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Public Health Equity in Information Asymmetry

— Phenomenological Studies upon SARS-CoV-2 Super-virus Mutation

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Abstract

In the context of SARS-CoV-2 crises, the phenomenological studies analyze the market phenomenon of People's Republic of China (PRC) in public health. With PRC's diplomatic behaviors around the national, international, and global public health crises, the phenomenological occurrence was further questioned into on accounts of genetic engineering, PRC's top-down behaviors, and financial and non-financial incentives in public health inequality with its declared universal healthcare coverage. The phenomenological studies further the evidence chains on the PRC governmental bodies' purposeful and intentional crimes against humanity, with the public health system they designed to hide criminal evidences in the clinical evidence chains. Albeit it is paramount for the medical professionals to prepare for a certain but unforeseeable surge of biomedical intrusion, the phenomenological studies call for military interventions on the humanitarian catastrophe that have twice in three years caused unnecessary sufferings regionally and globally. Without it, the world can only wait to detect Chinese passengers' carriers instead of obtaining firsthand data, potentially leading to more deaths and mutation risks. Only peace-building and government reformation on democratic basis in the region can solve the humanitarian crisis once and for all. No scientific evidence establishes the virological homogeneity between SARS-CoV and MERS-CoV, and the politicization of the HIV-1 homogeneous virus underlies the 2002 - 2003 outbreak that caught international attention. The long-term PRC derogation on the global institutional determinants of health has led to the global

mandates of poisoning by “vaccination”. The viral RNA origin is inferred to mutational result of PRC’s nuclear weapon tests.

Keywords: crime against humanity, military intervention, organizational behavior, public health administration, resource monopoly

JEL Codes: E26, E42, E51, E65, E70, F14, F42, F52, H12, H51, H73, I14, K38, K42, L13, L41

INTRODUCTION

Putting aside scientific inferences on the possible mutations of SARS-CoV-2 super-virus strands from Beijing that have currently spread to the costal areas of mainland China [1], information asymmetry has been a key economic phenomenon with the PRC political economy [2], amplified since SARS-CoV-2 originated from Wuhan at the later half of 2019. The initial topdown suppression on the information not only included the whistleblower Dr. Li, Wenliang, but also imprisoned reporter Zhang, Zhan for four years [3]. The bottom-up responses of the Chinese companies and patrons knew no international political responsibilities, and when some companies bought masks from mainland China back to the USA the pandemic had already taken lives’ tolls. Still, it was the bottom-up responses that drew attention of international organizations in pressuring and asking questions on the PRC government, and it was also the public surges of uncontrolled behaviors that enacted the PRC governmental responses — regardless how wrong they were with military lockdowns, human trafficking methods, and other forceful, inhumane, and degrading treatments.

With the continuation of the systematic behaviors of the persons behind the PRC governmental bodies, the research further analyzes into the phenomenology on account of its crime against humanity. The phenomenology focuses on the diplomatic relations before the second pandemic surge of risks that was predicted [4], and the consequences of another emerging humanitarian crisis contributed by resource inequality behind the information asymmetry [5]. The phenomenological studies on public health equity result with further proofs of the PRC government’s crime against humanity by its usual financially incentivized entry bans on international and global capitals, only that this time the costs of lives may have even surpassed a cost of hot war.

METHOD

PRC's macro-money indicators being disproportional to household consumptions and industrial structures already existed with the World Bank Data up to 2017 [6], and the research reports to the Dissertation Committee of Communication University of China led to the author's victimization [7]. Apart from the initial top-down information blocking that obstructed the prime response time on SARS-CoV-2, the USA and Germany's offers to PRC in mRNA vaccines were turned down despite of the facts on increasing death tolls [8]. The method recaps on the genetic sequencing biases in mRNA vaccines, but with immune escape capabilities and horizontal comparisons on traditional molecular vaccine production in mainland China, the friendly and reciprocal assistance offers had no medical reasons to be turned down. It was announced that PRC imported Paxlovid, and the studies further into the phenomena on medical resource runs in PRC with official announcements of zero death until Dec. 22, 2022 by its National Health Commission [1]. Moreover, with the Twitter-based research for phenomenological analysis, evidences on systematic financial incentives have appeared behind the violence of proclaimed quarantine measures.

