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"Coronavirus COVID-19 Pandemic One" Globalization 4 Analyses of the Races Relationship Implications and Review of Vaccines' Confidences Levels 'Implications Among Blacks/African Americans in the US

[1]DR. PARK E. ATATAH, [2]DR. CATHERINE KISAVI-ATATAH & [3]ISAM VARNEY KPEHE

[1]Ph.D. Assistant Professor, Prairie View A&M University, Prairie View, TX, USA

[2]Ph.D. Assistant Professor, Prairie View A&M University, Prairie View, TX, USA

[3]Graduating Senior Internship Student College of Education, Department of Health & Kinesiology Prairie View A&M University, Prairie View, TX, USA

ABSTRACT

The purpose of the Non-Experimental "Descriptive Statistics" quantitative research study was to investigate and explore the effects of races differences' relationships and implications with COVID-19's effects and a review of vaccines' lack of confidences levels between and in-between races in the US, especially in Waller County, Fort Bend County, Harris County, Texas and surrounding areas. The study used national data obtained from ***Center of Disease Control and Prevention (CDC)*** *as part of the analyzed data. This study used* ***Social Construction of the Ideology of Reality Theory*** *as well* ***as Atatah Statistical Significant Differences Multiplier (SSDM)*** *conceptual lens analyses. The study found that that minorities in general Black and Brown especially African Americans Blacks exceeded their population counts in the infections and deaths from COVID-19 pandemic in the US. The study also found that Minorities in general Black and Brown especially African Americans Blacks had less confidence in taking COVID-19 approved vaccines such as* ***Pfizer and Moderna*** *in the US. The study further found that Whites had less COVID-19 infections and death rates which were way below their population counts as compared to the minorities in the US. The study recommends that good education is needed especially in the minorities' communities Black and Brown especially in African Americans Blacks communities as to eventually prevent the unneeded stresses, pains, loss of jobs, sufferings, divisions of families, broken homes, and preventable deaths in the US.* ***The study believes that if all the internal and external recommendations are fairly and carefully implemented, we should see some positive social changes when dealing with COVID-19 pandemic.***

KEYWORDS: COVID-19, Pandemic, CORONAVIRUS, Vaccines, Pfizer Vaccine, Moderna Vaccine, Infections, -Out-of-Control Spreads of COVID-19, Minorities, and Deaths.

INTRODUCTION

The purpose of the Non-Experimental "Descriptive Statistics" quantitative research study was to investigate and explore the effects of races differences' relationships and implications with COVID-19's effects and a review of vaccines' lack of confidences levels between and in-between races in the US, especially in Waller County, Fort Bend County, Harris County, Texas and surrounding areas.

Background of the Study

Coronavirus which became known as COVID-19 is yet another example of a virus jumps from animal to human such as Ebola in 1974, Influenza A virus subtype (H1N1 or A/H1N1) in 2009 which is somehow similar to the swine flu of 1918 flu pandemic, syndrome coronavirus 2 (SARS-CoV-2) to represent that it is a sister of the original SARS virus severe acute respiratory (Center for disease Control and Prevention CDC, 2020). The International Committee on the Taxonomy of Viruses selected the names such as COVID-19, Chicken Flu, Mad Cow disease in United Kingdom (UK) in the past just to mention a few. History has it that COVID-19 originated from a particular bat in Wuhan, China in the wet meat market or however, possibly many westerners especially in the United States of America (USA) believed that COVID-19 was an intended biological weapon designed in a specialized research lab in Wuhan, China. Basically, the originality of COVID-19 remains a continental debate among scholars, political public policies leaderships, public health practitioners worldwide, and the public in general. In fact, until it is successfully contained, the truth about COVID-19 originality remains an unsolved mystery to all worldwide. Beside the above-mentioned brief history about the originality of COVID-19, it should be noted that China is a closed country and getting workable transparencies from any closed country such as China is classified as unreasonable expectation because every information that goes in or out of China are tightly censored by the Chinese leaderships from top to bottom. Furthermore, due to misinformation, disinformation, false information, politics, propagandas, poor data collections and reports, privacies issues, and protections of nationalities, the actual truth about COVID-19 and its originalities will possibly remain yet another humanity unsolved mystery coupled with generational endless theories and debates to come. In short, no matter how you look at COVID-19, it is a nightmare to all worldwide, which made **the year 2020 the darkest humanistic year in modern history.**

It should also be noted that Coronavirus was initially noticed by this study as early as mid-January 2020 during a research course in Human Performances 4033 in PAVMU the department of Health and Kinesiology as an emerging virus novel disease. As such, it was identified and bi-weekly assignments were given to the young research students to monitor its progresses daily and report the directions, infected areas, or clusters, the infected, the hospitalizations, and the possibly deaths in the United States of America (USA) associated with COVID-19. Thereafter, these young scholars hit the ground and went to work prior to the actual naming of COVID-19 because many of these students believed that Coronavirus was Corona Hispanic Draft beer which was/is very popularly in the western, eastern, mid, central, northern and Midwest southern side of the US especially in state of Texas. As such, it took more than a long time to name and identification what Coronavirus was/is and the actual naming of COVID-19. The question becomes what is Coronavirus or COVID-19?

Brief History of COVID-19 and Its Naming

Like Ebola, which was discovered in Congo in 1974, COVID-19 came from a particular type species of bat in China as recent history has it and research has it that there are thousands of species of bats worldwide. Contrary to popular beliefs, many believed that bat is a species of bird which is not true. Bats are the only group of mammals which fly like a bird; as such, bats are not birds but instead, they a mammal. Biologists, environmentalists, ecologists, reservationists, and researchers worldwide believed that majority of the virus carried by bats and other animals are not harmful to human. However, due to entrenchment into animals natural living environments through outreached land developments and farming, along with the drive by some continents to eat certain animals as delicacies, or rich sources of proteins, coupled with hunting and fishing transferring animal virus to human becomes unavoidable. It is arguable that COVID-19 originated in China possibly in the between second and third quarter of 2019; however, the actual start period of COVID-19 remained a mystery. According Center for Disease Control and Prevention(CDC,2020) the disease the virus causes was named coronavirus disease 2019 (COVID-19) by the World Health Organization (WHO, 2019).**Just to simplify it based on the naming of COVID-19, Corona (CO), Virus (VI), Disease (D), and 19 (2019) means Coronavirus or COVID-19. History has it, COVID-19 was born and its devastations worldwide especially in minorities populations in the United States of America (USA) were unimaginable as it spreads without any effective, efficient, or proficient mitigations to successfully contain it.**

LITERATURE REVIEWED

Coronavirus or COVID-19 is nothing new because it fell within the parameter of animal virus transmitted disease into human due to various reasons as stipulated above about Ebola from bat/s and so is COVID-19. However, many people all over the world have somehow undermined the effects of coronavirus jumping from animals to human; yet the encroachments and entrenchments into natural environments were worldwide were overwhelming. Above all, the ideologies behind using certain animals red meats as new sources of proteins or delicacies is even more disturbing worldwide. Despite these concerns it should be noted that once millions of animals' viruses systematically or symmetrically transform into human yearly; but majority of the virus were not harmful to humanity. But virus such as Ebola, Zika Virus in Brazil, Mad-Cow disease in UK, and Influenza of 1918 and 1919 were fundamental. They were unequivocally fundamental because once viruses transform into human and the vectors of carriers become human rather than primary animals, birds, snakes, rodents, or even infectious incents such as ticks and mosquitoes, it becomes impossible to identify the actual viruses' carriers (see Atatah & Kisavi-Atatah, 2015, 2016, 2016, 2016 for more). For example, during Zika virus epidemic those who knowingly visited the known infested areas in Brazil posed higher marginal propensities of being infested with Zika viruses than those who avoided these identified areas. This was/is a simple mathematical epidemiological formula; and that is how to prevent being infested by any viruses' diseases and COIVD-19 is not exempted from this simplified formula. Regardless how you quantify or qualify it, COVID-19 is yet another humanistic quagmire that divided into unbelievable segments.

Initially, many experts argued that COVID-19 does not infest black or brown Americans with little or absolutely zero social scientific research verifiable evidence. This was not true because the initial most common country's outbreaks in Europe was in Italy and the quantifications of blacks in northern Italy perhaps classified as the richest

area in Italy had little black population; instead, it had more Asian technological scientists from China among many others. Above all, African in general posed limited "Global Village" travelling abilities due to its costs and inefficacies within and outside Africa; but it should be noted that Africa is predominately made up of black and brown people, as such; the populations of COVID-19's infections should be limited in this area.

According to information obtained from Central for Disease Control and prevention (CDC) (2020):

Demographic Trends of COVID-19 cases and deaths in the US reported to CDC

CDC is working with states to provide more information on race/ethnicity for reported cases. The percent of reported cases that include race/ethnicity data is increasing.

These data only represent the geographic areas that contributed data on race/ethnicity. Every geographic area has a different racial and ethnic composition. These data are not generalizable to the entire U.S. population.

If cases were distributed equally across racial and ethnic populations, one would expect to see more cases in those populations that are more highly represented in geographic areas that contributed data.

Percentages displayed in the charts below represent the percent of cases or deaths for which the demographic variable of interest is known (paras. 1-4).

