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Research Article

WHAT IS THE CURRENT STATUS OF THE COVID PANDEMIC? WHAT CAN/SHOULD WE DO AT THIS POINT?

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As a direct result of the mass vaccination campaign against COVID (in all age groups), humanity is likely to face a threatening situation that could potentially become catastrophic. The mass vaccination campaign has caused multiple increasingly contagious dominant variants of the SARS-CoV-2 virus.

The reason is the phenomenon of “immune escape”, neutralizing antibodies induced by the vaccine quickly cease their function, and vaccine non-neutralizing antibodies can make the virus more contagious – a form of antibody-mediated or “antibody dependent amplification” of the infection.

Thus, anti-COVID vaccines do not teach the innate immune system to fight the virus, but instead non-neutralizing vaccine antibodies neutralize the innate immune system of those who are vaccinated. Vaccines against COVID do not contribute to the formation of collective immunity, but, on the contrary, make the virus more contagious. The mass vaccination campaign predisposes to “depletion of immunity” in vaccinated people. Vaccinated people (of all ages) are currently repeatedly re-infected with SARS-CoV-2. The depletion of immunity decreases a vaccinated person’s ability to cope not only with SARS-CoV-2 but with other infections, including EBV, CMV, herpes virus and even tuberculosis. To solve the problem, it is necessary to put an end to simplistic and incorrect directives, to create conditions for a constructive dialogue between scientists and doctors who were responsible for the prevailing narrative about COVID and the policy of combating it, and those scientists and doctors who challenged the prevailing narrative and its policies. We must also encourage such dialogue among citizens – dialogue and demystifying education that will improve understanding of the COVID situation, create consensus, and unite people in positive, constructive efforts to save lives and end this pandemic.

Keywords: COVID-19; pandemic; vaccination; immunity.

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Научная статья

КАКОВА ТЕКУЩАЯ СИТУАЦИЯ С ПАНДЕМИЕЙ COVID? ЧТО МЫ МОЖЕМ И ДОЛЖНЫ СДЕЛАТЬ НА ЭТОМ ЭТАПЕ?

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Как прямой результат кампании массовой вакцинации против COVID (во всех возрастных группах) человечество, вероятно, столкнется с угрожающей ситуацией, которая потенциально может стать катастрофической. Кампания массовой вакцинации стала причиной развития продолжительной серии все более заразных доминантных вариантов вируса SARS-CoV-2.

Это связано с тем, что из-за феномена «иммунного побега» нейтрализующие антитела, индуцированные вакциной, быстро перестают быть нейтрализующими, а вакцинальные ненейтрализующие антитела могут сделать вирус более заразным — форма опосредованного антителами или «антителозависимого усиления» инфекции.

Таким образом, вакцины против COVID не учат врожденную иммунную систему бороться с вирусом, а вместо этого ненейтрализующие вакцинные антитела нейтрализуют врожденную иммунную систему тех, кто вакцинирован. Вакцины против COVID не способствуют формированию коллективного иммунитета, а, напротив, делают вирус более заразным.

Кампания массовой вакцинации предрасполагает к «истощению иммунитета» у вакцинированных. Вакцинированные люди (всех возрастов) в настоящее время неоднократно повторно заражаются SARS-CoV-2.

Истощение иммунитета приводит к тому, что вакцинированный человек становится менее способным справиться не только с SARS-CoV-2, но и с другими инфекциями, включая EBV, CMV, вирус герпеса и даже туберкулез.

Для решения этих проблем необходимо прекратить пользоваться упрощенными и неправильными директивами и создать условия для конструктивного диалога между учеными и врачами, которые были ответственны за преобладающее повествование о COVID и политику борьбы с ним, и теми учеными и врачами, которые бросили вызов ему и его политике. Мы должны также поощрять такой диалог среди граждан — диалог и демистифицирующее образование, которые улучшат понимание ситуации с COVID, создадут консенсус и объединят людей в позитивных, конструктивных усилиях, чтобы сохранить жизни и положить конец этой пандемии.

Ключевые слова: COVID-19; пандемия; вакцинация; иммунитет.

