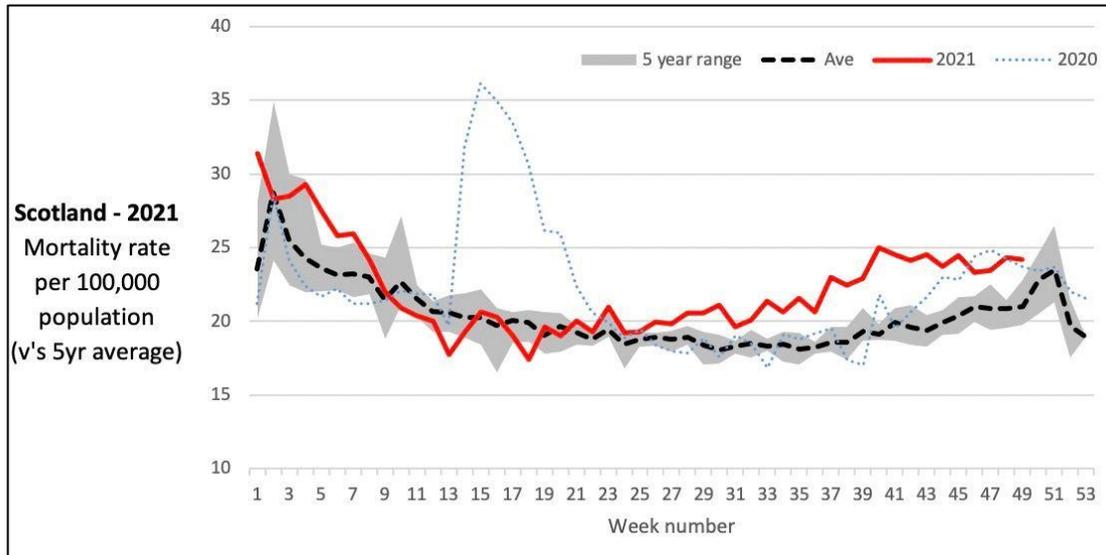


Fig 3 All-cause mortality rates in Scotland per 100,000 population (NRS data)

In conclusion, we once again urge you to meticulously and critically review the available evidence.

Your statement regarding lives saved by the COVID-19 vaccination program does not stand up to scrutiny. Instead, we are faced with a serious threat to the Scottish population which has raised mortality rates to unprecedented levels starting during the summer months of 2021.

We are calling for a thorough investigation into the cause of this recorded excess mortality and into the actual effects of the COVID-19 vaccination program based on observed data rather than models based on incorrect premises.

We suggest it would be more than appropriate to publicise your analysis and proposed action plan as to how to avert this worsening crisis.

We look forward to receiving your timely response in view of the urgency and gravity of this matter.

UK Medical Freedom Alliance

www.ukmedfreedom.org

Attachment: Comparative Mortality Changes (Excel)

Cc: Humza Yousaf – Secretary for Health and Social Care
Prof Jason Leitch – National Clinical Director
All Scottish Medical Directors

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- ⁱ https://assets.website-files.com/5fa5866942937a4d73918723/617be04a0055cf11cf716f79_UKMFA_Open_Letter_Scottish_Excess_Mortality.pdf
- ⁱⁱ https://assets.website-files.com/5fa5866942937a4d73918723/61c1b50249ae1ffa69bd09a3_Open_Letter_UKMFA_Scottish_Mortality_Data.pdf
- ⁱⁱⁱ <https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2021.26.47.2101021>
- ^{iv} <https://www.bmj.com/content/bmj/371/bmj.m4037.full.pdf>
- ^v <https://www.forbes.com/sites/williamhaseltine/2020/09/23/covid-19-vaccine-protocols-reveal-that-trials-are-designed-to-succeed/>
- ^{vi} <https://www.fda.gov/media/144245/download>
- ^{vii} <https://mises.org/wire/what-weve-learned-israels-covid-vaccine-program>
- ^{viii} [https://www.thelancet.com/pdfs/journals/lanmic/PIIS2666-5247\(21\)00069-0.pdf](https://www.thelancet.com/pdfs/journals/lanmic/PIIS2666-5247(21)00069-0.pdf)
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- ^{xi} https://assets.website-files.com/5fa5866942937a4d73918723/6141b8500d6ede2828d82c02_UKMFA_Open_Letter_BSI.pdf