Additionally, subsequent data collected from CDC (2020) showed that:

Data Sources, References & Notes: The case classifications for COVID-19, a nationally notifiable disease, are described in an updated interim COVID-19 position statement and case definition issued by the Council of State and Territorial Epidemiologists on August 5, 2020 (https://wwwn.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/2020/08/05/)

However, there is some variation in how jurisdictions implement these case classifications. More information on how CDC collects COVID-19 case surveillance data can be found at CDC's COVID-19 FAQ webpage (https://www.cdc.gov/coronavirus/2019-ncov/covid-data/faq-surveillance.html). Demographic data for COVID-19 cases and deaths is based on a subset of individuals where case-level data are reported by state and territorial jurisdictions to the Centers for Disease Control and Prevention (CDC) since January 21, 2020. Demographic data have varying degrees of missing data and are not generalizable to the entire population of individuals with COVID-19. All displayed counts include confirmed COVID-19 cases and deaths as reported by U.S. states, U.S. territories, New York City (NYC), and the District of Columbia from the previous day. Counts for certain jurisdictions also include probable COVID-19 cases and deaths. The process used for finding and confirming COVID-19 cases displayed by other sites may differ. (para. 5)

These data statistics indicated that majority of the data collected about COVID-19 were practically inaccurate based on CDC's data sources, references, and noted as pinpointed above. Furthermore, many public health administrators, political leaderships, health practitioners were unable to agree on the reasons for infections, hospitalizations, treatments' qualities, and deaths based on individual races' differences. For example, many blamed underlying health conditions among minorities complicated the abilities for them to survive COVID-19 Infections and come out alive from the hospitals in the US especially in the state of Texas.

As pinpointed in a non-published manuscript by Atatah et al. (2020):

Studies upon studies have shown that the abilities or inabilities to control underlying health conditions effectively, efficiently, or even proficiently in any races or areas are always detrimental to the short-, medium-, or long-term health effects in the long run (American Heart Association, 2017; Collins, 2016, for more). Overweight issues related to overeating among minorities' children across the board are overwhelming and the abilities or inabilities to take a proactive stand through their involvements are somehow limited (see Bonnie et al., 2016; Bocca, 2012; Berge et al., 2018 Birch et al., 2018 for more). As such, overeating among minorities' children leads to obesities, high blood pressures, high blood sugar levels or diabetics H1C and many more just to mention a few. The long-term effects of these out of controls eating behaviors as well and inabilities lead to the inabilities to control the spreads of COVID-19 in the minorities' overall, especially among the children in Southwest Houston, Texas. Therefore, the focus of this quasi-experiment quantitative research study is to investigate the confronting factors of these conditions and to find way to get both children and parents involved in systematically eliminating these critical underlying health conditions among minorities in Southwest Houston, Texas and possibly beyond (See American Heart Association, 2017; Birch et al., 2018; Bonnie et al., 2016; Bocca et al., 2012; Berge et al., 2016; Collins et al., 2016 for more).

The workable question now becomes are you saying that minorities especially Blacks/African Americans, Hispanics, Asians, Native Americans, along with other browns are more likely to be infested with COVID-19 and eventually die from this infection? Or are you saying that only these minorities populations in US suffer from underlying health conditions? These are some prevailing questions this research study investigated.

Preventable Reasons of Defaults and Failures for Poorly Handling Coronavirus COVID-19 Pandemic in the US

There were hundreds of endless reasons and defaults that led to the failures for poorly handling coronavirus COVID-19 pandemic in the US especially in the state of Texas along with other major cities in the US across the board. These reasons and defaults were more personal than private; as such, some of these critical preventable reasons and defaults were enlisted addressed below.

First lack of transparencies, lack of acceptances for visible and viable facts, lack of leadership, lack of collective collaboration, and poor testing types of inaccuracies and lack of personal protection equipment (PPE) defined national distributions compounded an already complicated issue such as COVID-19 pandemic in the US in general. Furthermore, issues of polarization, inaccuracies of data reports, racial/ethnicity inequalities, lack of equivocal healthcare accessibilities for minorities especially for Black and Brown and lack of accessibilities to testing and

treatments were yet some additional issues that compounded our inability to control COVID-19 pandemic effectively, efficiently, and proficiently. The lack of frontline employees and essential employees' protections, and the lack of clear definition of the cause of deaths compounded an already failed approach. Additionally, issues such poor identification of the infections' clusters, separation of infected from the non-infected, lack of workable guarantees, refusal to comply with large crowd gathering, when to wear or not wear masks in public, issues of sciences versus politics, and many others contributed to the failure to effectively control the spread of COIVD-19.

Furthermore, it should be noted that issues such as police brutality against Blacks and Browns created some national preventable riots which led to the overwhelming growths of new infections and preventable deaths this summer. Yet, other issues such as large crown gathering in political rallies along with to wear or not to wear masks in crowds' gathering sealed many followers' faiths. Beside the above mentioned, issues of social media did not help COIVD-19's outcomes in any rate; social media such as Facebook, Google, WhatsApp, Twitter, Instagram were primary sources of giving misinformation, false information, propagandizes, unproven information nationally and internationally alive. This was/is a complete shame that effectively divided a simply process of tackling COVID-19 with a simplified application of social interventions such as social distancing and wearing a face mask in public; what a shame.

Above all, the recommendations and guidelines by CDC's experts were completely rewritten, corrected, and resurrected by federal, states, districts, and cities' pollical interests and the actualities, possibilities and possible improbabilities became intertwined in the public eyes without any definite cleared instructions because they changed day by day and possibly by the minutes (see Center for Disease Control and Prevention CDC, 2020 for more). Whenever it was/is safe to open or not to open for business or public education became another quagmire to deal with in this pandemic's period; for example, the state of California was advised by notable international and national top line researcher not to open because it was not saved yet, the leadership did, and thereafter the cases of infections and deaths increased by more than 600 plus % in less than a month. Such data statistics were universal nationally across the board in the US (see CDC, 2020 foe more). Therefore, the issues associated with lack of effectively containing the spreads and related preventable deaths cannot be overemphasized at any level and we should all take some form of ownership and responsibility for these disturbing historic issues of 2020 COVID-19 pandemic many of our children, great grandchildren, great-great grandchildren, and possibly beyond will learn from in multiple generations to come. The issues associated with vaccinations of races indifferences differences' confidences levels of acceptances and refusal appeared to be even more compounded and complicated than all the above-mentioned concerns as to tackle COVID-19 pandemic effectively, efficiently, or proficiently.

Super Spreaders Effects

Beside the above pinpointed reasons as to why Coronavirus COVID-19 was not effectively, proficiently, or effectively tackled in the US within the minorities in general, especially within Blacks/African Americans as followed.

1. Initially, minorities especially Blacks/African Americans were victims of misinformation, disinformation, propagandas, political differences and indifferences, false interpretations, and systemic racism just to mention a few. Blacks/African Americans from coast to coast in the US, in Africa, in Brazil, among other

Black countries worldwide we told that Coronavirus or COVID-19 only affect Non-Blacks worldwide; this is not true because majority of the affected and death population were Blacks worldwide especially in Brazil and the US.

2. Secondly, Blacks/African American went out to the public in the US without any facemasks or personal protections with the assumptions and presumptions that they were totally immune from Coronavirus or CoVID-19 effects due to the above pinpointed misinformation and lies among many others. This is not true because the only showed international Coronavirus or COVID-19 infections and deaths came from China and North Italy the richest location in Italy and the overall population of Blacks in general and Blacks/African Americans in these two pinpointed countries is near 0.000000000001%. Furthermore, Northern Italy the richest technological location in Italy were partnered with Chinese technologies as a support or manufacturing companies' entities; as such, it should not take any rocket scientist to understand the relationships between Northern Italy and China's COIVD-19 implications.

3. Thirdly, there was no direct federal leaderships from top to bottom in any epidemics or in any pandemic issues worldwide. For example, for example, the defending world made up of many countries internationally were able to win World War 1 (WW1) with a clear and simple goal, mission, version, and objective internationally. Also, during the infamous World War 11 (WW11), which many experts predicted that opposing countries cannot and will never win, the leaders in these devoted countries were able to win this infamous WW11 with a single approach and dedication. This is yet another factor that is missing with the ability to effectively tackle Coronavirus COVID-19 in the US the federal approaches are not centralized with the federal agencies such as CDC; the states were/are divided about how to tackle it and above all, the hot spots cities' hands were tied behind their backs using political implications as yardsticks for noncompliance implications. Basically, with these deviated overwhelming kinds of applications' approaches with no definite or defined outlooks, for sure, you cannot and should not be achieved any proficient outcomes.

4. Fourthly, the states were divided along their politic affiliations for example, the federal government was more opened in supporting the conservative states and failed to support the liberal states for some unknown reasons. Take Hurricane Katrina for example in 2005, former President George W. Bush very reluctant in visiting New Orleans until his close adviser pressure him to visit the city after the devastating damages and deaths created by Hurricane Katrina. Above all, President Bush was very fundamental using his federal position to redevelop and brought New Orleans back from its devastating ashes. However, the current administration shows no interests in any in addressing Coronavirus Covid-19 in any states which did not share its strong conservative viewpoints.

5. US under the leadership of President Donald Trump breaking away from World Health Organization (WHO) is yet another reason as to why US was/is unable to control the overwhelming out-of-control spreads of COVID-19 in the US from coast to coast. This unneeded break away from WHO the most noticeable organization of any worldwide diseases and how to control them effectively was an error.

6. Institutional racism which powered and muscled "Systemic Racism" by the false classifications of deaths within the minority's populations especially within Black/African Americans is yet another reason as to why the documented causes of deaths in the US were not reliable or creditable. In fact, in any research collection of data, social scientific researchers stressed the data's reliabilities and credibility. For example, majority minorities in general, especially in Blacks/African Americans causes of deaths certifications were classified as due to "Underlying Health Conditions", such as high blood pressures, diabetics types 1 and 2, overweight, and many others just to mention a few. True enough, these "Underlying Health Conditions" can be detrimental to anybody at any time; however, these negative heath conditions are common with many Americans within all races, as such, the simplified ideology of simply classifying all minorities causes of deaths especially in Blacks/African Americans' causes of deaths as due to historic "Underlying Health Conditions", is a classic example of "Systemic Racism" that is muscled powered "Institutional Racism" in American 2020 COVID-19 implications.

