

DOI: <https://doi.org/10.17816/PED141119-126>

Research Article

## A TEMPLATE FOR EXEMPTING AND PROTECTING CHILDREN FROM COVID VACCINATION

© Robert M. Rennebohm

St. Petersburg State Pediatric Medical University, Saint Petersburg, Russia

*For citation:* Rennebohm RM. A template for exempting and protecting children from COVID vaccination. *Pediatrician (St. Petersburg)*. 2023;14(1):119–126. DOI: <https://doi.org/10.17816/PED141119-126>

In the era of the COVID-19 pandemic, medical professionals and broader community are being heavily pushed to vaccinate against COVID. In many cases, vaccination was mandatory, usually without proper informed consent. Many citizens questioned reasonableness of the mass vaccination campaign, especially vaccination of children, and, accordingly, asked to be exempted from the compulsory vaccination.

This document is aimed to exempt and protect children from vaccination against COVID, and is intended to inform everyone involved in making vaccination decisions. Not a single child should be given any of the COVID vaccines. Naturally acquired immunity against COVID significantly exceeds the immunity induced by vaccines. The interaction between the immune system and viruses is multidimensional and involves complex and delicate adjustments in both the virus and the immune system at the individual and population level. COVID vaccines use a simplified, one-dimensional, exclusionary approach that can disrupt important components and functions of the immune system. The mass vaccination campaign against COVID causes serious damage to the immune ecosystem, it is responsible for generation of a long series of new dominant variants that become more contagious and resistant to vaccines (due to the phenomenon of “immune escape”) and will inevitably become more virulent. This is based on the fundamental laws of natural selection and was predictable. The organizers of the mass vaccination campaign failed to assess the complexity and sensitivity of the immune ecosystem and, thus, prolonged the COVID-19 pandemic and made it catastrophically dangerous. COVID vaccines have proven unable to prevent infection or transmission of the virus. The virus, as expected, quickly became resistant to vaccine neutralizing antibodies.

For the above-mentioned scientific reasons, the mass vaccination campaign against COVID must be stopped – for the whole of humanity and especially for children.

**Keywords:** COVID-19; immunity; children; vaccination.

Received: 10.12.2022

Revised: 18.01.2023

Accepted: 27.02.2023

DOI: <https://doi.org/10.17816/PED141119-126>

Научная статья

## ОСНОВАНИЯ ДЛЯ ОСВОБОЖДЕНИЯ И ЗАЩИТЫ ДЕТЕЙ ОТ ВАКЦИНАЦИИ ПРОТИВ COVID

© Роберт М. Реннебом

Санкт-Петербургский государственный педиатрический медицинский университет, Санкт-Петербург

*Для цитирования:* Реннебом Р.М. Основания для освобождения и защиты детей от вакцинации против COVID // Педиатр. – 2023. – Т. 14. – № 1. – С. 119–126. DOI: <https://doi.org/10.17816/PED141119-126>

В период пандемии COVID-19 медицинские работники и широкая общественность испытывают сильное давление в вопросе вакцинации против COVID. Во многих случаях вакцинация была обязательной, обычно без надлежащего информированного согласия. Многие граждане усомнились в разумности кампании массовой вакцинации, особенно вакцинации детей, и, соответственно, просили освободить их от обязательной или принудительной вакцинации. Этот документ предназначен для освобождения и защиты детей от вакцинации против COVID, для информирования всех, кто участвует в принятии решений о вакцинации. Ни одному ребенку не следует делать ни одной из вакцин против COVID. Приобретенный естественным путем иммунитет против COVID значительно превосходит иммунитет, индуцируемый вакцинами. Взаимодействие между иммунной системой и вирусами является многомерным и включает сложные и деликатные корректировки как со стороны вируса, так и со стороны иммунной системы на индивидуальном и популяционном уровне. Вакцины против COVID используют упрощенный, одномерный, исключаящий подход, который может нарушать важные компоненты и функции иммунной системы. Кампания массовой вакцинации против COVID наносит серьезный ущерб иммунной экосистеме, она ответственна за аномальное генерирование продолжительной серии доминирующих новых вариантов, которые становятся все более заразными и устойчивыми к вакцинам (из-за феномена «иммунного побега») и неизбежно станут более вирулентными. Это обусловлено фундаментальными законами естественного отбора и было предсказуемо.

