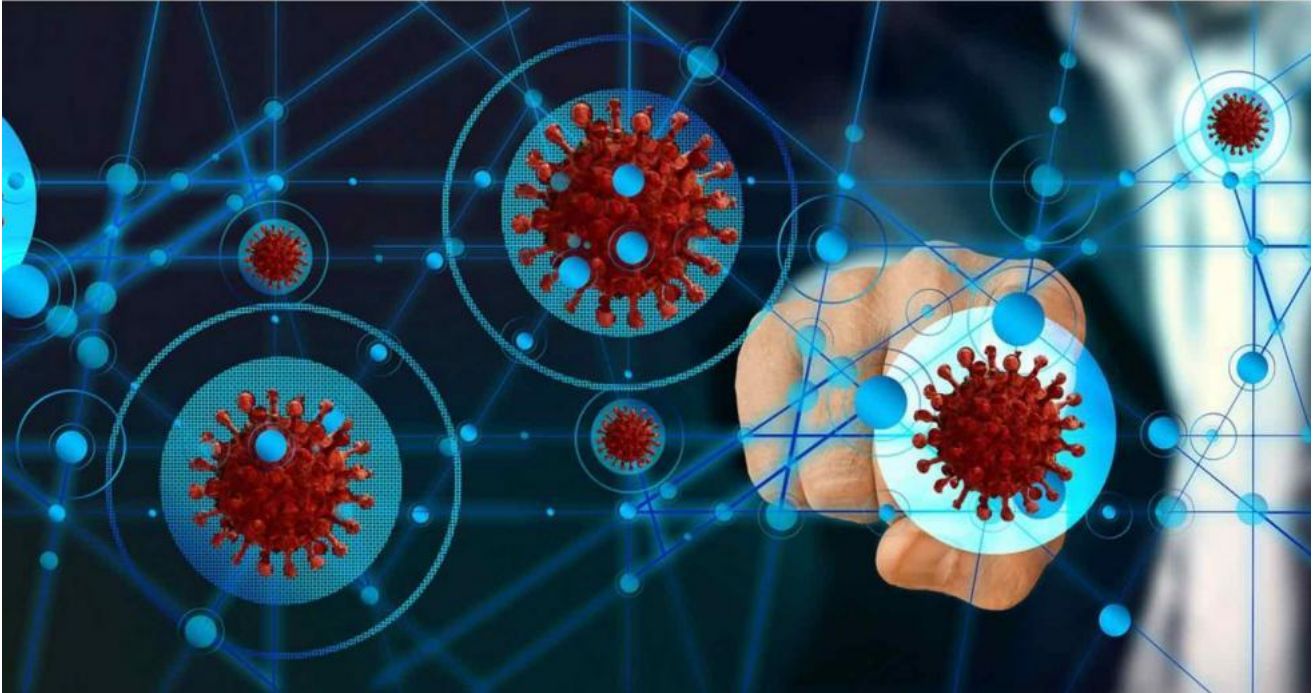


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[Home](#) > Covid-19: The Data Exposing the Deception

[Coronavirus](#) [1]

## Covid-19: The Data Exposing the Deception



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The Covid-19 data and statistics, that we are all now so familiar with, have been reported by the mainstream media (MSM) practically without scrutiny.

There have been some notable exceptions; a [few journalists](#) [2] who still understand their vital role to question power. Unfortunately, for the most part, questions have been most notable for their absence.

Without a functioning mainstream media, and with government scientific advisors seemingly [bought and paid for](#) [3] by pharmaceutical corporations, it has been left to independent journalists and researchers to question the Covid-19 narrative that we are all supposed to accept without hesitation. Few have worked harder than Mark Oakford.

Mark has sent 1,392 freedom of information requests to local authorities, Clinical Commissioning Groups, NHS trusts, Police Forces, Education Authorities, Ministerial departments and more.

While a few requests remain unanswered, he has gathered data on more than 1.6 million public sector workers across the UK.

That's 1.6 million ordinary working people, employed in every community from Wick to Penzance. Mark's efforts have provided us an opportunity to compare what we are told about Covid-19 mortality with the actual reality in our towns and cities.

The questions he asked were reasonable and you would anticipate, given that the UK government are taking [further Lockdown measures](#) [4] to fend off an alleged *second wave* of a global pandemic, that the requested data would be readily available. Full responses to Mark's information requests do not require any breach of data protection.

