COVID 19 Is A Statistical Nonsense

TOPICS: Coronavirus Covid 19 Healthcare Lockdown Politics

POSTED BY: IAIN MAY 3, 2020

The mortality statistics for COVID 19 have been incessantly hammered into our heads by the mainstream media (MSM). Every day they report these hardest of *facts* to justify the lockdown (house arrest) and to prove to us that living in abject fear of the COVID 19 syndrome is the only sensible reaction. Apparently, only the most lucrative vaccine ever devised can **possibly save us**.

The COVID 19 mortality statistics are the reason millions will undoubtedly download contact tracing (State surveillance) apps. This will help the vaccinated to secure their very own immunity passports (identity papers) and enable them to prove they are *allowed* to

exist in the post COVID 19 society, whenever the State demands to see their authorisation.

But how reliable are these statistics? What do they really tell us about what is happening outside the confines of our incarceration? Do they reveal the harsh reality of an *unprecedented* deadly virus sweeping the nation or does the story of how they have been manipulated, inflated, fudged and exploited tell us something else?

The Once Reliable Office Of National Statistics

24/7 Fear Porn

In order to **register a death** in England and Wales, under normal circumstances, a qualified doctor needs to record the cause of death on the Medical Certificate of Cause of Death (MCCD). They must then notify the Medical Examiner for a corroborating opinion. Providing the doctor is clear on the cause of death and no irregularities or suspicions are noted, if the Medical Examiner concurs, there is no need to refer the death to a coroner.

The second opinion of the Medical Examiner (another qualified doctor) was **introduced in 2016** following a series of high profile systemic abuses. The mass murderer Dr Harold Shipman, and doctors at Mid Staffordshire NHS Foundation Trust and Southern

Health NHS Trust, covered up crimes and widespread malpractice by improperly completing MCCD's.

Today, once the Medical Examiner agrees, they then discusses the death with a qualified informant. This is usually someone who knows the deceased. It is an opportunity, more often than not, for a family member or friend to discuss any concerns about the suggested cause of death. If no further issues are raised, the death certificate can be issued to the informant, the Local Registrar notified and the death recorded.

Registered deaths have been recorded in England and Wales since 1837. From 1911 onward the cause of death has been coded in accordance with the International Classification of Diseases (ICD). Maintaining registration records was the responsibility of the General Register Office until 1970 when it became a department of the Office of Population Censuses and Surveys (OPCS). In 1996 the OPCS merged with the Central Statistical Office (CSO) to form the Office of National Statistics (ONS).

There have been some tweaks and **legislative changes** to the system over the years. Technology has sped things up a bit, but essentially the simple process of recording registered deaths has changed little over the last century. The ONS have been accurately recording registered deaths in England and Wales for more than 23 years.

From a statistical perspective this consistent, verifiable system has allowed meaningful analysis to inform public health practice and policy for decades. The inbuilt safeguards, maintained and improved over the years, means the ONS provide some of the most reliable mortality statistics in the world.

They record all registered deaths no matter where they occurred in England and Wales. Whether the deceased died in hospital, a care home or in the community, once registration is complete the ONS add it to their statistics.

For weekly statistics the ONS week runs from Saturday to Friday and the statistics are released 11 days after the

week ending date. There may be an additional lag for a small number of more complex cases. However, all are eventually resolved and the ONS record the registration of the death in the week it was notified. The ONS also release mortality statistics on a monthly, quarterly and annual basis for comparison.

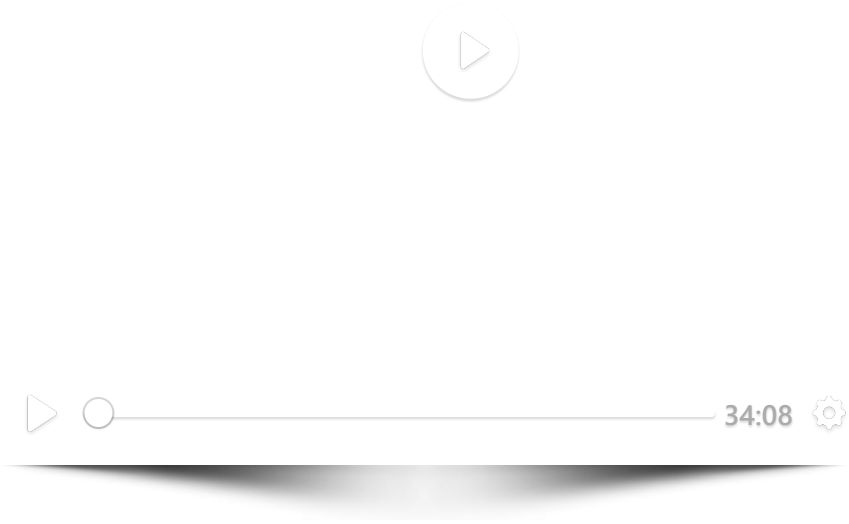
The GRO

This does not suit a hungry MSM eager to sensationalise reported COVID 19 deaths. Nor does it serve the immediate interests of State officials who want the public to accept their own house arrest.

Consequently the MSM have reported COVID 19 mortality statistics from a variety of sources. Some **from the NHS**, some from the **Department of Health and Social Care** (DHSC) and eventually the ONS. Now the **Care Quality Commission** have also been thrown into the mix.

Ultimately, all of these deaths will be registered. The ONS will record them and it will be possible to know how many died, the causes of death and the trends identified.

Except in the case of COVID 19.



The Vague Case Of A COVID 19 Death

The **Coronavirus Act 2020** received Royal assent on March 25th. This had significant implications for the registration of deaths and the accuracy of ONS data in relation to COVID 19.

Not only did the act **indemnify all NHS doctors** against any claims of negligence during the lockdown, it also removed the need for a jury led inquest. Effectively, only in the case of death from the notifiable disease of COVID 19. Worrying as these elements of the legislation are, they are just part of a raft of changes singling out registered COVID 19 deaths as unusually imprecise.

The **NHS issued guidance** to assist doctors to comply with the new legislation. Any doctor can sign the MCCD. There is no need for the scrutiny of a second Medical Examiner. The Medical Examiner, or any other doctor, can sign the MCCD alone. The safeguards introduced in 2016 were removed, but only in the case of COVID 19.

Doctors do not necessarily need to have examined the deceased prior to signing the MCCD. If it is considered impractical for the doctor who last saw the deceased to complete the MCCD, providing they report that the deceased probably had COVID 19, any other qualified doctor can sign the death certificate as a COVID 19 death.

