

## Coronavirus: Factual Fiction or Fictional Facts?

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### Abstract

Late in 2019 the “Coronavirus” struck in Asia followed by Europe and North America then almost everywhere, becoming a global Pandemic. With this, a set of events followed that seem to reflect negatively upon some governments, their intelligence services, national Healthcare managers, and their national security. World Health Organisation (W.H.O.) personnel reacted too slowly, Chinese authorities delayed reporting emergence of an epidemic in China, eventually it was reported that the United States funded some of the Wuhan Virology Laboratory research plus provided virus samples to the Chinese. Thereafter followed a sequence of events addressed in this article, culminating with vaccinations required for some, unavailable to others, seemingly made available to the affluent or the lucky at the expense of ethnic and racial minorities together with the poor generally.

**Keywords.** China, Coronavirus, Pandemic, Vaccines.

### Introduction

Sometime late in 2019 as the 2020 New Year approached, human beings started to contract what emerged as an extremely contagious disease that became known as the “Coronavirus” or “COVID-19”, at first in Wuhan, capital city of Hubei Province, China, then in neighbouring cities and provinces, soon thereafter globally. That much is fact. Soon thereafter, beginning with China then the World Health Organisation (W.H.O.), officials began to delay or to disguise reports as “experts” hypothesised what happened or did not happen. Fact and fiction interplayed, making it difficult thus far to distinguish factual fiction from fictional facts, thinking of factual fiction along the lines of an historical novel, with fictional facts being more akin to bald face lies.

At least ten mega issues seem to surround the Coronavirus Pandemic, with its aftermath:

- From what source did the viral spores originate, an animal (bat?) in nature or a laboratory (Wuhan Institute of Virology) or another source (extraterrestrial)?
- If originating from nature, why have we not encountered a Pandemic of this magnitude from this virus previously? If originating in a laboratory, how and why did the virus pass security to infect persons outside of the controlled environment unaffiliated with the laboratory in the general public, and was this accidental or deliberate?
- Whether originating in nature or from a laboratory, what caused the virus to spread to humans or to reach a “gain of function” sufficiently to cause a Pandemic worldwide?
- Have viral samples kept on hand at the Wuhan laboratory been enhanced in any respect(s) and, if so, by what authority, for what purpose, is this enhancement still going on?
- Were viral samples provided by the United States to the Wuhan laboratory responsible in any way for the Pandemic and, if so, why was this result not foreseen then interdicted?
- What reason did the United States Centers for Disease Control have to supply a virus of any strain or level of function to the Wuhan laboratory located in an adversarial country?
- What precaution(s), if any, did the United States or China take to safeguard a virus of this magnitude, and why did those precautions fail to work effectively?
- What reason(s) explain(s) the behaviour, first by China then by America, to paint their own culpability in a false light, such as by repeatedly denying actual negligence then changing alibis, instead of addressing the Pandemic’s existence completely and truthfully, once telltale factors emerged?
- Is there any evidence to suggest the Coronavirus affects some population segments more than it does the general population and, if so, if it originated in a laboratory, was this outcome intended?
- Do vaccinations against Coronavirus work, will “booster” shots be required periodically, why were

vaccines not developed and distributed before the outbreak of the Pandemic if as reported government officials in China and the United States, likely elsewhere, felt the threat of this disease to be sufficiently important to conduct research on it?

Each of these questions requires an independent answer insofar as such an answer is possible to obtain from the evidence available to the public to date.

### Source of this Pandemic

Debate continues over whether the Covid-19 Pandemic originated naturally or in a laboratory, or at least that debate burgeoned until the prestigious medical journal *The Lancet* closed its research into the origin of the Pandemic because of the possibility of “bias”, a decision made by the chair of the commission, Columbia University Professor Jeffrey D. Sachs, an economist, explaining:

It is clear that the NIH co-funded research at the WIV [Wuhan Institute of Virology] that deserves scrutiny under the hypothesis of a laboratory-related release of the virus (McKay, 2021; Sachs, 2021; Thacker, 2021; “The Wuhan Lab Cover-up”, 2021).