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The serious situation facing humanity

As a direct result of the COVID mass vaccination campaign (across all age groups), Humanity is likely to face (possibly within a few months) a threatening situation that has the potential to be catastrophic. The mass vaccination campaign has been responsible for the development of a prolonged series of increasingly infectious dominant variants of the SARS-CoV-2 (SC-2) virus; the campaign has caused the virus to now be more virulent than at any time since the beginning of the pandemic; and the COVID vaccines have undermined the immune competence of individual vaccinees. As a result, Humanity is likely to experience a major surge of SC-2 infections, and this surge has the potential to cause a devastating number of COVID-related hospitalizations and deaths. The countries that could suffer the most will be those that have been highly vaccinated. Unfortunately, the individuals who could suffer the most will be those who have been fully vaccinated and have received booster doses of the vaccine. The people who will be best able to weather an upcoming COVID storm will be those who have never received COVID vaccination. (The scientific basis for the above statements may be found in the references listed at the end of this article) [12–14].

The above consequences of the mass vaccination campaign were predictable and could have been avoided. What the promoters of the mass vaccination campaign either did not adequately understand, did not believe, or ignored is the scientific concern that it is extremely dangerous to try to end an active, ongoing pandemic, like the COVID pandemic, by implementing a mass vaccination campaign that uses a vaccine that is unable to prevent infection or transmission of the virus and does not produce sterilizing immunity in the vaccinee. Within a couple of months after implementation of the worldwide mass vaccination campaign, Dr. Geert Vanden Bossche warned of the consequences of such a mass vaccination campaign [17].

Dr. Vanden Bossche repeatedly explained, in great scientific detail, that such a mass vaccination campaign would, predictably, result in a prolonged series of dominant SC-2 variants, each becoming more infectious than its predecessors; and would result, eventually, in the inevitable emergence of an SC-2 variant that is more virulent than all predecessors. This is due to the predictable natural selection of viral variants that are able to “escape” the immune pressures placed on the virus at a population level by the mass vaccination campaign. Not only did Dr. Vanden Bossche appropriately predict these consequences of the mass vaccination campaign, but his predictions have also turned out to be accurate. Dominant SC-2 variants

have become increasingly infectious; the most recent variants have been shown to be more virulent *in vitro*; and there is now emerging evidence that new variants are more virulent *in vivo*. As predicted, and as its promoters should have known, the mass vaccination campaign has prolonged the pandemic and made it much more dangerous [12–14, 17].

More specifically, Dr. Vanden Bossche has repeatedly warned that:

- Neutralizing antibodies induced by the vaccine would quickly cease to be neutralizing, due to “*immune escape*”. This was predictable and has proven to be the case.
- Non-neutralizing antibodies induced by the vaccine would cause conformational changes in the spike protein that would facilitate viral entry into human cells. That is, these vaccinal non-neutralizing antibodies would render the virus more infectious — a form of antibody-mediated or “*antibody-dependent enhancement (ADE)*” of infection. This was predictable and has proven to be the case.
- Non-neutralizing antibodies induced by the vaccine have been temporarily providing some theoretical protection from severe disease, by inhibiting dendritic cell-mediated trans-infection of the lower respiratory tract and other internal organs. However, due to the continued immune pressure placed on the virus at the population level and the natural selection expected with this, a variant will inevitably emerge that overcomes this *disease-inhibiting (virulence-inhibiting) effect* of the non-neutralizing antibodies. This was predictable and is now proving to be the case.

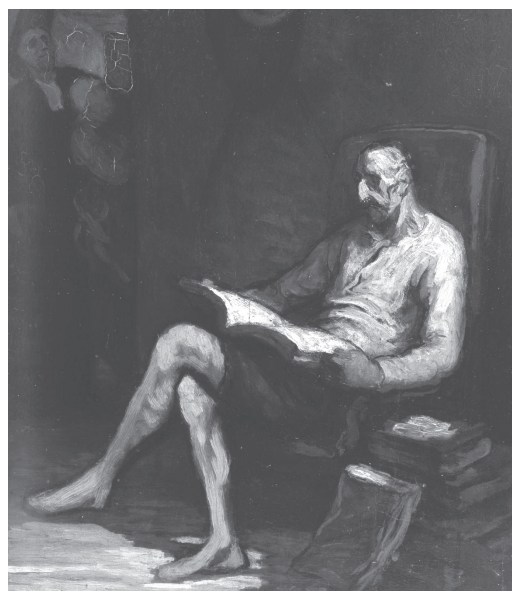


Figure. Honoré Daumier's depiction of Don Quixote (See note at the end of the article)