7. Beside the pinpointed reasons above, minorities in general especially Blacks/African Americans are more likely to contact COVID-19 infections and eventually die from it due to excessive exposures to CORONAVIRUS. For example, while Hispanics account for less than 15% of the Americans' population, Blacks/Africans account for less than 14% of the Americans' population, yet they accounted for more than 65% of the immediate responding team, more than 75% of the overall services teams, more than 65% of the medical low-ends teams, and more than 90% of the Nursing Homes immediate and services employees. As such, the quantifications of the marginal propensities of minorities in general especially Blacks/African Americans exposures to CORONAVIRUS infections and dying eventually from COVID-19 is self-explaining statistically speaking.

8. Additional factors contributed the failure to effective control the "out of control" spreads of COVID-19 in the US in general between January 2020 to January 19, 2021; Just to cite a few. First, as early as February 2020, the federal leaderships in the US were advised by WHO along with national and international epidemiologists that CORONAVIRUS will surely become a force the world will be dealing with due to its quick spreads' abilities and its infectious power. As such, US federal leaderships was advised to declare COVID-19 as an epidemic. To many experts' surprise US federal leaderships refused to declare it as an epidemic; instead, they pulled out of WHO, now, it is a pandemic today which is harder to control than epidemic. Furthermore, political indifferences between Red States versus Blue States created yet another implications and complications in addressing COVID-19. First, "to comply" or "not to comply" with proven historic social scientific modules about how to effectively control all contagious diseases worldwide were completely ignored in the US. For example, some of the Blue States advised their citizens to wear masks, keep social distancing, and wash their hands with soap regularly; contrarily, majority of the Red States disagreed with these prescriptions, and turned it into political debates rather than medical applications. Furthermore, "to reopen", "work from home", or "not to reopen" became another quagmire that accelerated the "out of control" spreads of COVID-19 in the US.

It should be noted that majority of the Red States along with some of the Blue states pushed premature opening and reopening on their citizens knowing very well that it was not safe to reopen due to its inabilities or failures to accurately identify the actual COVID-19 **"Cluster Areas", "Critical Areas", or even "Hot Spots."** More

interestingly, even some Blue States such California leaderships prematurely reopened and they are currently paying the price today for their "**poor humanistic decision-making processes**." Finally, issues of quarantine were yet another parameter of debate rather than lifesaving approach. Just to be as general as possible, many politicians even compared quarantine to the slavery of Blacks/African Americans in the US, which is not true because this is another good example of misinformation and systemic racism in the US. It is insulting to humanity to compare 401 years plus of the slavery of Blacks/African Americans in the US to a simple lifesaving application for all Americans; known as quarantine worldwide. The lists go on, such as keeping eyes on the wrong ball. Many believed that majority of the incoming COVID-19 into the US came from China; while majority of the spreads of COVID-19 in the US came from Europe after the biological CORONAVIRS/COVID-19 genes' DNA were decoded by experts in the US and many others worldwide.

Many other factors that contributed to the US inability to control COVID-19 spreads were as followed and these critical factors were **36points** pinpointed reasons as stipulated below:

1. The systematic applications of chronic historic systemic racism against Black and Brown most especially against Blacks/African Americans since the arrival of COVID-19 in early 2020.
2. Lack of availability of oxygens machines such ventilators which are needed to sustain life in the ICU units along with those who suffer from COVID-19 infections.
3. Rationing of ventilators within the health care system based on the colors of skins along with the depth of your pocket financially.
4. Failure to respond to critical areas, hot clustered areas, or hot spots' areas due to the colors of the skins in these areas especially against Hispanics and Blacks/African Americans communities.
5. Politicians turning their eyes the other ways pretending that majority of minorities such as Blacks and Browns who passed away from COVID-19 were due to pre-existing underline conditions for not taking good care of their health issues.
6. Deliberate systematic refusal to threat Blacks and Browns with unreasonable excuses such as there are shortages of ventilators in the hospitals.
7. Donating ventilators to other countries in Europe while those who needed it the most were left to die painfully and slowly with the availabilities of the significant others.
8. Inequality treatments' distributions across the board in the US in general and in the Red states, Blue states, and in independent states in general.
9. Unequivocal politic policies applications when dealing with Blacks and Browns in general, especially with Blacks/African Americans in the US.
10. Poor testing specimens and tools that were inconsistent with the results of the tests, for example, you may be positive today, and be negative tomorrow and the inconsistencies goes on and on endlessly. Such inconsistencies in collecting data statistics question the issues of data reliabilities and validities.
11. Furthermore, issues of delay in the tested results were ineffective; because it may take 2 to 4 weeks to receive the actual results of the tests and before then, the infected victims may have spread the COVID-19 within and outside their communities.
12. Suppressions of COVID-19 tests by the conversative voices that "**The more we test, the more COVID-19 positive results we will get; stop testing;**" and this compromises public health practitioners the abilities to pinpoint the infected clusters.

13. Lack of political interests in positively and proactively tackle COVID-19 in general.
14. Issues that deal with internal versus external statistical inconsistencies, insignificance indifferences among the politicians when dealing with Blacks and Browns' populations in the US especially among the conservative political voices.
15. Political lack of leaderships from top to bottom and in-between.
16. Political rejections of actual sciences and social scientific outcomes' facts instead of following the sciences.
17. Misinterpretations and manipulations of COVID-19 infections and deaths' numbers knowingly that "**Numbers don't lie; people do**."
18. **Political propaganda** as a tool to amplify "**Fears of the unknown.**"
    Political unproven assumptions and presumptions that COVID-19 will disappear during the summer's heat; and it will disappear during the fall or spring.
19. Political divisions between federal versus states, states versus counties, districts, and cities.
20. Political threats of "**No federal funding**" for noncompliance with federally designed failed applications.
21. Systematic and symmetric systematic breakdowns between CDC and the federal government applications and decisions-making processes ideologies.
22. Medical discriminations and disproportions among minorities in the US especially against Blacks/African Americans in particular.
23. Lack of transparencies from top to bottom; no transparencies from the federal government, states' governments, local governments, districts governments, counties' governments, and some cities' governments.
24. Lack of applicable plans and lack of as well as a failure of imagination as pinpointed during 911 manmade disaster in New-York, New-York in September 11 2001.
25. Deliberate refusal by **Occupational Safety and Health Administration (OSHA)** in addressing the hard-hit employees of meat packing and meat processing employees in the US especially Blacks/African Americans and Hispanics.
26. Comprehensive pushes of the "**Go Back to Work**" approaches knowing quite well that the workplaces were not save for any employees, which compounded and created additional complexities for an already complicated COVID-19 infections and deaths of such employees in the US especially for the meat's packers and processors.
27. Failure to **Flatten the COVID Infections' Curves,** prior to prematurely reopening businesses and schools, which symmetrically compromised already complicated out of control applications with a science-based formula.
28. Social inequities that were fundamental in the US for a long time against Black and Brown especially against Blacks/African Americans for the past 401 plus years. For example, data statistics has it that White men and women account for 99% of the wealth in the US; but accounts for approximately 67% of the population, while Blacks/African Americans accounts for about 1% of the US wealth.
29. Suppressions of Black and Brown votes by filing legal lawsuits that prevent Black and Brown from voting through **Mail-In Votes** or **Absentees Votes** which have overwhelmingly benefited the conservative's voices for generations. For example, during the primary votes and the general votes in many Red States, minorities were forced to **Vote in Person;** when the weather was either freezing or below freezing standing closely for more than 10 hours, which compounded what we all see as the

unequivocal fundamental rises in COVID-19 infections, and deaths among Black and Brown, especially among Blacks/African Americans today.

30. Failure to follow science-based recommendations; instead, it became a debatable political issue in the Red States and even some of the Blue Statas, while in the Independent States' representatives stay in the sidelines.
31. Lack of actions by the US' **Environmental Protections Agency (EPA)** when dealing with minorities' issues, especially when dealing with Blacks/African Americans public health implicational issues in general. EPA deliberately failed to protect human health and environment concerns' issues and refused to provide technical assistances and supports recovery planning as to enhance planning for the applications of effective public health and infrastructure recovery of clean and safe working environments for minorities in general; especially when dealing with Blacks/African Americans' public health issues.
32. Turning the other way for infested vulnerable minorities especially Blacks/African Americans and Hispanics populations.
33. Lack of transparencies when dealing with legal or health care issues especially with Blacks/African Americans for the past 401 plus years which historic.
34. Institutional racism exists with minorities especially against Blacks/African Americans in the US for more than 401 plus years.
35. Variables in the racial classifications of the "**Cause of Deaths**"; for example, if you are Black or Brown, the classification for the cause of death maybe pre-existing underlying health conditions; however, if you are white male or female, you died of COVID which negatively or positively skewed the inaccuracies of the actual collected data statistics.
36. And many others, just to mention a few because the lists are endless.