From the inception of the Pandemic, hypotheses arose in different circles suggesting Covid-19 virus spores were manipulated in a laboratory to achieve “gain of function” capabilities, meaning to work as germ warfare. In some ways this is unfortunate, inasmuch as many prominent natural scientists published an appeal in *The Lancet* three weeks earlier making “[a]n appeal for an objective, open, and transparent scientific debate about the origin of SARS-CoV-2” (van Helden, Butler, Achaz, Canard, Casane, Claverie, Colombo, Courtier, Ebright, Graner, Leitenberg, Morand, Petrovsky, Segreto, Decroly, & Haloy, 2021). Whether closure of the *Lancet* Commission will stifle that debate and, if so, whether that is intentional, remains to be seen. Closure of the investigating commission does bear some hallmarks of “cancel culture” in the sense of silencing on a related pretext further discussion of emerging factors thought to be politically incorrect. Rather obviously, if in fact the People’s Republic of China were determined beyond a reasonable doubt to have engineered then deliberately released the Coronavirus leading to the Pandemic, many politicians and even more segments of the general public would demand retaliation in one form or another, ranging from economic to military. Ultimately, the Chinese Communist Party (CCP) could lose its precarious grip on the governance of China.

United States involvement in actions funding then providing virus samples to the Wuhan laboratory have surfaced recently in debates between the aging and longtime director of the United States National Institute of Allergy and Infectious Diseases (NIAID), Anthony S. Fauci, M.D., OMRI, and United States Senator Rand H. Paul, M.D. (R.-Ky) in which, eventually, parts of Fauci’s representations were found to be untruthful (Allen, 2021; Dunleavy, 2021; Gillespie, 2021; Miller, 2021; Stieber, 2021; Wade, 2021). Core to this debate is whether United States funding of the Wuhan Institute of Virology Laboratory occurred and/or whether United States sources provided virus samples to that Chinese laboratory. Both questions seem to be answerable in the affirmative (*Ibid.*), and Dr. Fauci appears to have prevaricated on full disclosure thereof. Both Dr. Fauci and Senator Paul are medical doctors. Senator Paul is an American board certified ophthalmologist trained at Duke University, Fauci graduated as valedictorian at Cornell Medical School. *Ex officio*, Fauci serves as the second chief medical advisor to the President of the United States. Senator Paul and Dr. Fauci each seem to be portraying the other as a “quack” when, indisputably, each is highly qualified as a medical practitioner. At issue in the Covid-19 debate is not anyone’s qualifications, it is honesty and truthfulness. At the end of October 2021, only the Federal Bureau of Investigation (F.B.I.) continued to believe in the “lab leak theory” (Evans, 2021). That may be sufficient, an F.B.I. assessment is considered to be very accurate.

This Pandemic is embarrassing to many officials at high levels of governance worldwide. Evidence available publicly at the present time suggests that zoologist Peter Daszak, Ph.D., as president of the Non-governmental Organisation (NGO) EcoHealth Alliance, collaborated with the director of the Wuhan Institute of Virology laboratory, Zhengli Shi, Ph.D., and secured funding for her research through the NIAID with which

Daszak once was affiliated, approved by Fauci as NIAID director. Grants can go wrong, of course, and it would be improper to castigate the principal investigator on a grant or the head of a grantor agency on that account. On the other hand, the public is entitled to know how public funding is spent, and government officials have an ethical duty to account for their decisions. Much as no responsible government leader would provide military ordnance to an adversarial nation, nor even to an allied country without retaining the ability to neutralise that weaponry if turned against itself or another ally. This is known as risk mitigation, and if the cooperation between Daszak and Shi involved any form of “gain of function” research [augmentation of the virus to become more lethal], United States regulations require a risk mitigation plan that Daszak lacked, thereby apparently motivating Daszak and Fauci to contend no risk mitigation plan was required because no gain of function research was involved (Thacker, 2021). Whether this is true remains to be known from further investigation, although some genetic engineering techniques are thought to make a virus that has been enhanced indistinguishable genetically from a virus occurring in nature (Barnes, 2021). Neither the lab leak theory nor the zoological theory have been rejected, with the latest National Intelligence Council reports revealing both theories remain “plausible” (National Intelligence Council, 2021; McLaughlin, 2021). No matter the details, Chinese authorities delayed notification of their emerging Pandemic until after it had spread out of control globally (Dyer, 2021). This Pandemic obviates the risk of conducting scientific research with Chinese counterparts, at least where the CPC or Chinese state is involved (Rogin, 2020).

