

## Reconciliation---Further Thoughts

### The Concept of Forgiveness The Need for a COVID-19 Truth and Reconciliation Commission

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March 2, 2024

#### The concept of forgiveness:

Forgiveness is a complex concept. It may mean different things to different people. Personally, I prefer Dr. Martin Luther King's understanding of forgiveness:

*"Forgiveness does not mean ignoring what has been done or putting a false label on an evil act. It means, rather, that the evil act no longer remains as a barrier to the relationship. Forgiveness is a catalyst creating the atmosphere necessary for a fresh start and new beginning."*

*"Forgiveness is not an occasional act, it is a constant attitude." "We must develop and maintain the capacity to forgive." "We are to go out with the spirit of forgiveness, heal the hurts, right the wrongs, and change society with forgiveness." MLK*

Forgiveness is not the same as exoneration or amnesty. Forgiveness does not mean absolving the criminal of the crime. Forgiveness does not mean that the forgiven need not acknowledge their mistakes, apologize for them, show remorse, be held responsible for the harm done, or make appropriate amends.

Forgiveness is a separate act from holding the forgiven to account. Forgiveness does not mean abrogation of punishment. When an adolescent makes a huge mistake, a loving parent forgives but also holds the adolescent to account and explains what the adolescent must accept as a consequence for the his/her actions. Included in the parent's expectation is that the adolescent acknowledge their mistake, display honest remorse, and offer authentic apology. Not always, but as a general rule, the higher the level of the parent's spirit of forgiveness, the greater the likelihood that the adolescent will honestly and authentically acknowledge truth, take responsibility, show remorse, apologize, and maximally learn from the experience.

A spirit of forgiveness creates a safe environment, a safe path towards reconciliation and healthy change. Forgiveness enables and facilitates the process of coming back together and moving in a better direction.

Forgiveness does not mean excusing; it does involve understanding. When we seek to understand why a mistake has been made or an evil act has been committed, we are seeking truth, not excusing the mistake or the crime.

Truth—the search for, sharing of, respectful dialogue about, and acknowledgement of truths—is a key part of the reconciliation process.

## **Have aspects of the COVID-19 pandemic and its management represented crimes against Humanity?**

Throughout the COVID-19 pandemic, it has been clear that the key leaders of the prevailing COVID-19 narrative and the mass vaccination campaign have egregiously violated fundamental principles of science, medicine, ethics, democracy, law, and common decency.<sup>1-4</sup> For example:

**Collection and presentation of data in a highly flawed and misleading manner:** By withholding or ignoring the Ct (cycle threshold) value at which “positive” COVID-19 PCR tests were positive; by declaring a PCR test negative only if still negative after 40 or 45 cycles of amplification; and by ignoring Ct values in the collection of epidemiologic data and clinical trials data (including trials of vaccine efficacy); the key leaders of the prevailing narrative assured that clinical and epidemiological data would be of extraordinarily low scientific quality and would produce misleading results.<sup>5,6</sup> Furthermore, by ignoring initial and serial Ct values in the clinical care of individual patients, they compromised opportunity for good individual outcomes and opportunity to maximally learn from each patient. Indeed, the improper and highly misleading use of the COVID-19 PCR test has been a foundational cornerstone of the key leaders’ management of the pandemic.<sup>5,6</sup>

Similarly, the sloppy criteria used for designation of a “COVID hospitalization” and “COVID death” assured that data regarding COVID hospitalizations and COVID deaths would be of low scientific quality and highly misleading,<sup>7,8</sup> especially when coupled with the misuse of the PCR test. Scientifically sloppy creation of these criteria and unethical application of them have also been a foundational cornerstone of the of the key leaders’ management of the pandemic.

These poor decisions would not have been made by medical leaders who are well-educated, competent, careful, and properly motivated. Good physicians would have fully appreciated the importance of knowing, using, and sharing the Ct value at which PCR tests were positive. They would have optimally used Ct values in their clinical care and clinical research; and, from the very beginning of the pandemic, they would have explained and emphasized the importance and relevance of Ct values to their patients and to the public. Also, they would have insisted on scientifically sound and honestly applied criteria for the designation and reporting of COVID-19 hospitalizations and COVID-19 deaths.