- The COVID vaccines do not teach the innate immune system to fight the virus. Instead, the non-neutralizing vaccinal antibodies *sideline the innate immune system* of those who are vaccinated. This sidelining of the innate immune system prevents NK cells (a powerful component of the innate immune system) from gaining competency that normally occurs through valuable experience and practice.
- The COVID vaccines do not result in sterilizing immunity in those vaccinated (which is one reason why vaccinated people are frequently becoming infected and re-infected). Naturally acquired infection can (and usually does) result in sterilizing immunity. Herd immunity requires sterilizing immunity.
- The COVID vaccines *do not contribute to herd immunity*. They do the opposite — they make SC-2 more infectious, increase the amount of SC-2 circulating in communities, and interfere with development of sterilizing immunity in the individual — thereby, preventing development of herd immunity.
- The COVID vaccines “*prime*” the adaptive immune system to reflexively respond to subsequent SC-2 exposure by producing (“recalling”) the same original antibodies that were induced by the initial vaccination (“original antigenic sin”). This entrenched “priming” results in loss of immune flexibility and perpetuation of the above-mentioned harmful effects of the COVID vaccines — at both the individual level and the population level [8].
- The mass vaccination campaign predisposes vaccinee’s to “*immune exhaustion*”. Vaccinated people (of all ages) are now repeatedly becoming re-infected with SC-2. This is because the COVID vaccines are not neutralizing the virus, the non-neutralizing Abs are actually facilitating infection of cells, and large amounts of the very infectious virus are now circulating throughout highly vaccinated communities, making it highly likely that vaccinated people will become re-infected, over and over. And each re-infection (as well as each booster shot) results in an increase in the quantity of “recalled” non-neutralizing infection-enhancing vaccinal Abs [12–17].

When vaccinated people become reinfected (which is now happening frequently, for the above reasons): they are unable to rely on innate antibodies (which have become sidelined by vaccinal antibodies) to directly neutralize and help clear the virus; they are unable to rely on NK cells (which have also become sidelined) to kill virus-infected cells; their vaccinal neutralizing antibodies are no longer neutralizing, due to immune escape (and are, therefore, ineffective); their vaccinal non-neutralizing antibodies are

facilitating entry of virus into cells (i.e. enhancing infection); and the once-beneficial virulence-inhibiting effect of the non-neutralizing vaccinal antibodies disappears once a new variant overcomes that hurdle and, thereby, becomes more virulent.

When a person becomes infected by a virus (like SC-2) the immune system normally activates its innate arm (e.g. innate antibodies and NK cells) and, if needed, the adaptive arm — resulting in naturally-acquired immunity to the specific virus. A quickly acting component of the adaptive immune response is the mobilization of NK-CTL (NK-like Cytotoxic T Lymphocytes, which are a subset of CD8⁺ cytolytic T-cells — i.e. part of the adaptive immune system), which quickly kill infected cells. When a vaccinated person becomes repeatedly re-infected, thereby necessitating repeated activation of large amounts of NK-CTL, key components of the immune system become “exhausted”, or depleted. This is what is meant by “immune exhaustion”.

Immune exhaustion then leads to the vaccinated person being less able to handle not only SARS-CoV-2 and other glycosylated viruses that cause acute infection, but also other latent infections, including EBV, CMV, herpes virus, even TB. This immune exhaustion also renders the immune system more prone to autoimmune mistakes and adversely affects the immune system’s cancer surveillance capabilities — i.e., its ability to recognize and kill early malignancies [17].

What would have happened if the COVID mass vaccination campaign had never been implemented?

In the absence of the COVID mass vaccination campaign, the COVID pandemic would have naturally resolved within about 1–1.5 years. This is because a sufficient level of herd immunity (due to naturally acquired sterilizing immunity that developed as a result of naturally acquired infection) would have been achieved within about 1.5 years. Yes, many people would have suffered from COVID during those 1–1.5 years, but the cumulative number of hospitalizations and deaths that would have accrued would be far less than the number of hospitalizations and deaths that have occurred since implementation of the mass vaccination campaign, and this will be even more true when the upcoming surge of a more virulent variant takes its toll. In other words, when all is said and done, it is likely that more total cumulative hospitalizations and deaths will have occurred during the current vaccination-treated pandemic than would have occurred in the absence of such a mass vaccination campaign. Most likely, Humanity would have been far better off if the current mass vaccination campaign had never been implemented [3, 6].

What are we about to experience?