### **From Nature or Manufactured?**

Whether the Coronavirus that led to the Pandemic originated in nature or at a laboratory cannot be answered conclusively on the evidence publicly available at the moment. Various scientists have advanced each argument. Some evidence has “leaked” to suggest that Daszak’s research with Shi included gain of function objectives, corroborated by a 2018 application Daszak submitted to the United States Department of Defense proposing creation of “chimeric SARS viruses” that the Department of Defense rejected, categorising that as gain of function research that would require a risk mitigation plan that Daszak lacked (Thacker, 2021). This fact appears to provide an explanation for Daszak’s reluctance to be candid about his research cooperation with the Wuhan laboratory. It may provide a likelihood of his consciousness of guilt, meaning of his and Fauci’s reason for delaying admission of the whole truth or of denying that truth altogether. If in fact gain of function objectives were a part of that research, then, axiomatically, an hypothesis that the Pandemic originated from within the Wuhan laboratory cannot be excluded. Then the derivative question must follow whether the enhanced virus escaped the security of the laboratory accidentally or deliberately. If deliberately, then for what reason? To be used as germ warfare against India or Taiwan, for instance, with each of which China is involved in territorial disputes? Or to be used to further subjugate countries or peoples of Africa or Latin America where China appears to desire neo-colonisation, largely for mineral exploitation?

Alternatively, it is plausible that the Coronavirus originated in nature, raising the question why this possibility was not foreseen, why an appropriate risk mitigation plan was not previously implemented. Recently, Fauci has contended that the Pandemic could not have originated in a laboratory because this would have been “molecularly impossible” (Wade, 2021), without at the same time providing scientific evidence to support that assertion. What Fauci seems to be suggesting is that the virus that has caused so high a rate of morbidity and mortality globally is not genetically related to the virus samples the United States provided to the Chinese virology laboratory, whether mutations occurred zoologically or were engineered to occur in a laboratory. Full deoxyribonucleic acid (DNA) analysis is required in order to make that determination. Deoxyribonucleic acid is a *molecule* composed of two polynucleotide chains that combine to create a double helix that transmits genetic blueprints required for the growth and reproduction of all known organisms including many viruses (Alberts, Johnson, Lewis, Raff, Roberts and Walter, 2014). IF DNA analysis has been undertaken as surely it should have been, must have been, long ago, then when will these results be compared to the DNA sequencing of the virus samples the United States provided to the Chinese laboratory, when will these results be made public transparently? At least two years into a global Pandemic, the answer to this question should no longer be a mystery. In February 2021, World Health

Organisation (WHO) officials began an investigation into the origins of the Pandemic (Zarocostas, 2021), although they seem to be taking a long time to reach even preliminary conclusions. Little wonder, then, that the latest reports suggest both the natural and the lab leak theories remain “plausible” (National Intelligence Council, 2021; McLaughlin, 2021).

### **Gain of Function**

Very early in 2020, the Coronavirus that prompted the Pandemic gained function exponentially. Although viral and other diseases can in theory gain function exponentially in nature, if this were to have happened very frequently across history, life as we know it long ago would have become obliterated. This means that the Coronavirus, made available by the United States to the Wuhan laboratory, is likely to have been enhanced by that laboratory. Then, possibly, by accident or otherwise, it “escaped” the secure confines of the lab, may have infected bats and/or other animals in nature, spread indirectly from the lab through wild animals to human victims. At least one key point is or should be evident here: weighing the risk of such a dangerous organism leaving the laboratory one way or another, both the United States as donor and China as recipient of the virus should have had in place a risk mitigation plan. Dangerous organisms can leave a secure laboratory setting in different ways: through waste water, animal cadavers, contaminated human researchers, birds flying into or nearby to supposedly secure spaces. We do not know. Here, the point is we must find out accurately, transparently, immediately to prevent the same scenario from recurring.