**Interference with optimal treatment of COVID-19:** Despite preexisting, well-established knowledge regarding successful treatment of life-threatening “cytokine storm,” the key leaders of the prevailing COVID-19 narrative discouraged routine use of appropriately aggressive corticosteroid and anti-cytokine therapy for ICU patients with severe COVID-19, many of whom were suffering from varying degrees of “cytokine storm.”<sup>9-12</sup> Instead, the key leaders

encouraged overuse of harmful remdesivir, mechanical ventilation, and sedatives. These ICU protocols resulted in many unnecessary, preventable deaths.

Similarly, the key leaders' outpatient policies greatly impaired opportunity for patients to receive appropriate anticipatory early outpatient care for COVID-19, and this resulted in many additional deaths that could have been prevented. None of these poor decisions would have been made by medical leaders who are well-educated, competent, careful, and properly motivated.

**Promotion of mRNA vaccines despite known risks:** Prior to the appearance of the COVID-19 pandemic there was considerable scientific evidence that use of a mRNA platform for vaccines would be unacceptably dangerous.<sup>12,13</sup> Despite this known information, a mass vaccination campaign, using the mRNA COVID-19 platform, was strongly promoted and rushed into use. Furthermore, observational studies and randomized placebo-controlled clinical trials of the mRNA COVID-19 vaccines were of unacceptably poor quality and highly misleading.<sup>4, 14-18</sup> Safety studies of these vaccines were inadequate, and when obvious safety signals quickly and steadily became apparent (e.g., myocarditis, sudden cardiac death, life-taking blood clots, serious neurologic disease, and sudden unexplained death), these safety signals were ignored or inappropriately minimized, even hidden.<sup>4, 11-20</sup> In fact, many medical reports that raised appropriate concerns about COVID-19 vaccine safety were denied publication, retracted, or otherwise censored.<sup>4</sup> None of these poor decisions would have been made by careful, properly motivated medical leaders.

**False claims of efficacy:** Claims that the vaccines would prevent infection and transmission were false. This was knowable before the vaccines were rolled out. Claims that the vaccines would prevent severe illness and death were also highly misleading, if not false.<sup>21</sup> Despite inadequate study of safety and efficacy the vaccines were strongly promoted, with great assurance that they were extremely "safe and effective." They were enthusiastically advertised, even mandated, even given to children and pregnant mothers, all without proper informed consent.<sup>12,19</sup> Despite major safety and efficacy concerns, billions of people have been given these vaccines. Medical leaders who are well-educated, competent, careful, and properly motivated would never have advocated mRNA-based COVID-19 vaccination of children, pregnant women, and billions of people; and they would have properly honored the process of informed consent.

**Failure to fully consider and appreciate the complex interplay between the immune system, the virus, and mass vaccination:** Furthermore, the key leaders of the prevailing narrative have ignored extremely important warnings (most notably, from Dr. Geert Vanden Bossche) about the short and long term consequences (at a population level) of implementing a mass vaccination campaign in the midst of an active pandemic.<sup>22-30</sup> Dr. Vanden Bossche accurately warned that the COVID-19 mass vaccination campaign would, predictably, lead to a vast array and continuous succession of new dominant "immune escape" variants, each more infectious than their predecessors. He accurately warned that the vaccines would not contribute to herd immunity and would predispose highly vaccinated individuals to autoimmune disease,

malignancy, and diminished capacity to control other pathogens. He appropriately warned that it is highly likely that the mass vaccination campaign will ultimately lead to the emergence of a highly virulent SARS-CoV-2 variant that will be particularly threatening to highly vaccinated individuals in highly and rapidly vaccinated countries.

Before vaccinating billions of people, careful and properly motivated medical leaders would have sought to fully understand Dr. Vanden Bossche's concerns and would have initiated and appreciatively engaged in rigorous, respectful dialogue about those concerns. Excellent medical leaders would have insisted that the deepest possible knowledge of immunology, virology, and vaccinology be applied to pandemic decision-making. Instead, the key leaders of the pandemic response ignored the warnings of scientists like Dr. Vanden Bossche and arrogantly, simplistically, and erroneously declared that their COVID-19 vaccines induced individual and population level immunity that was far superior to immunity acquired through natural infection.

**Failure to honestly consider more than one hypothesis regarding the origin of SARS-CoV-2:** Appropriate and extremely important questions about the origins of the SARS-CoV-2 virus were initially dismissed and ridiculed as irresponsible "conspiracy theory." Initially, and still, official investigation of this concern has been inadequate. In fact, adequate official investigation was initially deliberately thwarted. It turns out that this virus most likely did emerge from a lab.<sup>31</sup> Truths about the origin of the virus were deliberately suppressed, "covered up." A key leader of the prevailing narrative lied under oath. The public was highly misled by those who claimed that the SARS-CoV-2 virus surely emerged from nature, not from a lab.

