The global, collective mismanagement of the COVID-19 crisis has now been clearly outlined and published in a scientific journal

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I have worked with 36 other authors on a detailed policy paper on the international collective mismanagement of the COVID-19 crisis, which has now been published and is available to the general public via the link above.

Some of these authors are well known, such as Robert Malone, Harvey Risch, Jessica Rose and Norman Fenton, while others have been less active in the public eye than in academia, such as Gerry Quinn, the lead author and organizer of the consortium, and others. One of the authors, Yaffa Shir-Raz from Haifa, has just published, together with others, a detailed critique of the claim that COVID-19 'vaccinations' have saved millions of lives (Preprint; see also).

What they all have in common is that during the COVID-19 crisis, they argued extensively and with good scientific documentation that one or more aspects of the response to the crisis were not sufficiently scientifically sound or were even harmful. Whether it was masks, mandatory vaccination, social distancing rules, 'vaccinations' or other non-pharmaceutical measures ('lockdown').

The credit goes to Gerry Quinn of Ulster University for bringing us all to a virtual table so that everyone could contribute from their own perspective. The text went through many rounds of editing, and the peer review and submission process went through even more. I believe it took almost two years for everything to be finalized and finally published.

We would like to point out that governments across the board have taken only a small and distorted selection of scientific publications and their authors seriously, thereby neglecting

a fundamental principle of scientific work: careful study of the literature. Therefore, the widely claimed scientific basis for the ‘measures’ (‘follow the science’) was extremely dubious from the outset because this basis was distorted.

We identify four main problems:

1. The excessive dominance of mathematical models whose input parameters have not been sufficiently tested and evaluated. This led to incorrect assessments.
2. The lack of critical evaluation of non-pharmaceutical interventions (NPIs) derived from the models
3. The lack of critical examination of pharmaceutical measures, i.e. ‘vaccinations’
4. The exclusion of valid, well-founded and well-publicised criticism as ‘misinformation’

Overemphasis on mathematical models

We deal most extensively with the problem of mathematical models. This is because they were at the beginning of the crisis and defined the scope for political action everywhere. And they were not evaluated or critically tested against reality anywhere. We show this in detail. I will skip these details; anyone interested in them will have to refer to the original text, as it gets a little technical. Perhaps instead, here is a quote from an old master of mathematical modelling, George Box: ‘All models are wrong, some models are useful.’ But only if they are constantly tested against reality, and that is precisely what did not happen. Christof Kuhbandner, Stefan Hockertz, Stefan Homburg and I have shown in previous publications that Viola Priesemann’s influential model, which supposedly proved the effectiveness of lockdowns in Germany [1], was wrong because it was based on incorrect data [2]. Incidentally, Priesemann’s working group has admitted that we were right [3]. Unfortunately, however, they failed to retract their incorrect analysis, as good scientific practice would have required. The famous Watson model, which claims that ‘vaccinations’ have saved millions of lives [4], was also based on false assumptions, as Rainer Klement and I have shown [5]. But then no one was interested any more.

This obsession with modelling is examined very critically in the essay. This is because the models failed to take important parameters into account: seasonality, initial immunity, which was not zero, as almost all models assumed, the dynamic behaviour of people who adapt, and much more.

One of the main points of criticism is the fact that none of the models were compared with reality. For example, I wrote an email to the RKI’s chief statistician, Mr. an der Heiden, after the data from the cruise ship ‘Diamond Princess’ was published [6]. I asked him whether he would now adjust the RKI model that formed the basis for German policy [7]. He

did not reply. To my knowledge, the model was never adjusted. Nor did the executive change its stance.

Lack of evaluation of NPIs

The wide range of NPIs, from mask mandates to social distancing rules, from school and restaurant closures to curfews and bans on gatherings, were anything but data-driven and 'evidence-based.' We demonstrate this with various examples. On the contrary, individual aspects were evaluated relatively early on, showing that the data basis for such measures was lacking. Today, we know from a global evaluation that they were ineffective [8]. But this could have been known much earlier. We provide many examples of this. The worst thing is that the negative consequences were not considered anywhere. These are manifold, ranging from the loss of school education for children to lonely elderly people dying alone and a drastic increase in mental health problems such as anxiety syndromes, depression, and suicide. No evaluation was planned anywhere, let alone carried out. This would actually be the scientific standard when introducing interventions whose effects are uncertain and which, by definition, can also have unintended effects [9]. Here, too, the much-vaunted scientific approach was blatantly violated. There was no debate, and alternative options were never considered.