Genetic Sequencing Biases to Error Factors

Without specification on the biochemical processes of fusible consumption in duplication cycles over one's lifetime, [9] explored the sister-half DNA's chromosome 9 with X-ray induced rearrangement in meiotic anaphase in telophase nucleus finite multiplication in breakage-fusion-bridge-breakage mechanism in the female and with endosperm, whereby healing processes are most prominent in embryos and with plant tissues in the nuclear cycles. Telomeres 'shortening over one's lifespan has been associated with oxidative stress and carcinogenesis, and telomerase enzyme serves for telomeres maintenance in young cells and biochemical engineering targeting for cancer therapy designing [10]. Albeit researches in bypassing the end-replication problem started in the 1970s, telomere capping in telomere fusions 'protective functions during mitosis is still the experimentally established paradigm in discrete clinical theorization, whereby loss of subtelomeric DNA methylation during telomere position effect in repressive histone modifications and heterochromatin protein 1 binding may result in telomere length increase with more detailed pathway studies in progress [11]. Based on quantitative biochemical proliferation [12], qualitative therapeutic targeting in regenerative medicine and cancer treatment from human reverse transcriptase telomerase (hTERT) has been explored [13].

[14] specified the loop-mediated isothermal amplification method, coupled with reverse transcription (RT-LAMP), in genetic engineering with samples from medical surveys, along with other unconventional methods. Strand

displacement used in the detection methods are genetic-specific with respective targeting mechanisms in individual cases. Bias factors for amplified products exist in “accumulation of DNA changes, pH levels, or by changes in turbidity as magnesium pyrophosphate level increases” and “Calcein fluorescent dye or fluorescent intercalating dye” [14]. Due to proliferation in mainland China, including electronic warfare’s impact on individual biochemical processes with statistical differences [15], only Calcein fluorescent dye or fluorescent intercalating dye have less bias factors to Nucleic Acid PCR Tests. Furthermore, due to the genome methods involved, the values of the Nucleic Acid PCR Tests’ original data lie more with the evidence for proliferation harms distributed across population than the positive or negative results on SARS-CoV-2 antibody and / or antigen, and these original data have strict access authoritarian administrations [16]. If using the genome sequencing method in the population statistically exposed to proliferation and other pollutants, and if vaccine production and standardization on the targeting designs used the metagenomic and / or pathogen RNA/DNA specific binding approaches, the bias factors further increase by strand displacement involved with relation to the recombinase polymerase amplification process, not accounting for the liquid sources used in the culture dishes in the laboratories. Therefore, the environmental factors have far surpassed the genetic sequencing priorities in mainland China. Such imminent necessities also contribute to other genetic-level production designs on biomedical productions originated therein. If export exists, including statistical reports in genetic sequencing references, further biomedical disasters can happen with vaccine mandates [18].

Apart from the uncertainties brought about by epigenetic factors with the “vaccination” thinkings in dealing with a viral RNA with immune attack capability sequence [19], neurodiversity further increased the risks in mass-produced mRNA technologies with an estimation of 15-20 percent of the world's population [20], not accounting for other environmental factors that can contribute to nutrition differences. This implied that intrinsic eugenics were present in the global phenomenon of vaccine mandates. With the conservative treatment mindset, neurological infections are the primary purposes for clinical solutions [21], and the latency advantage in SARS-CoV-2 clinical treatment compared to HIV-1 is better preserved without “vaccination” [19]. Apart from that more advanced technologies in “vaccination”, the deeper of the human natural immunity is given in to the viral RNA, the comparative studies with HIV-1 further alarms the possible mutation risks with mRNA technology in “vaccination” [19]. “Vaccination” technologies only considered for the Spike 1 protein in the SARS-CoV series, and not the Spike 2 protein that is not prominently reflected in clinical symptoms but more lethal [22]. Albeit MERS-CoV is reported to be more lethal in clinical statistics compared to SARS-CoV [19], no reports have been found on MERS-CoV’s structural correlations to HIV [23].

Specific to the medical technology used in SARS-CoV-2 labeled “vaccines”, the substantial reality falls more into the definition of poisoning other than treatment [24].

Missing Paxlovid and Black Market Medicines

Poisoning by “vaccination” is not the reason behind PRC’s refusal on USA and Germany’s offers. In fact, PRC is one of the countries mandating “vaccination”, from the military first and then to the civil society. All “vaccine” methods focused on the effectiveness in producing antibody, but no Spike 2 protein specific processing has been mentioned [25]. The funeral home in Beijing went over-capacity before at least Dec. 19, 2022, and it was banned from giving out any information to any person or entities [6]. With the spread of new phenomenological symptoms where cured persons were detected virus carrying again in 14 to 21 days, all such cases CT-scanned “white lungs” [26]. The phenomenon starts with the lung’s lymphatic vessels to whole lung infection, evidencing the increased immune attacks in the cases in mainland China. Due to systematic governmental deletion of online sources, many Chinese turn out to Twitter using VPN services, which often brings in police harassments on systematic checking on citizens’ privacy in public spaces or search without warrants. Several tweets informed that even doctors working in hospitals have no access to Paxlovid, despite of the governmental claims of offering them with around 2,000 RMB’s label price reimbursed by social security to around 250 RMB from the patients. The black market is reported to be mainly consisted of Taxista, Pfizer authorized to the developing country, and Azvudine, initially PRC authorized to enter the market for HIV treatment [26]. The Pfizer version is also on the black market costing 4,500 RMB, and the other two rose from slightly above 1,000 RMB to approximately 5,000 RMB [26].