Sadly, instead of exercising critical thinking and conducting careful painstaking investigation to determine the origin of the virus, the key leaders employed the intellectually lazy and intellectually dishonest tactic of "debunking" unwelcomed hypotheses by quickly and summarily dismissing them as "conspiracy theory." This is a highly inappropriate way to practice science or medicine. Intellectually curious medical leaders who are committed to critical thinking and discovery of truths would have thoroughly investigated a variety of plausible hypotheses regarding the origin of SARS-CoV-2 and would not have been dishonest about laboratories involved in dangerous bioengineering of pathogens.

**Demonization, censorship, and persecution of dissenting views:** Despite the above astonishingly sloppy practice of science, medicine, and ethics, the COVID-19 vaccines have been administered to billions of people. On top of this, physicians and scientists who have appropriately challenged the prevailing narrative and its mass vaccination campaign have been demonized, ridiculed, censored, and persecuted---with loss of employment in some cases, even loss of medical licensure. Moreover, medical research that has contradicted the prevailing narrative has been silenced, even censored or retracted.<sup>4</sup>

**[Physicians and scientists who have appropriately challenged the prevailing COVID-19 narrative and its mass vaccination**

**campaign have been demonized, ridiculed, censored, and persecuted---with loss of employment in some cases, even loss of medical licensure.]**

It is not just dissenting scientists and health care professionals who have been demonized, ridiculed, shamed, and persecuted. Unvaccinated individuals in general have been subjected to hateful intolerance and vitriolic shaming. The leaders and key followers of the prevailing COVID-19 narrative have, by example, encouraged vaccinated individuals to treat unvaccinated individuals with astonishingly hateful intolerance and contempt. Please view the video compilation that documents this behavior.<sup>3</sup> Even the President of the USA has treated unvaccinated individuals with an astonishing lack of common decency, not to mention an enormous lack of knowledge.

**[Unvaccinated individuals have been subjected to hateful intolerance and vitriolic shaming.]**

In addition to being subjected to the above hateful shaming, many unvaccinated individuals have lost their employment, lost their careers, suffered financially, lost friendships, and are grieving vaccine-related injuries and deaths suffered by family and friends who had been coerced or propagandized into being vaccinated. Unvaccinated individuals have many reasons to be very upset and angry. They have not been heard. They have not been understood. They have been deeply and seriously hurt. They are still grieving. It is not surprising that many of them currently find it very difficult to muster a “spirit of forgiveness” and are offended by the suggestion that they do so.

**Failure to provide the general public with accurate scientific and medical information:** A fundamental principle of medicine is a physician's obligation to provide excellent and accurate patient education. When a patient develops diabetes, or a complex autoimmune disease, or cancer, or a threatening infection, the patient should be thoroughly educated about the disease and its management. Patients should not be left to their own devices to figure out what is going on. When a pandemic occurs, patients and the general public need and deserve thorough, accurate, excellent education. The leaders of the COVID-19 pandemic response have not provided thorough, accurate, demystifying education. Instead, they have mis-educated and under-educated the public. This has greatly contributed to the confusion and polarization that has led to rifts within families and the general public. Excellent, accurate education could have prevented these predictable rifts.

**[The key leaders of the COVID-19 response have egregiously violated fundamental principles of science, medicine, ethics, democracy, and common decency. Well-educated, careful, properly motivated physicians would not have violated**

**these principles---even under the initial duress of the pandemic (the novelty of the virus, the urgency of the situation, and the incomplete information available). There is no valid excuse for these violations. Those responsible must be held to account, and the nature and cause of their mistakes must be understood, lest these violations be repeated.]**

**Unfortunately, the truth is that the COVID-19 mass vaccination campaign has prolonged the pandemic and made it far more dangerous.<sup>22-30</sup>**

The COVID-19 mass vaccination campaign is responsible for the vast array and continuous succession of new, increasingly infectious “immune escape” variants, including the likely emergence of a variant that will be extremely virulent when contracted by highly vaccinated individuals, in particular.<sup>22, 26-30, 32</sup> Cumulatively, more lives will be lost because of the mass vaccination campaign than would have been cumulatively lost had the COVID-19 vaccines never been used.<sup>4, 22, 23, 27-30, 33</sup>

**[Cumulatively, more lives will be lost because of the mass vaccination campaign than would have been cumulatively lost had the COVID-19 vaccines never been used.]**

Medical leaders who are well-educated, competent, careful, and properly motivated would not have ignored the warnings and concerns voiced and explained by Dr. Geert Vanden Bossche; nor would they have ignored or minimized the enormous number of reports of serious vaccine-related adverse injury (including death) and the increased all-cause mortality associated with the mass vaccination campaign.<sup>4, 12, 33</sup> They would have sought and welcomed help in making the best possible decisions.