There is no requirement for any signing doctor to have even seen the deceased prior to issuing the MCCD. A video link consultation within the 4 week period leading up to the patient's death, is deemed sufficient for them to pronounce death from COVID 19.

If that were not tenuous enough, as longs as the signing doctor believes the death was from COVID 19, potentially absent any examination at all, perhaps simply by reviewing the patients case notes, if a coroner agrees, a COVID 19 death can still be registered.

The coroner's agreement is practically a fait accomplis. On the 26th March the UK State released **guidance from the Chief Coroner**. This was intended as *advice* to all coroners in cases of COVID 19 referral.

There were some notable changes to normal coronal procedures. Paragraph 5 strongly reminded coroners of their obligation to maintain judicial conduct. It stated:

> *"The Chief Coroner cannot envisage a situation in the current pandemic where a coroner should be engaging in interviews with the media or making any public statements to the press."*

This thinly veiled threat to coroners made it clear that speaking out about any concerns would be considered a breech of judicial conduct. A career ending act it would seem.

The NHS guidance advised that if no signing doctor has seen the deceased prior to registration of death, a referral to the coroner must be made. This is a procedural recommendation not a legal requirement. A legal requirement is only applicable in cases of unknown or suspicious causes of death. In turn, the Chief Coroner's guidance states:


Social distancing is essential

> *"COVID-19 is a naturally occurring disease and therefore is capable of being a natural cause of death……The aim of the system should be that every death from COVID-19 which does not in law require referral to the coroner should be dealt with via the MCCD process."*

The Coronavirus Act 2020 also meant that a qualified informant, who agrees the cause of death on the MCCD, no longer needed to be anyone acquainted with the deceased. A hospital official, someone who is *'in charge of a body'* or a funeral director can perform this vital function. The Chief Coroner advised:

> *"For registration: where next of kin/informant are following self-isolation procedures, the arrangement for relatives (etc) should be for an alternative informant who has not been in contact with the patient to collect the MCCD and deliver to the registrar for registration purposes. The provisions in the Coronavirus Act will enable this to be done electronically as directed by the Registrar General."*

Most relatives, or someone acquainted with the deceased, will be following self isolation procedures.

They will almost certainly be terrified of contracting COVID 19 because they have just been told their loved one or friend died from it. Furthermore, the Coronavirus Act has effectively placed them under house arrest.

In other words, if the MCCD signing doctor hasn't seen the patient, while they were alive, no further inquiry is necessary. The qualified informant can be someone who has neither met the deceased nor knows anything about the circumstances surrounding their death.

In this situation, but only for COVID 19 deaths, it is fine to assume the death was from the disease. If you, the coroner, don't like the idea, don't make a fuss. Just sign the damn thing or else.

Impacting The COVID 19 Statistics

This quite bizarre death registration process **compelled the ONS** to issue guidance to doctors signing MCCD's. Not only is there no need for an examination to pronounce death from COVID 19, nor is there any necessity for a positive test or even an indicative CT scan.

In their guidance the ONS advised doctors on what constitutes an acceptable *underlying* cause of death. When mortality statistics are used for research it is usually the most relevant factor. The vast majority of COVID 19 deaths reported by the State and the MSM also reflect its identification as the underlying cause.

The World Health Organisation (WHO) define this as:

> *"The disease or injury which initiated the train of morbid events leading directly to death."*

For COVID 19, this determination can be based upon the clinical judgement of a doctor who has never met the deceased. Quite possibly following nothing more than a video link consultation or a case note review of symptoms.

The problem is the symptoms of COVID 19 are largely indistinguishable from a range of other respiratory illnesses. A study from **the University of Toronto** found:

> *"The symptoms can vary, with some patients remaining asymptomatic, while others present with fever, cough, fatigue, and a host of other symptoms. The symptoms may be similar to patients with influenza or the common cold."*

Nor is there any requirement for a post mortem to confirm the presence of COVID 19. Guidance **from the Royal College of Pathologists** states:

> *"If a death is believed to be due to confirmed COVID-19 infection, there is unlikely to be any need for a post-mortem examination to be conducted and the Medical Certificate of Cause of Death should be issued."*

Clear causation between the underlying cause and the direct cause is imperative to establish the fact. Just because someone tested positive for the SARS-CoV-2 (SC2) virus it doesn't mean they developed the associated syndrome of COVID 19.

The **Oxford Centre for Evidence Based Medicine** found that anything between 5% – 80% of people who tested positive for SC2 did not have any symptoms of COVID 19. Asymptomatic people do not have a disease which impacts their health in the short term. Even for those who did test positive for SC2, claims that this was the underlying cause of death are dubious in an unknown number of cases.

Following the Coronavirus Act, in keeping with advice from the NHS, the ONS advised doctors:

> *"If before death the patient had symptoms typical of COVID 19 infection, but the test result has not been received, it would be satisfactory to give 'COVID-19' as the cause of death.…In the circumstances of there being no swab, it is satisfactory to apply clinical judgement."*

This isn't unique to COVID 19. Doctors are required to complete MCCD's *"to the best of their knowledge and belief" even* when test results may not yet be available. The difference in the case of COVID 19 is that all the normal requirements for qualified confirmatory opinions and every opportunity to question the cause of death have been removed.

In addition, the need to complete **Cremation form 5**, requiring a second medical opinion, has been suspended for all COVID 19 deaths. Given that post mortem confirmation is also extremely unlikely and agreement from a coroner is all but assured, this means

possible COVID 19 decedents can be cremated without any clear evidence they ever had the disease.

In light of all the other registration oddities for determining COVID 19 mortality, the direct causation, proving COVID 19 was the *underlying cause* of death, appears extremely doubtful. We just don't know how many people have died from COVID 19. We are told many people have, but we cannot state with any certainty what the numbers are. Neither can the ONS.

Obviously concerned about the implications, the Royal College of Pathologists (RCPath) have called for a systemic post outbreak review. The **Health Service Journal** reports that the RCPath expects a detailed investigation into causes of death due to the degree of uncertainty.

Statistically It Get's Worse

The overwhelming majority of medical and care staff, coroners, pathologists, ONS statisticians and funeral directors have no desire to mislead anyone. However, in the case of COVID 19 deaths, the State has created a registration system so ambiguous it is virtually useless. The statistical product recorded by the ONS, despite their best efforts, is correspondingly vacuous.