Unfortunately, the promoters of the mass vaccination campaign have not listened to the explanations and warnings provided by Dr. Vanden Bossche. Instead, they have declared his concerns to represent “misinformation/disinformation”, and they have gone to great lengths to prevent healthy, scientific dialogue regarding these concerns. As a result, within a matter of a few months, we will likely see an major surge of infections with a dominant SC-2 variant that is not only extremely infectious but also more virulent — potentially devastatingly virulent. This variant will be resistant to the COVID vaccines, including the “new, updated bivalent” vaccine. The concern is that enormous numbers of people will become infected with and transmit this variant; there is potential for huge numbers of people to develop life-threatening illness (particularly people who are fully vaccinated and boosted); and there is potential for catastrophic numbers of people to die. This life-threatening surge could develop very quickly, at a population level; and at the individual level it is likely that many people could rapidly become severely ill [1].

Who will be most vulnerable?

Those who have been fully vaccinated and have received booster doses of the vaccine — particularly elderly, but not just the elderly — will be at greatest risk of severe illness and death. Why will they be so vulnerable? Because of the already-discussed consequences of the COVID vaccines:

- The new SC-variant will be resistant to the vaccinal neutralizing antibodies.
- The new variant will also be resistant to the vaccinal non-neutralizing virulence-inhibiting antibodies that once provided some protection against severe disease.
- The non-neutralizing vaccinal antibodies will, however, continue to make SC-2 variants more infectious (via ADE), including the new variant that is intrinsically more infectious.
- The vaccinal antibodies will sideline the vaccinee’s innate immune system — which means the vaccinated person will not be able to benefit from the valuable and quick help that innate antibodies and NK cells normally provide.
- The vaccinal “priming” of the adaptive immune system has rendered the vaccinated person less able to develop new variant-specific antibodies.
- The vaccinated person will be vulnerable to “immune exhaustion” [2, 3, 10].

Who will be least vulnerable?

Those who have never received COVID vaccination will be least vulnerable, particularly if they are also otherwise in good health. Why will they do better than the vaccinated?

- Their innate immune system (innate antibodies and NK cells, etc.) will not be impaired (sidelined) by vaccinal antibodies — which means their innate antibodies and NK cells will be fully available to help contain and clear the infection — so much so that the adaptive immune system might not need to be recruited.
- If needed, the unvaccinated person’s adaptive immune system will be fully able to produce new variant-specific antibodies — unlike the vaccinated person whose immune system has been “primed” (“irreversibly programmed”) to reflexively respond to new variants with the same old outdated anti-Wuhan strain antibodies (“original antigenic sin”), which interfere with successful development and function of new, updated antibodies. (It is important to realize that once a person has become vaccinated, they cannot become de-vaccinated. Vaccination is irreversible.)
- The unvaccinated person will not be burdened with “infection-enhancing” non-neutralizing vaccinal antibodies that facilitate entry of virus into cells and, thereby, render vaccinees more susceptible to infection.
- If the unvaccinated person has been naturally infected with SC-2 in the past, the immunity developed at that time will help considerably when that person becomes infected with the new more virulent variant — and that person will be able to develop antibodies to the new variant. This is much less the case with vaccinated people.
- The unvaccinated person will be able to respond normally to other glycosylated viruses.
- The unvaccinated person’s immune system will not become “exhausted” [5, 7, 16].

Is it possible that the upcoming surge will not be as catastrophic as Dr. Vanden Bossche has predicted?

Although it is very possible that the upcoming COVID surge will be as devastating as Dr. Vanden Bossche predicts, there are some reasons for hope that the surge might not be as catastrophic as he fears.

Naturally acquired immunity against COVID is vastly superior to COVID vaccinal immunity. During the first 9–12 months of the pandemic, before the COVID vaccines were rolled out (the roll-out occurred in December 2020), it is possible that many people

contracted SC-2 (including asymptomatic infection) and developed considerable naturally acquired immunity to it. If so, such people, despite subsequently becoming vaccinated, will be better off (because they have at least some naturally acquired immunity, particularly innate immunity) than people who had no exposure and/or developed no natural immunity prior to vaccination.

Unfortunately, the promoters of the mass vaccination campaign never bothered to develop adequate testing to determine the extent to which people, prior to vaccination, had already acquired natural immunity against COVID. Adequate testing for this requires more than testing for antibodies (e.g., more than testing for antibodies against nucleocapsid). For example, testing of NK cell competency against SC-2 would also be necessary. A profile of the extent to which a given person had already developed naturally acquired immunity against COVID, prior to being vaccinated, could have been developed and would have been extremely helpful, but has not been available and is still unavailable.