### **Ongoing Viral Enhancement?**

Is the enhancement of any virus continuing at the Wuhan Virological Laboratory or elsewhere? Of course it is, all major countries experiment with dangerous weaponry, that is a state secret. More important in this context is why China (also why United States) is interested in pursuing viral gain of function research. Against what adversary(ies) will this be directed? Or is it planned to be directed against vulnerable citizens of the country conducting this enhancement research: minority citizens such as Chinese Uyghurs, elderly citizens, handicapped citizens, you name it? In New Jersey, Democratic Governor Phil Murphy ignored advice from the Centers for Disease Control (CDC) then sent contagious Covid-19 patients to reside among vulnerable then-uninfected geriatric patients at nursing homes assuming they were at the end of their lives anyway (Mulshine, 2020). This course of conduct was followed by then-New York Democratic Governor Andrew Cuomo but rejected by Florida Republican Governor Ron DeSantis.

### **The American Connection?**

Emerging evidence seems to suggest the virus studied at the Wuhan laboratory originated from the United States, whether or not that virus caused the Pandemic, and if it did, whether or not the virus left the laboratory accidentally or deliberately. This fact reflects inter-agency competition in United States government circles, where reportedly the Department of Defense rejected a grant application in 2018 submitted by Peter Daszak at EcoHealth Alliance because it did not contain a risk mitigation plan, although the Centers for Disease Control allowed that application without a viable risk mitigation plan. So the crucial questions emerging have become: (1) what reason(s) did the United States have for collaborating with the Chinese on research into gain of function viruses? (2) same question from the perspective of the Chinese: what reason(s) did they have for collaborating with the United States? (3) Do not both the Chinese and the Americans realise the reason why a risk mitigation plan is essential in dealing with high-risk organisms? Is there another reason, hidden from the public to date, why the Americans and the Chinese endeavoured to enhance lethal virus organisms, such as to defeat a common adversary, that could include an extraterrestrial invader. Strange bedfellows cannot be presumed to have acted irrationally. Or is what has been called “ethnic cleansing” suddenly tolerable if conducted by the Great Powers? This almost reminds us of the 1973 science fiction (“Sci-Fi”) film *Soylent Green*, developed from the Harry Harrison novel *Make Room, Make Room*, in which communities that were running out of food turned to recycling human cadavers disguised as “Soylent Green” resembling candy bars. Is that what our world is coming to? At end of October 2021, Chinese National Health Commission (NHC) authorities admitted to a resurgence of this Pandemic, stating: “The outbreak is still developing rapidly, and the virus control situation is severe and complicated” (Liu,

Galbraith & Zhou, 2021), likely to follow elsewhere.

### America's Reasons?

What reason(s), rational or otherwise, did United States officials have for sharing dangerous virus samples with the Wuhan Virology Laboratory in Wuhan, Hubei Province, China, without a bilateral and viable risk mitigation plan? Is it that some Americans wanted to gain an upper hand over the Chinese by infecting China with this virus, or is it that America and China have or presumed they have a common enemy against whom to target a "gain of function" virus that they felt would benefit both countries mutually? Alternatively, could it be merely simple stupidity? This is an example of where higher-level consent to share information related to disease should be required, much as in the case of nuclear material and military equipment and ordnance (U.S. Department of Commerce, 2017). United States and "Five Eyes" intelligence services failed the public they are paid to protect and did so abysmally in the case of the Covid-19 Pandemic. As warfare changes, becoming more asymmetrical and using weaponry incorporating newer technologies, intelligence services must keep up to date. Inauguration in 1951 of the Epidemic Intelligence Service (EIS) early in the postwar period was a step in the right direction, but it is subordinate to the Centers for Disease Control and Prevention. That factor may explain at least in part why the Covid-19 Pandemic was not forecasted, reasons why the West was underprepared to meet this crisis with equipment ranging from masks to ventilators to vaccines.