This hasn't stopped the State and the MSM from reporting every death as proof of the deadliness of COVID 19. Claims of COVID 19 as the underlying cause of death should be treated with considerable scepticism.

Initially the *daily reports* were based upon the figures of COVID 19 deaths released by the NHS via the DHSC. These were the numbers with positive test results. The ONS also recorded positive test registrations from the NHS, care settings and the community.

As discussed, a positive test for SC2 doesn't necessarily mean you suffered any health impact from COVID 19. In addition, the test itself has proved to have a **varying degree of reliability**.

Nonetheless, the ONS figures from all settings, were higher than those reported by the MSM and the State in their *daily briefings*. However, the reliance upon positive tests changed on March 29th.

The State **instructed the ONS** not only to record all registered COVID 19 deaths, where positive tests results were known, but also where COVID 19 was merely suspected. In combination with the possibly spurious attribution from hospitals, this '*mention'* of COVID 19, further distanced the statistics from clear, confirmed causes of death.

This prompted a significant increase in the COVID 19 fatalities reported by the ONS. Not because more people were dying from it, but because the categorisation of COVID 19 deaths had changed. Any *mention* of COVID 19 anywhere on the death certificate, regardless of other comorbidities, such as heart failure or cancer, were now recorded as registered COVID 19 deaths by the ONS.

This addition of claimed COVID 19 deaths has punctuated the ONS data **throughout the outbreak**. While we are told by the MSM that these **new figures better reflect** the reality of COVID 19 mortality, in truth we are moving further away from any meaningful record.

The evidence suggests the methodology has been altered at opportune moments to inflate and maintain the mortality statistics. Just after the virus peak of infection and the start of the lockdown, the State instructed the ONS to include suspected *"mentions"* of COVID 19. Again, as the recorded **numbers of deaths were dropping**, the State started **releasing more**

figures from the care sector. From April 29th they have introduced additional figures provided by the Care Quality Commission (CQC).

If the figures from the NHS are at best questionable, the figures from the CQC run the risk of moving us into fantasy land. All the same problems of decedents not being seen, video consultations, lack of corroborative medical opinion and so forth remain. However, in care settings the onus for signing MCCD's shifts from hospital doctors to General Practitioners (GP's).

The CQC is the *independent* regulator of health and social care in England. During the COVID 19 outbreak it **has not required** care homes or community care providers to notify them of suspected cases. It has also suspended all inspections.

You must accept the COVID 19 horror

From the 29th April the CQC will provide statistics to the ONS where a *"care home provider has stated COVID-19 as a suspected or confirmed cause of death."* This notification is made online via the CQC's Provider Portal. *Provisional* figures will be included in the ONS daily updates.

The CQC is tasked with making sure decedents from care homes who died in hospital are removed from the reports before submitting them to the ONS. Otherwise massive duplication will occur. We can only hope statisticians will be extremely diligent.

The ONS has reported what these statistics from the CQC **will be based upon.** Frankly, it makes jaw

dropping reading. The ONS state:

> *"The inclusion of a death in the published figures as being the result of COVID-19 is based on the statement of the care home provider, which may or may not correspond to a medical diagnosis or test result, or be reflected in the death certification."*

Most care home providers are not medically trained. Their judgement regarding whether or not the decedent had COVID 19 may well be the result of a once weekly phone call with a GP. Guidance to GP's **from NHS England** states that Possible COVID 19 patients should be identified primarily by *weekly check-ins* online.

This is in keeping with the NHS **Key Principles of General Practice**, in relation to COVID 19, which states:

> *"Remote consultations should be used when possible. Consider the use of video consultations when appropriate."*

The ONS add:

> *"There is no validation built into the quality of data on collection. Fields may be left blank or may contain information that is contradictory, and this may not be resolved at the point of publication. Most pertinent to this release are place of death and whether the death was as a result of confirmed or suspected coronavirus."*

This is the system the CQC will use to collect the data for the ONS reports. Once someone, either in a care home or cared for in the community, is assumed to have died of COVID 19, based upon the best guess of the care provider following a chat with a local GP, in keeping with the process we have already discussed, their MCCD will be signed off as a COVID 19 death. The ONS will add their death to the COVID 19 statistics and the State and the MSM will report them to the public as confirmed COVID 19 mortality.

How anyone can consider the statistics from care providers an accurate and reliable record of COVID 19

deaths is difficult to envisage. Nonetheless, that is what we are asked to believe.

The State And MSM COVID 19 Fudge

All we are able to identify with any certainty are the total number of of all deaths, called *all cause mortality,* reported by the ONS. We cannot be confident about what caused those deaths during the COVID 19 outbreak.

The State has presided over a truly remarkable bastardisation of the ONS data for COVID 19. This has not only rendered records of COVID 19 deaths a statistical black hole but, during the claimed pandemic, has also made the ONS data for **other causes of excess mortality** practically unknowable.

Especially for the ONS, any chance of accurately separating COVID 19 deaths from other causes of mortality has been completely obliterated by State diktat. For the first time in their history the ONS are reporting a relatively large number of highly dubious registered causes of death. However, they remain our best hope of knowing how many people have passed away.

In the meantime, while we wait for the ONS data to emerge, the MSM are reporting every COVID 19 death from any source they can find. Some are vaguely confirmed and some not. They are also reporting suspected COVID 19 deaths from care homes, provisional figures from the NHS , the CQC and then the same figures again from the DHSC and later the ONS.

UK Chief Medical Officer Chris Witty

The narrative they are presenting, on the back of this hodgepodge of statistical irrelevance, is designed to convince the public of the severity of the outbreak in the UK.

There is clearly **high excess mortality** at the moment. Thanks to the lockdown, this is happening while the NHS is essentially closed to everyone other than suspected COVID 19 patients.

Early studies have **already predicted a significant health impact** from the lack of essential health care caused by the lockdown. People requiring treatment for a range of other potentially fatal conditions aren't getting it. This was acknowledged by the UK's Chief Medical Officer Chris Witty in the daily briefing on April 30th:

> *"…You have the direct deaths from coronavirus but also indirect deaths. Part of which is caused by the NHS and public health services not being able to do what they normally can to look after people with other conditions….It is therefore important…..to do the other important things like urgent cancer care, elective surgery and all the other thing like screening….which we need to do to keep people healthy."*

How many people have died of other causes, due to the lockdown, only to be registered as COVID 19 deaths? We just don't know and the ONS have no way of finding out.