So we do not know how many people who have been vaccinated already had good naturally acquired immunity prior to their vaccination. If a considerable percentage of vaccinated people did, in fact, already have good naturally acquired immunity prior to vaccination, then those people will be better off than those who had not developed good naturally acquired immunity prior to vaccination. Unfortunately, we do not know how large this percentage is. If it is quite large, then the upcoming surge might be less catastrophic than anticipated, at least for those who had developed naturally acquired immunity prior to their vaccination. It may be wishful thinking, however, that this is a large percentage. It is a shame that this percentage is unknown and that it is not possible for individuals to find out if they are among such a percentage.

Another hope would be that a significant percentage of vaccinated people failed to mount a significant immune response to the vaccine — i.e., they did not experience a “take” of the vaccine. Such people, despite being “vaccinated”, might have an immune status (regarding COVID) that is similar to or even the same as that of the “unvaccinated”. Unfortunately, this percentage is unknown.

It is possible that people who received only the initial two vaccine doses (or just one in the case of the J & J vaccine) and no subsequent “booster” doses will be better off than people who have received one or more booster doses. The people who will be in the worst position will be those who have had more than one booster dose and, on top of that, have taken the new bivalent vaccine (which will not be effective and

will only make matters worse, at both an individual and a population level).

Another hope would be that the human immune system possesses even more genius than we have dared imagine and will somehow figure out a way to protect all of us, even the fully vaccinated, despite the mess that the vaccines have created. That is, the immune system might creatively figure out a way to overcome the harmful effects of the vaccines. This hope, and the other hopes mentioned above, might represent wishful thinking. However, these hopes are not inappropriate and are certainly worth rooting for. Personally, I am hopeful. There is a limit to how accurate scientific predictions can be — even the most thoughtful, rational, and scientifically sound predictions [12–17].

Beware of a new prevailing narrative

When the upcoming worrisome surge occurs, the promoters of the prevailing narrative and its mass vaccination campaign will likely craft the following new narrative. They will likely claim that the surge has occurred because the public was influenced too much by “irresponsible” purveyors of “misinformation and disinformation” who, “deplorably, undermined the messages of the CDC, WHO, and the White House COVID Task Force — including the message to get vaccinated. The promoters of the prevailing narrative will likely claim that the result of this disinformation was that:

- “Too many people refused to believe that this virus was as serious and life-threatening as we have told them throughout the pandemic.”
- “Too many people did not become vaccinated at all or failed to become completely vaccinated — i.e., there was too much “vaccine hesitancy.”
- “Irresponsible purveyors of disinformation have caused too many people to lose trust in the scientific integrity, motivations, wisdom, and experience of the CDC/White House COVID Task Force and its mass vaccination campaign. Too many people were unwilling to ‘follow the science’.”
- “People became too lax, too complacent, too impatient, too unbelieving regarding the need for social distancing, masks, avoidance of crowds, and other mitigation measures.”
- “This threatening surge would not have happened if all had become vaccinated. We relented to social pressures to relax mitigation measures. We should not have relented so much.”
- “Because of the above consequences of deplorable disinformation, we are now in this mess.”
- However, the attempt to blame the current crisis on the above is mis-informed on all accounts:

- This situation has occurred **because of the mass vaccination campaign**, not because of too little vaccination or because of too little compliance with mitigation measures. The pandemic would likely have ended after 1–1.5 years if neither the mass vaccination campaign nor extensive mitigation measures had been implemented, and it is likely that fewer cumulative hospitalizations and deaths would have occurred, compared to what has occurred to date and will further occur.
 - During the first several months of the pandemic, excessive fears were deliberately stoked. The extent of those fears were unwarranted then. But now, because of the mass vaccination campaign, great concern is warranted. Humanity was not confronted with an extremely virulent strain of SC-2 prior to implementation of the mass vaccination campaign but will soon likely be confronted with a potentially devastating virulent strain — because of the mass vaccination campaign.
 - Extensive mitigation measures were not warranted or wise during the early months of the pandemic but may become warranted now, at least to some extent for some groups of people (like the elderly) — thanks to the adverse effects of the mass vaccination campaign.
 - The Public has lost trust in the CDC, White House COVID Task Force, the WHO, et al for good reasons. Since the beginning of the pandemic the CDC et al have misled the public. They have failed to properly and accurately educate the public. They have provided conflicting and scientifically inaccurate information. They have not been transparent and honest with data. They have demonized, even censored and punished, those scientists and physicians who have tried to properly educate the public. They (the CDC, et al) have been the purveyors of harmful misinformation and disinformation.
 - Those thoughtful and courageous scientists and physicians who responsibly warned of the detrimental effects of the vaccines and urged early treatment were correct.
- What can/should we do at this point?**
- There are several proactive, protective actions that we can and must take — individually and collectively:
- Thorough, accurate, honest, scientifically sound, understandable, and demystifying *patient education* about COVID must be provided to the public — particularly regarding COVID vaccination. To date this has not been provided by the promoters of the prevailing narrative and its mass vaccination campaign — but this can be corrected.
 - The Public must be helped to understand that the problem we are currently facing — the continuing appearance of a succession of new dominant SC-2 variants that have become increasingly infectious and will soon become worrisomely virulent, especially for the vaccinated — is *profoundly serious*. They must realize that this problem has been created by the misguided, scientifically unsound mass COVID vaccination campaign. That *mass vaccination campaign must*, therefore, be stopped, including the new “updated bi-valent vaccines”.
 - The adverse effects that the COVID mass vaccination campaign has had on the evolutionary biology of the SC-2 virus (the predominance of more infectious and more lethal variants) is the *major reason* and is *sufficient reason*, all *by itself*, for immediately shutting down the entire vaccination campaign. On top of that reason are the many adverse effects the vaccines have had on *individuals* — abnormal clotting, myocarditis/pericarditis, neurologic disease, etc. Those side effects, on individuals, are also sufficient reason, by themselves, for immediately shutting down the vaccination campaign.
 - We must now shift to preparing for an *emphasis on anti-viral therapy*, using anti-viral agents with the best-known benefit/risk ratio.
 - For those who become infected, *early (and accurate) outpatient diagnosis* (with disclosure of PCR Ct values and verification of COVID by genomic sequencing) and *early (immediate) outpatient treatment with safe, effective, accessible, and affordable anti-viral therapies* will help prevent escalation of disease. Such therapies have been used successfully by many physicians throughout the world.
 - For those who develop a *hyperimmune/hyperinflammatory reaction* (usually during the second and third weeks of illness, but possibly much sooner with new more virulent variants), *prompt and appropriately aggressive immunosuppression* (with corticosteroid and anti-cytokine therapies) will be critically important.
 - When a highly infectious and highly virulent variant appears, particularly in highly vaccinated communities/countries/populations, it may be necessary to treat virtually *everyone prophylactically*, or at least when they become infected, with prompt safe, effective, accessible, affordable anti-viral therapy (at appropriate doses), perhaps for several weeks, in an effort to thoroughly reduce the viral infectious pressure in these populations/communities and to interrupt the vicious cycle of high infectious pressure causing enhanced immune pressure on the viral life cycle and, hence, driving immune escape.