### Failed Precautions

Laboratories at "Level Four" such as the Wuhan Virological Laboratory require procedures to be designed, implemented, and to remain in place at all times when lethal pathogens are stored or the subjects of research. Some fail. Of 59 laboratories worldwide that handle the deadliest pathogens, known as Biosafety Level Four (BSL4) labs, extending across 23 countries, the largest concentration of these being in Europe (25), North America (14) and Asia (13), with four in Australia and three in Africa, of which only about one-quarter have proper safety precautions (Lentzos & Koblenz, 2021), a scary thought especially if, as hypothesised by many, the Wuhan Virology Laboratory in China is the source of the Coronavirus that escaped to infect many, kill some, nearly everywhere. United States health officials long have held that there is a need to have biosafety laboratories, largely to be prepared for diseases as they emerge and as they mutate ("The Need for Biosafety Labs", 2018). This subsumes the need for safety precautions to be both implemented and followed at biosafety labs at all four levels, especially at Level Four. This National Institute of Allergy and Infectious Diseases (NIAID) publication explains the difference among the four levels:

**Figure 1. Levels of Security at Biosafety Laboratories**

| Biosafety Levels |  |  |  |  |
|------------------|--|--|--|--|
| Biosafety Level  | Agents   | Practices  | Safety Equipment   | Facilities   |
| BSL-1            | These agents are not generally associated with disease in healthy people | Good micro- biological practice<br>Hand washing<br>No eating, drinking, or gum chewing in the laboratory   | Pipeting devices-<br>mouth pipeting is prohibited  |  |
| BSL-2            | These agents are associated with human disease                           | Limited lab access<br>Most work may be performed on a bench top<br>Biohazard warning signs<br>"Sharps" precautions<br>Biosafety manual defining any needed waste | Class I or II Biological Safety Cabinets (BSCs) or other physical containment devices<br>Lab coats, gloves, face protection, as needed | Open bench-top<br>Sink for hand washing is required<br>Autoclave available |

|       |   |  |  |   |
|-------|---|--|--|---|
|       |   | decontamination or medical surveillance policies   |  |   |
| BSL-3 | These agents<br>Are associated with human disease and cause illness by spreading through the air (aerosol)<br>Cause diseases that may have serious or lethal consequences                                 | BSL-2 practice plus<br>Controlled access<br>Decontamination of all waste<br>Decontamination of lab clothing before laundering  | Class I or II Biological Safety Cabinets (BSCs) or other physical containment devices<br>Protective lab clothing, gloves, respiratory protection as needed | BSL-2 plus<br>Physical separation from access corridors<br>Self-closing, double-door access<br>Exhaust air is not recirculated<br>Negative airflow into laboratory<br>Design includes back up/redundant systems   |
| BSL-4 | These agents<br>○ Are associated with human disease and cause illness by spreading through the air (aerosol) or have an unknown cause of transmission<br>Cause diseases that are usually life threatening | BSL-3 practices plus<br>Clothing change before entering<br>Shower on exit<br>All material decontaminated on exit from facility | Class II procedures conducted in Class III BSCs or Class I or II BSCs in combination with full-body, air-supplied, positive-pressure personnel suit        | BSL-3 plus<br>Separate building or isolated zone<br>Dedicated supply and exhaust, vacuum, and decontamination systems<br>Design includes back-up/redundant systems<br>Other requirements outlined in NIH/CDC publication Biosafety in Microbiological and Biomedical Laboratories |

SOURCE: "The Need for Biosafety Labs," The National Institute of Allergy and Infectious Diseases. 10 May 2018. <https://www.niaid.nih.gov/research/biosafety-labs-needed>

Note the differences between what is required for Level Four and that required for the lesser levels, including pressurised suits each containing its own source of Oxygen for the workforce using the suit, showering and otherwise disinfecting personnel and equipment immediately upon preparing to exit the laboratory. This regime appears to have been in place at least since 2003 in the form of World Health Organisation *Laboratory Safety Manual*, so for such Guidelines not to be followed nearly two decades after their publication and presumed dissemination is shocking.

### Denial and Disguise

Equally or more shocking and disturbing are emerging reports that China and the United States each seem to be trying to cover-up facets of their joint involvement in studying the Coronavirus at the Wuhan Institute of Virology in China, funded at least in part by the United States both financially and in terms of supplying the virus samples, rendering the American taxpayers inadvertently responsible for funding the Pandemic that led to their slaughter ("The Wuhan Lab Cover-up", 2021). Rather clearly, some officials in China have endeavoured to escape culpability for the Pandemic for months, really since the inception of the crisis. More recently, United States officials appear to have bourn significant moral, possibly legal,

responsibility for both the risky procedures involved in “studying” this disease and for the cover-up of their and the Chinese actions. This obviates the critical need for government leaders at high levels who bear direct and proximate responsibility to their constituents to be constantly aware of research on diseases and to be required to consent to distribution of disease samples much as they are responsible to give or withhold their consent to the distribution of nuclear materials, military equipment and ordnance, other dangerous commodities before such dangerous technologies are shared with other countries. It is extremely doubtful that President Donald J. Trump, for example, would have consented to the transfer of disease samples and money to fund research thereon to the Chinese in 2018 and 2019 had he been properly informed both of that plan and of its dangers.