9. One of the most fundamental reasons for the overwhelming spread of Covid-19 was police brutalities against minorities especially Black/African Americans for the killing of George Floyd in Minnesota in 2020. This incident motivated many Americans regardless of their colors took over majority of the cities in the US for peaceful protests demanding equal rights and equal treatments for all. Thereafter, the spread of Covid-19 in the US exploded by more than 3000% plus after three weeks; and since then, it became impossible to pinpoint the Hot Spots' clusters in the US. Beside the mega protests/riots in the US and worldwide, the unmasked rallies conducted by the current present and his followers did not help the spread in anywhere. After these rallies in the White House, States, Cities among many just to mention a few, the control of Covid-19 in the US became impossible. Above all, the growth of cases with Covid-19 along with the deaths related to it cannot be overemphasized. Issues associated with contacts' surveillance, reaching the contacted people, contacts tracing, quarantines, isolations, mask wearing in public, washing hands regularly for at least 20 seconds, and social distancing were nonexistence in the US. This is a simple human social behavioral science which many Asians, Russians, Europeans, Canadians, and Africans were able to successfully implement it. But it should be noted that countries such the US, Mexico, and Brazil just to mention a few which doubted the effectiveness of this social science could not control Covid-19 infections today; and it is sad and shameful.

Vaccines Confidences Levels' Implications between Races in the US

US has a notorious history about the usages of vaccinations on minorities in general especially on African Americans in particular. The infamous Tuskegee Experiment in Alabama brings to the minds of many African Americans due to its federal government funded syphilis experiments on Black/African Americans male for more than 40 years without approved informed consent to the forced participants(see Tuskegee Experiment: The Infamous Syphilis Study, 2020 for more). As such, it is fair to understand why Black/African Americans were/are concerned about their low confidences' levels with the acceptances or refusal to participate in these newly developed COVID-19 vaccines. The historic implications of the Tuskegee Experiment Study were overwhelming. Many unknowing participants ended up with severe health problems such blindness, mental impairments, sexual dysfunctional ties, and preventable deaths just to mention a few. Furthermore, history has it that another intentional vaccine was used on Black/African American men in North Carolina as to simply sterilize them as to prevent them from mass reproduction of more babies as to simply reduce the population of Black/African American population in South Carolina. The implications of the North Carolina Experiment were/is unprecedented because between 2015 and 2016 a landmark federal court ruling that requested that the state of North Carolina should pay millions of dollars to surviving family members of this infamous North Carolina Experiment. However, it should be noted that many of the uninformed participants were dead possibly due to the associated implications created by the vaccine, above all, the state contended that the surviving family members must submit endless overwhelming documentations as to prove their blood relationships between the victims and the survivals. **In fact, it is fair to understand as to why Black and Brown especially Black/African Americans lack some forms of trusts in the America Medical System applications in general, because the US has a history of "systemic racism" against Blacks/African Americans more than any other groups of minorities in general. In fact, the well documented America's history about the sections' medical discriminations of the US Medical System when dealing with any sorts of vaccines for Blacks/African Americans in the US speaks for itself.**

As pinpointed by the History Stories (2020):

> The Tuskegee experiment began in 1932, at a time when there was no known treatment for syphilis, a contagious venereal disease. After being recruited by the promise of free medical care, 600 African American men in Macon County, Alabama were enrolled in the project, which aimed to study the full progression of the disease.
>
> The participants were primarily sharecroppers, and many had never before visited a doctor. Doctors from the U.S. Public Health Service (PHS), which was running the study, informed the participants—399 men with latent syphilis and a control group of 201 others who were free of the disease—they were being treated for bad blood, a term commonly used in the area at the time to refer to a variety of ailments. (paras. 1-2)
>
> Above all, this experiment of humanity did not end in Alabama alone because as discovered by additional information by the History Stories in 2020:

> The men were monitored by health workers but only given placebos such as aspirin and mineral supplements, despite the fact that penicillin became the recommended treatment for syphilis in 1947, some 15 years into the study. PHS researchers convinced local physicians in Macon County not to treat the participants, and instead research was done at the Tuskegee Institute. (Now called Tuskegee University, the school was founded in 1881 with Booker T. Washington at its first teacher.)
>
> In order to track the disease's full progression, researchers provided no effective care as the men died, went blind or insane or experienced other severe health problems due to their untreated syphilis.
>
> In the mid-1960s, a PHS venereal disease investigator in San Francisco named Peter Buxton found out about the Tuskegee study and expressed his concerns to his superiors that it was unethical. In response, PHS officials formed a committee to review the study but ultimately opted to continue it—with the goal of tracking the participants until all had died, autopsies were performed, and the project data could be analyzed.
>
> Buxton then leaked the story to a reporter friend, who passed it on to a fellow reporter, Jean Heller of the Associated Press. Heller broke the story in July 1972, prompting public outrage and forcing the study to finally shut down.
> By that time, 28 participants had perished from syphilis, 100 more had passed away from related complications, at least 40 spouses had been diagnosed with it and the disease had been passed to 19 children at birth. (paras. 3-6)

In fact, it is fair to understand the suspensions of Black and Brown especially Blacks/African Americans about the outcomes of vaccinations in general because the US is not surprising because the history of Americans and Europeans about experimentations on Black/Americans and Africans in general were overwhelming. For example, in Congo history has it that some Europeans were conducting some unknown experiments in the shores of Ebola river and thereafter, there came some form of unknown virus' infection named as Ebola disease. Additionally, many Blacks/African Africans argued that there was/is a relationship between children vaccinations and physical and mental health issues such as retardations, impairments, physical handicaps, and autism just to mention a few. Above all, the implications effects of vaccinations cannot be overstated; and some of the minimum effects are fundamental. **The fears about how quick it took the vaccines companies to effectively manufacture COVID-19 vaccines in less than a year and when it may take the historic well known international vaccines companies to manufacture an efficacies vaccines for more than 90% for possibly 5 years, 7 years, or even 10 plus years, was a holistic concern for many minorities (Black & Brown); especially for Blacks/African Americans, who have suffered and have been victims of any types of vaccines for the past 401 plus years historically.**

Approved and Authorized and the Side-Effects Associated with Vaccinations on Human

According to information obtained from Cable News Network (CNN) and CDC in December 2020 about Covid-19 US vaccines' status Pfizer vaccine and Moderna vaccine were approved and authorized by Food and Drug Administration (FDA). First authorized was Pfizer vaccine company which single handedly sponsored its vaccine development by spending 2 billion dollars without any assistances internally and externally. Thereafter, Moderna Vaccine was approved and authorized for emergency use two weeks later; however, Moderna Vaccine was sponsored by the US along with unknown others just to mention a few. Johnson & Johnson is currently in phase 3 trial which started in September 2020; and Novavax 3 trial started in December 2020. Additionally, Sanofi Vaccine is currently in phase ½ according to CNN report in December 2020. However, these vaccines have some different side-effects and storage implications across the board. It is arguable that for American to become fully protected with these vaccines, we knew a minimum of 7 different vaccines, 70% to 75% of Americans should and must be vaccinated, and all Americans should and must return for their second vaccine shots.

The first vaccine shot is considered a prime while the second vaccine shot is considered a buster. However, it should be noted that if the first vaccine shot without the second vaccine shot maybe good enough for COVID-19 immunity remained unknown in all the above authorized and pending authorization by FDA. Furthermore, how long will these vaccinations create immunities for participants remained unknown. Also, how many minorities especially Blacks/African American and Black and Brown participated in the vaccines' trials 1, 2, and 3 remained unknown and these are some moving research parts that need to be addressed with time.

According to updates received from Yahoo News (2021), the Johnson & Johnson vaccines maybe a "gain changer" because it is locally developed and produced in New Jersey and in overseas. Secondly, it does not need to be stored in a super-cold format; and above all, it only needs a onetime dose shot unlike the others the required multiple doses shots. According to Johnson & Johnson its phase 3 trial should be completed by or possibly before the end of January 2021. However, it should be noted that if the above Johnson & Johnson's promises are met, Johnson & Johnson vaccine will surely be a "gain changer" for all in suppressing the out-of-control spreads of COVID-19 in the US.

Preservation of the Authorized and Pending Authorization of COVID-19 Vaccines

According to CDC (2020), COVID-19 vaccines along with other generalized vaccines were designed to work in the following ways:

> To understand how COVID-19 vaccines work, it helps to first look at how our bodies fight illness. When germs, such as the virus that causes COVID-19, invade our bodies, they attack and multiply. This invasion, called an infection, is what causes illness. Our immune system uses several tools to fight infection. Blood contains red cells, which carry oxygen to tissues and organs, and white or immune cells, which fight infection. Different types of white blood cells fight infection in different ways:

- **Macrophages** are white blood cells that swallow up and digest germs and dead or dying cells. The macrophages leave behind parts of the invading germs called antigens. The body identifies antigens as dangerous and stimulates antibodies to attack them.
- **B-lymphocytes** are defensive white blood cells. They produce antibodies that attack the pieces of the virus left behind by the macrophages.
- **T-lymphocytes** are another type of defensive white blood cell. They attack cells in the body that have already been infected. (para. 1)

Above all, CDC (2020) added that there are three types of designed vaccines to first COVID-19 which are:

> Currently, there are three main types of COVID-19 vaccines that are or soon will be undergoing large-scale (Phase 3) clinical trials in the United States. Below is a description of how each type of vaccine prompts our bodies to recognize and protect us from the virus that causes COVID-19. None of these vaccines can give you COVID-19.
>
> - **mRNA vaccines** contain material from the virus that causes COVID-19 that gives our cells instructions for how to make a harmless protein that is unique to the virus. After our cells make copies of the protein, they destroy the genetic material from the vaccine. Our bodies recognize that the protein should not be there and build T-lymphocytes and B-lymphocytes that will remember how to fight the virus that causes COVID-19 if we are infected in the future.
> - **Protein subunit vaccines** include harmless pieces (proteins) of the virus that cause COVID-19 instead of the entire germ. Once vaccinated, our immune system recognizes that the proteins don't belong in the body and begins making T-lymphocytes and antibodies. If we are ever infected in the future, memory cells will recognize and fight the virus.
> - **Vector vaccines** contain a weakened version of a live virus—a different virus than the one that causes COVID-19—that has genetic material from the virus that causes COVID-19 inserted in it (this is called a viral vector). Once the viral vector is inside our cells, the genetic material gives cells instructions to make a protein that is unique to the virus that causes COVID-19. Using these instructions, our cells make copies of the protein. This prompts our bodies to build T-lymphocytes and B-lymphocytes that will remember how to fight that virus if we are infected in the future. (see CDC, 2020, para. 7 for more)

Based on the above information the question now becomes which of these COVID-19 vaccines do you prefer, or do you have any control over which type is given to you?