However we do know, thanks to the ONS, the total *all cause mortality* as a percentage of population in England and Wales over recent decades. This analysis shows us, while excess mortality this year is high, it is by no means *unprecedented*. In fact, as a percentage of population, it is notably lower to the comparable years of 1995, 1996, 1998 and 1999. Yet none of these years necessitated the shut down of the economy nor the dire health consequences of closing the NHS to all but a few patients.

Between 27th March and 17th April (ONS weeks 14,15 & 16) the ONS registered 25,932 additional deaths above the statistical recent 5 year norm. Of these 11,427 recorded COVID 19 as the sole *mentioned* underlying cause.

We have just explored the considerable doubt about this attribution. However, if we accept this figure, it means the remaining 14,505 people died with other registered underlying causes. That means approximately 56% of additional excess mortality is attributable to something else, either in addition to or entirely separate from suggested COVID 19.

Given this inexplicable Spring mortality it seems highly likely these are at least some of the *indirect deaths* the UK's Chief Medical Officer spoke of. To claim all these excess deaths are the result of COVID 19, as the State and MSM persistently do, is without any justification whatsoever.

It is not possible to identify how many people have died as a direct result of COVID 19 either from the registration of deaths or the resultant statistics. This is not the fault of medical practitioners or statisticians. It is caused by a State response to a claimed pandemic

which has rendered the most crucial processes, and the data gleaned from them, a statistical nonsense.

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ABOUT THE AUTHOR

Iain

I'm an author, journalist, blogger and video maker (contributing to 21stCenturyWire, UKColumn, the

OffGuardian and other leading news sites,) I am able to leap small footstools in a single bound, haven't been kicked out lately and am occasionally reliable. I really enjoy a jolly good rant. Though many have expressed their wish that I didn't.

64 COMMENTS ON "COVID 19 IS A STATISTICAL NONSENSE"

Simon Foster | May 5, 2020 at 7:41 pm | Reply

This is a well-researched and written article. I sent you a few satoshis for your stellar work. I will be placing links to it on wethepeople.wales – my own contribution to sanity in these frighteningly totalitarian times. We may seem outnumbered right now by the frightened multitudes who have lost the ability to look at the facts and come to sound conclusions, but in the end the truth will prevail. After this lock-down has reduced our economy to rubble, it will be time to create something new and positive, free from debt slavery and control by the powers that shouldn't be. Cheers!

P.S. I'm in the process of writing a new letter for our elected representatives to ignore (at their peril). If you have any suggestions what it should include please send them to me.

Iain Davis | May 6, 2020 at 8:51 am | Reply

Many thanks Simon both for the encouraging comments and the kind donation. I think highlighting opinions of

the scientists who have challenged the lockdown policies and providing the evidence to cite those opinions is very important.

Deborah Mahmoudieh | May 5, 2020 at 9:36 pm | Reply

We need to issue a legal challenge:
https://debdahvibez.wordpress.com/2020/04/12/addressing-the-trials-tribulations-of-covid-19/

Iain Davis | May 6, 2020 at 8:52 am | Reply

I agree Deborah. We need to use all lawful and peaceful means to challenge these decisions.

BDBinc | May 5, 2020 at 9:37 pm | Reply

Still would like to see investigative journalists look at the truth of the lack of evidence of the existence of a ” new deadly disease called COVID19″from “sarscorona2″.
We all know they data fudged, so many know that now, but the truth that the whole thing is based on a fear inducing lie needs to be told.
We should be sorting out the false from what is true.
There were no deaths from ” COVID19 ” (except in the govts falsified registration of deaths).
Its fiction.
So lets not co create this crazy world based on fear of the false and unreal.

Iain Davis | May 6, 2020 at 7:57 am | Reply

Thanks BDBinc. I'm not aware of any clear evidence that SARS-CoV-2 doesn't exist nor that no one has died from the resultant COVID 19. I am aware of the exomes theory and suggestion COVID 19 is the result of other environmental toxicities, and while I remain open minded to those various possibilities, I haven't yet seen enough evidence to convince me any are more plausible than the standard medical model.

Shaman O'Sanity | May 6, 2020 at 9:44 pm | Reply

I feel like donating you at the end of this month when I get my monthly payment and it may perhaps not exceed 15 euro (that's a year subscription with Mr. Corbett) I will set a reminder in my calendar 🙂

There has been done a lot of work by you Mr. Davis and all data presented didn't harm the readability of this article.

I'll make a bookmark, subscribe to a newsletter (if it exists) and will read all articles in the coming days with great enthusiasm.

Thank you Mr. Davis.

Friendly greetings from the Netherlands
Shaman O'Sanity
(humanist, animist, anarchist)

Iain Davis | May 7, 2020 at 5:00 pm | Reply

Many thanks Shaman. I appreciate the generous offer of a gift but please, in these difficult times, do not donate anything if it adds to any financial stress. All my work is freely available regardless of any appreciation shown. All my work is accessible at all times to everyone.

Kevin Corbett | May 6, 2020 at 9:51 pm | Reply

Enjoyed reading your wesbite.
I'm a health scientist. I have been working with David Crowe in Canada on the Covid-hysteria and we've had some publications.

Short piece on the tests on Toby Young's blog:
https://lockdownsceptics.org/testing-do-you-have-the-disease/#comment-402

Short article with David Crowe on 'Covid' on Journal of Advanced Nursing blog:
https://journalofadvancednursing.blogspot.com/2020/04/problems-with-current-uk-government.html

I've a free self-published monograph on the 'Covid' 'tests' on my website:
https://kevinpcorbett.com/onewebmedia/WHERE%20IS%20THE%20EVIDENCE%20FOR%20THE%20EXISTENCE%20OF%20THE%20CORONAVIRUS%20FINAL.pdf

My work on HIV/AIDS
http://www.immunity.org.uk/articles/kevin-

corbett-2/

It'd be great to hear from someone else who's thinking similar.
Best wishes
Kevin Corbett

Iain Davis | May 7, 2020 at 4:55 pm | Reply

Thanks Kevin. I look forward to reading your posts and leave them here in order for others to do the same.

