

31 January 2022

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

Humza Yousaf MSP – Scottish Cabinet Secretary for Health and Social Care

Thank you for the letter (Reference 202100264789) dated 20 January 2021, sent to us by Gregor Boyd, 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 13 December 2021ⁱ.

We had previously written an Open Letter to Scottish Health Officials, in which we showed 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. Notably, the inflection in the trends towards rising excess mortality occurred in a staggered fashion according to age groupsⁱⁱ.

Our letter that you responded to was regarding the same issue, and we presented 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-19.

We are concerned that your response gives no indication that you have fully acknowledged the issues raised, or that you have taken any steps to investigate this alarming data or the significant and steepening rise in excess mortality that is occurring in Scotland.

A) Methodology of Data Analysis

You address our concerns by elaborating on the methodology of calculating five-year averages, explaining your decision to leave the year 2020 out of any calculations going forward as due to its notable excess mortality as a result of the COVID-19 pandemic.

You argue that this decision compromises the data as the “*effects of an ageing population*” in 2020 would not be accounted for, noting that these effects have previously led to an increase in the comparator (the previous five-year average) of “*slightly over 1% each year*” since 2015. You argue further that this will potentially lead to overestimation of excess deaths in 2021 at a scale of “*at least 500 excess deaths*” assuming a continuation of the trend in previous years.

Your arguments completely fail to address our concerns as they do nothing to explain the significant and unprecedented signal of excess deaths over the summer / autumn months of 2021 and are also not congruent with the available data as we detail below:

i. Ageing population

You claim the effect of an ageing population as a driving reason for increasing excess mortality. Official figures show that the average age of the Scottish population actually decreased to 41.2 in 2021 from 41.7 in 2020. Your assumption would be based on a higher mortality in advanced age groups. Meanwhile, it is most concerning that a **greater proportion of excess deaths occurred in younger age groups in 2021 compared to 2020**. Specifically, the increased proportion of those under the age of 30 is most alarming (Fig 1).

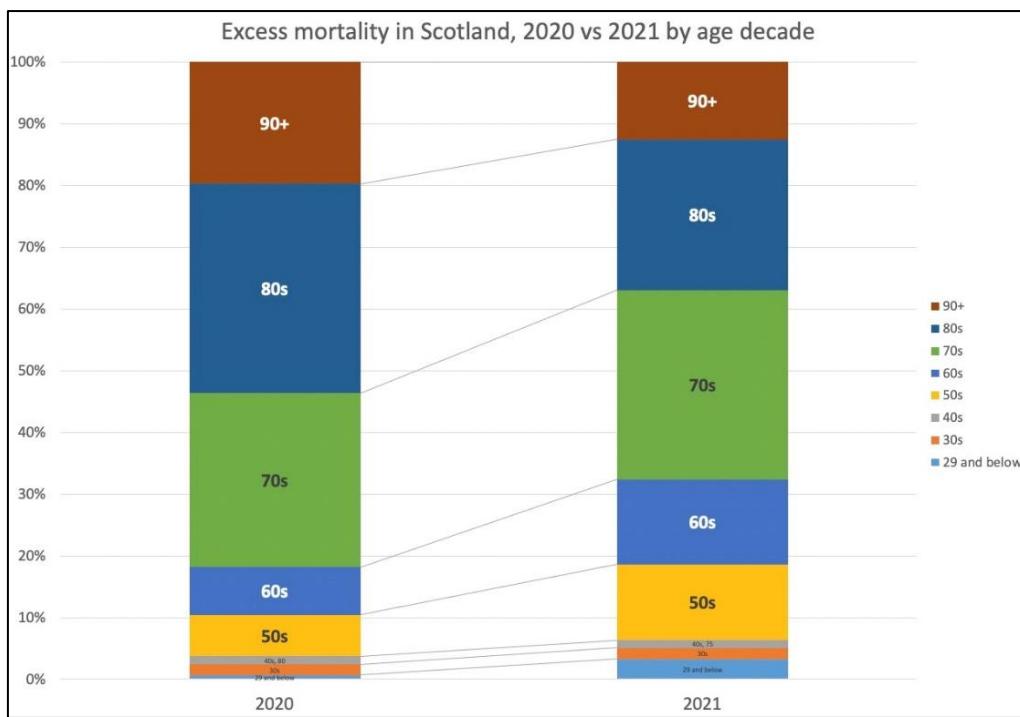


Fig 1 Excess Mortality in Scotland – Proportion of age groups 2020 and 2021 (NRS data)