Организаторы кампании массовой вакцинации не смогли оценить сложность и деликатность иммунной экосистемы и, таким образом, продлили пандемию COVID-19 и сделали ее катастрофически более опасной.

Вакцины против COVID оказались неспособными предотвратить заражение или передачу вируса. Вирус, ожидаемо, быстро стал устойчивым к вакцинальным нейтрализующим антителам.

По вышеуказанным научным причинам кампания массовой вакцинации против COVID должна быть остановлена – для всего человечества и особенно для детей.

**Ключевые слова:** COVID-19; иммунитет; дети; вакцинация.

Поступила: 10.12.2022

Одобрена: 18.01.2023

Принята к печати: 27.02.2023

During the COVID pandemic, nurses, physicians, workers in general, and the general public have felt strong pressure to receive COVID vaccination. In many cases vaccination has been mandated, usually without proper informed consent. Nurses and physicians have been threatened with job loss, if they do not comply with vaccination. More recently, parents have been strongly urged to vaccinate their children — children as young as 6 months of age!!

Many citizens, appropriately, have doubted the wisdom of the mass vaccination campaign, particularly the vaccination of children. Accordingly, many citizens have asked for exemption from required or coerced vaccination. In the case of divorce or separation, some parents disagree — one seeking COVID vaccination for their children, the other resisting such vaccination — and this has led to the hiring of lawyers and appearances in Court.

This document, *A Template for Exempting and Protecting Children from COVID Vaccination*, is intended to inform all who are involved in decisions about COVID vaccination, particularly COVID vaccination of children. My hope is that it will facilitate resolution of conflicts over COVID vaccination. Please feel free to share this document with anyone — parents, physicians, lawyers, judges, any citizens. It may be used either as a template or verbatim.

#### **My Medical Background:**

I am a semi-retired pediatrician and pediatric rheumatologist. In 1972 I graduated from the University of California San Diego (at La Jolla) School of Medicine. In 1976 I completed my residency in pediatrics at Izaak Walton Killam Hospital for Children (Dalhousie University) in Halifax, Nova Scotia. I then completed a Fellowship in Pediatric Rheumatology at the Special Treatment Center for Juvenile Arthritis at Cincinnati Children's Hospital Medical Center.

I have practiced pediatrics for 50 years and pediatric rheumatology for 43 years. In 2018 I retired from the Cleveland Clinic, where I was the Director of the International Consultation Clinic for Susac Syndrome (an immune-mediated, ischemia-producing, occlusive microvascular endotheliopathy that causes stroke-like injury to the brain, retina, and inner ear). Prior to working at Cleveland Clinic I was Clinical Professor of Pediatrics at Alberta Children's Hospital in Calgary, Alberta in Canada.

My major areas of expertise are autoimmune and autoinflammatory diseases of childhood — which include juvenile arthritis, lupus, juvenile dermatomyositis, vasculitis, and Susac syndrome (in adolescents/young adults).

Although I have retired from the practice of financially-compensated medicine, I hasten to add that I have not retired from pro-bono practice of medicine. In fact, I have practiced medicine at a higher, more extensive, more productive, and farther-reaching level since 2018 than ever before.

My work as a pediatric rheumatologist has required a deep understanding of immunology. Throughout the COVID pandemic I have applied knowledge of immunology and personal experiences in pediatrics and pediatric rheumatology to an intensive and extensive study of the COVID pandemic, including the COVID mass vaccination campaign. Throughout the past 2.5 years I have been studying and writing about COVID on a daily basis, and I have written over 30 articles on various aspects of COVID, including articles about whether children should or should not receive COVID vaccination. Those articles are posted on my website [www.notesfromthesocialclinic.org](http://www.notesfromthesocialclinic.org), and some are referenced at the end of this document [3–12].

Throughout the past year I have worked closely with Dr. Geert Vanden Bossche, who has an unusually deep, wise, and scientifically-sound understanding of the immunology, virology, vaccinology, and evolutionary biology of the COVID situation. In my opinion, Dr. Vanden Bossche's understanding of the COVID situation is extraordinarily important and insightful. His articles may be found on the following website: [www.voiceforscienceandsolidarity.org](http://www.voiceforscienceandsolidarity.org) [2, 13–17].

