

An Open Letter to Parents and Pediatricians and a Call for an Immediate Halt to COVID Vaccinations

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“Children have had no voice or vote, regarding their potential Covid vaccination. Children depend entirely on their parents to make a well-informed and wise decision. Ethically, experimental pharmaceutical products, particularly experimental vaccines that have been rushed into use before adequate testing for safety could be completed, must not be administered to anyone, particularly children, without adequate informed consent.” – Dr. Robert Rennebohm

In March **Dr. Robert Rennebohm**, an American paediatrician with nearly 50 years of experience, penned an extensive open letter to parents and paediatricians regarding Covid “vaccinations” for children. At the end of his 119-page letter, he lists over 1,000 references – almost all of which have either been published in peer-reviewed medical journals or submitted as pre-prints for publication. Just before the list of references, he has included links to several helpful educational video interviews and video presentations.

“Parents, I apologise for the length of this Letter ... Much is at stake. So, for the sake of your child and all children, please consider taking the time to read this Letter. If you don’t have time, consider reading just the ‘Summary - shorter version of this open letter’,” Dr. Rennebohm wrote.

Paediatricians are legally and morally required to honour the principle of “Informed Consent” and make certain that parents are sufficiently informed before they (the parents) agree to have their children vaccinated.

The information and concerns explained in this Open Letter represent the kind of information needed for a parent to make a well-informed decision before granting consent for vaccination of their child.

The following are excerpts taken from the summary section, pages 7 to 18, of [Dr. Rennebohm's Open Letter](#).

Introduction

Two contradictory views on Covid vaccination have been expressed: a prevailing narrative – get vaccinated, immediately! Vaccination is our way out of the pandemic, and an alternative narrative – stop the Covid vaccination campaign immediately! Covid vaccination is dangerous and makes the pandemic worse. Unfortunately, there has been little or no healthy scientific dialogue between proponents of the two narratives, despite repeated pleas for such from leaders of the alternative narrative.

This Open Letter is intended to help parents and paediatricians to better understand the science behind the conflicting narratives and decide on the best course of action regarding Covid vaccination of children. This Letter seeks to:

- clarify the science behind Covid vaccination issues;
- facilitate healthy, inclusive dialogue; and,
- bring people together to jointly determine what would be best for children and humanity as a whole.

Overview of the Human Immune System

The immune system can be divided into two major compartments—the mucosal immune system and the systemic immune system. Dr. Sucharit Bhakdi has helpfully referred to these two compartments as the “Air Force” (mucosal compartment) and the “Navy” (systemic compartment).



[An Open Letter to Parents and Pediatricians Regarding Covid Vaccination](#), Dr. Robert Rennebohm,
March 2022

The Air Force is “based” in the mucosa and submucosa (the space underneath the mucosal lining) of the respiratory tract, the GI tract, and the mucosa/submucosa of other mucous membrane-lined organs (e.g., bladder, uterus, etc.).

The Navy is based (has “bases”) throughout the rest of the body—in lymph nodes, spleen, bone marrow, blood circulation, within solid organs, etc.

Both the Air Force and the Navy have an innate immunity division and an acquired (adaptive) immunity division.

When the SARS-CoV-2 virus invades a person, the human immune system potentially uses all of its multiple dimensions—both its mucosal immune system (the Air Force) and its systemic immune system (the Navy), both of which have an innate immunity division and an acquired immunity division—to quickly subdue the virus (initially by innate immunity troops of the Air Force) and create robust, durable, multi-dimensional acquired immunity to protect

the person from future invasion by that virus.

In comparison, the Covid vaccines provide uni-dimensional training of the systemic immune system and little, if any, training of the mucosal immune system.

There is a legitimate concern that the current Covid vaccines could be interfering with innate immunity and detrimentally disrupting the flow and optimal function of the natural human immune ecosystem.