Albeit the black market phenomenon can be caused by many links in the governmental system and hospital system, the fact that PRC never even allowed patent-free licensing on pharmaceuticals in the PRC market with its developing country status and Reform and Opening suggest the corruption goes higher in the administration chains, or that the black market formed from the bottom up, contributed by the import & export control. Either way, the proclaimedly governmentally purchased medicines have not been put into the public health responses. Similar irregularities appeared during the lockdowns that some small towns in PRC were drained of resources for a long time before ibuprofen are put into the locked market with high prices. It is even reported that selling PCR tests for personal uses are made illegal and can be sentenced to life imprisonment [27]. The monopolization of essential medical resources suggests systematic governmental embezzlements for personal and financial gains and the PRC judicial

systems also have a part in it. In normative market economy settings, there is no reason not to encourage the diversification of treatment products, and the geopolitical-trade incentives in expanding monopolizing products with ties to official capacities are thus evidenced [28].

Financial Incentives against Medical Ethics

On Twitter it is reported that the people hired for the illicit operations of PRC tests [4] can earn 100,000 RMB per month during the lockdown, and reduced to 30,000 per month after the lockdown lift. (Twitter user @whyoutouzhale saved from Sohu News dated 2022-12-28.) The management designed for the persons is to incentivize them to make more tests for income bonus, cooperated with the building of quarantine sites, explaining the 21.6 billion RMB governmental debts [29]. Furthermore, some pharmaceutical companies intended to go initial public offering so that the monetary flows can be more balanced with market mechanisms, and it was turned down by the PRC regulatory commissions. This means that there is a PRC governmentally driven monopoly over the public health resources for pure monetary gains disregarding and against the availability of life-saving resources' accessibility to the public.

In hospitals, the deceased patients' relatives are reported to be forced to sign that the deaths are not contributed by SARS-CoV-2 against the facts, or else the deceased's bodies cannot be sent to the funeral homes. The run on funeral homes have also happened upon lockdown lifts, first reported in Beijing by a personal friend before the lockdown lift (and the chat history miraculously cannot be accessed on WeChat as the author tried to second-check), and then started to appear in major cities in Jinan, He'nan, Sichuan, Chongqing, Guangzhou, and etc., where for the coastal cities mutation risks are low concerning the environmental and environmental pollution factors. The systematic information blocking is not only on the death tolls [30], but also on the key medical information necessary to prevent another global pandemic surge and for coordinated responses that ideally globalization can provide.

Possible Death Tolls in the Second Surge

Twitter user @KhanBerke2 revealed that Shanghai has 11 funeral homes for cremation and in Shanghai only 2 have cremation capacities. With the 2022 December funeral home runs started from Beijing to the other cities in mainland China with 31 provinces, each city's funeral home run based on consumer behaviors cannot mean only one funeral home is over-capacity. So we take 1 funeral home number for discreteness for each province.

In the case of Shanghai, the cremation apparatus is reported to be between 90-100 in 2015 without specifying in total or each of the two, and @KhanBerke2 estimated it cannot surpass 150 as of now. From the perspective of funeral home workers, PRC has an upper limit yearly for funeral home cremations: type-I 15,000 (avg. 40 per day), type-II 10,000, and most cities have less than 5 funeral homes in each, with 2 type-Is being relatively good with city resources.

For cremation, each slot's weigh capacity is 200 kilograms, and it is reported in social media and confirmed by circulated official documents that mixed-cremation have been used, namely two bodies, if not more, in one slot for cremation. It usually takes two hours per cremation, and it is reported that some funeral homes have to work in shifts 24 hrs per day currently, so, give or take 10 working hrs per day from specific extremities to average estimation. Taking 2 per slot per 10 hrs for 100 slots and 31 cremation sites, 31,000 deaths are the least number of deaths per day in PRC and close to only Shanghai's yearly quota seen in **fig. 1**. It is reported and estimated by @KhanBerke2 that in 2015 Shanghai's deaths were 128,000 and usually 140,000 per year, with Shanghai's overall capacity in 200,000.