- *Good exercise, good nutrition* (including immune-supporting nutraceuticals), fresh air, sunshine, and *good emotional health* (including reduction of COVID-related mystery, confusion, and cognitive dissonance) will help optimize people's immune systems, particularly their innate immune systems. The angst of confusion, mystery, and frustration is counter-therapeutic. De-mystification and "having a specific proactive plan" are therapeutic.
 - When the highly infectious and highly virulent variant appears, particularly in highly vaccinated communities/countries/populations, it may be necessary to consider moving elderly folks (particularly those who are most vulnerable) out of nursing homes/retirement homes into single family dwellings, to the extent possible/practical — or to designated COVID facilities that are properly staffed and protected.
 - It is important for physicians, health care officials, politicians, and citizens to *appreciate the great complexity of the COVID situation*. Simplistic understandings that are not rooted in a deep appreciation of the complexities of immunology, virology, vaccinology, evolutionary biology, and epidemiology are potentially dangerous and should be avoided. For example, the simplistic and misleading statement that the vaccines are "exceedingly safe and very effective; get vaccinated! It's your social responsibility; our patience is growing thin!" is scientifically incorrect, dangerous, divisive, and abusive. These simplistic and wrong directives need to stop.
 - It is critically important that the scientists and physicians who have been responsible for the prevailing COVID narrative and its policies *engage disrespectful, healthy scientific dialogue* with those scientists and physicians who have challenged the prevailing narrative and its policies. To date there has been very little such dialogue, despite pleas by Dr. Vanden Bossche and others for such dialogue. This must change. If Dr. Vanden Bossche is wrong in his understandings and concerns, this needs to be established through thorough scientific dialogue. If the promoters of the prevailing COVID narrative have been wrong, especially regarding their COVID vaccination campaign, this needs to be established through thorough extensive scientific dialogue.
 - I would like to again emphasize that I would much prefer that the issues discussed in this article be addressed by a representative panel of physicians and scientists with exemplary expertise in immunology, virology, vaccinology, evolutionary biology, and epidemiology who would engage in respectful scientific video-archived dialogue about these questions. Physicians, including me, need and deserve that help. Citizens and physicians could then view and listen to that dialogue and decide whose explanations make the most sense and whose recommendations seem wisest.
 - Unfortunately, most physicians have either supported the prevailing COVID narrative and obediently executed its policies or, if they have disagreed with the prevailing narrative and its mass vaccination campaign, they have remained silent. It is imperative, now, for physicians to do their homework and speak up — for the sake of science, medicine, their patients, and Humanity.
 - In addition to promoting *respectful, healthy, scientific dialogue* among health care professionals, we must also promote such dialogue *among citizens* — dialogue and demystifying education that will elevate understanding of the COVID situation, create consensus, bring people together, and unite people in positive, constructive efforts to do what is needed to preserve lives and end this pandemic.
 - *It is important that the "vaccinated" and "unvaccinated" not be pitted against each other.* This has not been a "pandemic of the unvaccinated", nor is it helpful to view it as a "pandemic of the vaccinated". It is a pandemic that has been prolonged and made worse by a misguided mass vaccination campaign. Vaccinated and unvaccinated citizens should kindly and sensitively work together to correct the many mistakes that have been made in the management of this pandemic.
 - Finally, it should be realized that it is very unlikely that the White House COVID Task Force, the CDC, FDA, NIH, WHO, the medical establishment, pharmaceutical companies, and the conventional media (CNN, e.g.) will honestly acknowledge and correct the mistakes they have made. More likely, they will espouse a new narrative, like the new false narrative mentioned earlier, and try to avoid accountability. **Correction of these mistakes, therefore, will likely depend on the careful homework and thoughtful advocacy and altruism of ordinary citizens** [2, 4, 5, 9, 10].
- Note.** The painting at the beginning of this article is Honore Daumier's depiction of Don Quixote. There is a North American view of Quixote and a Latin American view — the latter representing a more accurate interpretation of Cervantes' message (in my opinion).
- In North America, Quixote is stereotypically viewed as a lovable, well-meaning person who is, however, laughably out-of-touch with reality, "tilting at windmills" — a person who excessively believes in human goodness and, with paranoid zeal, foolishly tries (in predictable vain) to right wrongs.

In Latin America, Quixote is a symbol of people who, thankfully, are “crazy” enough to believe in human goodness, to believe that righting of wrongs is possible, and to believe in enthusiastically trying to create more Social Beauty. In Latin America, it is deemed foolish and paranoid to *not* believe in human goodness, to *not* seek the righting of wrongs, and to *not* try to create Social Beauty.

Quixote did his homework and thought for himself, creatively and altruistically so. Those who have responsibly challenged the prevailing COVID narrative and its mass vaccination campaign are “the Quixotes” of our time.

It is not Quixote who is foolish. It is the promoters of the prevailing COVID narrative and its dreadfully mis-guided mass vaccination campaign who are confused and out of touch with reality.

The COVID situation is no laughing matter. We can and we must right all of the COVID wrongs — particularly the mass vaccination campaign and the demonization and censorship of scientific opinions that challenge the prevailing narrative.