Mark asked the following questions:

1. What is the total number of your workforce?
2. What is the total number of staff who have died from Covid-19 within your organisation?
3. What is the total number of staff who have been admitted to hospital as a result of Covid-19?
4. What is the total number of staff who have been properly diagnosed with Covid-19 not requiring hospitalisation?
5. What is the total number of staff who have had to take time of work through isolation procedures not counting when offices have been closed.

Questions 1, 2 and 5 should be simple enough for any public sector employer to answer. Perhaps questions 3 and 4 less so, although you would expect conscientious staff to disclose this to their employers.

So what does Mark's diligent research reveal?

### The Official Statistics

The Office of National Statistics provide mortality statistics for England and Wales. The number they record are based upon registered death certificates. While other data sources, such as the NHS and the Care Quality Commission, also provide mortality statistics, all registered deaths must eventually have a corresponding death certificate. For this reason, ONS figures are perhaps the most reliable.

In their [latest analysis report](#) [5] the ONS state the following figures for England and Wales for the period between 1 January to 31 August:

- 389,835 deaths in total
- 48,168 deaths were "due" to Covid-19 as it was identified as the "underlying" cause
- 13,619 deaths were due to pneumonia
- 69,781 deaths involved pneumonia

- 394 deaths were due to influenza.
- 506 deaths involved influenza
- 19,470 death certificates cited both influenza and pneumonia alongside Covid-19 (IPC deaths)
- 18,642 (95.8%) of IPC death certificates recorded Covid-19 as the underlying cause of death
- 8 (0.04%) of IPC death certificates recorded influenza and pneumonia as the underlying cause of death

According to the 2011 census, the [population of England and Wales](#) [6] was 56.1 million with a working age population of 36.6 million. Since then, the population in England and Wales has [grown to 59.5 million](#) [7] - an increase of 6%.

Therefore, the current estimated working age population is 38.8 million.

Of the 59.5 million, 56.3 million (94.6%) live in England. Giving us a current estimated working age population of 36.7 million for England.

According to the ONS, for the year up to the end of August, the [age-standardised mortality rate](#) [8] (ASMR) for Covid-19 in England, among the under 65's, was 16.6 per 100,000 people.

We note that Covid-19 deaths among those under 18 is statistically zero.

The ONS claim that approximately 6,092 people, *of working age* in England, have died from Covid-19 so far this year. For this age distribution, the chances of you dying from Covid-19 is *allegedly* 0.0166%. But only if you accept the government's claims.

To date, Mark's research of more than 1.6 million UK workers, casts significant doubt over the government figures: **for 1,641,281 UK workers the total number of deaths reported was 76.**

There is a minor caveat: retirement ages vary, meaning a small number of included employees will be older than 65. However, many people retire early and the broad impact of this on Marks FOI numbers is negligible.

Mark's research reveals an ASMR of 4.6 per 100,000; somewhat less than the 16.6 per 100,000 reported by ONS.

The average percentage chance of Covid-19 mortality for the working population is 0.0046%. This is three and half times lower than the official ONS ASMR implies.

This strongly suggests that, of the 48,158 reported deaths "*due*" to Covid-19, the real number is closer to 13,759. A discrepancy of 34,399. A figure which has been [mentioned before](#) [9].

Something doesn't add up.

## Why The Discrepancy?

While the ONS report 48,158 recorded deaths "*due*" to Covid-19, (at the time of writing) the UK government report [57,347 deaths](#) [10] "*with Covid-19 on the death certificate*".

While there is a lag in the ONS data, due to the time taken to issue death certificates, the UK government's increased tally, for the entire UK, recorded 1,173 deaths "*with Covid-19*" since the end of August. We have every reason to question this number.

This variation, between ONS recorded Covid-19 deaths and government claims of *additional* Covid-19 mortality, represents an *error margin* of approximately 19%.

If Mark's research is closer to the truth, and we have solid evidence to suggest that it is, then that *error margin* is greater than 75%.

Some ONS statements make little sense. This reveals the two fundamental problems plaguing any meaningful analysis of the reported Covid-19 statistics.

Firstly, the figures are complete mush. They vary wildly depending upon who is reporting them, their methods, what they are reporting and when.

Secondly, the data-gathering process itself is littered with contradictions, bizarre processes, huge [conflicts of financial interest](#) [11] and is prone to both error and manipulation.

The death registration process, providing data to the ONS on Covid-19 mortality, results in [statistical nonsense](#) [12]. It forces the ONS to openly make statements like this:

Influenza and pneumonia was mentioned on more death certificates than COVID-19, however COVID-19 was the underlying cause of death in over three times as many deaths between January and August 2020.