#### **My position on vaccination in general:**

As a general pediatrician during the 1970s and 1980s (both in academic medicine and in the private practice of pediatrics), I strongly supported the childhood vaccines that were recommended at that time. In particular, I personally saw the tremendous benefits of the vaccine against Hemophilus Influenza B (the HIB vaccine). Prior to the HIB vaccine, I personally provided care for many children who were devastated by Hemophilus meningitis and sepsis. After the HIB vaccine became available, such infections, thankfully, became very rare.

I am a strong supporter, therefore, of properly conceived, properly tested, properly manufactured, altruistically developed, clearly effective, and clearly needed vaccines. I do not support profiteering in Medicine, and I certainly do not support recklessly developed, inadequately tested, dangerous, questionably effective, questionably necessary, and dishonestly/misleadingly presented/advertised vaccines produced by profiteering pharmaceutical companies — particularly when those pharmaceutical companies have criminal records (Pfizer) or have never before produced a vaccine (Moderna) —

especially when, after the fact, those vaccines are shown to be causing harm — harm that should have been anticipated by the pharmaceutical companies and the FDA and was anticipated by many concerned scientists and physicians (whose warnings, unfortunately, were ignored and punished) [1, 17].

Responsible, concerned, experienced scientists and physicians who have altruistically and appropriately challenged the science and wisdom of the COVID vaccines and COVID mass vaccination campaign have frequently been called “anti-vaxxers.” Those who call such individuals “anti-vaxxers” are misinformed (if not disinformed). Similarly, it is erroneous to routinely declare such individuals to be irresponsible “conspiracy theorists.”

#### **My scientific and medical opinion regarding whether children, in general, should receive vaccination against COVID:**

I have studied and written extensively about this issue. Please see the articles, websites, and video-presentations listed at the end of this document. The bottom line is that **no child should be given any of the COVID vaccines**. Not only should healthy children be spared of these vaccines, but also children with co-morbidities, children who are immunosuppressed, and children with pre-existing autoimmune diseases should not be given these vaccines. The articles listed at the end of this document explain in great detail why, *on a scientific basis alone*, I make the above statements. In a nutshell, here are some of the reasons why no child should be given these vaccines [8, 11, 12]:

- The human immune system is *ingeniously complex*, beautifully collaborative, extraordinarily competent, and precious. Its genius and complexity must be understood and respected [10].
- Naturally acquired immunity against COVID is vastly superior to the immunity induced by the COVID vaccines.
- The *interplay between the immune system and viruses* involves complex and delicate adjustments (ongoing counter-moves) on the part of both the virus and the immune system — at both the individual level and the population level. We must be aware of this complex interplay.
- Compared to the *complex, comprehensive, multi-dimensional, collaborative* approach used by the natural immune system (to protect us from infection), the COVID vaccines use a *simplistic, uni-dimensional, exclusionary* approach that sidelines and disrupts important components and functions of the immune system.
- The mass COVID vaccination campaign profoundly disturbs the *immune ecosystem*, with extremely

worrisome short-term and long-term consequences — at both the individual level and the population level. We must be aware of the consequences of recklessly interfering with the immune ecosystem. We must protect our precious immune systems.