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REFERENCES

- Desmet M. *The Psychology of Totalitarianism*. Chelsea Green Publishing, 2022. 240 p.
- voiceforscienceandsolidarity.org [Internet]. Dr. Geert Vanden Bossche's. Available at: www.voiceforscienceandsolidarity.org
- notesfromthesocialclinic.org [Internet]. Dr. Rennebohm's Website. Available at: www.notesfromthesocialclinic.org
- notesfromthesocialclinic.org [Internet]. Rennebohm RM. *A Call for an Independent International COVID Commission*. Available at: <https://notesfromthesocialclinic.org/a-call-for-an-independent-international-covid-commission/>
- notesfromthesocialclinic.org [Internet]. Rennebohm RM. *An Open Letter to Parents and Pediatricians Regarding COVID Vaccination. (Part I)*. Available at: <https://notesfromthesocialclinic.org/an-open-letter-to-parents-and-pediatricians-2/>
- voiceforscienceandsolidarity.org [Internet]. Rennebohm RM. *A Tribute to All the “Quixotes” Who Have Challenged the COVID Mass Vaccination Campaign*. Available at: <https://www.voiceforscienceandsolidarity.org/scientific-blog/a-tribute-to-all-the-quixotes-who-have-challenged-the-mass-covid-vaccination-campaign>
- youtube.com [Video]. Rennebohm RM, McMillan P. *Video-interview regarding the initial Open Letter to Parents and Pediatricians*. Available at: <https://www.youtube.com/watch?v=uDRVq9NKrJQ&t=981s>
- notesfromthesocialclinic.org [Internet]. Rennebohm RM. *Open Letter to Parents and Pediatricians – Part IV: The Harmful Immunologic Consequences of Vaccinating Children Against COVID. A Brief Review*. Available at: <https://notesfromthesocialclinic.org/open-letter-to-parents-and-pediatricians-part-iv-the-harmful-immunologic-consequences-of-vaccinating-children-against-covid/>
- notesfromthesocialclinic.org [Internet]. Rennebohm RM. *Open Letter to Parents and Pediatricians – Part V: Let Us Forget neither the Art nor the Science of Medicine*. Available at: <https://notesfromthesocialclinic.org/open-letter-to-parents-and-pediatricians-part-v-let-us-forget-neither-the-art-nor-the-science-of-medicine/>
- notesfromthesocialclinic.org [Internet]. Rennebohm RM. *Open Letter to Parents Regarding COVID Vaccination – Part III: Questions to Ask Your Physician – One Pediatrician's Responses*. Available at: <https://notesfromthesocialclinic.org/section-1-note-to-reader-table-of-contents/>
- notesfromthesocialclinic.org [Internet]. Rennebohm RM, Vanden Bossche DVM. *Open Letter to Parents and Pediatricians – Part II: A Review and Update*. Available at: <https://notesfromthesocialclinic.org/open-letter-to-parents-and-pediatricians-part-ii-a-review-and-update/>
- uploads-ssl.webflow.com [Internet]. Rennebohm RM, Vanden Bossche DVM. *Pediatricians, Internationally, Please Call for an Immediate Halt to the Global Campaign to Vaccinate Children against COVID*. Available at: https://uploads-ssl.webflow.com/616004c52e87ed08692f5692/62e3848eb74bef65d5e602ac_COVID%20ANALYSIS%20%23111%20A%20CALL%20FOR%20A%20HALT_NO_link.pdf
- www.trialsitenews.com [Internet]. Vanden Bossche DVM. *An Explanation of why the COVID mass vaccination campaign has prolonged the COVID pandemic, made it more dangerous, and is now paving the way for appearance of new pandemics – involving monkeypox, avian flu, RSV, and polio*. Available at: <https://www.trialsitenews.com/a/a-fairy-tale-of-pandemics-ce6c8ee8>

14. www.trialsitenews.com [Internet]. Vanden Bossche DVM. *Immuno-epidemiologic ramifications of the C-19 mass vaccination experiment: Individual and global health consequences*. Available at: <https://www.trialsitenews.com/a/immuno-epidemiologic-ramifications-of-the-c-19-mass-vaccination-experiment-individual-and-global-health-consequences>. –1935ddcf
15. www.voiceforscienceandsolidarity.org [Internet]. Vanden Bossche DVM. *Predictions on the Evolution of the COVID19 Pandemic*. Available at: <https://www.voiceforscienceandsolidarity.org/scientific-blog/predictions-gvb-on-evolution-c-19-pandemic>
16. www.trialsitenews.com [Internet]. Vanden Bossche DVM, Rennebohm RM. *Intra-pandemic vaccination of toddlers with non-replicating antibody-based vaccines targeted at ASLVI[1]- or ASLVD[2]-enabling glycosylated viruses prevents education of innate immune effector cells (NK cells)*. Available at: <https://www.trialsitenews.com/a/intra-pandemic-vaccination-of-toddlers-with-non-replicating-antibody-based-vaccines-targeted-at-aslvi1-or-aslvd2-enabling-glycosylated-viruses-pr-66e8b959>
17. www.voiceforscienceandsolidarity.org [Internet]. Vanden Bossche DVM. *The Immunologic Rationale Against C-19 Vaccination of Children*. Available at: <https://www.voiceforscienceandsolidarity.org/scientific-blog/the-immunological-rationale-against-c-19-vaccination-of-children>

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