This is yet another unanswered moving part associated with the COVID-19 pandemic.

Do you prefer to take the vaccine shot of a biologically coded vaccine's designed such as **mRNA** vaccines to instruct your body to copy and generate a defensive attack on COVID-19 infection or do you prefer the **vector vaccine** which will introduce a weakened version of a live virus of COVID-19 that genetically motivate your cells and make protein to first the newly introduced weakened live COVID-19 infection?

This is yet another unanswered moving part associated with COVID-19 pandemic.

Furthermore, do you prefer to take the vaccine shot of **Protein subunit vaccines** include harmless pieces (proteins) of the virus that cause COVID-19 instead of the entire germ?

Finally, do you prefer to take any of the above COVID-19 vaccines shots if you are given opportunity to review the actual approved data statistics that contain robust racial/ethnicities phases' participations in phase 1 trial phase 2 trial, and phase 3 trial?

In fact, this is another viable concern for anybody who intend to take any COVID-19 vaccines shots especially in the Black/Brown communities based on the sad history of the overall outcomes and implications of vaccinations of minorities' short and long-term effects. While these concerns are understandable, it should be noted that many other types of COVID-19 vaccines are currently in the trial's phases of the COVID-19 vaccines' pipelines and hopefully this should give the public and their personal physicians possibly preferred viable options to select from when dealing with the eradication of COVID-19 pandemic.

Currently, COVID-19 US vaccines status are as followed:

Pfizer vaccine was first approved and authorized for emergency use by FDA followed by Moderna vaccine; however, more vaccines are currently in different phases of trials. For example, AstraZeneca vaccine is in phase 3 trial, Johnson & Johnson vaccine is in phase 3 trial, Novavax just stated its phase 3 trial on December 28, 2020 while Sanofi is in phases 1 and 2 trials (see Cable News Network, 2020; Food and Drug Administration, 2020 for more). Other than those COVID-19 vaccines in trials the reported side effects of Pfizer vaccine and Moderna vaccines were somehow similar injection in site reaction at 84.1% versus 91.6%, fatigue at 62.9% and 68.5%, headache at 55.1% versus 63%, muscle pain at 38.3% versus 59.6%, joint pain 23.6% versus 44.8%, chills at 31.9% versus 43.4% respectively between Pfizer vaccine and Moderna vaccine. It should be noted that Pfizer vaccine reported fever at 14.2% as one of the side effects of its vaccine while Moderna reported no fever as its vaccine's side effect (Food and Drug Administration FDA, 2020 for more).

In fact, Pfizer reported its COVID-19 efficacy rate at 90% while Moderna reported 94; however, Pfizer vaccine should be stored and distributed in ultra-sub-negative below zero-degree Fahrenheit while Moderna can be distrusted below freezing as well but not as cool. Beside the above mentioned possible logistic issues associated with both vaccines, they both have short time life shelves upon opening them for usage (see Food and drug Administration FDA, 2020 for more). Above all, both Pfizer and Moderna COVID-19 vaccines are required to take two shots apart in 21 days; both stipulated that the first shot is considered a prime while the second shot is considered a buster just to intensify the vaccines efficacies' levels. However, the question now becomes why two shots as to make COVID-19 vaccines effective, efficient, or proficient instead on a single shot? Did you believe the self-reporting COVID-19 data statistics vaccines' findings or results? Did you know any external authority in the US public health officials other than Pfizer or Moderna internal employees who participated from start to finish in the developments, phases trials, and the certifications of these COVID-19 vaccines?

In summary these are some critical pressing and prevailing questions that need to be addressed with the currently approved Pfizer and Moderna COVID-19 vaccines and possibly with many others to come. As such, the moving parts of these COVID-19 vaccines are still undefined based on social scientific research viewpoints; above all, it

should be noted that **"Self-Reporting"** is considered as one of the many limitations associated with any social scientific research study; because people or companies will tell you what you want to hear or what they think you should hear, just to satisfy their internal or external agreements of their statistically significant benefits' indifferences. Above all, it is good for business, but time will surely tell possibly. It should be noted that the federal government promised that at least 20 million American will be vaccinated with both Pfizer and Moderna vaccines by the end of December 2020; however, at the end of this study in early January 5, 2021 less than 4.5 million Americans have received these vaccines' shots in their arms. Contrarily, this is yet another good example of the US failures and defaults in effectively tackling the COVID-19 pandemic. For example, there rollouts of the vaccines were ineffective, inefficient, and in proficient; above all, the distributions' logistics were complete failure because there no actions' plans about how to move the delivered vaccines into citizens' arms. Moreover, as previously stated above, the shelve lifetime of both vaccines is 24 hours 5 days after opening; and thereafter, these vaccines become irrelevant for usage. Finally, there were lack of leadership up and down the administrative ladders because the federal government very much stipulated that the state will figure the applications out for themselves; above all, the federal government failed to provide any financial funding or structural platforms for the states, districts, counties, or cities to be able to achieve the federal government assumptions. **This yet another good example of how the US was/is unable to effectively tackle the COVID-19 pandemic; as 2001 911 final investigation report concluded the failure of 911 was due to "Lack of Imagination"; and COVID-19 pandemic failures and defaults are good examples of lack of imagination.**

Beside the above, various evidence have resurfaced about the status of the COVID-19 pandemic's late 2020 and early 2021. **According to information obtained from CDC 2021, the new strains of COVID-19 have changed in United Kingdom (UK), South Africa, Brazil, even in the US and many other countries in Europe and worldwide, just to mention a few.** These new strains of COVID-19 according to many public health scholars were/are more contagious than previously estimated. However, whether the currently emergency approved vaccines can successfully tackle these new strains remain unknown. Considering these pressing moving parts about efficacies of vaccines in the eradications of COVID-19 entirely, experts believed that however contagious they may be, they may not be as deadly as the originally identified COVID-19's strain; because the maturationsare like all viruses whenever any animals' viruses jumped into human bodies. Experts concluded that there are 5 phases of maturity. These stages are as followed.

Just to paraphrase, maturation is defined by many micro-biologists worldwide as:

The crucial final phase of virus assembly, which involves large cooperative conformational changes that either directly render the virion infectious or enable it to bind additional components needed for infectivity.

1. Phase penetration
2. Uncoating
3. Gene expression and replications
4. Assembly
5. Release (see CDC, 2020, 2021 for more).

These phases are classified as variants in some cases they may be more contagious in spreading the viruses; and in other cases, they may be less contagious in spreading the viruses. The question now becomes we already know that COVID-19's recent maturation is more contagious; but it is as more deadly due to its rundown contagiousness?

Time will surely tell with additional longevity follow-up research.

These are the five known phases of any type of viruses' infections and the current maturation is nothing new. However, whether the currently approved vaccines such as Pfizer and Moderna among other will be able to effectively, efficiently, or even proficiently tackle COVID-19 remained unknown. More interestingly, it should be noted that prior to the rollout of the above approved vaccines from the pipelines, the federal government estimated that by the end of December 2020, at least 20 million Americans will be fully vaccinated; however, at the end of this research study, less than 3.5 million Americans received the initial shots in Pfizer and Moderna vaccines. As to simple quantify the data statistics, the mean 3.5 million out 20 million or 17.5 Americans received their initial primer shots; and the busters' shots are still up in the air for unresolved political and leaderships' debates. This is yet another reason as to why controlling COVID-19 effectively, efficiently, or even proficiently is a dream for many Americans to take about indefinitely. Above all, it should be noted as well that the federal government leaderships did not plan to assist the states, districts, counties, or cities' leaderships with the pinpointed applications, financial assistances, or directives' platforms about how to smoothly administer these approved vaccines. As such, stating that this was/is a failure is an understatement.

THEORETICAL FRAMEWORK

Theoretical framework This study used **Social Construction of the Ideology of Reality Theory** in making decisions what any government use in addressing any peace of pandemics times (see Berger & Luckmann, 1966 for more). This theory assists leaderships being public or private leaderships to make decision due to the Social Construction of the Ideology of Reality Theory. As a result of the previously pinpointed issues that dealt with lack of transparencies about COVID-19 races' differences actual and accurate effects this theory fits perfectly in this study; hence it was selected.

Conceptual Framework

This study also used the conceptual formula known as Atatah's "**Statistical Significant Differences Multiplier" (SSDM)** as a way of 95% accuracies in estimating actual future occurrences and outcomes because of lack of transparencies in many organizations worldwide. More significantly this formula assisted this study in estimating the possible COVID-19 cases, hospitalizations, deaths, and many others just to mention a few. Due to the overwhelming inconsistencies with COVID-19 actual cases, deaths, hospitalizations, races indifferences from state to state in the US, and due to the overwhelming polarizations of COVID-19 as a humanistic rather than political indifferences, among many, this SSDM formula was selected in this study because it fits perfectly as well (Atatah et al., 2013; Berger & Luckmann, 1966; Frankfort-Nachmias & Nachmias, 2008; Creswell, 2009 for more).

DESIGN AND METHODOLOGY OF THE STUDY

This study used a quantitative methodology Non-Experimental "Descriptive Statistics" research method to quantify its data statistics collections from its secondary and primary data to analyze its statistical differences between its independent and dependent variables (see Frankfort-Nachmias & Nachmias, 2008; Creswell, 2009 for more).