Dr John Lee | May 6, 2020 at 9:58 pm | Reply

Iain,
Thank you for this excellent well-researched article. I've been commenting over the past few weeks (Spectator) on how Covid is being watched and recorded like no previous epidemic, but I hadn't realised things were this bad. Thank you for writing up the details. It's a real disgrace, aids misinformation at a time when we particularly need good data, and will be probably be difficult or impossible to unpick. It's difficult not to scent a conspiracy, but the depressing thing is it is probably just incompetence. The government and its advisors have been so keen to illustrate the story they "knew" to be true that they forgot to question it, and managed to mess up the database too. Good grief. (I was an NHS Consultant Pathologist for over 20 years and also a Professor of Pathology)

Iain Davis | May 7, 2020 at 4:51 pm | Reply

Thanks John. I think you are right to highlight the possibility that this could all be the result of the State's usual incompetence. However I suspect that a vague, opaque statistical system has been deliberately created. If there were just one or two elements of the legislation that raised this likelihood then perhaps you could say it was simply error. However, the trajectory is consistent and there are too many aspects of the legislation, and subsequent guidance, which tend towards a statistical fudge for it to be *"an accident"* in my view.

Peter Whitehead | May 8, 2020 at 4:18 pm | Reply

So far it's been mostly incompetence but the article points to politicians trying to cover their arses after a colossal mistake. They absolutely HAVE to prove lockdown was correct and bend the figures to suit. Someone commented that Boris was brave to stand up to naysayers. The truth is that he is a shambling, scared, not very intelligent politician who cannot make proper decisions because they always have to be political decisions.

Iain Davis | May 9, 2020 at 10:11 am | Reply

Thanks Peter. I think you could well be right. Incompetence is a possibility. However, I feel there are too many consistences in these *"errors"* to discount the stronger

likelihood that this is a vague statistical system by design.

Bemi Sillo | May 6, 2020 at 11:28 pm | Reply

I agree with BDBinc. The fundamental issue here is that we are being sold torture/fear porn, censorship, control and ultimately totalitarianism under the guise of a highly infectuous deadly novel coronavirus which has not been proven to exist! Numerous healthcare professionals have debunked the 'SARS-CoV-2' novel virus escalating deadly global Covid-19 pandemic myth. The SARS-CoV-2 virus has not been isolated and therefore cannot be proved to exist according to the laws of detection of infectious organisms:

Just one such medical professional 😉
https://www.youtube.com/watch?v=HsYjW0fNphA

Iain Davis | May 7, 2020 at 4:43 pm | Reply

Personally I remain open minded about exomes and so on. I don't feel I have the medical knowledge to be able to judge the relative merits of the *"viruses don't exist"* argument but it is certainly a very interesting point.

M.K. Styllinski | May 7, 2020 at 10:34 am | Reply

Another great article.

Enjoyed your interview with James Corbett too.

Iain Davis | May 7, 2020 at 4:34 pm | Reply

Thanks M.K. I was very nervous and missed some really important points. Also I gave the impression that I was claiming the CQC only had regulatory oversight of health care whereas I was referring to their oversight of collecting the statistics. I have offered a correction on James' site. I'm not used to interviews but, despite my errors, the experience was very useful.

Serg | May 7, 2020 at 1:29 pm | Reply

Very well detailed and well documented! Have a question why is the UK government/officials deliberately not showing COVID recovery rate when other countries do?

Iain Davis | May 7, 2020 at 4:30 pm | Reply

That is an excellent question. One which lacks a clear answer. This is what the UK State claims.

> “Previous updates of the dashboard included a number of patients recovered. This figure was the number of people discharged from NHS clinical services in England following a positive test result for COVID-19 and was provided by NHS services. This statistic has proved difficult to assemble and a replacement indicator is being developed.”

I don’t know about you but I find this difficult to swallow. If we were being conspiratorial about it we might conclude the State doesn’t want people to know how many people have been diagnosed with COVID 19 only to recover.

Mr Stuart Miller | May 7, 2020 at 8:31 pm | Reply

Yes. I can’t think of any good reason why you’d strive to have a method of determining the number of recoveries from a new disease when you’re so gung ho towards finding creative ways of converting them into deaths due to it. It’s not like it’s important or relevant or anything. Quite difficult to assemble such figures, I imagine, when eveyone’s too busy clapping the people who leave the ward in recovery to tick a box or even make a note on their discharge papers. Still, good that they are working on a replacement indicator for something that doesn’t exist. That’s bound to be more accurate.

Iain Davis | May 7, 2020 at 9:26 pm | Reply

I have anecdotal evidence, nothing I would post, from highly trusted sources, of patients being tested negative but, because they were on wards with test positive cases, despite having no symptoms, “suspected” COVID 19 was recorded on their case notes. This is not, in any way, a reliable system from a statistical perspective.

Mr Stuart Miller | May 7, 2020 at 7:56 pm | Reply

Happy to donate to you for such solid work, Iain. Thank you. Please keep it up. Hopefully the momentum will continue, as more and more people seek out this increasing network of real journalists and their ‘harder to silence’ platforms. All the best to you and your future work.

Iain Davis | May 7, 2020 at 9:32 pm | Reply

Many thanks Stuart. I can assure you I have no intention of stopping, though I do think it likely that Online Harms legislation will at least mean I will have to disable comments in the near future.

https://in-this-together.com/online-harms-white-paper/

Svetlana Price | May 9, 2020 at 12:58 pm | Reply

Thank you very much for your article.

Iain Davis | May 9, 2020 at 1:11 pm | Reply

You are most welcome Svetlana.

William Tomlinson | May 9, 2020 at 2:02 pm | Reply

Thank you for the great info and interview with Corbett.
I've researched similar "expected death" stats in the USA and found that we're between 95-98% of expected deaths in previous years. It's fascinating how we're actually running below our usual death count, and no one notices.
Here's the link to that data. Thanks again!
https://www.cdc.gov/nchs/nvss/vsrr/covid19/index.htm

Iain Davis | May 9, 2020 at 2:28 pm | Reply

Thanks William. Similarly in the UK, not only are the statistics questionable, the death rate per head of population is lower than in previous years of high mortality.

Though you wouldn't know that from the reporting of it.

Pete Fairhurst | May 11, 2020 at 8:32 am | Reply

Excellent work Iain, thank you

I have one question. You say "Between 27th March and 17th April (ONS weeks 14,15 & 16) the ONS registered 25,932 additional deaths above the statistical recent 5 year norm. Of these 11,427 recorded COVID 19 as the sole mentioned underlying cause."

I have been following these stats carefully but I cannot see where they show any number that has covid as the sole cause. For weeks 14, 15 & 16 the total covid mentioned on death cert is shown as 18,446 so where does your figure of 11,427 come from?