### **Have crimes against humanity been committed?**

As explained above, it has become abundantly clear that the COVID-19 mass vaccination campaign and the overall management of the COVID-19 pandemic has been scientifically and ethically irresponsible and extremely harmful---causing harm that is already evident and will become increasingly apparent over the months and years ahead. Sadly, this outcome was

predictable. The key leaders should have known better. They could have sought help and listened.

It is not scientifically accurate to attribute their behaviors and policies to the novelty of the virus, the urgency of the situation, and to the notion that “so much was unknown.” Certainly, the fundamental principles of science, medicine, and ethics that were egregiously violated by the leaders of the pandemic had long been well-established and should have been followed. Those principles certainly were not new. It is not credible that such gross violation of such basic principles was completely innocent and simply due to incompetence and/or the novelty and urgency of the situation. During a novel, threatening urgency it is more important than ever to adhere to fundamental principles of science, medicine, ethics, and common decency.

In my view, there is no doubt that the key leaders of the prevailing COVID-19 narrative, particularly the mass vaccination campaign, especially the vaccine mandates, have been committing horrible crimes against humanity. Unfortunately, the most influential followers of those leaders (subservient health authorities, compliant conventional media, celebrities, etc.) have contributed to those crimes---unwittingly in some cases; deliberately in other cases.

**[Yes, crimes against humanity have been committed,  
are still being committed, and will continue to escalate,  
if the public does not engage in healthy dialogue and does not  
unite to hold the key leaders to account.]**

### **A strategy to stop current crimes against Humanity---the need for a united front:**

The key leaders of the prevailing COVID-19 narrative have not only recklessly and dangerously mismanaged the pandemic from a scientific, medical, and ethical standpoint, but also their COVID-19 narrative and directives have created great social and economic chaos and extreme division and polarization of society, including rifts within families. It is essential that management of this pandemic (and future pandemics) not be kept in the hands of such irresponsible and untrustworthy “leaders.” <sup>34</sup>

Regarding polarization: In the USA, the vast majority of the general population has, unfortunately, supported or at least acquiesced to the prevailing COVID-19 narrative and its directives. So far, only a minority of the general population has strongly resisted the prevailing narrative and directives. Most of the “vast majority” have received at least 2 vaccine doses; many have received several booster doses. Most of the “minority” are unvaccinated.

In my view, the best strategy to stop the crimes being committed by the key leaders of the COVID-19 pandemic response is for the general public to assiduously avoid extreme division and polarization (regarding COVID-19 understandings and policies) and, instead, work

extremely hard to form a united front that is fully and accurately informed, is appropriately confident, and is authentically committed to holding the key leaders of the prevailing narrative to account. Currently, the “vast majority” and the “minority” are not united. The minority voice is not enough; it will fail to stop the crimes against humanity. **Only when the “vast majority” and the “minority” unite, in common purpose, will we have a good chance of stopping this crime.**

### **Common purpose, common ground:**

There is much that the “vast majority” and the “minority” can agree upon. Both want to be optimally protected from the current COVID-19 pandemic and future pandemics. Both want to have optimally healthy immune systems. Both want to be told the truth. **Neither group wants scientists, physicians, and health authorities to violate the most fundamental principles of science, medicine, ethics, democracy, and common decency.** Both groups are wary of gain-of-function bioengineering of pathogens, and most would like to see such activity completely outlawed, internationally.

Both want to preserve and protect freedom of speech and the right to individual privacy. Both are against censorship (particularly medical censorship!!) and propaganda. Both are sick and tired of the nightly news being “brought to you by Pfizer.” Both want democracy and are strongly against governmental over-reach, authoritarianism, totalitarianism, and fascism. Both, of course, are horrified by the history of Nazi fascism or Stalinist totalitarianism. But in addition, many unvaccinated individuals are also appropriately fearful of global technocratic corporate totalitarianism<sup>34, 35</sup> and corporate medical fascism,<sup>4, 32</sup> about which the vaccinated may be less aware. I, for one, am very concerned about the increasing corporatization of health care and the specter of a wholly undemocratic global technocratic totalitarianism.