Lack of evaluation of the efficacy and side effects of pharmaceutical interventions and 'vaccinations'

We would like to point out that inexpensive, effective and relatively side-effect-free treatment options have been available from the outset, whether it be ivermectin or hydroxychloroquine, or anti-inflammatory drugs such as cortisone to control the excessive inflammatory response in severely ill patients, as well as sufficient vitamin D for prevention. These simple, inexpensive and already available options were knocked out of the running with massive campaigns and, in some cases, actively falsified studies. This was necessary to create the legal basis for the emergency approval of novel 'vaccines' using mod-RNA or vector-RNA techniques. These were rushed through approval everywhere with poorly designed, hastily cobbled together and implausible studies that also massively violated their own protocols and touted to the population as a cure. The goal was likely to create a new market for an otherwise unacceptable intervention.

We, the MWGFD e. V., have just held a press symposium on this topic, where my colleague Klaus Steger once again explained the principle behind these interventions and, above all, pointed out that there is now a long list of 'vaccinations' being developed on this platform.

You can find some material and the film footage of our symposium on the MWGFD website.

Here is a little anecdote: Many doctors who worked in emergency medicine keep saying that critics should have come to their wards. Then they would have seen how bad things were. I don't think anyone disputes that. But what can be critically questioned is the fact that, long after it was known that COVID-19 pneumonia was atypical and could not be treated with pressure ventilation, this was still done, causing unnecessary deaths. One can also question why treatments that were proven to be effective were not only not passed on, but actively suppressed. This is reported, for example, by cardiologist Dr Jörg-Heiner Möller, who ran a clinic in Bavaria and discovered relatively early on that pressure ventilation is contraindicated. With his own regimen of high-dose anti-inflammatory drugs, he was able to control the feared cytokine storm and did not lose a single patient. The same is true of my former family doctor, Dr. Freisleben in Berlin; personal communication [10]. Dr. Möller wrote to the medical associations, the health insurance companies and the Ministry of Health, and was met with silence or defamation. He reports on this in a very moving interview, which can be found on the MWGFD page „Geimpft, Geschädigt, Geleugnet".

In our article, we point out that the effectiveness of the 'vaccinations' has been massively overestimated and the problems underestimated. We criticize the confusion of terms that associates these novel genetic interventions with the positively connoted term 'vaccination'. We show that the narrative has changed over time: initially, the 'vaccinations' were necessary to stop the transmission of infection, which was already stated as unlikely in the approval documents. Then it was said that they would prevent severe cases. This is also difficult to prove. A careful study showed that the probability of having a severe side effect is higher than the probability of being hospitalized with severe COVID-19 [11]. The 'vaccinations' neither prevented infection nor protected against COVID-19 or the risk of dying from it. They achieved none of what had been promised. For me personally, it is a greater miracle than the multiplication of loaves in the New Testament that the massive propaganda has managed to turn everyone's heads to such an extent that even those who suffered severely after a 'vaccination' often still believe that this is the consequence of the disease and not of the intervention. But that is just a side note. This is my personal view, which we do not represent in this essay.

Disregard for legitimate criticism

But we point out how critical voices, even if their criticism was justified, well-founded, properly published and objectively comprehensible, were simply marginalized and sometimes even demonized. We show how a rapidly forming 'mainstream consensus' in the media, originating in politics, the relevant committees in the regulatory and supervisory authorities. This spread to the scientific community, journals, and reviewers. So-called 'fact-

checkers' played a very unfortunate role in this. These were very often financed by government agencies, foundations or other channels and acted as a kind of paramilitary science police, often without having the appropriate qualifications. Drawing on official government statements, they introduced a circular argument based on 'evidence': because the government had claimed certain things, scientific findings that contradicted this could only be wrong. And there you have it: the censorship cat, biting its own tail. Welcome to the censorship regime, which we saw blossom for the first time during the coronavirus crisis and which will soon bear even more interesting fruit.