Keep up the good work
Pete

Iain Davis | May 11, 2020 at 9:00 am | Reply

Hi Pete, thanks for the comment. As stated in the LOKIN 20 article:

> "Of the 6,213 reported C19 deaths, for week 15 in England and Wales, 2,333 also mentioned both influenza and pneumonia. It is impossible to see how these deaths can legitimately be called C19 deaths."

Given the tenuous requirements for registering a C19 death, I did not judge it plausible to state the underlying cause of death was C19 when influenza and pneumonia were also cited as underlying causes of death on the MCCG. So I only counted C19 MCCG's where it was recorded *"as the sole mentioned underlying cause."* I discounted C19 MCCG's where other underlying causes were also identified.

In truth, some of these may well have been "due to" C19. But just like those that did cite is as the only underlying cause we have no way of knowing how many. Does that make sense to you, or do you think I should have included them?

Pete Fairhurst | May 11, 2020 at 10:28 am | Reply

Thanks Iain

I am sure that your point is correct in principle. I realised the exact same thing myself when I first started monitoring the ONS stats at the start of all this. But I have previously assumed that there is no way of knowing just how many of the C19 deaths are solely due to C19. This is

because I could never find a sole cause figure anywhere in their stats.

Apologies if I'm being a bit thick here but I think that your point is very valuable and, if I can be convinced by your logic then, I will use it myself when I do my weekly ONS figures for my family tomorrow and for future weeks. I realised at the very start of all this that the most reliable UK figure is the total all cause deaths per week from the ONS. I find it hard to believe that this figure can be manipulated. But the C19 figure is another matter altogether..... There seems to have been a world wide manipulation [inflation?] of this number. Certainly the new UK policy is clearly likely to inflate the C19 figure given the policy changes regarding completing death certificates and the other instructions to health professionals when they are "identifying" C19.

So turning to your assumption from your earlier LOKIN 20 report then, I can clearly see the 6,213 on the ONS report for week 15. But I am not clear where your figure of 2,333 comes from because I can not see that figure anywhere in their report? Also what is the MCCG?

Iain Davis | May 11, 2020 at 4:24 pm | Reply

Apologies Peter, I meant MCCD. Unfortunately, this information isn't at all clear from the ONS datasets. You have to read the bulletins to get any idea of these numbers. I agree about it being hard to manipulate the ALL CAUSE mortality and that is why I have focused on that in this article. I think that is the figure we need to start from and then try to work out what happened from there.

From week 14 we have two statements we need to contrast:

1. *"The number of death registrations involving the coronavirus (COVID-19) increased from 539 in Week 13 to 3,475 in Week 14." (NB: this is ALL mentions of COVID 19)*
2. *"Out of the deaths mentioning "Influenza and Pneumonia" in Week 14, 1,466 also mentioned COVID-19."*

This is complicated by a change in the ONS use of the word *"involving"* to *"mentions."* But at this stage "involving" meant COVID 19 was mentioned on the MCCD.

https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredweeklyinenglandandwalesprovisional/weekending3april2020

From Week 15 we get:

1. *"Of the deaths registered in Week 15, 6,213 mentioned "novel coronavirus (COVID-19)"* (NB: this is ALL mentions of COVID 19)
2. *"There were 2,333 deaths in Week 15 that mentioned both "Influenza and Pneumonia" and COVID-19 on the death certificate."* (this is the 2,333 figure)

From week 16 we get:

1. *"Of the deaths registered in Week 16, 8,758 mentioned "novel coronavirus (COVID-19)"* (NB: this is ALL mentions of COVID 19)
2. *"There were 3,220 deaths in Week 16 that*

mentioned both "Influenza and Pneumonia" and COVID-19 on the death certificate."

So in total for weeks 14,15 & 16 we have 18446 deaths which mentioned COVID-19. Of these 7,019 also mentioned influenza and pneumonia. Leaving us with 11,427 which can potentially be said to list COVID-19 as the only underlying cause of death.

As I said in my previous comment, to my mind, these represent the strongest case that C19 was an underlying cause. Similarly, as previously said, probably some of those with influenza, pneumonia and C19 died from the complications of C19 rather than the other mentioned causes.

However, given the aberration of the registration process and highly unreliable test, which only identifies the presence of the virus and doesn't mean you were suffering from C19, I felt this was a reasonable distinction to make. And this is the problem Peter, highlighted in the article.

The reported causes of death during this pandemic have become unreliable, not because the statistical gathering of MCCD's is at fault (All Cause Mortality) but because the claims on the MCCD's, and therefore the subsequent analysis of cause of death, are questionable and the burden of medical proof has suddenly become very vague indeed.

I hope that clarifies things for you.

Simon | May 11, 2020 at 10:47 am | Reply

My mind was completely blown 2 months ago when I started to realise that we're not living in a democracy at all and that all mainstream media is pumping out lie after lie. As you have stated, we are heading into a totalitarian regime and the majority of the UK population are making it so easy for them – whoever 'they'are. I can't believe that Boris is behind it, he's like a rabbit in the headlights. How do we raise awareness about this? I understand that if enough people sign a petition, the government has to address it. (I think it's 100,000?) If a petition was raised asking a simple question to prove that there are no more deaths than previous years. Would that not go some way to allaying the fears of the petrified public and perhaps wake them up a bit?

Iain Davis | May 11, 2020 at 4:48 pm | Reply

Thanks Simon. It can be quite a shock when we first discover this. However, personally I prefer to know the truth. If it's any consolation, once you realise the mechanisms of the deception it becomes increasingly easy to see it when it happens. In truth, very little we are told by the State is either genuine or accurate. Yes a petition signed by more than 100,000 people theoretically compels a parliamentary debate. Unfortunately, I am aware of many petitions which have suddenly been closed or don't work, seemingly at the State's whim.

The problem is petitions appeal to the corrupt system. You are essentially asking

the corrupt to stop being corrupt. It is the system itself which is the problem in my view. So no amount of seeking to change it will solve the problem. Better I feel to live according to your morality, act lawfully at all times but resist tyranny through other measures. For example don't pay the TV license, don't buy the MSM propaganda, shop locally, support local business, avoid buying from corporations where possible, resist taxation within the limits of the law and so on.

Collectively, these measures will be far more powerful than any petition in my opinion.

You may find this post interesting:
https://in-this-together.com/why-do-we-believe-in-the-state/

Mmark | May 11, 2020 at 12:19 pm | Reply

Hello, thanks everyone for The UK Column Iam new here, but over the last few days I have came across a few folk who do not agree with the Covid "scam" and I was thinking if there is a resource like a post card size with brief bullet points that could be printed off and given to humans that still have the ability to talk please?
Thanks!