### **How do the “vast majority” and the “minority” come together:**

It would help if the “vast majority” (those who accepted the prevailing COVID-19 narrative and its directives, particularly the mass vaccination campaign) would acknowledge that they have made serious mistakes regarding the COVID-19 pandemic. Many naively placed too much trust in the leaders of the prevailing narrative. Many failed to do sufficient homework and exercise sufficient critical thinking. (Most have never heard of PCR Ct values, for example.) Many failed to recognize that the mass vaccination campaign, especially the vaccination of children and pregnant women, was scientifically, medically, and ethically irresponsible and unacceptably dangerous.

Many of the “vast majority” refused to honor or respect the opinions and homework that unvaccinated individuals have tried to share. Most have failed to acknowledge that many in the minority group were correct in their analysis of the COVID-19 situation when they (the



minority) shared their concerns that the key leaders of the prevailing COVID-19 narrative were egregiously violating fundamental principles of science, medicine, ethics, and democracy---for example: the censorship and demonization of scientists and physicians who appropriately challenged the science of the prevailing narrative; the dishonest denial of the possible lab origin of SARS-CoV-2; the deliberate misuse of the PCR test; the misleading, low-quality data collection; the deliberate demonization of early treatment with re-purposed drugs;<sup>32</sup> the harmful protocols required in the ICUs; and the false claims of the safety, efficacy, necessity, and wisdom of the mass vaccination campaign.

Many of these mistakes made by the “vast majority” were the predictable result of the massive propaganda campaign presented by the leaders of the prevailing narrative and their subservient media. Leaders of the prevailing narrative led many people to assume and believe that those who declined vaccination were selfish, irresponsible people who were “anti-science” and particularly vulnerable to “conspiracy theories.” In most cases, compliance with the vaccination campaign was the result of a well-meaning effort to do what seemed to be right at the time; and/or was due to fear of the consequences of not complying with mandates (loss of employment, e.g.); and/or was due to the extreme fears created by the prevailing narrative. In the final analysis, the “vast majority” were betrayed by the key leaders of the COVID-19 response.

**[Vaccinated individuals have been betrayed.  
This betrayal has jeopardized  
their short and long term health.]**

**But a particularly egregious mistake committed by many members of the “vast majority”---an inexcusable mistake that clearly requires acknowledgement and apology---is the abusive way in which many followers of the prevailing narrative have treated unvaccinated individuals.**

(Again, please see the video-compilation of hateful intolerance.)<sup>3</sup> Unvaccinated individuals were (and are still being) exposed to an extraordinary degree of shaming, intolerance, hatred, and vitriol. Those in the “vast majority” who did not personally participate in that hateful shaming of unvaccinated individuals should, nevertheless, have spoken up, privately and publicly, and strongly insisted that the shaming stop---but, instead, most remained silent.

Again, I emphasize that In addition to being subjected to hateful shaming, many unvaccinated individuals have lost their employment, suffered financially, lost friendships, and are grieving the vaccine-related injuries and deaths suffered by family and friends who had been coerced or propagandized into being vaccinated.

At the very least, it would be helpful if the “vast majority” were to sincerely apologize for their group’s abusive shaming behavior and for the harm the COVID-19 vaccines have done to vaccinated family members and vaccinated friends of unvaccinated individuals, not to mention the harm done to the global population as a whole. Such acknowledgement, authentic

apology, and genuine remorse represent the least that the “vast majority” can do in an effort to heal rifts and unite with those in the “minority” group.

**[An inexcusable mistake that clearly requires acknowledgement and apology---is the abusive way in which many overzealous followers of the prevailing COVID-19 narrative have treated unvaccinated individuals.]**

In the effort to heal rifts and create a united front, the major challenge facing the “minority” group is **the need to develop and extend a forgiving spirit to the “vast majority.”** Healing and unification will not occur if the “minority” group treats the “vast majority” group in the same way the latter treated them--- with anger, shaming, blaming, contempt, disgust, resentment, meanness, vitriol, and refusal to forgive. That approach only makes polarization, division, and extremism worse; further inclines the “vast majority” to continue their support of the leaders of the prevailing narrative; impairs healthy dialogue; stalls recognition of truths; blocks the process of reconciliation, and prevents the necessary creation of a united front.

The most effective and practical way to create a united front is for the majority group to acknowledge and apologize for its mistakes and for the minority group to welcome the majority group with a spirit of forgiveness. Both groups could then engage in healthy dialogue about scientific and social information that effectively counters the propaganda and censorship that has led to the mis-education of many people.