Collection of Data

This study data collections were divided into two sections: due the inconsistencies data statistics' reports in general about COVID-19 effects on minorities especially Blacks/African Americans. These secondary data were collected from CDC along with FDA for generalized cases, races, hospitalizations, death, sexes, ages, deaths, and geographical locations of COVID-19. It should be noted that the accuracies of these data statistics cannot be guaranteed. However, this study simply analyzed the public domain statistical data provided by CDC and FDA. Also, this study collected its primary data with a "**quantitative designed survey instrument"** that was pinpointed to investigate the Blacks/African Americans confidences levels as to explore COVID-19 vaccines efficacies in general.

Hypotheses

This study hypothesized two major Alternative Hypotheses:

Alternative Hypothesis 1: *H1*

1. There are relationships between races' identifications and their infections' implications and deaths of COVID-19 especially among Blacks/African Americans in general in the US.

Null Hypothesis 1: *H0*

1. There are no relationships between races' identifications and their infections' implications and deaths of COVID-19 especially among Blacks/African Americans in general in the US.

Alternative Hypothesis 2: *H1*

2. There is lack of vaccines shots' confidences levels between minorities in America; especially among Blacks/African Americansin general in the US.

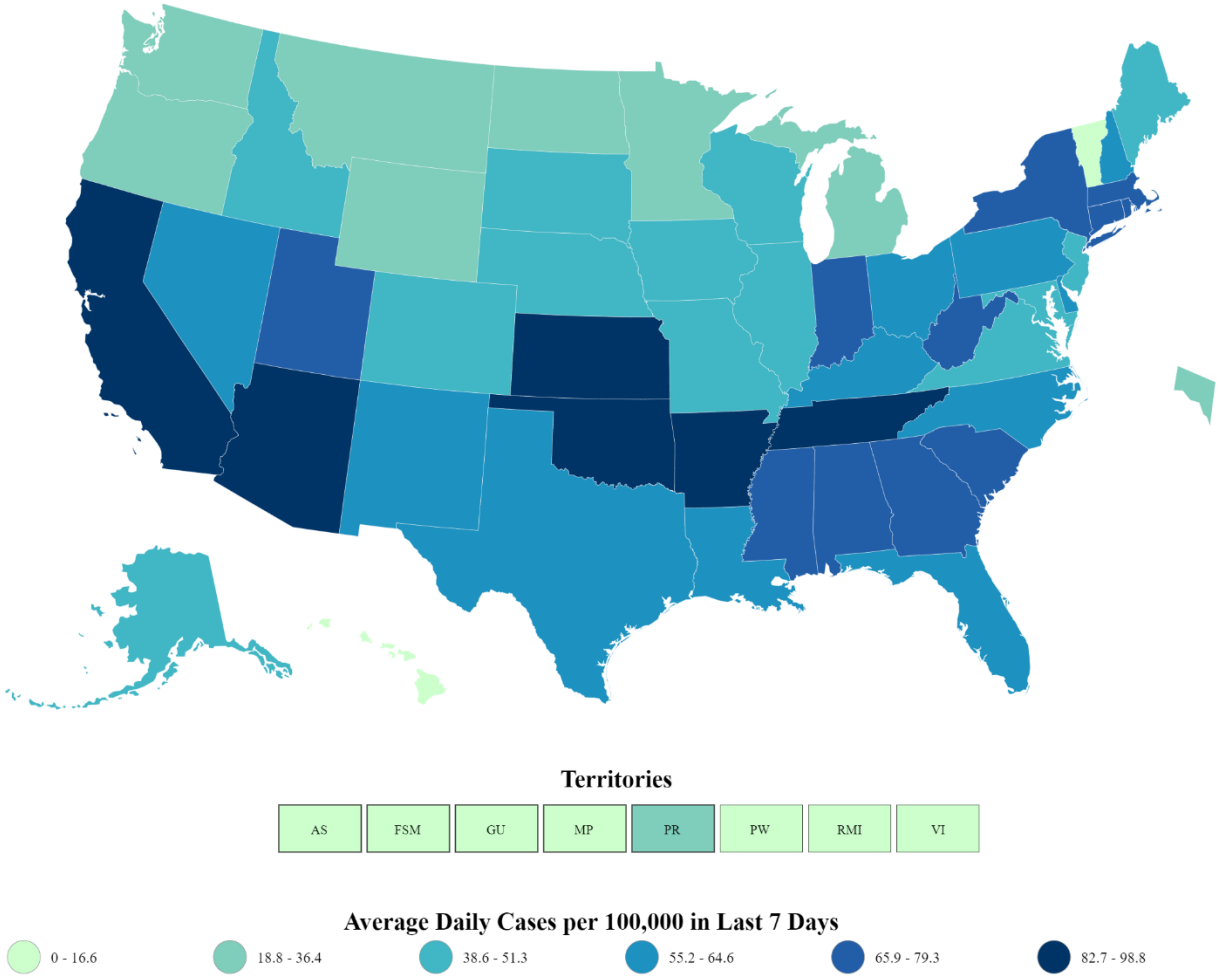
Null Hypothesis 2: *H0*

2. There is no lack of vaccines shots' confidences levels between minorities in America; especially among Blacks/African Americans in general in the US.

These were the two major hypotheses investigated in this study.

RESULTS AND FINDINGS OF THE STUDY

Figure 1. US COVID-19 Average Daily Case Rate in Last 7 Days, by State/Territory (cases per 100K)

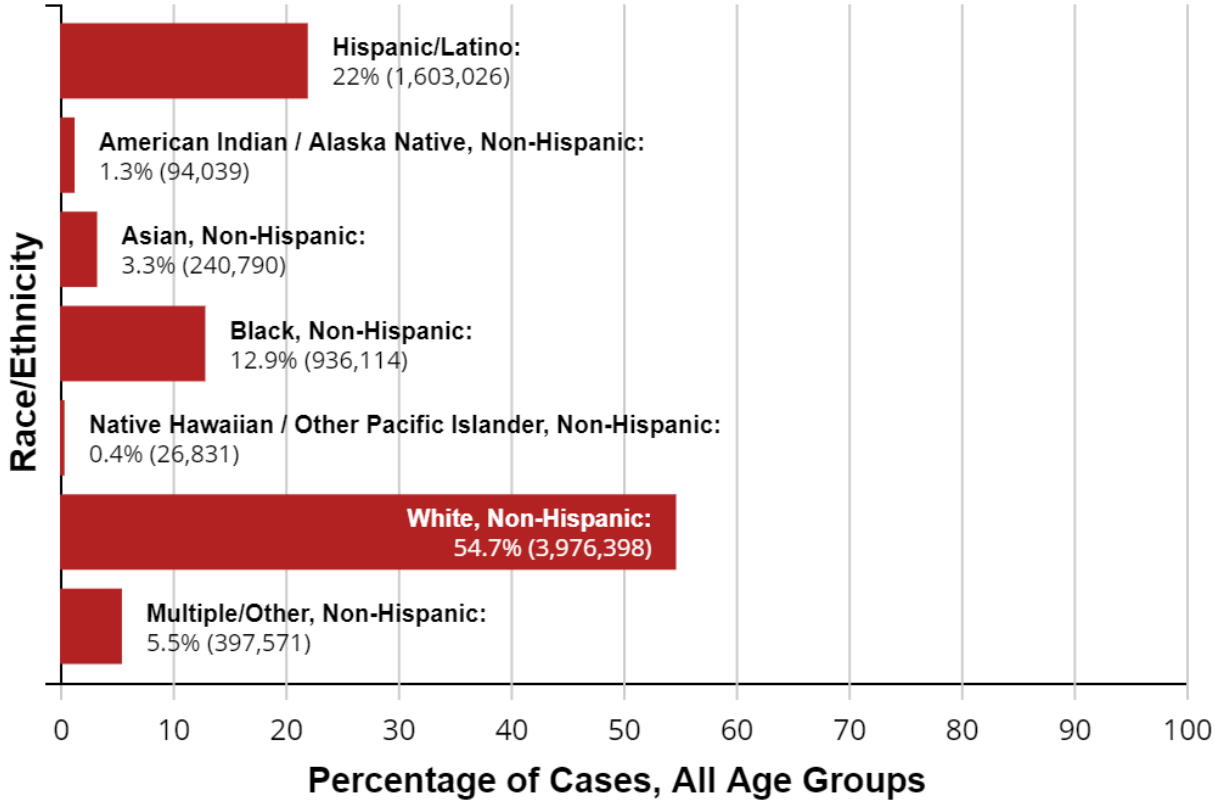


CDC Public Domain, 2020

Figure 1 showed average daily cases of CPVID-19 infection in 7 days based on the US map the darkest blue states had 83 to 99 thousand new cases in one week (see figure 1 above & CDC, 2020 for more)

Figure 2. Cases by Race/Ethnicity

Data from 14,154,124 cases. Race/Ethnicity was available for 7,274,769 (51%) cases.