Iain Davis | May 11, 2020 at 4:55 pm | Reply

Thanks Mmark. I don't know of any bullet point cards but that's an excellent idea.

David Serva | May 11, 2020 at 4:19 pm | Reply

Hi Iain,
Great article.
I've always questioned the "official" Covid-19 death toll and the insanity of world and economic meltdown, lockdown and border closure.
Anyway, not sure what to make of the following figures for total deaths as of January 2020 to 24 April 2020 (week 1 to 17) as shown on the Office of National Statistics (ONS) site today, Monday,11 May 2020.
Registered deaths to 24 April 2020 229,294
Registered COVID-19 deaths to 24 April 2020 27,356 (no mention pre-existing health)
Deaths without Covid-19 as of 24 April 2020 201,938.
If this is correct then 201,938 people have died without the virus from either medical or other conditions.
So why isn't the MSM, medical "advisors" alleged PM Alexander Boris Pfeffel Johnson and the Rabb/Hancock duo not speaking out.?
With daily government briefings announcing the latest (alleged) Covid-19 deaths to add that fear factor to frightened people who wonder if they'll be the one to get the virus.
Thanks.

Iain Davis | May 11, 2020 at 5:05 pm | Reply

Hi David. This is something very important, constantly overlooked. Approximately 600,000 people die every year in the UK. Around 170,000 die from

cardiovascular disease alone. When the statisticians are talking about high mortality they are talking generally about high *"excess mortality."*

Absent some genuine pandemic killing hundreds of thousands, mortality as a percentage of total population, doesn't fluctuate that much and this year will be no exception. In fact, while percentage mortality decreased during the 20th century (either side of wars), due to improvements in public health, diet and so on, in recent years it has started creeping up again because the population is getting older.

Pete Fairhurst | May 11, 2020 at 9:02 pm | Reply

Thanks Iain, yes that is an excellent clarification and I think that you have provided the best estimate of the C19 v Lokin death numbers that I have seen. It seems that Lokin has caused more deaths than C19 doesn't it

Iain Davis | May 11, 2020 at 9:43 pm | Reply

Yes. Unless there is some other unknown reason for this significant spike in mortality I estimate that from weeks 14-16 more than 56% of those excess deaths were due to something other than COVID 19. And the only other common, identifiable factor is the lockdown itself which means people have not received potentially lifesaving healthcare.

Richard Lockwood | May 13, 2020 at 3:34 pm | Reply

https://off-guardian.org/2020/05/10/covid19-the-big-pharma-players-behind-uk-government-lockdown/ If I missed this in your article, apologies having eyesight problem. Chris wHITTY HUGH VESTED INTEREST

Iain Davis | May 14, 2020 at 7:56 am | Reply

Thanks Richard. Vanessa Beeley is doing excellent work on this. Thanks for the link which I recommend all readers follow.

Ruth | May 13, 2020 at 4:26 pm | Reply

Thanks Iain this was a really interesting read, you clearly do an immense amount of research behind your writing. I've just bought your book online.

Iain Davis | May 14, 2020 at 7:59 am | Reply

Thanks, Ruth. Sorry it's only available on Amazon but this is the only viable way to get hardbacks made if people want them. Just to add my book is FREE in pdf form to all subscribers.

I hope you find it interesting. Please leave an honest review if you can.

Thanks

Padraic | May 16, 2020 at 10:55 am | Reply

Regarding the speed with which things are moving
https://youtu.be/SOUXM7_jq_Y?t=1008

Janelle Dale | May 16, 2020 at 11:01 am | Reply

Thanks for putting links for us to read. This arctic ale was fascinating and frightening at the same time.
I am concerned that we in Australia are being led into the same things that you are. we are about to go into our winter and I can see the headlines now.. I can see we will be having the normal flu season but have to go into lockup again because we were warned of the so called second wave. In Western Australia we have virtually no cases and those we did have came from cruise ships and other tourists. By the way cruise ships are notorious for spreading respiratory illnesses and other diseases.
Are you aware of any Australian people doing what you are doing? I would love to support them here.
Keep up the fabulous work of keeping us informed.

Iain Davis | May 16, 2020 at 11:27 am | Reply

Thank Janelle. Well I know Max Igan of the Crowhouse is challenging the official

narrative
https://thecrowhouse.com/home.html

He's a bit too far off the reservation for me at times, but I'm sure he links to Australian sources which are worth checking out.

Yes, I think it's clear what will happen. When the NHS reopens here in the UK there will be a massive backlog and high number of cases which have become critical unnecessarily due to a lack of treatment. Sadly more deaths are likely but these will be a direct consequence of the lockdown. However, all will be called COVID 19 deaths. Similarly all flu deaths will be called COVID 19 deaths, indeed I suspect any respiratory illness deaths will be called COVID 19 deaths.

Andrew | May 16, 2020 at 11:40 am | Reply

I've been looking at the gender splits of CV deaths from the ONS weekly stats.

I've calculated these figures:

CV deaths as a % of all deaths

week 12 – 1%

week 13 – 5%

week 14 – 34%

week 15 – 59%

week 16 – 83%

week 17 – 79%

week 18 – 61%

For 2019 and the first 3 months of 2020, the gender split of deaths was virtually 50 / 50

The gender split of hospital CV deaths, calculated from the NHS England website is 61 / 39. This ties in with the experience of other countries and the WHO who stated 63 / 37

These are the gender splits of CV deaths calculated from the ONS stats

week 12 – 60 / 40

week 13 – 62 / 38

week 14 – 61 / 39

week 15 – 61 / 39

week 16 – 58 / 42

week 17 – 55 / 45

week 18 – 52 / 48

These are the gender splits of non CV deaths

week 12 – 51 / 49

week 13 – 51 / 49

week 14 – 52 / 48

week 15 – 50 / 50

week 16 – 47 / 53

week 17 – 49 / 51

week 18 – 48 / 52

These are the gender splits of all deaths

week 12 – 51 / 49

week 13 – 51 / 49

week 14 – 54 / 46

week 15 – 54 / 46

week 16 – 51 / 49

week 17 – 51 / 49

week 18 – 49 / 51

Andrew | May 16, 2020 at 11:42 am | Reply

These gender split show quite clearly that CV deaths from week 16 are being massively over reported and are covering up the huge number of collateral deaths caused by shutting down the NHS

Iain Davis | May 16, 2020 at 1:58 pm | Reply

Excellent work Andrew many thanks. Yes it seems highly unlikely that one illness could account for an average of 75% of all deaths over a month (weeks 15-18 inc) If so then that would suggest a plague of biblical proportions but that isn't something we've seen in our communities. Quite the opposite. A consultant from my local hospital, at the peak of the crisis, said they had 500 empty beds out of 1200. Something certainly does not add up.