PRC reported 10.2 million cases and 31,585 deaths as of Dec 23 2022 to the World Health Organization (WHO), with the USA reporting 99 million cases and 1,080,010 deaths [31]. In social media it is reported that USA's death reporting contains deaths caused by side-symptoms from COVID-19, whereas in PRC hospitals the deceased's family and relatives have been coerced to sign guarantees that the deceased's death are not caused by COVID-19, or else they cannot get the hospital issued death certificates, needed for cremation and other legal procedures.

Without accounting for those needing to bury the deceased out of the cremation services, @KhanBerke2's estimation in Shanghai accounts for at least 60,000 excessive deaths per day by simple differentiation, making it 5.58 million excessive deaths for

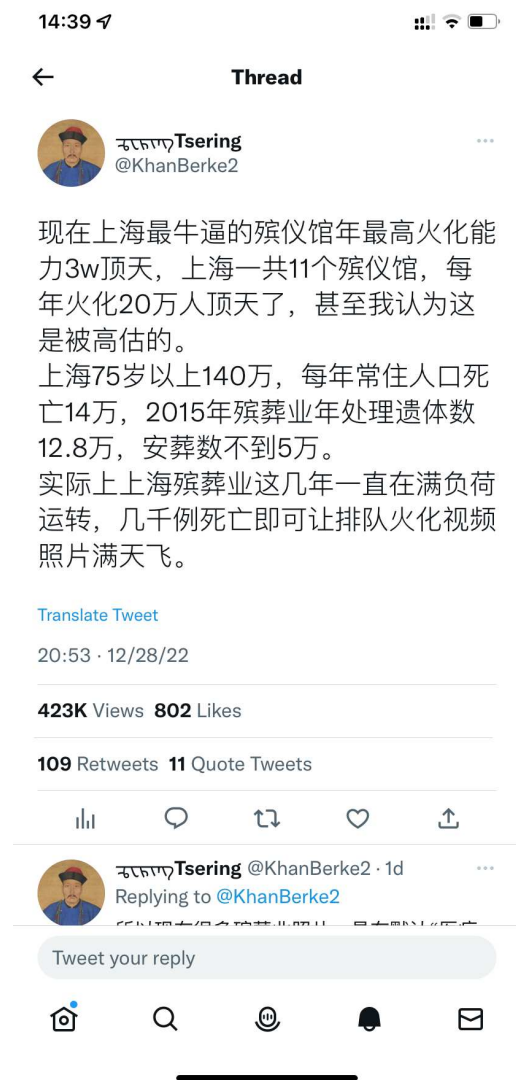


Fig. 1 Twitter user's report on funeral home and cremation industry

31 provinces in 3 years with simple multiplication. For discreteness, my numerical estimation yields 11.315 million deaths yearly in PRC ($31,000 \times 365$ d) during the pandemic, surpassing the PRC's reported case to the WHO or slightly lower if minus the usual yearly death ($140,000 \times 31$ provinces).

For a more precise plot modeling on the discrete numerical estimate, normal-inverse Gaussian distribution can be used on per day basis from the last day of 2022 to the choice of day at the end of 2019 [32], contributed by the initial suppression of the whistleblower Dr. Li, Wenliang's information on the "SARS-structured virus". The two ends' infinities can be replaced with the number. Furthermore, the 2002 to 2003 SARS-CoV statistics reported to the World Health Organization and global community will need to be further questioned into, and its incentive correlations to the African health system investments [28].

RESULTS

It is reported on Twitter that Japan has sequenced through tests on PRC passenger's unique mutation SARS-CoV-2 variants coded CM.2, and it is not improbable that there could have bred other new variants. The systematic conducts on the crime against humanity of the PRC governmental entities have been still ongoing, and the world has to suffer for their crimes. The frequency and intensive of the crime have impacted globally the second time in three years, and for the second time the criminal conducts have not eased but only worsened. Even if the black market formed from the bottom up, the consequences would still be worsening public health equity and run on global medical resources.

No new supplies are possible without further research and further research requires first-hand data. PRC's systematic denials and concealment on such data and statistics are hindering the global pandemic response again and the global humanitarian disasters in 2019 cannot happen again! With the systematic accomplice of the PRC's public health system, judicial systems, and market systems, and military involvements in the illicit quarantine conducts, the only choice available for humanitarian protection and prevention of another global humanitarian disaster is international military intervention. Both the USA military and United Nations Peacekeeping Force have the trust in the public regardless of the PRC government's official claims. Democratization is the only way for the region to move forward to the global community with responsible domestic and international behaviors, and not what the dictator and his accomplices claims. Geneva ought to take the previous and accumulated evidences on the People's Liberation Army's consistent violations to the 1948 Geneva Conventions that with the founding of the People's Republic of

China they have been violated and transgressed from the start. The second surge of SARS-CoV-2 super-virus mutation is an inevitable result thereafter not only because of the proliferation, but also the illegitimacy of the power of the Communist Party of China.

