

**An Open Letter to Physicians and Physician Organizations
Regarding Our Moral Obligation to Alert the Public to the Possible Emergence
and Dominant Propagation of a Highly Virulent SARS-CoV-2 Variant**

**By Rob Rennebohm, MD
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Dear Physicians and Physician Organizations,

Respectfully, I would like to emphasize that the COVID-19 pandemic is not “over” or truly subsiding. According to Dr. Geert Vanden Bossche (GVB), who has provided an extraordinarily deep scientific analysis of the pandemic, the pandemic threat just seems to be in subsidence, but has not, in fact, subsided. The impression of “subsidence” is a false impression due to several temporarily protective adjustments the immune system has been heroically making in vaccinees.

Chief among these adjustments has been the production of virulence-inhibiting Polyreactive

Non-Neutralizing Antibodies (PNNAbs). According to GVB's careful analysis, these PNNAbs attach to SARS-CoV-2 virions that are tethered to migrating dendritic cells. When these virus-laden dendritic cells migrate down to the lower respiratory tract (LRT), these PNNAbs (that are attached to the tethered virions) prevent the release of virions from the dendritic cells into the LRT. This prevents virions from leaving the dendritic cells and infecting epithelial cells in the LRT, thereby, preventing severe disease in the LRT. (This same mechanism prevents severe disease in other organs to which virus-laden dendritic cells migrate).

Unfortunately, this virulence-inhibiting effect of PNNAbs is unsustainable and will soon fail to protect vaccinees, for two reasons: First, the level (titers) of PNNAbs will inevitably and irreversibly drop to suboptimal levels (for complex reasons that GVB has explained*) and will become (and remain) too low to be adequately virulence-inhibiting; and, second, these suboptimal levels of PNNAbs will place great population-level immune pressure on the virus, and this will lead to the natural selection and dominant propagation of a new variant(s) that has mutated such that it is able to overcome (evade) the virulence-inhibiting effect of any PNNAbs that remain.

* Note: Chief among these reasons is the immune system's shift to heavy reliance on activation of cytotoxic T lymphocytes (CTLs) to protect the vaccinee. These CTLs kill infected host cells but this enhanced activation of CTLs is associated with a decreased ability of antigen presenting cells (APCs) to stimulate adequate production of virulence-inhibiting PNNAbs (again, for complex reasons), thus accelerating a fall in PNNAb levels.

When these two events occur, highly vaccinated individuals (particularly in highly and rapidly vaccinated countries) will no longer have protection against severe disease---i.e., they will no longer have the protection afforded by virulence-inhibiting PNNAbs. They will, therefore, be at great risk of severe disease and death. And it will become obvious at that point that the pandemic was never "over" and never truly subsided.

GVB thinks the emergence and rapid dominant propagation of the JN.1 variant is a strong signal that the above-described two-step process of loss of protection against virulence is now underway and accelerating. The JN.1 variant itself is not more intrinsically virulent than its recent predecessors, but step two is highly likely to soon follow. GVB thinks a catastrophic surge of severe disease and death among highly vaccinated individuals (due to loss of the virulence-inhibiting effect of PNNAbs) is imminent. He suspects that this surge will increasingly become apparent in the days and weeks ahead (evidenced by a steady increase in COVID-19 hospitalizations and deaths) and will reach a devastating peak within several weeks.

If GVB is correct (and I think it is highly likely that he is correct), then the general public needs and deserves a chance to prepare for such a surge. **I strongly feel that it is our moral and ethical obligation, as physicians and physician organizations, to alert the general public to this possible surge (which is highly likely to occur, according to GVB), so that the public can proactively make anticipatory, preventive plans in case such a surge does materialize.** Moreover, I think our obligation includes making specific suggestions regarding

what people can do (individually and collectively) to protect themselves and their loved ones from such a surge. That is why I wrote the article entitled, ***In Anticipation of a Highly Virulent SARS-CoV-2 Variant---An ADDENDUM.*** That article explains in great detail what individual citizens, physicians, hospitals, ICUs, health authorities, and society as a whole can do to try to minimize the devastation that this surge will cause, if GVB is correct.

The purpose of this Open Letter is to strongly encourage all physicians and physician organizations to alert their patients and the general public to GVB's concerns, share information about the scientific bases for GVB's concerns, and provide detailed guidance regarding what people can consider doing, proactively, to prepare for this devastating surge, in case it is truly destined to occur. Provision of such information is consistent with the best traditions of anticipatory guidance and preventive medicine.