If a large percentage of the general public (at least 70%, ideally 90% of the population?) were to calmly, peacefully, and publicly present the leaders of the prevailing COVID-19 narrative with a united, well-informed, confident message, then, we will have a chance to effectively expose truths about this pandemic, democratically remove current key leaders of the pandemic from positions of power, and replace them with leaders who will honor the fundamental principles of science, medicine, ethics, democracy, and common decency---including telling the truth.

It cannot be emphasized enough, though, that the “united front” must not make the same mistakes that many members of the “vast majority” and many key leaders of the pandemic response have made. That is, the united front should not subject others to hateful intolerance, shaming, contempt, and other totalitarian behaviors. Instead, as Martin Luther King suggested, *“We must develop and maintain the capacity to forgive.” “We are to go out with the spirit of forgiveness, heal the hurts, right the wrongs, and change society with forgiveness.”*

### **The need for a COVID-19 Truth and Reconciliation Commission (TRC):**

Finally, I would strongly recommend that a formal “Truth and Reconciliation Commission (TRC)” be established—immediately, not years from now (long after the atrocities have been committed). This could be similar to the TRCs established in Canada and in South Africa to

honor and address the atrocities suffered by the First Nations Peoples of Canada and the Black population of South Africa, respectively. The purpose of the TRC would be to evaluate assumptions, determine truths (to the greatest extent possible), and sensitively guide the general population through the difficult process of reconciliation. A representative panel of citizens, patients, physicians, scientists, ethicists, theologians, clergy, social psychologists, historians, social philosophers, politicians, and other contributors (all without conflict of interest) could be assembled to provide insights and guidance throughout the Truth and Reconciliation process.

It might be best to encourage each nation on earth to create their own unique, independent COVID-19 TRC, in addition to having an international COVID-19 TRC. In addition to conducting their own investigation and drawing their own conclusions, the international COVID-19 TRC could collate, analyze, and share the analyses and conclusions provided by each national COVID-19 TRC.

## **POSTSCRIPT:**

The primary intention of my initial essay on Reconciliation<sup>36</sup> was to speak kindly to the “vast majority” group, provide them with helpful scientific information, encourage them to critically examine COVID-19 narratives, and welcome them to participate in healthy dialogue. This is an important first step towards creation of a unified front to expose the low scientific quality of the prevailing COVID-19 narrative and its irresponsible policies and to reveal the need for new leaders who will honor the fundamental principles of science, medicine, ethics, democracy, and common decency.

Regarding the “minority” group, the main intention of the first Reconciliation essay was to suggest that if they could develop and extend a spirit of forgiveness to the majority group, this would contribute greatly to unification of both groups.

However, I regret some important mistakes I made in my initial essay on Reconciliation: Although I was fully aware of the extent to which unvaccinated individuals have suffered from the hurtful behaviors of proponents of the mass vaccination campaign, I did not sufficiently acknowledge, recount, and emphasize the extent to which this has occurred. I should have been much more sensitive to that. (For the record, I, too, am unvaccinated and have been at the receiving end of hateful intolerance and vitriolic shaming by vaccinated individuals.)

Similarly, to a greater extent I should have acknowledged, detailed, and emphasized the amount of injury and death that the mass vaccination campaign has caused among the vaccinated. Many unvaccinated individuals are still grieving the harm done to their vaccinated friends and family members---not to mention the harms done by other policies implemented by the key leaders of the prevailing narrative. These harms, these truths, which have been dismissed and even censored<sup>4, 32</sup> by the leaders and key followers of the prevailing COVID-19 narrative, need to be fully acknowledged and honored.

Also, I should have been more careful with my statement that vaccinated individuals' compliance with the COVID mass vaccination campaign (especially the vaccine mandates) was "not their fault." Many readers of the initial Reconciliation essay understandably thought that statement was much too generous, even offensive. **My intention was to strongly emphasize how extraordinarily powerful propaganda can be.** At the very least, **I should have strongly emphasized that vaccinated individuals who treated unvaccinated individuals with hateful intolerance and shaming were certainly at fault for that unacceptable behavior.**

With these regrets in mind, I sincerely apologize. I hope this second essay on Reconciliation will clarify the intentions and improve the message of the first essay.