Recommendations

We conclude the essay with recommendations:

1. Use models sparingly and, if at all, only in close alignment with reality
2. Be very cautious with NPIs and, if used, only with close accompanying evaluation
3. Existing and known pharmaceuticals should be preferred over new interventions
4. Vaccinations should be critically examined for their safety before being recommended.
5. Vaccinations should be carefully evaluated for their effectiveness before being recommended.
6. They should only be administered with fully voluntary consent (including freedom from social pressure).
7. Treatments should be based on individual cooperation between doctor and patient and not on general recommendations that apply to everyone
8. Censorship should be replaced by scientific discourse

I sincerely hope that as many politicians as possible, especially those who claim that reappraisal is unnecessary or has already taken place, will study this work carefully and take it to heart.

Note: The official press release from Ulster University regarding the study can be found below the sources.

Sources and literature

1. Dehning J, Zierenberg J, Spitzner FP, Wibral M, Neto JP, Wilczek M, et al. Inferring change points in the spread of COVID-19 reveals the effectiveness of interventions.

Science. 2020;369(6500):eabb9789. doi: https://doi.org/10.1126/science.abb9789.
2. Kuhbandner C, Homburg S, Walach H, Hockertz S. Was Germany's Lockdown in Spring 2020 Necessary? How bad data quality can turn a simulation into a dissimulation that shapes the future. Futures. 2022;135:102879. doi: https://doi.org/10.1016/j.futures.2021.102879.
3. Dehning J, Spitzner F, Linden M, Mohr SB, Neto JP, Zierenberg J, et al. Model-based and model-free characterization of epidemic outbreaks – Technical notes on Dehning et al., Science, 2020. . Github. 2020.
4. Watson OJ, Barnsley G, Toor J, Hogan AB, Winskill P, Ghani AC. Global impact of the first year of COVID-19 vaccination: a mathematical modelling study. Lancet Infectious Diseases. 2022. doi: https://doi.org/10.1016/S1473-3099(22)00320-6.
5. Klement RJ, Walach H. SEIR models in the light of Critical Realism – a critique of exaggerated claims about the effectiveness of Covid 19 vaccinations. Futures. 2023:103119. doi: https://doi.org/10.1016/j.futures.2023.103119.
6. Russell TW, Hellewell J, Jarvis CI, van-Zandvoort K, Abbott S, Ratnayake R, et al. Estimating the infection and case fatality ratio for COVID-19 using age-adjusted data from the outbreak on the Diamond Princess cruise ship. Eurosurveillance. 2020;25(12):pii=2000256. doi: https://doi.org/10.2807/1560-7917.
7. an der Heiden M, Buchholz U. Modellierung von Beispielszenarien der SARS-CoV-2-
8. Bendavid E, Patel CJ. Epidemic outcomes following government responses to COVID-19: Insights from nearly 100,000 models. Science Advances. 2024;10(23):eadn0671. doi: https://doi.org/10.1126/sciadv.adn0671.
9. Rossi PH, Freeman HE. Evaluation. A systematic Approach (2nd ed.). Beverly Hills: Sage; 1982 1982/ /.
10. Freisleben E. Hauptsache gesund: Medizin als Religionsersatz? In: Seidel TA, Kleinschmidt S, editors. Angst, Politik, Zivilcourage: Rückschau auf die Corona-Krise. Leipzig: Evangelische Verlagsanstalt; 2023. p. 56-75.
11. Fraiman J, Erviti J, Jones M, Greenland S, Whelan P, Kaplan RM, et al. Serious adverse events of special interest following mRNA COVID-19 vaccination in randomized trials in adults. Vaccine. 2022;40(40):5798-805. doi: https://doi.org/10.1016/j.vaccine.2022.08.036.
12. Walach H, Klement RJ. Medicine, Money, and Media: A Case Study of How the Covid-19 Crisis Corrupts Disclosure and Publishing Ethics. Journal of Scientific Exploration. 2024;38(1):122-37. doi: https://doi.org/10.31275/20243249.

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