Even if you (individual physicians or physician organizations) strongly disagree with GVB's analysis and prediction (and many of you probably do), I would think that you have to admit that it is at least possible that GVB is correct. None of us can promise that GVB's prediction is correct or incorrect. When GVB says he is "200% certain" that this surge will occur, he is simply and honestly sharing his highly educated and experienced opinion. You may think that there is only a 10% chance (or less) that he is correct but none of us can know with certainty, either way.

Here is what I suggest:

Physicians and physician organizations should create a new section on their respective websites, entitled: ***In Anticipation of the Possibility that a Highly Virulent SARS-CoV-2 Variant Might Appear.***

In an introductory paragraph under that heading you (an individual physician or a physician organization) could emphasize that you are not at all convinced that GVB's carefully reasoned prediction of a severe surge (associated with loss of PNNAb-mediated protection against severe disease) will ever materialize. You could emphasize that you, in fact, are quite optimistic that such a surge will not occur---but that you cannot promise that such a surge will not occur, and you highly respect Dr. Vanden Bossche.

You could go on to explain that you, therefore, **feel a moral and ethical obligation** to let the general public know about GVB's legitimate concerns, in case he proves to be correct---because you feel people have a right to prepare for such a surge, if they wish. You could even apologize in advance if this information creates fears that eventually prove unwarranted (in retrospect), but that you **would feel even worse** if you remained silent on this issue, and GVB turns out to be correct, and "we did not warn you or help you to prepare."

You could then go on to explain that you are providing links to GVB's website and to 5 articles that are designed to help the general public to grasp the essence of GVB's complex analysis, including an article that explains what people can do, proactively, to prepare for such a

surge, in case it is destined to occur. Below is a link to GVB's website and links to the 5 articles. (You might choose to post only some of these links.)

Bottom Line: In the final analysis, I think your patients and the general public will greatly thank you for responsibly informing them about this issue--particularly if such a surge occurs, but even if the surge never materializes. It is good to hope for the best but prepare for the worst. I would not be writing this Open Letter, if I did not think such a surge is highly likely to occur.

With Warmest Regards and Deep Concern,

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FURTHER READING:

Dr. Geert Vanden Bossche's Website: www.voiceforscienceandsolidarity.org

In Anticipation of a Highly Virulent SARS-CoV-2 Variant: An ADDENDUM

<https://notesfromthesocialclinic.org/in-anticipation-of-a-highly-virulent-sars-cov-2-variant-an-addendum/>.

Eight Fundamental Principles of Science and Medicine

<https://notesfromthesocialclinic.org/eight-fundamental-principles-of-science-and-medicine/>

A Brief Summary of the COVID-19 Pandemic

<https://notesfromthesocialclinic.org/a-brief-summary-of-the-covid-19-pandemic/>

How Has the COVID-19 Mass Vaccination Campaign Made the Natural Selection and Rapid Propagation of a HIGHLY Virulent Variant Highly Likely?

<https://notesfromthesocialclinic.org/2315-2/>

THE ROOT CAUSE OF THE COVID-19 PANDEMIC AND ITS MISMANAGEMENT

<https://notesfromthesocialclinic.org/the-root-cause-of-the-covid-19-pandemic-and-its-mismanagement/>

Dr. Rennebohm is a pediatrician and pediatric rheumatologist. In 2018 he officially retired from the pediatric rheumatology department at Cleveland Clinic, where he was also the Director of the International Susac Syndrome Consultation Service (2012-2018). Prior to that, he was at Alberta Children's Hospital in Calgary, Canada, where he was Clinical Professor of Pediatrics and Pediatric

Rheumatology (2008-2012); before that he was at Nationwide Children's Hospital and Ohio State University in Columbus, Ohio, where he was Associate Professor of Pediatrics and Chief of Pediatric Rheumatology for 21 years; and before that he was Associate Director of the Special Treatment Center for Juvenile Arthritis at Cincinnati Children's Hospital Medical Center in Cincinnati, Ohio.

In 1972 he received his MD degree from the University of California San Diego (UCSD) at La Jolla School of Medicine. He completed his Pediatric Residency training at IWK Children's Hospital/Dalhousie University in Halifax, Nova Scotia. He completed his Pediatric Rheumatology Fellowship training at Cincinnati Children's Hospital Medical Center. He has been a pediatrician for almost 51 years and a pediatric rheumatologist for about 43 years.

Although he is no longer in clinical practice or affiliated with a medical school or health care institution, he has continued his intense interests in pediatric rheumatology, Susac syndrome, and now COVID. Throughout the past nearly 4 years he has spent many hours per day on most days of most weeks intensively studying and writing about COVID-19---because he has realized how profoundly important and complex the COVID-19 situation is.