NB: Total number of excess deaths compared to 5-year average 2015-2019: n=6178 in 2020 (53 weeks) / n=5948 in 2021 – almost equal numbers but excess deaths occurred in much younger age groups in 2021

Assessing the numbers of deaths in the age groups over 60 years, it appears that these were consistent (between 49,073 and 51,348) for the years 2015-2019 but then rose significantly to 56,553 in 2020 and 55,131 in 2021. Even if your predicted additional 500 is deducted, this is still an 11.4% rise in 2020 and an 8.6% rise in 2021, compared to the average of 2015-2019. Compared to the five-year average of 2016-2020 the rise after a deduction of 500 in 2021 would be 6.4%. This is lower than your calculations using the five-year average of 2015-2019 but still a significant increase. If the effect of the pandemic on mortality in 2020 is deemed to be too significant to allow inclusion of that year's figures in subsequent calculations, it is implausible why 2021 should be included as high mortality continued. This is particularly significant it would be reasonable to expect that excess deaths would be negative if the year of the pandemic was included in the five-year average, but this is not the case. **It is therefore abundantly clear that there is a signal of unusual excess mortality in 2021, which is not attributable to the pandemic.**

Year	Number of deaths in age groups above 60 years
2015	51,348
2016	49,073
2017	50,484
2018	50,569
2019	50,052
2020	56,553
2021	55,131
Average 2015-2019	50,305
Average 2016-2020	51,346

Table 1 Numbers of deaths in age groups above 60 (NRS data)

ii. Unprecedented rise on excess mortality in summer / autumn 2021

It is most notable that the rise in excess mortality in 2021 extends to all age groups above the age of 45 and is not limited to the elderly population most at risk from COVID-19. Excess mortality in the population from week 22 onwards, when compared to the five-year average from 2015-2019, amounts to 16%, which is significantly higher than your expected 1%.

In 2021, excess mortality was high in January, attributed to COVID-19, but was then followed by a 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, with the trendline deviating from the usual downward trend into summer and instead rising to notable excess mortality.

iii. The signal of excess mortality demonstrated in the NRS methodology paper

The signal we aim to bring to your attention is reflected in the NRS methodology paper you refer to, entitled "*Choosing a five-year average for the measurement of excess deaths*"ⁱⁱⁱ.

a. Weekly deaths 2010-2021

Figure 2 in this document shows the weekly totals of deaths from 2010 to 2021, by each individual year. This is used to demonstrate the period of significant excess deaths during the first wave of the COVID-19 pandemic in spring 2020 (weeks 14 to 21), but the graph also shows very clearly a most notable and unprecedented rise in numbers of deaths in 2021 from week 22 onwards, without having to refer to any five-year averages.

b. Selected five-year averages

Figure 1 in this paper shows the numbers of deaths per week for selected five-year averages. This is used to demonstrate the unusual rise in spring 2020, arguing that 2020 should therefore not be included in future calculations. The graphs also show that whenever 2021 is included, numbers are notably increased in the summer / autumn period.

c. Statement regarding higher mortality in 2021

The NRS methodology paper states that "*the number of deaths in 2021 (particularly in the second half) have been considerably higher than years prior to 2020*".

B) Effects of the COVID-19 Vaccination Program

As we have previously alluded, there has been one fundamental difference in 2021 compared 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 have completely ignored this concern. Whilst you mention the "*harms of the virus*" and the impact of the implementation of "*COVID-19 legal measures in Scotland*", you have in no way acknowledged even the mere possibility of a negative impact of the COVID-19 vaccination program.

As we demonstrate in Figure 1 below, with data from National Records Scotland (NRS) and Public Health Scotland (PHS), **COVID-19 related deaths have not constituted a major proportion of all-cause and of excess mortality.** This data also suggests that vaccination has had little impact on any reduction of mortality, and that deaths due to other causes than COVID-19 have increased.