### **Demographic Susceptibility to Coronavirus.**

Immediately noticeable is the fact that the Coronavirus 2019 (Covid-19) Pandemic strikes some locations harder than others, when data is plotted on a map, table, or other graphic (Covid-19 Vulnerability Index, 2021). Precise reasons why this seems to be so remain unclear, except that climate, population density, poverty, governmental policies, willingness of the population to “follow the science” by wearing masks, distancing 1.5 to two metres (yards), being vaccinated, disinfecting hands frequently, do seem to matter considerably. Poverty matters very much, according to a systematic-empirical study conducted in Brasil, Russia, India, China, and South Africa (the BRICS Nations) (Zhu, Yan, Zhu & Liu, 2021), although of course “poverty” exists in a myriad of forms, some of which seem to be more receptive to the Coronavirus than are others. Exactly what factors augment a patient’s susceptibility remain unknown conclusively, particularly as countries such as The Philippines recalibrate their data because what they have been collecting has proven to be unreliable (Morales, 2021). Interfacing variables seem to play an important role, also, such as when social and demographic factors are present at the same time (Karmakar, Lantz, & Tipirneni, 2021). Amongst numerous other considerations, this tends to show that “vulnerable” members of the general population, vulnerable for whatever reason(s) and especially persons who are vulnerable on multiple accounts, must be extra-cautious, probably vaccinated with at least three doses of the approved vaccines, and could do well to stay at home or among close friends or relatives at least until the contagious height of this Pandemic passes, possibly months away. Part of this problem may be that it is deemed politically incorrect to single out members of minority ethnic groups, races, or others within what seem to be more vulnerable segments of the general population. Research has yet to identify reasons why some of this population suffers higher morbidity and/or mortality rates than do others. Is it their genetic predisposition, for example, lack of immunities to this viral strain, or lifelong even inter-generational lack of effective access to Healthcare more readily available to the Bourgeois members of society. This may be true particularly in countries such as the United States where the cost of Healthcare is high and rising, where much of Healthcare traditionally has been paid by insurances, and where access to comprehensive health insurance has been generated by employers who tend to favour white collar and skilled blue collar workers.

### **Vaccinations**

Various vaccines addressing Coronavirus have been developed, arguably miraculously, since 2020 when the world first learned of the Coronavirus Pandemic. Pfizer, Moderna, Johnson & Johnson, other laboratories in the United States led the way alongside of German-American BioNTech then AstraZenica in the United Kingdom, SputnikV in Russia and SinoVac in China, with the Chinese and Russian vaccines being in high demand in some developing countries (Shepherd & Seddan, 2021). United States virologists urge the most vulnerable segments of the population including senior citizen

s over the age of 65 to have a third “booster” dose six months after having received their second normal dose that usually follows the first dose by 30 days or longer (“COVID-19 Vaccines for Moderately to Severely Immuno-compromised People”, 2021; Maragakis & Kelen, 2021). This is partly because of virus mutations that occur when the virus is exposed to new geographical environments, among other factors (Bollinger & Ray, 2021). When humans travel internationally, vaccination becomes even more important than when they stay at home, and a booster shot or third dose also becomes more important, especially to provide protection against the “Delta” variant, although the Covid-19 appears to mutate frequently, at least

once weekly (*Ibid.*). Many countries of Europe either do not permit unvaccinated individuals to enter at all or require them to be tested or to quarantine before interacting with the domestic population.

Then there is a derivative question: whether vulnerable members of the population of a developed or of a developing country enjoy equal access to vaccines with the more affluent in their own countries or with the more affluent globally? We know from data reported in “BRICS” nations, *inter alia*, that poorer members of society enjoy far less access to Healthcare generally, this factor perhaps making them more susceptible to the Pandemic, to diseases generally. It is difficult to assess what is cause and what is effect in many cases, because abject poverty deprives an individual of almost everything that matters in life, that includes preventative (prophylactic) Healthcare as well as diagnosis and treatment of diseases once contracted.