DG | May 20, 2020 at 11:48 pm | Reply

Sixteen days since your last article on this Mr Davis , now that this weeks ONS data is out, when can we expect your next?

With all the charts and tables updated with the last two weeks data?

Iain Davis | May 21, 2020 at 9:09 am | Reply

Thanks DG. I am working on something else at the moment but I may return to the subject.

R&BMan | May 28, 2020 at 9:49 am | Reply

Thanks Iain. Interesting article. I`m recovering from a lung infection. Initially, the NHS site gave me a questionnaire, which told me to go to hospital. I did n`t have the fever and coughing of the “classic” symptoms, so I contacted my doctor and was only allowed a phone consultation. I was prescribed antibiotics, and my wife picked up the meds and the sick note which stated “probable covid-19” He never once mentioned that to me during the call. A paramedic came to check me out, said I would n`t need hospitalisation. I asked him if the doctor would be likely to change the sick note (because of ramifications at work), but he said that they would n`t because they put that on there because they simply do n`t know for sure. Hmmm. Ties in with the inflated figures theory. Accepting the “house arrest” lockdown theory,and it`s success and given the dead cat that is the Cummings saga, why do they want to

potentially undo all of this now? What`s the bigger picture?

Iain Davis | May 28, 2020 at 1:06 pm | Reply

Glad to hear you are recovering. Unfortunately your story is all too common for these accounts merely to be discounted as anomalies or occasional error. As suggested in the article, the evidence strongly suggests a system has been created which makes over estimation of COVID 19 statistics practically an inevitability. There does not need to be any malpractice or complicity of medical practitioners, registrars, statistician etc to consistently over report both case numbers and mortality. the system itself appears to have been designed to produce that outcome.

Connie | June 9, 2020 at 7:59 pm | Reply

Another great article, Iain. I must say swallowing the red pill usually follows some personal event, in my case,losses to cancer, a small business (nasty) tax inspection, huge mortgage hikes and worse. Suddenly, your research makes you aware of suppressed cancer treatments so Big Pharma can monopolise; why huge corporations pay little or no tax, how Banks bring no consideration to mortgage/loan contracts as they print money out of thin air. When Common (land) law was replaced by Admiralty (sea) law with the resulting profit-making arm of the judiciary in full swing you see beyond the veil. You understand (which actually

means stand under) a corrupt political system whose sole purpose is controlling the populace not protecting it. With people like you and UKC reporting what is real and bringing these corruptions out into the open the hidden hand has ramped up the programme and Covid-19 has been a test. I hate to say this but it has worked much better than anticipated as the continued psy-op of fearmongering and lockdown has produced endless material for them to use in the future. Waking the masses is impossible but supporting outspoken influential whistleblowers is a priority and more and more are coming out in opposition especially over this alleged pandemic. James Corbett is a must watch so I will watch your interview with him with enthusiasm. All the best and take care.

Iain | June 10, 2020 at 8:57 am | Reply

Thanks Connie. I agree the so called “awakening” of the masses is unlikely. Most people are not sufficiently engaged in the issues you highlight, which I and others explore, for this information to have a significant social impact. However, I think we can hope that a tipping point can be achieved. If a small but significant percentage of people stand their ground against censorship and the roll out of the technocracy, then we can at least hope to take these arguments forward into the future.

David Fehily | July 9, 2020 at 6:34 am | Reply

Very informative article, thanks. This reinforces my limited experience of people dying from non Covid causes and then to be labelled as Covid. I might add also a lot of people I know had similar experiences, the best example of a man dropping down dead from a Brian aneurysm, then to have Covid on the death certificate, the family were outraged and then they were told they had to self isolate for 14 days.

Can you point me to where in the legislation it removes liability from Doctors if they diagnose Covid

I know that diagnosing Covid removes the need for a autopsy , I was also told that Uk Hospitals are paid an additional £13,000 per Covid case, I cannot find any evidence to support this claim ,do you know if it is correct?

Thanks David

Iain | July 9, 2020 at 7:32 am | Reply

Thanks David. Indemnity is made likely (though it remains discretionary) primarily in Section 11:
http://www.legislation.gov.uk/ukpga/2020/7/section/11/enacted
(Also see 12 & 13)

I don't know about the alleged payment. The NHS is centrally funded so I would be sceptical about this claim.

Janet Love | July 27, 2020 at 12:45 am | Reply

Also sceptical as I've come across the same figure "$13,000" being paid – extra – to New York hospitals per COVID Intensive Care Patient…

Iain | July 27, 2020 at 9:34 am | Reply

Yes in the U.S. Is the same true in Australia?

Janet Love | July 27, 2020 at 1:09 am | Reply

I'm desperately hoping this corrupt counting will not pollute Australian COVID "case" numbers. Currently our deaths are closer to a vicious flu, with deceased yesterday at 155 and Mortaity rate on 6 per million. (Worldmeter 26 July)
Anyone else notice the news about Remdesivir trials…. and at the same time 'encouraging' Vaccine reports ? Just co-incidence of course.

Iain | July 27, 2020 at 9:37 am | Reply

Thanks Janet. I have written about Remdesivir primarily in my work on Hydroxychloroquine. Take a look here if it interests you. https://in-this-together.com/?s=Remdesivir

JM | February 17, 2021 at 5:21 am | Reply

“We just don’t know…”

Pretty much sums us your message… so why are you writing articles on things you don’t know?

The extraordinary measures taken worldwide throughout 2020 to fight Covid-19, have also impaired countless other airborne transmittable viruses/pathogens such as Influenza, Common Cold, Chickenpox, Mumps, Measles, Whooping cough, Tuberculosis, Smallpox, Meningitis, Anthrax and many others.

And that explains any mortality discrepancies from previous years.

Iain | February 17, 2021 at 9:27 am | Reply

Thanks JM. You may be right. Certainly the complete disappearance of Influenza globally is quite remarkable. With the WHO recording no influenza at all, anywhere in the world since March 2020, one wonders how the ONS can report that influenza and pneumonia were on more death certificates than COVID 19 but COVID 19 accounted for three times as many deaths.

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