Both the vaccination program and the measures that have resulted in reduced access to healthcare, with an unprecedented rise in waiting lists and deferred medical diagnostics and treatment, have been implemented by the Scottish Government on the basis that they were intended to save lives. **Data clearly shows that lives have not been saved, and we therefore call on the Scottish Government to investigate and revisit their measures as a matter of urgency.**

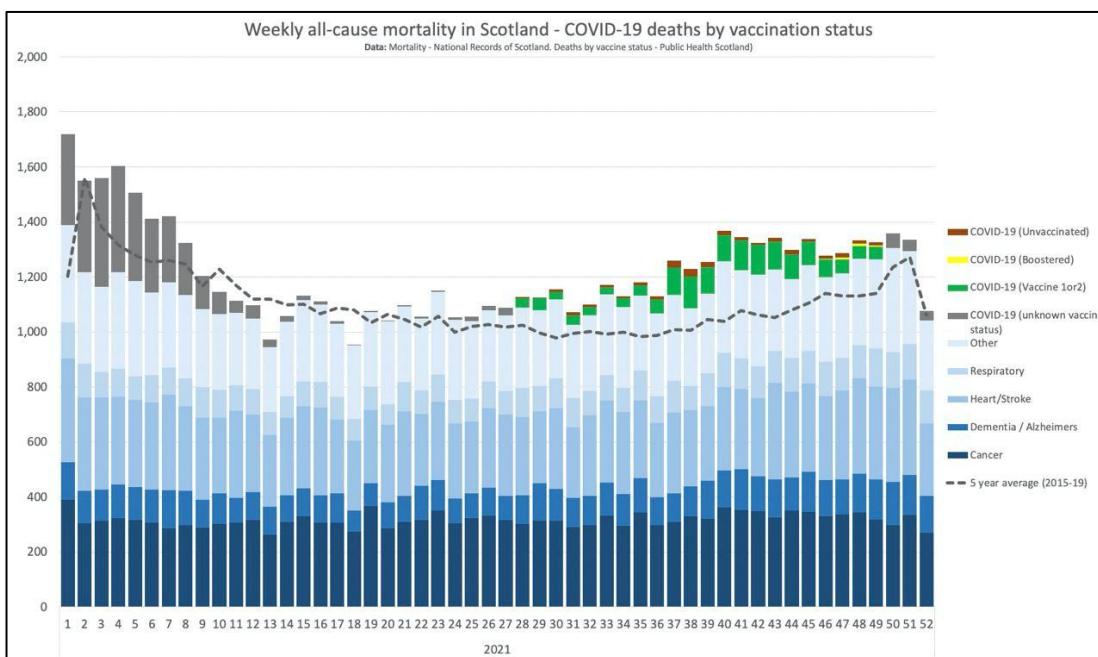


Fig 1 Weekly all-cause mortality in Scotland (NRS data)
Vaccination Status Data from Public Health Scotland (PHS)

C) Conclusions & Requests

You close your response stating that: “*We hope this addresses your concerns. Please note that we have now provided all information possible at this time on the subject of excess mortality and are not able to assist any further.*”

The information you have provided does not address our concerns at all, as you have not responded to our concerns but instead explained details regarding a methodology that is not even relevant for the detection of the signal that we consider most alarming.

We would also like to emphasize that we did and do not write to you to request information, as all this data is freely accessible to the public.

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

We ask that the Scottish Government take responsibility for all the measures they have implemented over the last two years, including the COVID-19 vaccination program, and investigate how these measures may have contributed to such significant excess mortality in 2021.

We are therefore calling for a thorough and public investigation into the cause of this recorded excess mortality and into the actual health and mortality impacts of the COVID-19 vaccination program.

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

Cc: Dr Gregor Smith – Chief Medical Officer for Scotland
Prof Jason Leitch – National Clinical Director
All Scottish Medical Directors & NHS Chief Executives

ⁱ https://assets.website-files.com/5fa5866942937a4d73918723/61c1b50249ae1ffa69bd09a3_Open_Letter_UKMFA_Scottish_Mortality_Data.pdf

ⁱⁱ https://assets.website-files.com/5fa5866942937a4d73918723/617be04a0055cf11cf716f79_UKMFA_Open_Letter_Scottish_Excess_Mortality.pdf

ⁱⁱⁱ <https://nrscotland.gov.uk/files//statistics/covid19/covid-deaths-methodology-excess-deaths-in-2022.pdf>