- In fact, the COVID mass vaccination campaign is responsible for abnormally generating a *prolonged series of dominating new variants* that have become increasingly infectious, increasingly vaccine-resistant (due to «immune escape»), and will inevitably become more virulent (again, due to immune escape). This has been due to fundamental laws of natural selection and has been predictable. The promoters of the mass vaccination campaign have failed to appreciate the complexity and delicacy of the *immune ecosystem* and, thereby, have *prolonged the COVID pandemic* and *made it devastatingly more dangerous*.
- The COVID vaccines induce the immune system to produce *neutralizing antibodies* (to the spike protein of SARS-CoV-2) and *non-neutralizing antibodies* (also to the spike protein). These vaccinal neutralizing antibodies were presumed to be able to «neutralize» the virus and, thereby, prevent the virus from entering human cells, replicating within those cells, and being transmitted to other individuals.
- The COVID vaccines have turned out to be incapable of preventing infection or transmission of the virus. The virus, predictably, quickly became resistant to vaccinal neutralizing antibodies (if those antibodies were ever significantly neutralizing). The same will apply to the new «updated bivalent vaccine.»
- Non-neutralizing antibodies induced by the vaccine cause conformational changes in the spike protein that render the virus more infectious. That is, these vaccinal non-neutralizing antibodies actually facilitate viral entry into cells — a form of antibody-mediated or «*antibody-dependent enhancement (ADE)*» of infection. The non-neutralizing vaccinal antibodies actually enhance the ability of the virus to infect human cells and, thereby, render the vaccinated person more susceptible to infection. The same applies to the new «updated bivalent vaccine.» This was predictable and has proven to be the case.
- Non-neutralizing antibodies induced by the vaccine were temporarily providing some protection from severe disease (at least theoretically), 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 has emerged that overcomes this *disease-inhibiting effect* of the non-neutralizing antibodies. This means that, ***because of the mass vaccination campaign, a new dominant variant will soon prevail that is not only more infectious than any of its predecessors but also more virulent (deadly) than any of its predecessors.*** This was predictable [10].
- The COVID vaccines do not teach or train the *innate* arm of the 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 (Natural Killer cells, a powerful component of the innate immune system) from gaining competency that normally occurs through valuable experience and practice.
  - Development of «*herd immunity*» requires the development of «*sterilizing immunity*» in a critical percentage of the population. Naturally acquired infection usually results in sterilizing immunity and, therefore, contributes to herd immunity. The COVID vaccines do not result in sterilizing immunity and, therefore, *cannot contribute to herd immunity*. They do the opposite — they make SARS-CoV-2 (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 SC-2 by producing the same original antibodies that were induced by the original vaccination («*original antigenic sin*»). This results in loss of immune flexibility and perpetuates the above-mentioned harmful effects of the COVID vaccines — at both the individual level and the population level.
  - Immunization is irreversible. Immunized people cannot be de-immunized.
  - Another consequence of the mass vaccination campaign is «*immune exhaustion*». When vaccinated people become repeatedly reinfected (which is now happening frequently in vaccinated people) they need to repeatedly activate large amounts of NK-CTL and other key components of the immune system. This leads to «*immune exhaustion*» and depletion of immune cells. 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.
  - When given to infants and toddlers, the COVID vaccines *interfere with the foundational education of a child's innate immune system — particularly the foundational education of their natural killer cells (NK cells)*. The concern is that this interference will irreversibly render those children less able to handle not only SARS-CoV-2 but many other glycosylated viruses, and also predispose those children to autoimmune disease and malignancies.
  - **For the above scientific reasons, Children, in particular, must be protected from the harmful effects (at both the population level and the individual level) of the COVID mass vaccination campaign [10].**
- Whereas COVID vaccination of children exposes them to the above risks, *a child who is left unvaccinated against COVID* will benefit in the following ways:
- The child's innate antibodies (part of the innate immune system) will be free to bind to and neutralize the virus, including new variants — thus, contributing to clearance of the virus. (The child's innate antibodies will not be outcompeted and sidelined by vaccinal antibodies.)
  - The child's innate antibodies will be free to provide a proper continuing education of NK cells — teaching the NK cells how to recognize and kill infected cells and cancerous cells, while also learning how to avoid killing normal healthy cells. (The COVID vaccines interfere with this ongoing continuing education of NK cells, especially in young children.)
  - The above healthy, unimpaired innate immune system (innate antibodies and NK cells, etc.) will be of tremendous help in containing and clearing the infection — so much so that the adaptive immune system often might not need to be recruited.
  - If needed, the child's adaptive immune system will be free and able to produce new variant-specific antibodies (i.e., antibodies that match the new variant) — unlike the vaccinated child whose immune system has been «*primed*» («*irreversibly programmed*») to 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 that match the extant variant. Again, it is important to realize that once a person has become vaccinated, they cannot become de-vaccinated. Vaccination is irreversible.