Studies need to be designed then conducted to determine precisely what members of any society have been or stand to be the hardest hit from the Coronavirus, then to provide them with appropriate access to necessary Healthcare. As with Small Pox, Polio, any of the other diseases that once ravaged large parts of the world, Coronavirus appears to be reduced in its seriousness with proper and widespread vaccinations. To be vaccinated is a duty to one’s self, one’s family, and one’s neighbour, *ceteris paribus*. Some people may indeed be better off without vaccination, but they seem to be the exceptions to the rule. More important, perhaps, is the approach taken by governments to encourage citizens to accept vaccinations voluntarily, rather than to impose draconian mandates that infringe upon personal liberties. If as in the United States abortion is the personal choice of a pregnant woman except late in term, *Roe v. Wade*, 410 U.S. 113 (1973), then vaccination should be little different, although, to be sure, pregnancy does not put the community at risk, Pandemic does.

Then there is the question of a vaccination “mandate”, requiring everyone or every adult in a country to be vaccinated, even if vaccination goes against their religious principles. Some states, generally liberal coastal states such as New York and California in the United States, have imposed or are about to impose vaccine mandates on children as a condition of entering or of remaining in school, of public servants including police officers, other first responders, prison guards and teachers (Teague, 2021). Some citizens oppose vaccination on religious freedom grounds, with the major religions expressing different viewpoints thereon, generally allowing vaccinations (Pelčić, Karačić, Mikirtichan, Kubar, Leavitt, Tai, Morishita, Vuletić & Tomašević, 2016). Parents tend to be more reluctant to vaccinate their children than to accept vaccination for themselves, although religious pretext objections seldom have anything to do with religion itself, more frequently follow the recommendations of religious influencers (Blumberg, 2017). Be that as it is, in a case that came before the Supreme Court on 29 October 2021 involving an application for an injunction to prohibit the Governor of Maine from enforcing a mandate requiring Healthcare workers to be vaccinated, the Court divided along political spectrum lines in declining to intervene to prohibit that mandate, with center right Justices Brett Kavanaugh and Amy Barrett joining with the liberals to decline injunctive relief, prompting an arduous dissent from the right including Justices Clarence Thomas, Samuel Alito, and Neil Gorsuch. *John Does 1-3 v. Janet T. Mills, Governor of Maine, et al.* (No. 21A90). This decision may foretell the Supreme Court’s stance on a Federal mandate the administration of President Joseph R. Biden, Jr. appears ready to impose by executive order, and it seems to dilute freedom of choice by an individual to decide for her/himself what medical intrusions, if any, to permit to enter the body.

## Conclusion

This situation the world refers to as the Coronavirus or Covid-19 Pandemic obviates or should obviate the need for much greater security and hierarchical responsibility in the governance of nations over research intended to study extremely contagious and lethal diseases. Responsibility cannot be delegated to bureaucrats, much less to contractors, both cadres being inclined to receive emoluments one way or another for sharing research opportunities with Allies and adversaries alike, then inclined to duck and run for cover when outcomes go wrong for one reason or another. It is akin to parents permitting children to proverbially “play with matches”, because developing countries such as China lack the historical channels of education and work experience to safeguard extremely dangerous materials. Chinese scientists or government officials may or may not have been responsible for an accidental or a deliberate leak at the



Wuhan Institute of Virology laboratory. Somehow, however, Coronavirus disease emerged across China then spread across the world, and the individuals who clearly know what happened have done their utmost to delay public knowledge thereof. They appear to be both Chinese and American, probably some W.H.O. officials as well, perhaps others. Risk mitigation are the watchwords here, no research on so potent a virus should have been undertaken before protocols were agreed upon, tested, and implemented to maintain security. Vaccines seem to work, humans especially the most vulnerable may require “booster” shots annually in the foreseeable future. Pandemics have to be avoided, the paradigms that lead to their emergence must be avoided and prevented by responsible nations and their leaders, using non-draconian measures proportionally to the threat of harm a nation or a people face(s).

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