

COVID-19 War, No Discrimination of Gender and Ethnicity

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COVID-19 infected patients increased further above 245 million with a death rate of about 5 million, November 2021, which are increasing permanently. Moreover, unforeseen situations are distressing whole globe society's combination toward certain Darwinism's selection system, concerning human Genre and Ethnicity (G&E). Besides, technical complications initiated from bad treatments, and unspecific prognostic/diagnostics errors are increasing patients' morbidity and mortality rates, simultaneously [1-3].

The sincere question remains whether we are getting discrimination of the G&E problems in the near future, or not?

Chaotic and random progression of known coronaviruses transferred into superbugs "COVID-19 variants" is showing dangerous progression toward discrimination in either infections' pathways or associated treatments. Apparently, all medical teams are surprised by new COVID-19 variants, which are not following any kind of Scientific-based policy and approaches.

What is known? One might speculate that everyone knows general information but misses detailed appropriate information over how such superbugs could affect every nation independent of their G&Es. Most microorganisms from bacteria up to viruses have a certain preference for a tissue, organ, where they can be penetrated and colonize best, characteristically.

Nidhi subbaraman recently reported when early field data showed that vaccinating people cuts transmission of the COVID-19, investigators carefully were optimistic but they cautioned that many of those research

studies done [2], took place before the fast-spreading so-called “Delta variants” multiplied globally. In a preprint study published on medRxiv on 11 August 2021, the investigators linked Ct values for 719 people, during which 90% of the 122 coronavirus samples they sequenced were the Delta variant, the main variant [3]. Of the 311 vaccinated people who tested positive, most had Ct values of less than 25, showing the presence of infectious COVID-19 variants. To confirm that, they cultured 55 samples that had Ct values less than 25, from vaccinated and unvaccinated subjects, and detected positive results infectious virus in nearly every subject [3]. Recent increasing data also suggest that Delta variants could spread more readily than other COVID-19 variants amongst people, who even though vaccinated, however.

Nonetheless, the key questions persist, what is the real (agonist/antagonistic-) effect of different kinds of the manufactured COVID-19 vaccines? Are they either produced as prophylactic vaccines or agonists of new variants? A sincere question remains whether manufacturers of vaccines potentially are manufacturing agonists instead of antagonists, as a means to increase chaotic random contaminations of COVID-9 variants, (un)intentionally? Now, some reports from various countries seem to confirm what scientists feared after the variant ripped from side to side India (and other countries), with alarming speed [2]. However, the COVID-19 Delta variant is more likely than other variants to spread through vaccinated people [2]. Data from COVID-19 tests in the United States, the United Kingdom, and Singapore are showing that vaccinated people, who become infected with Delta variants can carry as much virus in their nose as do unvaccinated people [2]. This means that despite the protection offered by vaccines, a proportion of vaccinated people can pass on Delta variants, possibly aiding contamination rate do increase, however [2].

These kinds of pandemics might indicate (in-)discriminated patterns toward continents/countries' Economy and Health, their specific E&Gs, and certain times of life i.e. retired old subjects or weak residents via (un)vaccinated subjects, extraordinarily [2,3,5]. Recall, up to now, there are very rare pandemics known that killed all kinds of human beings world widely. However, almost all known epidemic and pandemic's outbreaks in the last Centuries, were localized to certain states, countries, up to continents, not the whole world. These features are remarkable progressions toward magnificent superbugs-biological weapons productions.

What is unknown about COVID-19 variants? Too many factors correlated into COVID-19 variants, either the G&E-associated mechanism or the origin of such rapid mutations that are not still elucidated completely. One might start a sincere discussion about how taxpayers should evaluate their own local governments and leaders, who did not foresee such major disasters, in an early phase on one hand. On the other hand, how abovementioned bosses (might) are making appointments/agreements about producing such either superbugs and/or associated manufactured vaccines(validation)?

Is there any suspicious intention to shrink certain G&Es earlier and easier (facilitation role) than natural ways? Whether complot theories thinkers might have predicted accurately, when they started to speculate about man-labmade COVID-19 from Coronavirus. The main intention to produce drugs/vaccines focusing on targeted killing certain G&Es was not successful. (Un-) Fortunately, all COVID-19 variants (superbugs) did not show any preferences concerning certain economic-related goals [5] and/or against certain G&Es, age-associated targets, internationally. Moreover, acquired data independently show that everybody is at risk [5] i.e. economically and/or health issues to get contaminated- hospital admitted- gets the ICU related

expensive life treating handlings, subsequently random shut down or organs, (co-)morbidity and mortal septic attacks as an incurable result. The take-home message is that “no one is safe eventually”.

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