## **AFTERWORD:**

An important question is: **Why have the key leaders of the COVID-19 pandemic so egregiously violated fundamental principles of science, medicine, ethics, democracy, and common decency?** Why have they not been honest? Why have they misled the public so greatly? Why have they served the public so poorly? Why have they betrayed the public? Has their behavior simply been the result of incompetence, and/or the sensed novelty and urgency of the situation? What have their motivations been? Given how poorly they have performed, how and why were they handed and entrusted with so much power in the first place?

What has been driving their decisions? What is the root cause of their behavior? Is there some warped ideology that has been driving their behavior? Are they in the grip of such an ideology, perhaps without even realizing it? Are they merely functionaries of others who are in the grip of such an ideology? Have we been witnessing and experiencing the natural and predictable evolution of an unhealthy ideology?

The above questions will be addressed in an upcoming essay. It is critically important to address these questions, because only then will we accurately understand the most proximal root cause of the COVID-19 pandemic and its mis-management. Afterall, seeking the root cause of problems is one of the most important fundamental goals and principles of science, medicine, ethics, public health, and democracy.

## **FOOTNOTES FOR FURTHER READING:**

For justification and further explanation of the footnoted statements made in this essay, the reader is encouraged to access the articles listed below. These articles expound on all of the statements made in this essay. Most of the articles listed below (plus many other articles on

COVID-19) are posted in the “Notes on COVID-19” section of Dr. Rennebohm’s website:  
[www.notesfromthesocialclinic.org](http://www.notesfromthesocialclinic.org)

Readers are also encouraged to access Dr. Geert Vanden Bossche’s website for his deep analysis of the complex and dynamic interaction between the virus, the immune system, and vaccines:  
[www.voiceforscienceandsolidarity.org](http://www.voiceforscienceandsolidarity.org)

<sup>1</sup> Eight Fundamental Principles of Science and Medicine  
<https://notesfromthesocialclinic.org/eight-fundamental-principles-of-science-and-medicine/>

<sup>2</sup> How Would Three of Canada’s Greatest Historical Figures Respond to the COVID Situation if They were Alive today?  
<https://notesfromthesocialclinic.org/how-would-three-of-canadas-greatest-historical-figures-respond-to-the-covid-situation-if-they-were-alive-today/>

<sup>3</sup> The following link is to a video compilation of intolerant behavior directed against the unvaccinated by key promoters and key followers of the prevailing COVID-19 narrative. It is a sad and instructive example of “group think” and reveals how well-meaning and otherwise kind individuals can be swept up by a prevailing narrative (and by fear) and led to behave in astonishingly hateful, intolerant, ill-informed, and unkind ways.  
<https://www.youtube.com/watch?v=zl3yU5Z2adI>

<sup>4</sup> Mead MN, Seneff S, Wolfinger R, Rose J, Denhaerynck K, Kirsch S, McCullough PA. COVID-19 mRNA Vaccines: Lessons Learned from the Registrational Trials and Global Vaccination Campaign. *Cureus*. 2024 Jan 24;16(1):e52876. doi: 10.7759/cureus.52876. PMID: 38274635; PMCID: PMC10810638. <https://pubmed.ncbi.nlm.nih.gov/38274635/> (With 293 references.)  
**[NOTE: This excellent peer-reviewed article has recently been retracted (essentially censored) by the journal that published it (because the journal’s reviewers had deemed it worthy of publication). There was no adequate scientific justification to retract the article. The journal was apparently pressured to retract it. As explained by Dr. Peter McCullough (one of the co-authors), “*The journal and its editor had the right to reject the paper at any time during the review process. Once published, it is a violation of the Committee on Publication Ethics (COPE) Guidelines to retract a paper without adequate justification.*” **This is only one example of the medical censorship that has occurred throughout the pandemic.**]**

<sup>5</sup> The Importance of Knowing the Ct Value at Which a PCR Test is Positive  
<https://notesfromthesocialclinic.org/the-importance-of-knowing-the-ct-value-at-which-a-pcr-test-is-positive/>

<sup>6</sup> The Importance of Knowing the Ct Value at Which a PCR Test is Positive—Long Version

<https://notesfromthesocialclinic.org/the-importance-of-knowing-the-ct-value-at-which-covid-pcr-tests-are-positive-long-version/>

<sup>7</sup> Critically examining COVID Data

<https://notesfromthesocialclinic.org/critically-examining-covid-data/>

<sup>8</sup> Critically examining COVID Data---Long Version

<https://notesfromthesocialclinic.org/critically-examining-covid-data-long-version/>