Effects of a Respiratory Pandemic Without a Vaccine

When a respiratory viral pandemic like the Covid pandemic is not treated with a vaccine (which was the case during the first year of the Covid pandemic, when no Covid vaccine was available), a considerable percentage of the population (primarily people under age 60, who are out and about) eventually become infected with the virus (the SARS-CoV-2 virus in this pandemic).

The most vulnerable, including the elderly, must be carefully protected from exposure to the virus. Those who do become infected need to be proactively treated (much more promptly and aggressively than has been the case throughout the Covid pandemic). Those who become infected (and recover) develop robust naturally acquired sterilising immunity that contributes to increasing development of herd immunity.

The natural course of a respiratory virus pandemic is one of gradual resolution, usually over a period of months, and this resolution is largely due to increasing development of robust sterilising herd immunity.

It is important to understand that herd immunity via natural infection is far superior to herd immunity attempted via mass vaccination with a sub-optimal (non-sterilising) vaccine in the midst of an active pandemic. Herd immunity cannot be achieved through mass vaccination with a sub-optimal (non-sterilising) vaccine. And, in fact, such vaccination interferes with the development of herd immunity.

Effects of a Respiratory Pandemic Treated Primarily with a Vaccine

The current Covid pandemic has been primarily managed with the roll-out of a rapid, mass vaccination campaign (across all age groups), using sub-optimal (non-sterilising) uni-dimensional vaccines (directed at only the spike protein), in the midst of the active pandemic and in the midst of considerable lockdown measures.

According to many experienced virologists/vaccinologists, a mass vaccination campaign using a sub-optimal (non-sterilising) vaccine in the midst of a pandemic is a recipe for disaster. Because:

- When a person who has been vaccinated with a sub-optimal vaccine is subsequently exposed to the virus, the vaccine does not prevent the virus from entering cells, replicating in those cells, and spreading to other people.
- When the virus replicates in the vaccinated person's cells, new mutations develop, and under the pressure of the mass vaccination campaign and the added pressure of lockdown measures, the mutated variants that will be successful. Covid mass vaccination will inevitably result in predominant variants with increased vaccine resistance and increased transmissibility.

- The mass vaccination campaign might eventually generate a predominant variant that is intrinsically more virulent (deadly) than any of its predecessors—an intrinsically more virulent variant that could be harmful to everyone, including children, regardless of vaccination status. Covid illness may become more life-threatening because of vaccine-induced ADE (antibody-dependent enhancement).

Dr. Geert Vanden Bossche, a leading proponent of the alternative narrative, disagrees that this is a “pandemic of the unvaccinated.” On the contrary, he views it as a pandemic that has become prolonged and more dangerous because of the mass vaccination campaign. Furthermore, he worries that it is the vaccinated people who are becoming the most likely “spreaders” of the virus—because the vaccine allows the vaccine-resistant variant to enter their cells and replicate, while the vaccine might indirectly make them less symptomatic, even asymptomatic, which results in their possibly being unwitting asymptomatic spreaders.

Dr. Vanden Bossche thinks it is a huge mistake to continue the current Covid mass vaccination campaign. He strongly urges that we stop vaccinating before it is too late.

According to the alternative narrative, the total cumulative numbers of Covid hospitalisations, Covid ICU admissions, and Covid deaths during the Covid pandemic (from the beginning of the pandemic through January 2022) would have been lower if the pandemic had not been treated with the mass vaccination campaign and, instead, had been managed.

Other Concerns About the Covid Vaccines, Adverse Events

In addition to concerns that current mass vaccination is driving the development of more transmissible and potentially more lethal strains, may be harming natural innate immune function (particularly in children), and is interfering with the development of sterilising herd immunity, many scientists and physicians are deeply concerned that the Covid vaccines are unsafe in other important ways – causing unacceptable short- and long-term side effects for individuals. For example myocarditis and pericarditis in adolescents and young adults; lethal clotting and devastating neurologic side effects in adults.