This illogical babble is what we have instead of meaningful mortality statistics. That doesn't stop [the failed MSM](#) [13] from reporting them without analysis.

This confusion is not necessarily the fault of the ONS. It seems to be the product of a death registration system purposefully constructed to inflate Covid-19 mortality statistics.

When influenza, pneumonia and Covid-19 are on a Medical Certificate Cause of Death (MCCD) together, without a postmortem, it is ridiculous to suggest that nearly 96% of these deaths (18,642) must be Covid-19 deaths. Some may well be, but there is significant bias towards identifying Covid-19 as the underlying cause.

The reason that they are reported as such has nothing to do with medical science and everything to do with the death registration system, created by the UK government, specifically for Covid-19.

The ONS and the HM Passports Office [issued guidance to doctors](#) [14] on completing MCCD's during the *emergency period*. This was a major *relaxation* of the standard checks and balances usually required to complete an MCCD.

Doctors were informed that the World Health Organisation's International Statistical Classification of Diseases (ICD) for Covid-19 made it a notifiable disease under the Health Protection (Notification) Regulations 2010. Therefore, they informed MCCD signing doctors to do the following:

Covid-19 is an acceptable direct or underlying cause of death for the purposes of completing the Medical Certificate of Cause of Death....Covid-19 is not a reason on its own to refer a death to a coroner.

Covid-19 is diagnosed either from symptoms, that could be from a range of respiratory infections (including influenza and pneumonia), or RT-PCR, CT and serological tests which are frequently [inaccurate or not fit for purpose](#) [15]. The ONS advised doctors how to add Covid-19 to MCCD's:

If before death the patient had symptoms typical of COVID19 infection, but the test result has not been received, it would be satisfactory to give 'COVID-19' as the cause of death, tick Box B and then share the test result when it becomes available. In the circumstances of there being no swab, it is satisfactory to apply clinical judgement.

This system more or less guarantees that Covid-19 will be recorded as the underlying cause of death. There doesn't even need to be any clear medical evidence that the decedent had Covid-19.

Mark Oakford's research demonstrates that there is something seriously amiss with the statistical reporting of Covid-19 statistics. There is very little reason to put much faith in official reports of Covid-19 mortality.

We are told that lockdowns are essential to avert a so-called *second wave*. Yet Mark found, for public sector workers who regularly interact with the public in the community, such as police officers, fire officers, park attendants and so forth, mortality was zero.

Our entire way of life is being irrevocably changed because of the claims made about Covid-19. We should insist that those claims be rigorously scrutinised.

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Mark Oakford's collection of Freedom of Information replies [is available here](#) <sup>[16]</sup>.

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[3] <https://threadreaderapp.com/thread/1308164416207233024.html>

[4] <https://www.newsweek.com/covid-19-boris-johnson-lockdown-second-wave-1533502>

[5]

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsduetocoronaviruscovid19comparedwithdeathsfrominfluenzaandpneumoniaeng>

[6] <https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/demographics/working-age-population/1.2>

[7] <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2019estimates>

[8]

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsduetocoronaviruscovid19comparedwithdeathsfrominfluenzaandpneumoniaeng>

[standardised-and-age-specific-rates-for-deaths-due-to-influenza-and-pneumonia-and-covid-19](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsduetocoronaviruscovid19comparedwithdeathsfrominfluenzaandpneumoniaeng)

[9] <https://in-this-together.com/lockdown-regime-deaths-lokin-20/>

[10] <https://archive.is/Cow6E>

[11] <https://in-this-together.com/leicester-lockdown-mystery/>

[12] <https://in-this-together.com/covid-19-is-a-statistical-nonsense/>

[13] <https://web.archive.org/web/20201009205615/https://www.bbc.co.uk/news/health-54463511>

[14] [https://web.archive.org/web/20200923101927/https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/877302/guidance-for-doctors-completing-medical-certificates-of-cause-of-death-covid-19.pdf](https://web.archive.org/web/20200923101927/https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877302/guidance-for-doctors-completing-medical-certificates-of-cause-of-death-covid-19.pdf)

[15] <https://www.ukcolumn.org/article/covid-19--everything-and-nothing>

[16] <https://drive.google.com/file/d/1lyo0Jrhf9xSr6LzzB-2A4KaSkW20QuFU/view?usp=sharing>

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