<sup>9</sup> Treatment of Severe COVID Illness

<https://notesfromthesocialclinic.org/treatment-of-severe-covid-illness/>

<sup>10</sup> Treatment of Severe COVID Illness---Long Version

<https://notesfromthesocialclinic.org/treatment-of-severe-covid-19-illness-long-version/>

<sup>11</sup> Analysis of COVID-19---An Additional Narrative; An Alternative Response---Long Version

<https://notesfromthesocialclinic.org/analysis-of-covid-19-an-additional-narrative-an-alternative-response-long-version/>

<sup>12</sup> An Open Letter to Parents and Pediatricians Regarding COVID Vaccination---Part I (Posted in March 2022, with 1078 references). <https://notesfromthesocialclinic.org/an-open-letter-to-parents-and-pediatricians-2/>

<sup>13</sup> Vaccine Concerns.

<https://notesfromthesocialclinic.org/vaccine-concerns/>

<sup>14</sup> Fraiman J, et al. Serious adverse events of special interest following mRNA COVID-19 vaccination in randomized trials in adults. *Vaccine* 40 (2022) 5785-5805.

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<sup>19</sup> Open Letter to Parents and Pediatricians---Part IV: The Harmful Immunologic Consequences of Vaccinating Children Against COVID  
<https://notesfromthesocialclinic.org/open-letter-to-parents-and-pediatricians-part-iv-the-harmful-immunologic-consequences-of-vaccinating-children-against-COVID-19/>

<sup>20</sup> Open Letter to Parents and Pediatricians---Part V: Let Us Forget Neither the Art Nor the Science of Medicine  
<https://notesfromthesocialclinic.org/open-letter-to-parents-and-pediatricians-part-v-let-us-forget-neither-the-art-nor-the-science-of-medicine/>

<sup>21</sup> Do the COVID-19 Vaccines Protect Against Severe Disease and Death?  
<https://notesfromthesocialclinic.org/do-the-covid-19-vaccines-protect-against-severe-disease-and-death/>

<sup>22</sup> Dr. Vanden Bossche’s Analysis of the COVID-19 Situation---in a Nutshell  
<https://notesfromthesocialclinic.org/in-a-nutshell-dr-vanden-bosches-analysis/>

<sup>23</sup> A Brief Summary of the COVID-19 Pandemic  
<https://notesfromthesocialclinic.org/a-brief-summary-of-the-covid-19-pandemic/>

<sup>24</sup> An Armed Forces Analogy: The Immunologic Consequences of the COVID-19 Mass Vaccination Campaign  
<https://notesfromthesocialclinic.org/an-armed-forces-analogy/>

<sup>25</sup> The General’s Memos—Simplified  
<https://notesfromthesocialclinic.org/the-generals-memos-simplified/>

<sup>26</sup> Respecting the Immune Ecosystem---Slide-by-Slide Written Transcript.  
<https://notesfromthesocialclinic.org/respecting-the-immune-ecosystem-slide-by-slide-written-transcript/> (Also, you can find the actual power point presentation in the Table of Contents, “Notes on COVID-19” section of the “Notes From the Social Clinic” website.)

<sup>27</sup> 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/>

- <sup>28</sup> 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/>
- <sup>29</sup> Video-Discussion: Clinical Implications of Geert's Predictions  
<https://notesfromthesocialclinic.org/video-discussion-clinical-implications-of-geerts-predictions/>
- <sup>30</sup> An Open Letter to Physicians and Physician Organizations  
<https://notesfromthesocialclinic.org/an-open-letter-to-physicians-and-physician-organizations/>
- <sup>31</sup> *The Strength of Evidence for a Lab Origin*. Alex Washburne:  
<https://biosafetynow.org/the-strength-of-evidence-for-a-lab-origin/>
- <sup>32</sup> Ivermectin in the Prevention and Treatment of COVID-19  
<https://notesfromthesocialclinic.org/ivermectin-a-summary-statement/>
- <sup>33</sup> Rancourt D, Baudin M, Mercier J. COVID-19 Vaccine-associated Mortality in the Southern Hemisphere: <https://www.globalresearch.ca/covid-19-vaccine-associated-mortality-in-the-southern-hemisphere/5832840>
- <sup>34</sup> 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/>
- <sup>35</sup> Current and Potential Global Economic Plans—the Corporate Consortium  
<https://notesfromthesocialclinic.org/the-corporate-consortium/>
- <sup>36</sup> Reconciliation of COVID-19-Related Rifts in Families  
<https://notesfromthesocialclinic.org/reconciliation-of-covid-19-related-rifts-in-families/>