- The unvaccinated child will not be burdened with «infection-enhancing» non-neutralizing vaccinal antibodies that render vaccinees more susceptible to infection.
- A significant natural infection with SARS-CoV-2 will result in long lasting sterilizing immunity, and such a child will be contributing to herd immunity. In contrast, COVID vaccination does not result in sterilizing immunity, does not contribute to herd immunity, and, in fact, prevents development of herd immunity. Unvaccinated children, thereby, contribute to the protection of all, including the elderly; the vaccinated contribute to the prolongation of the pandemic for all and the further endangerment of all, particularly the elderly.
- The unvaccinated child will be able to respond normally to other glycosylated viruses. (The COVID vaccines detrimentally interfere with the normal immune response to other glycosylated viruses.)
- The unvaccinated child's immune system will not become «exhausted».
- Children who are left unvaccinated will be in a better position than anyone else to adequately handle any SARS-CoV-2 variant that comes along — even soon-to-arrive variants that are extremely infectious and extremely virulent. In contrast, the elderly and young children (especially 6-month-old children) who have received the COVID vaccine will be in the worst position of all people.
- However, when a more virulent variant appears on the scene (which Dr. Vanden Bossche thinks is inevitable and will occur soon), even unvaccinated children, *despite being better off than vaccinated children*, will be at greater risk of severe illness and hospitalization than has been the case to date — especially if the mass vaccination campaign is continued. *This increased frequency of severe illness in unvaccinated children will not be because they are unvaccinated* — it will be because of the increased infectiousness and increased virulence of the new variant(s). It is essential to understand that, at the population level, **both the increased infectiousness and the increased virulence are direct results of the mis-guided COVID mass vaccination campaign**. Neither would have developed in the absence of the mass vaccination campaign [13–17].
- If the COVID pandemic had been managed properly and if the mass vaccination campaign had never been implemented, the COVID pandemic would have ended within 1–1.5 years, due to the natural development of herd immunity. Yes, many people (primarily elderly people with co-morbidities) would have suffered and died during those 1.5 years. However, the cumulative numbers of

COVID-related hospitalizations and deaths during those 1.5 years of a properly managed pandemic would pale in comparison to the cumulative numbers of COVID-related hospitalizations and deaths that have occurred to date and will soon increase enormously.

- The often-repeated statements that: “*The COVID vaccines are extremely safe, extremely effective; get vaccinated, at least for the sake of others; our patience is growing thin*” (statements publicly stated by President Biden) reflect an absurdly simplistic and erroneous understanding of immunology, vaccinology, virology, and evolutionary biology. Such statements have been divisive and abusive and have led to an enormous amount of unnecessary suffering and death.

Because of the above-explained immunological concerns, children should not be given the COVID vaccine. This applies to all COVID vaccines. It will also apply to the new “bivalent omicron-updated” mRNA vaccine that, unfortunately, has been rolled out without adequate testing or thoughtfulness. This also applies to children who are at increased risk of developing COVID because of co-morbidities, underlying autoimmune diseases, or immunosuppression.

For similar reasons, adults should not be given the COVID vaccines.

For the above *scientific reasons alone*, the COVID mass vaccination campaign should be halted — for all of Humanity, especially for children.

Please note that I have not even mentioned the multiple other scientific reasons that would (each, alone) justify an immediate halt to the mass vaccination campaign — e.g. the extremely inadequate study of both the short and long term safety of the mRNA COVID vaccines for individual vaccinees, both prior to and subsequent to approval of the vaccines; the extremely worrisome adverse effects of the COVID vaccines that have been reported to VAERS (the Vaccine Adverse Events Reporting System); the worrisome data that emerged during the vaccine trials (but were not disclosed in a forthcoming or honest fashion by the manufacturers); and other safety concerns that have been raised by thoughtful concerned scientists. Chief among these adverse events — *at the individual level* — have been myocarditis/pericarditis (particularly in adolescents and young adults), abnormal clotting, and an array of worrisome neurological side effects [2, 5, 7, 8].

For all of the above reasons we must not allow further vaccination of children against COVID.

There is desperate need for an **Independent International COVID Commission**, a representative *panel of international experts* — comprised of exemplary altruistic virologists, immunologists, vaccinologists, evolutionary biologists, epidemiologists, and other relevant

experts — to engage in respectful, healthy, inclusive, honest, objective, rigorously scientific, video-archived, public dialogue about the COVID mass vaccination campaign, particularly the mass vaccination of children. So far, such a Commission has not been formed and healthy dialogue has not occurred [17].

If the COVID mass vaccination campaign were to be thoroughly and honestly re-evaluated by an honest, altruistic Independent International COVID Commission, there is no doubt in Dr. Vanden Bossche's mind, or in my mind, that the COVID vaccines would be deemed unwise and totally unfit for human use [17].

