

# Influenza or Immunodeficiency — How did the Categorical Rationale go Wrong?

Yang i. Pachankis\*

Independent Researcher Communication University of China, China

**Corresponding Author**

Yang i. Pachankis, Independent Researcher Communication University of China, China.

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**1. Introduction**

Albeit it was not fully understood when we were caught off-guard with the first-known outbreak of Severe Acute Respiratory Syndrome (SARS) in 2002 in Guangzhou, People’s Republic of China (PRC), the structural similarity of its Spike 2 (S2) protein to human immunodeficiency virus type 1 (HIV-1) was confirmed two years later [1]. The almost-a-decade inaction since its emergence, seen in Figure 1, is not a single-country phenomenon. Even though

the reasons are undetermined yet, global institutional under-reporting of the SARS-CoV deaths is statistically characteristic, where all other countries’ reported data happened to coincide with the regression model from the viral geological emergence origin. Subsequently, SARS-CoV was categorized only in the Global Initiative on Sharing All Influenza Data (GISAID) in 2008, and that was the global institutional basis for the rationales in decisions and operations behind the Coronavirus disease 2019 (COVID-19).



**Figure 1:** Organized Timeline on Sars-Cov Developments Globally Previously Presented In The 2023 International Conference On Dentistry And Oral Health.

**2. Against the Democratic Principles**

If the Chinese initial responses are excusable for its de facto military dictatorship, mandatory and coercive decisions of significant public interests carried out without debate nor informed consensus-building in nominally democratic countries are non-excusable. I stand by my perspective, as an author, after a major dispute with a reputed brand’s medical journal on the priorities of clinical ethics, that the order of the priorities ought to be justice, autonomy, non-maleficence, and beneficence, respectively [2].

As an editor, I appeal to my potential authors on the importance and psychological impact of this order in ethical and professional settings. The first whole-virus SARS-CoV vaccine on ClinicalTrials.gov record is NCT00533741 on September 21, 2007, and was withdrawn on December 3, 2012 with 0 participant. Albeit detailed reasons of the withdrawal of the study sponsored by National Institute of Allergy and Infectious Diseases are not recorded, the comparison of the discretion to the emergent authorization of SARS-CoV-2 S1-protein-targeting vaccines with subsequent global mandates is out of the usual — if the S2 protein’s immunode-

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iciency capacities were accounted for the withdrawn whole-virus vaccine trial NCT00533741, how come the single protein targeting designs got global mandates [3]?

The public, including hospitals ordered to give the vaccines, are not informed before the decisions were mandated, coerced by the restriction of civil freedom. Justice may seem the last and least concern for clinical ethics when the justices function correctly with the separation of power doctrine; beneficence, however, faced with mass and gross power intrusions, is against the Declaration of Geneva and potentially leads to self-harm physically and psychologically, especially on the premise in the loss of autonomy [4].

The shakes to the foundation of global justice system are contributed by the politics undermining the enforceability of the Rome Statute, and consequentially the supplementary enforceability of the Geneva Conventions. With the details on the global check and balance in contemporary structures unfit to be included in the editorial, the loss of democratic values is certain at least ever since the Bush Administration's withdrawal from the signatory country of the Rome Statute and waging wars overseas bypassing the Congress — if not the U.S.'s establishment of diplomatic ties with PRC and removal of the Republic of China from the United Nations Security Council, when the U.S. GINI Index started to sky-rocket [5]. The de facto power of the Bush administration could not have been exercised without dominating power over the Pentagon.

### 3. The Fights for Truth

I only personally started the biochemical and biomedical research in COVID-19 after seeing the video on the Defeat the Vaccine Mandates in D.C. rally by the frontline medical professionals living up to the Hippocratic Oath and witnessing the evidence piled up by numerous post-vaccination deaths. I am no stranger to systematic oppression on truth-revealing activities, being born in the PRC, but it still struck me that in the country founded by freedom and democracy, professional doctors have to appeal to politics in order to preserve the integrities of their oath — pushed by the coercions on professional settings and defamation campaigns not dissimilar to how PRC sustains its dictatorship.

Green-pass for the money-makers and censorship for the truth-tellers have become the new reality and new normalcy in American public health system. The matching responsibilities with rights have been reversed and the mandates on the medical professionals' responsibilities have far over-stepped and violated their active obligations. It is not an ordinary combination in cross-disciplinary and trans-disciplinary research between the medical sciences and social sciences, but our publisher has made the decision for such a journal — fortunate that the constitutional rights are still preserved. I don't advocate for "might is right", but when the truths are in jeopardy, when the reality has pushed the clinical ethics' principle of beneficence in conflict with justice, either psychologically or physically, prioritize justice for the discretion of beneficence's sake.

### 4. Phenomenology in Immune Exhaustion

The human-host physiological categorization with morphological descriptions of the SARS-CoV series neither categorized the etiological features on human hosts nor virological origins. Most of the current COVID-19 literature have been touching only the phenomenological aspects, and its immunodeficient etiology is only raised in few literature with analogies to HIV-1 [6]. Radical empiricism, if not deliberate obstruction on truth-revealing activities from the power structures, has led to the autoimmune nature of SARS-CoV viruses being revealed only in the cruelest ways with global population as the experimental basis against the Nuremberg Code. A recent study published by the American Medical Association journal took on the correlative evidence revealing on SARS-CoV-2 infection with the development of type 1 diabetes-associated autoimmunity in children after numerous post-vaccination cases [7].

The accumulation of empirical evidence, a decade after the initial evidence on SARS-CoV's autoimmune pathogens, has finally gone on the appropriate science track to alleviate the autoimmune pathogens with influenza characteristics by cytokine storms, whereby the other widely known homogeneous autoimmune pathogen of HIV-1 has not yet had any proven vaccine [1, 8-10]. No evidence has been obtained so far that SARS-CoV viruses can affect macrophage like HIV-1, but it does not guarantee security from immune exhaustion [11]. This means that most research on SARS-CoV viruses / COVID-19 has been stagnated on the phenomenological aspects of immune exhaustion from mass clinical witnesses.

### 5. Editorial Position

With the newly launched journal specifically focused on COVID-19, the mission is still on truth-revealing activities. The social sciences have always been anchored to anthropology, and the evolutionary paths of civilizations so far have never derailed from scientific truths, even though persecution on the truth-revealers has never evaded human communities. Discretion is advised, therefore, for our authors with an optimistic spirit. And it is also for the reasons of discretion, cross- and trans-disciplinary approaches are welcomed for the social safety network for the truth revealers.

There is still a long way to go in discovering the truths down the topical corridor, and pragmatic approaches are highly appreciated and respected in alleviating the imminent sufferings. One of the cognitive biases in the global COVID-19 responses is the replacement of discretion with authoritarianism, disregarding autonomy of the professionals and patients. We embrace the pragmatic approaches no matter if they are experimental, palliative, or supplementary / contaminant, etc., as long as they're clearly presented / clarified with integrities to medical ethics.

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### Data Availability

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