References at the end of Dr. Rennebohm’s Open Letter include 757 articles in the medical literature that report serious side effects of Covid vaccinations (reference nos. 271-1028). This represents an alarming and unprecedented number of reports of adverse effects of a new pharmaceutical product. The VAERS data also reveal an alarming number of severe adverse reactions and deaths associated with the Covid vaccines.

Problems With the Covid PCR Test and Covid Data

The prevailing narrative (its data, its conclusions, and its policies) has been fundamentally based on the use of the Covid PCR test.

A positive Covid PCR test at a Ct (cycle threshold) greater than 30 is likely to represent either a false positive (commonly) or detection of a tiny amount of dead virus. Many of such people have not, in fact, had Covid, and if they have had Covid, they are no longer infectious.

Even when a Covid PCR test is positive at a low Ct value, this does not assure that the

patient definitely has Covid. The most accurate test for confirmation of Covid is genomic sequencing. Since the beginning of the pandemic, confirmed diagnoses of Covid should have been based on genomic sequencing, not on PCR testing.

By basing data collection on the Covid PCR test CDC and State Health Departments have generated scientifically unsound data. Data collection has been based on scientifically unsound criteria for the designation of “Covid cases,” “Covid hospitalisations,” and “Covid deaths.”

The prevailing narrative has not been based on proper conduct of science. This has been a huge and fundamental problem throughout the pandemic.

Efficacy of the Vaccines

Proponents of the alternative narrative are concerned that the Covid vaccines are not nearly as effective as initially and subsequently claimed by their manufacturers.

Covid vaccines are sub-optimal (non-sterilising) and uni-dimensional; only partially train the systemic immune system; have little or no effect on the mucosal immune system; may be interfering with normal immune function, and drive the appearance and predominance of viral variants that “escape” the vaccinal antibodies and become increasingly transmissible and potentially more lethal.

Several studies suggest that the Covid vaccines actually increase the risk of Covid infection and Covid death during the 5 weeks after the first dose; then there is temporary and modest protection (at best) for a matter of only weeks or a few months; then there appears to be a negative effect (increased susceptibility to Covid infection); and it is likely that Boosters will prove to provide only transient benefit, which is likely due to brief non-specific stimulation of natural immunity.

Furthermore, there is legitimate concern that vaccine-induced ADE phenomena might be increasing disease severity and death in vaccinated people when they subsequently become infected; and there is some evidence that vaccinated people may be more likely to spread the virus than are the unvaccinated (because the vaccines may actually facilitate viral entry into cells).

Conclusions

In section 10 of his Open Letter summary, pages 16 to 18, Dr. Rennebohm lists his conclusions. If you are very short of time this may be a good place to start. His final two concluding points state:

“For the sake of our children, grandchildren, and all of humanity, we have an individual and collective social responsibility to call for an immediate and complete halt to the current Covid vaccination campaign, on a scientific basis alone, until an appropriate Covid Commission is convened to thoroughly and accurately evaluate the Covid situation. In the meantime, current scientific evidence strongly suggests that to participate in the continuation of the Covid vaccination campaign – to promote it, to remain silent about it, or to personally receive further Covid vaccination – is to contribute to the harm of children and humanity, as well as harm to oneself.

“Morally, ethically, and scientifically, we have a social responsibility to call for at least

temporary cessation of the Covid vaccination campaign. Such a call is an unselfish, science-based act of courage and social responsibility, behind which all of humanity (whether currently unvaccinated or already vaccinated) can confidently unite, to the mutual support and the emotional, social, and health benefit of all.”

You can read and download the full ‘*Open Letter to Parents and Paediatricians Regarding Covid Vaccination*’ for sharing with medical professionals and others [HERE](#).

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Dr. Rennebohm has written 21 articles covering most aspects of Covid including one titled ‘*A Call for an Independent International Covid Commission*’. You can find all his articles [HERE](#).

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