Furthermore, the scientific evidence do not support SARS-CoV series' virological homogeneity with MERS-CoV, but with HIV-1 [33,34,35]. Its initial studies and categorization during the 2002 - 2003 outbreak that briefly drew international attentions were undermined by zoonotic assertions, and the slightly over 5,000 death report during that time is implausible. The decade of politicization on the virological category of SARS to MERS-CoV is consistent with the political behaviors in the PRC's attempt to monopolize healthcare system in the developing and underdeveloped countries, while disguising the substantial public health realities. The international behavior is consistent with its suppressions in the territorial occupancy that monopolize the substantial health system data [35] and the monopolization of the medical resources stirring the black-market phenomena. Further evidence needs to be acquired if the black-market supplies in PRC originated from the "tribute system" to the persons behind the official capacities in the central "government" lines.

CONCLUSIONS

The effective treatment drugs' effective components are HIV treatment effective components. With the adverse impacts in vaccination mainly occurred with mRNA methods [18], the author received the third dose of recombinant vaccine on July 2021 with initial inflammation responses. The viral existence can only be detected by blood tests and the Chinese 2019-nCoV test is ineffective, with reported 30% - 50% overall testable outcome [36]. With the monopolization of the medical system data & information, PRC's information flows at most only exist with the level of clinical phenomena and categorized thus by the WHO [37]. The internationalization of false public health information by the PRC has derogated the institutional determinants of health worldwide and led to the global mandates of poisoning by "vaccination". A clinical trial has conducted for the detoxification method, and I utilized the myocarditis symptoms with a medicine-induced hemodialysis method by angiotensin-converting enzyme inhibitor [38], beta blocker, and proton-pump inhibitor [39], but may not be applicable to persons with diabetes [40]. The method was conceived to prevent neurological infections by the pathogen [41], and the initial outcome was promising, in spite of my neurodiverse conditions. Albeit pathogens may vary by neuroatypical and neurotypical differences, neither validate "vaccinating" immune attack virological substances.

The data fabrication and information asymmetry exist at the initial public awareness on the currently labeled SARS-CoV-2, during the pandemic developments, and till date include death tolls and the virological & DNA sequencing data [42,43]. It is reported that Chinese companies started recruiting human trials for mRNA vaccines with SARS-CoV-2, further evidencing the financial incentives behind the criminological activities. Either the refusal on Germany and USA's mRNA vaccine offers or the refusal on Pfizer's low-cost Paxlovid, the monopolization and oligarchy of Remdesivir [44], Azvudine, and other minor products with nested interests have been the realpolitik outcomes in the territorial area. Not using the developing country status, such as India, for patent-pardoned productions of scientifically established medications evidence the presence of systematic crimes' financial incentives in the stead of the virus-specific scientific arguments presented against vaccination methods.

Furthermore, with the climate psychiatry regarding proliferation and other severe pollutants transgressing the Geneva Conventions [45,15], SARS-CoV-2's capabilities in sewage water survival [32] imply its thermonuclear resistance and other virological factors in suspicion of its leak from Wuhan Institute of Virology [46]. With PRC's usual politicizations on the imperial Japanese bioweapon tests in the Republic of China, it is less likely a result from that period for the human transmission histories and outbreak dating back to 2002 SARS. With the family history of symptoms and pathogens of the SARS series, it is inferred that SARS existed in mainland China in the early 1990s. The plausible inference is the inter-RNA mutation result of China's strategic nuclear weapon testings in the 1950s [47] that contributed to the Great Chinese Famine and was disguised to be "natural disasters". Its RNA hibernation and activation [48] can be more explainable to the phenomena in human infections than zoonotic presumptions. The PRC's systematic behaviors in hiding the RNA information only prove its attempts in covering the evidence on its transgressions to the Geneva Conventions, one way or another in all the possible and plausible origins of the virus. From the history of nuclear weapon viral mutation possibilities, the neutralizing effects of fusion and fission bombs in close time intervals on the geographical aerial ranges detonated during the imperial Japan territory may be the probability explanation that similar virological mutations have not yet been found spreading human infections from Japan.

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