### What about children with medical conditions that put them at higher risk for COVID?

Should children who are immunosuppressed or have other medical problems that increase their risk of developing severe COVID be vaccinated against COVID? No. Even while vaccinal non-neutralizing antibodies were providing some beneficial protection against severe COVID illness and death, the many negative aspects of COVID vaccination, at both the individual and population level, outweighed that modest virulence-inhibiting benefit. With the arrival of a SARS-CoV-2 variant that has been able to overcome the virulence-inhibiting effect of the vaccinal non-neutralizing antibodies, that beneficial effect of the vaccinal non-neutralizing antibodies will be gone. We will then be left with COVID vaccines, including the “new, updated bivalent mRNA vaccine”, whose vaccinal neutralizing antibodies will fail to neutralize the virus and whose vaccinal non-neutralizing antibodies will fail to provide protection against severe disease. At that point, the vaccines will provide no benefits and will have only harmful effects [10, 14, 16].

### CONCLUSION

For multiple *scientific reasons*, and for those reasons alone, no child should be given any of the currently available COVID vaccines, including the new «updated bivalent» vaccine.

In my view, vaccination of children with the currently available COVID vaccines has represented malpractice — negligence of obviously appropriate and readily apparent science-based concerns about the safety and wisdom of these vaccines — failure to recognize the predictable consequences of the mass vaccination campaign — failure to provide true informed consent — failure of physicians to do their homework and think for themselves.

People who have sought exemption from COVID vaccination — particularly concerned parents who have sought exemptions for their children — have been absolutely correct to protect themselves and their

children from these COVID vaccines!!! The COVID mass vaccination campaign will go down in history as the greatest, most devastating blunder in the history of medicine. For the sake of all children and for the sake of Humanity the mass vaccination campaign must be immediately stopped.

For more detailed information about the issues discussed in this document, including *more than 1000 peer-reviewed references in the medical literature that support my statements*, the reader is referred to the following websites, articles, and video-presentations.

To the physicians, lawyers, and Courts involved in requests for exemption from COVID vaccination, please take the time to do the proper homework that will enable you to make a best judgment. The purpose of all my COVID writings has been to share the homework I have done with those who have had less time and insufficient scientific expertise to adequately understand the scientific complexities of the COVID situation. Please take advantage of my homework, and that of Dr. Vanden Bossche.

### ДОПОЛНИТЕЛЬНАЯ ИНФОРМАЦИЯ

**Конфликт интересов.** Автор декларирует отсутствие явных и потенциальных конфликтов интересов, связанных с публикацией настоящей статьи.

**Источник финансирования.** Автор заявляет об отсутствии внешнего финансирования при проведении исследования.

### ADDITIONAL INFORMATION

**Competing interests.** The author declares that he has no competing interests.

**Funding source.** This study was not supported by any external sources of funding.

### REFERENCES

1. Desmet M. *The Psychology of Totalitarianism*. Chelsea Green Publishing, 2022. 240 p.
2. voiceforscienceandsolidarity.org [Internet]. Dr. Geert Vanden Bossche's. Available at: [www.voiceforscienceandsolidarity.org](http://www.voiceforscienceandsolidarity.org)
3. notesfromthesocialclinic.org [Internet]. Dr. Rennebohm's Website. Available at: [www.notesfromthesocialclinic.org](http://www.notesfromthesocialclinic.org)
4. 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/>
5. 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/
6. 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>
  7. 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>
  8. 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/>
  9. 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/>
  10. 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/>
  11. 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/>
  12. 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](https://uploads-ssl.webflow.com/616004c52e87ed08692f5692/62e3848eb74bef65d5e602ac_COVID%20ANALYSIS%20%23111%20A%20CALL%20FOR%20A%20HALT_NO_link.pdf)
  13. 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>

## ◆ Information about the author

Robert M. Rennebohm – MD, PhD, Dr. Sci. (Med.), Visiting Professor. Department of Hospital Pediatrics. St. Petersburg State Pediatric Medical University, Ministry of Health of Russia, Saint Petersburg, Russia. E-mail: [rmrennebohm@gmail.com](mailto:rmrennebohm@gmail.com)

## ◆ Информация об авторе

Роберт М. Реннебом – д-р медицины, приглашенный профессор, кафедра госпитальной педиатрии. ФГБОУ ВО «Санкт-Петербургский государственный педиатрический медицинский университет» Минздрава России, Санкт-Петербург, Россия. E-mail: [rmrennebohm@gmail.com](mailto:rmrennebohm@gmail.com)