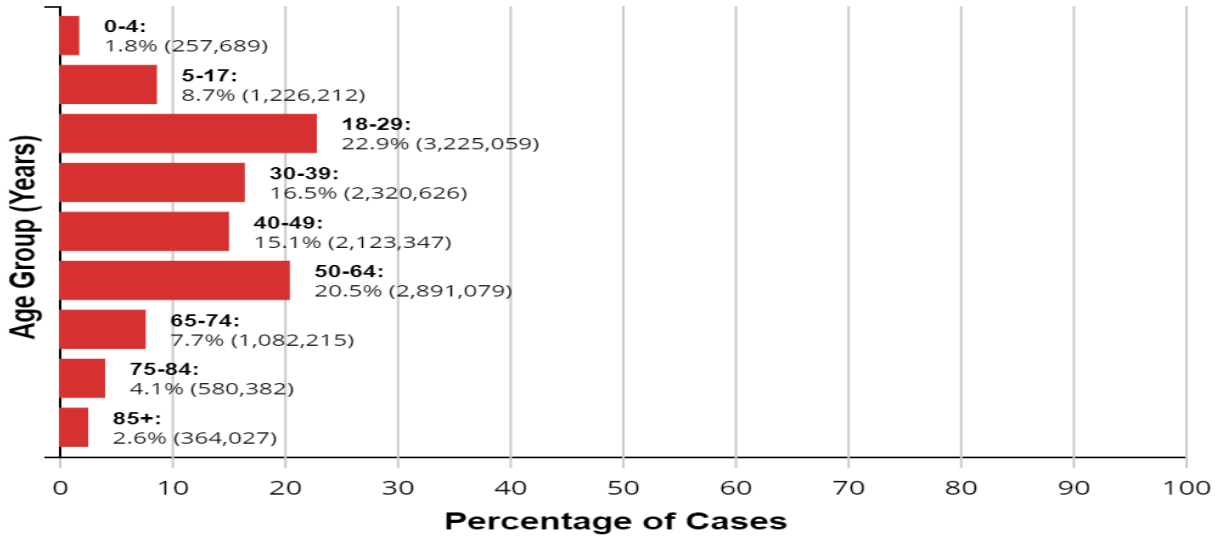


CDC Public Domain, 2020

Figure 2 showed percentages of COVID-19 cases all age groups' race/ethnicity; Hispanic was 22%, Asians were 3.3%, Black/Non-Hispanic were 13% while White Non-Hispanic were 55%(see figure 2 above & CDC, 2020 for more).

Figure 3. Cases by Age Group

Data from 14,154,124 cases. Age group was available for 14,070,636 (99%) cases.

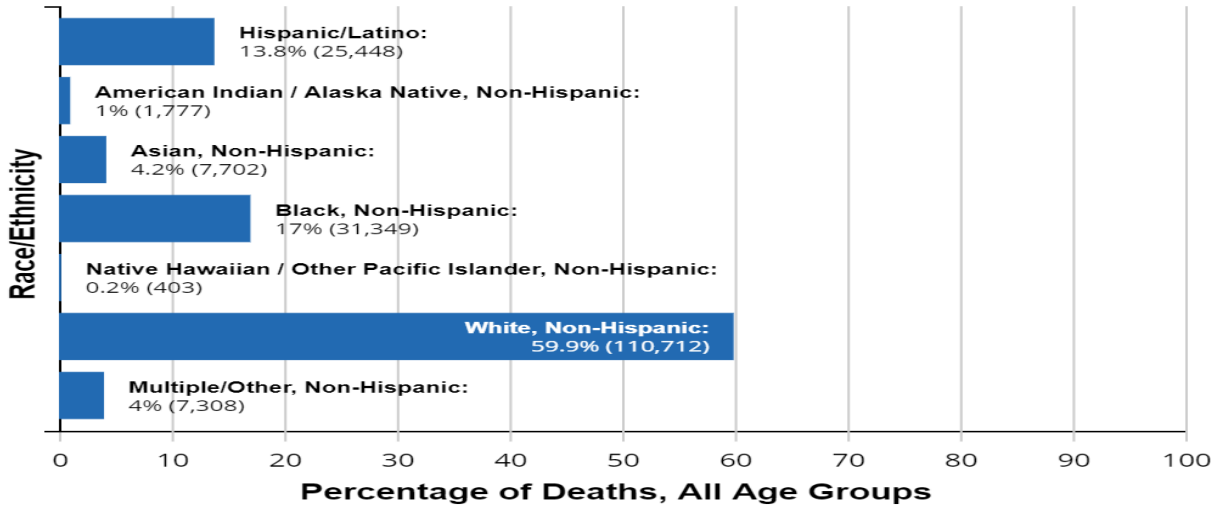


CDC Public Domain, 2020

Figure 3 showed age group years percentages of COVID-19 cases the high with the infection were ages between 18 to 29, 50 to 64, while the low was those between the ages of 0 to 4 years and 85 years plus (see figure 3 above& CDC, 2020 for more).

Figure 4. Deaths by Race/Ethnicity

Data from 235,574 deaths. Race/Ethnicity was available for 184,699 (78%) deaths.

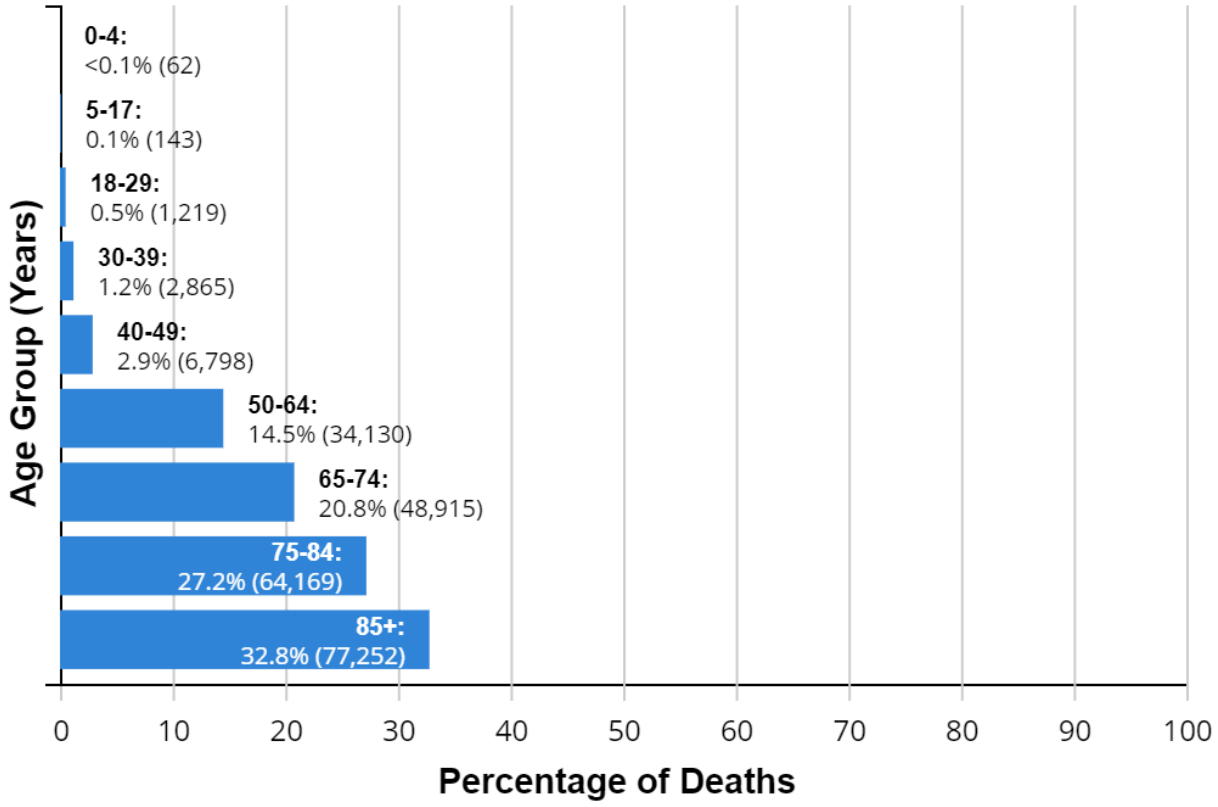


CDC Public Domain, 2020

Figure 4 showed race/ethnicity percentages of deaths from COVID-19 infection in all age groups. Hispanic/Latino were 14%, Black/Non-Hispanic were 17%, and White/Non-Hispanic accounted for 60% (see figure 4 above & CDC, 2020 above for more).

Figure 5. Deaths by Age Group

Data from 235,574 deaths. Age group was available for 235,553 (99%) deaths.

