

Landmark Study: Global COVID-19 Response Failed Due to Censorship, Flawed Models, and Ignored Scientific Warnings

37 International Scientists Document How Pandemic Policies Cost Lives Through Systematic Suppression of Scientific Debate

Study Overview

Title: "What Lessons can Be Learned From the Management of the COVID-19 Pandemic?"

Published: May 30, 2025, International Journal of Public Health

Authors: 37 leading scientists from 13 countries

Scope: Comprehensive analysis of global pandemic response (2020-2023)

MOST NEWSWORTHY FINDINGS

1. Mathematical Models Were 20x Wrong

- UK government ignored SAGE modeling advice in December 2021
- Models predicted 20 times more deaths than actually occurred
- Sweden: Model predicted 34,895 deaths; actual deaths were 5,741

2. Vaccine Safety Signals Were Ignored Since 2021

"The safety signal system has been ringing alarm bells since 2021, yet no one seems to care" - Dr. Gerry Quinn, Lead Author

- Myocarditis rates in young males: Initially claimed "very rare" (<0.01%), actually "rare" to "uncommon" (0.1-1%)
- France data: 97% of myocarditis/pericarditis cases in young people were vaccine-induced, not from COVID infection
- Whistleblower testimony reveals data integrity issues in Pfizer trials

3. Scientific Censorship Cost Lives

"Labeling valid scientific viewpoints as 'misinformation' led to unnecessary additional mortality" - Prof. Harvey Risch, Yale

- Physicians faced sanctions for using repurposed drugs
- Scientific journals retracted papers without adequate justification
- Facebook penalized users for sharing British Medical Journal articles

4. NPIs (Lockdowns, Masks) Were Ineffective

- Multiple studies found pandemic waves peaked BEFORE interventions
- Countries with less restrictive policies had similar outcomes
- Three randomized controlled trials found no significant effect of masks
- 35 European countries: No statistical relationship between mask usage and COVID outcomes

5. Vaccine Effectiveness Was Vastly Overstated

- Initial claims: 95% effective
 - Absolute risk reduction: Only 0.71-1.22%
 - "Breakthrough" infections common by late 2021
 - Vaccines did not prevent transmission as claimed
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CONFLICTS OF INTEREST & BIAS

Pharmaceutical Industry Influence

- French study: Doctors most critical of hydroxychloroquine received most funding from Gilead (remdesivir manufacturer)
- UK Royal Medical Colleges receive large payments from drug companies
- Media outlets dependent on \$4 billion in pharma advertising (2021)

Government-Tech Collusion

- Meta CEO admitted platforms censored content that "ended up being more debatable or true"
 - U.S. military ran propaganda campaigns against Chinese vaccines
 - White House pressure on social media platforms revealed in internal documents
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KEY STATISTICS

Excess Mortality Concerns:

- Excess deaths remain high in Western countries for three consecutive years (2021-2023)
- Some studies show higher all-cause mortality in vaccinated vs unvaccinated groups

Public Perception (U.S. Polls):

- 19% know someone who died from vaccine side effects

- 10% believe household member died from vaccine effects
- 7% report major side effects personally

Model Failures:

- Assumed 100% population susceptibility (ignored natural immunity)
 - Predicted single wave without intervention (multiple waves occurred regardless)
 - Ignored coronavirus seasonality patterns
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SUPPRESSED TREATMENTS

Hydroxychloroquine & Ivermectin:

- Well-established safety profiles from decades of use
- Some studies showed mortality benefits
- Physicians faced professional censure for prescribing
- Media campaigns falsely portrayed human medications as "horse dewormer"

Early Treatment Protocols:

- Patients told "supportive care only" - no treatment until hospitalization
 - Corticosteroids prohibited until September 2020, then recommended
 - Monoclonal antibodies approved but rarely discussed
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SEVEN KEY RECOMMENDATIONS

1. **Models as tools, not gospel** - Require continuous empirical validation
 2. **Protect scientific debate** - End censorship of dissenting research
 3. **Respect local conditions** - Avoid one-size-fits-all policies
 4. **Cost-benefit analysis** - Consider all impacts, not just virus spread
 5. **Editorial independence** - Prevent pressure on scientific journals
 6. **Evidence over projections** - Base policies on real-world data
 7. **Individual medical autonomy** - Restore doctor-patient decision-making
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NOTABLE QUOTES

Dr. Beny Spira, University of São Paulo:

"'Science' failed us when we needed it most. Gatekeepers shut down open discussion, allowing only a single narrative to dominate."

Prof. Dragos Simandan, Brock University:

"Highly educated people succumbed to collective hysteria... academics who promoted critical thinking failed to apply those skills to the dominant COVID narrative."

Dr. Tess Lawrie, Evidence-Based Medicine Consultancy:

"The unprecedented influence of the drug industry, billionaires and the WHO helped push through experimental vaccines that would likely never have been authorized under independent review."

Prof. José Luis Domingo, Editor-in-Chief (resigned):

"During the pandemic, the publisher interfered with my editorial work. Upholding scientific integrity requires complete editorial independence."

 **CRITICAL CONTEXT**

Study Limitations:

- Authors have diverse views on vaccine/treatment effectiveness
- Focus on Western responses primarily
- Retrospective analysis with inherent biases

Study Strengths:

- Unprecedented multidisciplinary collaboration
 - 400+ references cited
 - Two years of research post-emergency
 - Authors from multiple political/scientific perspectives
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 **MEDIA CONTACTS**

Lead Authors:

- Dr. Gerry Quinn: g.quinn@ulster.ac.uk
- Dr. Ronan Connolly: ronan@ceres-science.com
- Prof. Norman Fenton: n.fenton@gmul.ac.uk

Full Study: <https://doi.org/10.3389/ijph.2025.1607727>