

# Post Covid-19 War Era, Patients Protection Strategies Revisited

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In the 21st Century, manufacturing synthetic Antigens, Immunogens, and Allergens (SAIAs) and are becoming a kind of booming business with(out) the Artificial Inelegance (AI)-based-accelerated propaganda, disastrously. These kinds of Medical Engineering are tackling frequently Medicare and Medicaid of patients, chronically.

Because of induced pandemic attacks, more than 30 million subjects died from manufactured SAIAs i.e. Cardiovascular and Cancer patients who were (not) infected with COVID-19 mutants, Influenza viruses in the last 5 years, and counting. More than 65 million patients are suffering from 200 symptoms of longcovid's clinical / pathophysiological side effects/ collateral damages, separately.

According to Dutch Heart foundation data statistics 2024([www.hartstichting.nl](http://www.hartstichting.nl)) and the our world in data organization 2024 a significant excessive mortality and morbidity rates were observed between patients, between 2020-2024([www.ourworldindata.org/coronavirus](http://www.ourworldindata.org/coronavirus)). How such excessive mortality rate is increased is not elucidated yet.

One of attractive aspect to earn simple money for 1% Elite groups is to train/ produce resistant biological antigens via virologists and microbiologists, in laboratory closed setting and top secret, world widely. Simultaneously, pushing different Pharmaceutical Companies & Universities to carry out so-called R&Ds to find out (a)specific antibodies, (a)specific vaccines, (a)specific medicines to create a catastrophic drugs/ solution/ condition, under conditions that no finger-footprint could be traced back to anybody, sooner or later.

Very simple model system with a win-win- for 1% Elite groups and their investors, while a win-loss for taxpayers and ordinary people, globally. Scientific-based solutions and Economic-based clarification get some presentation prices, and voila! The circle is round with more than +- 9500 billions income (estimated), annually.

What is known? Abovementioned mechanism of action over excessive mortality rates, and associated data are established officially, and have published by different respectful sources that short conclusion of all (re)action in Medicare and Medicaid, globally, have resulted in an excessive mortality rate, however. There is no room for any doubt that all kinds of Medicare and Medicaid in the last 4-5 years were failed, concerning prevention of mortality rates, compared to 10-5 years ago.

Different definitions published over side effects & collateral damages in patients, who are suffering from COVID-19 mutants infections, so-called longcovid patients. In the Wikipedia ([https://en.wikipedia.org/wiki/Long\\_COVID](https://en.wikipedia.org/wiki/Long_COVID))

based on different sources, is defined as “ long COVID or long-haul COVID that is a group of health problems persisting or developing after an initial period of COVID-19 infection. The longcovid' symptoms can last minimally a weeks, months or more than years and are often devastating. (2,3)

The World Health Organization defines long COVID as starting three months after the initial COVID-19 infection, but other agencies define it as starting at four weeks after the initial infection.(3) COVID-19 infection is considered by a large number of symptoms that occasionally vanish and then come back, a kind of parasitic live starts in contracted subjects.

More than 200 indication are described up to 2024 but generally described symptoms of the suffering patients with longcovid are mainly chronic fatigue, memory complications, respiratory problems, and sleep disorder. Quite a lot of (ir)relevant symptoms between so-called longcovid patients were reported which the exact mechanism of action is not elucidated completely yet i.e. headaches, mental health issues, loss of smell or taste, muscle weakness, fever, and cognitive dysfunction.(2-6)

It is noteworthy that some symptoms often get worse after mental or physical effort, a process called post-exertional malaise.(5) obviously, there is a profound overlap in symptoms with myalgic encephalomyelitis/chronic fatigue syndrome,(2) although a direct cause-effect pathologic mechanism are not yet fully elucidated yet.

Hypotheses over biological attacks and targeting certain pathophysiology include permanent impairment to certain organs and blood vessels, random problems with blood clotting, neurological dysfunction, persistent virus or a reactivation of latent viruses and autoimmunity, caused certain private research institutes to start a mind-provoking investigation over possible “synthetic biological weapons” to destroy enemies, Who& However.

Current diagnosis of long COVID is based on either (suspected or confirmed) COVID-19 infection questionnaires, or symptoms—and by eliminating alternative diagnoses.(2-7) There is no golden standard yet (July-2024).

Recall that from 65 million reported longcovid patients are estimated 50–70% of hospitalized COVID-19 cases, 10–30% of non-hospitalized, and 10–12% of vaccinated cases since 2019. (2-3)

What is unknown? How longcovid subjects get longcovid indications? How a simple aerosol virus can be manipulated to penetrate and survive fluid or live as symbiotic parasite in different organs of a subject? Different questions that with(out) any foundation is a mission impossible to find out. Proposed AI-tools and AI-solutions in medical sectors are showing “bias-based software/data processed” problems, (un)intentionally.

In fact, there is unknown projects, and limited indirect data available as mentioned (Dutch Heart Foundation and the our world in data organization)over quantity of some projects that concerned over unknown top-secret international subsidized projects, which invented to manufacture certain modern- & unknown AIAs that could be transmissible mutants to human (humanized), paradoxically.

There are limited guideline to do diagnostics tests against synthetic manufactured novel SAIAs from 2025 i.e. new kinds of Antigens (certain nano-superbugs, nano-modern formulated magnetic-chemicals, allogenic biomaterials, unknown biosimilar), 2. Immunogens (certain big antigens capable to induce immunologic reactions catastrophically) and 3. Allergens (certain big antigens capable to induce allergic and septic overreactions). From now on, the unknown SAIAs are becoming remarkably a business tool for Economic-based Scientists and their associated investment's companies and 1% Elite rich peoples, devastatingly.

There are different (un)known predictable and unpredictable model systems(1,8), which could be invested in to protect ordinary people according to human rights i.e. 1. Hiring independent Scientists, who in the last 4-5 years remained loyal to the people, however. 2. Foundation of independent laboratories to protect human being and 3. Full restriction against manufacturing of any kinds of modern AIAs' transmissibility from animals, insects, (migrating)birds and avian into human (humanizing germs and parasites), however. 2. Full restriction of spreading any kinds of AIAs inducing (in)direct (modern)diseases, which could accelerate classical disease's either mortality, or -morbidity rate separately or both in combination, eventually. 3. Forming international

research team to detect rapidly finger- and footprints of manufacturers either busy with predictable or unpredictable actions, (un)intentionally.

The take home message is if certain groups don't stop their investments against either own or global ordinary people, at least governmental organization should avoid further harm to chronic patients, and their families. Furthermore, manufacturing of novel AIAs is not science- it is an organizational crime, and should be registered under international courts of Justice as a genocide action.

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