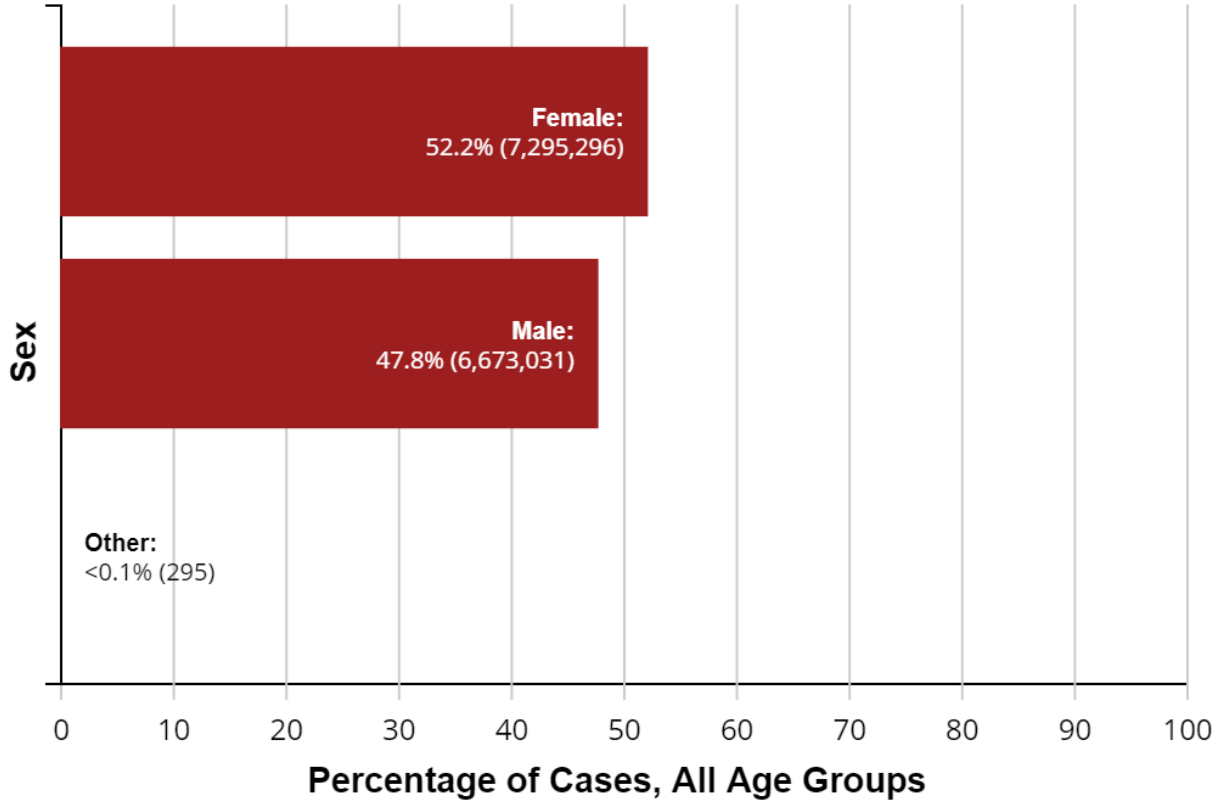


CDC Public Domain, 2020

Figure 5 showed the death cases from COVID-19 infection based on their ages; 85 years plus accounted for 33%, 75-84 elders accounted for 27%, 65-74 accounted for 21%, while 50-64 accounted for 15% (see figure 5 above & CDC, 2020 for more).

Figure 6. Cases by Sex

Data from 14,154,124 cases. Sex was available for 13,968,622 (98%) cases.

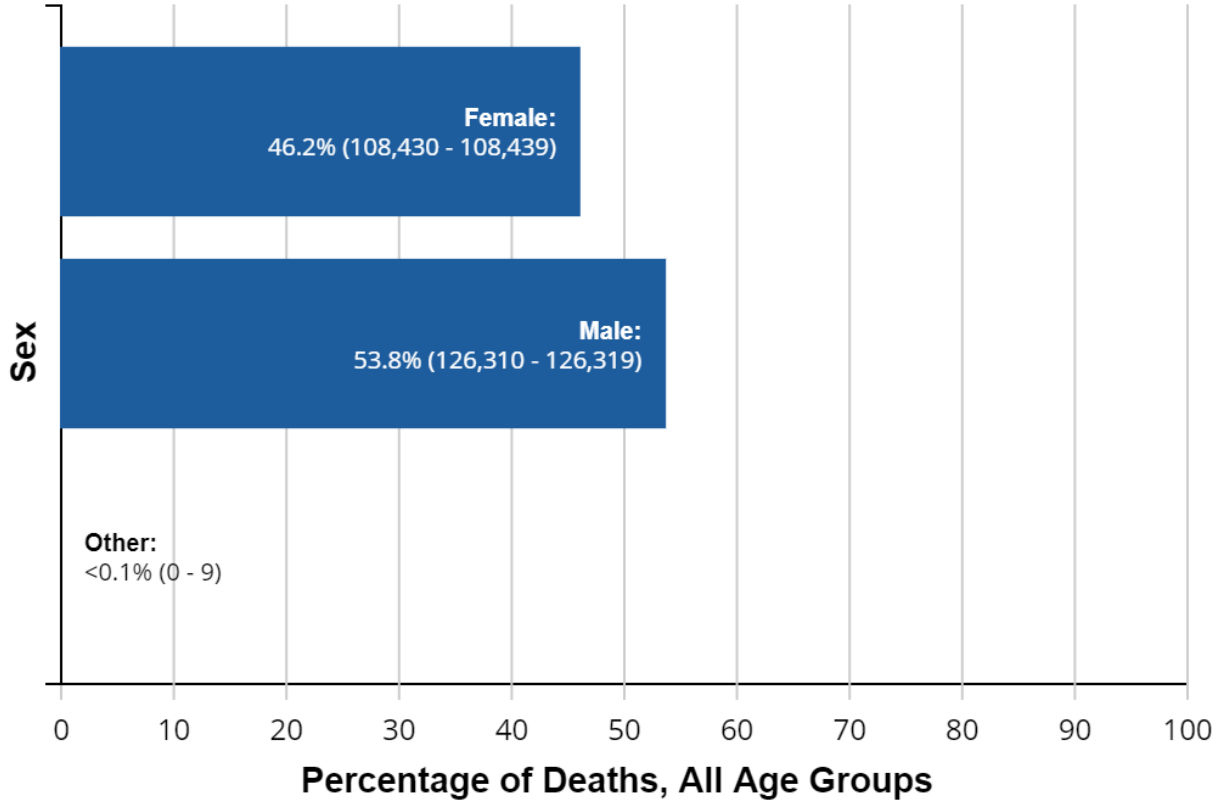


CDC Public Domain, 2020

Figure 6 showed percentages of COVID-19 infection in all age group based on their sex; females accounted for 52.2% while males accounted for 47.8% (see figure 6 above & CDC, 2020 for more).

Figure 7. Deaths by Sex

Data from 235,574 deaths. Sex was available for 234,749 (99%) deaths.



CDC Public Domain, 2020

Figure 7 showed percentages of COVID-19 deaths in all age group based on their sex; females accounted for 46.2% while males accounted for 53.8% (see figure 7above & CDC, 2020 for more).

Table 1. Statistics Vaccines Confidences Levels

COVID-19 Vaccines Confidence Levels Among Black/African Americans

N	Valid	1000
	Missing	0
Mean		2.4330
Std. Error of Mean		.03833
Median		2.2853[a]
Mode		4.00

Std. Deviation	1.21201
Variance	1.469
Skewness	.213
Std. Error of Skewness	.077
Kurtosis	-1.525
Std. Error of Kurtosis	.155
Range	3.00
Minimum	1.00
Maximum	4.00
Sum	2433.00

a. Calculated from grouped data.

Table 1. showed the vaccines confidence's levels among Blacks/African Americans; the mean was 2.43, the median was 2.29, the standard deviation was 1.21, and there no missing numbers (see table 1 above for more).

Table 2. Frequencies Distributions of COVID-19 Vaccines Confidence Levels Among Black/African Americans

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Females "YES" to the Vaccines Shots	289	28.9	28.9	28.9
	Females "No" to the Vaccines Shots	311	31.1	31.1	60.0
	Males "Yes" to the Vaccines Shots	78	7.8	7.8	67.8
	Males "No" to the Vaccines Shots	322	32.2	32.2	100.0
	Total	1000	100.0	100.0	

Table 2. showed the frequency distribution of COVID-19 vaccines confidence's levels among Blacks/African Americans; 289 females out of 1000 participants or 29% said yes to COVID-19 vaccines' shots, while 78 males out of 1000 or 7.8% said yes to COVID-19 vaccines' shots, while 322 males out of 1000 or 32% participants said no to COVID-19 vaccines' shots;there were no missing numbers (see table 2 above for more).

Figure 8

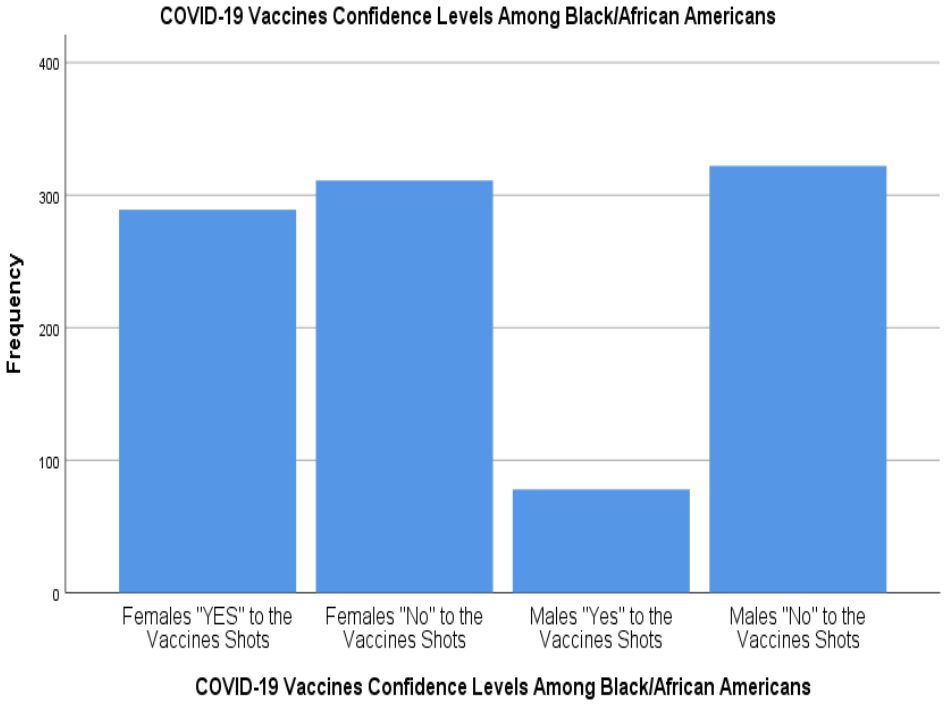


Figure 8. Showed the graphic data statistics bar chart of Blacks/African Americans confidences levels about COIVD-19 vaccines' shots (see figure 8 above for more).

Figure 9

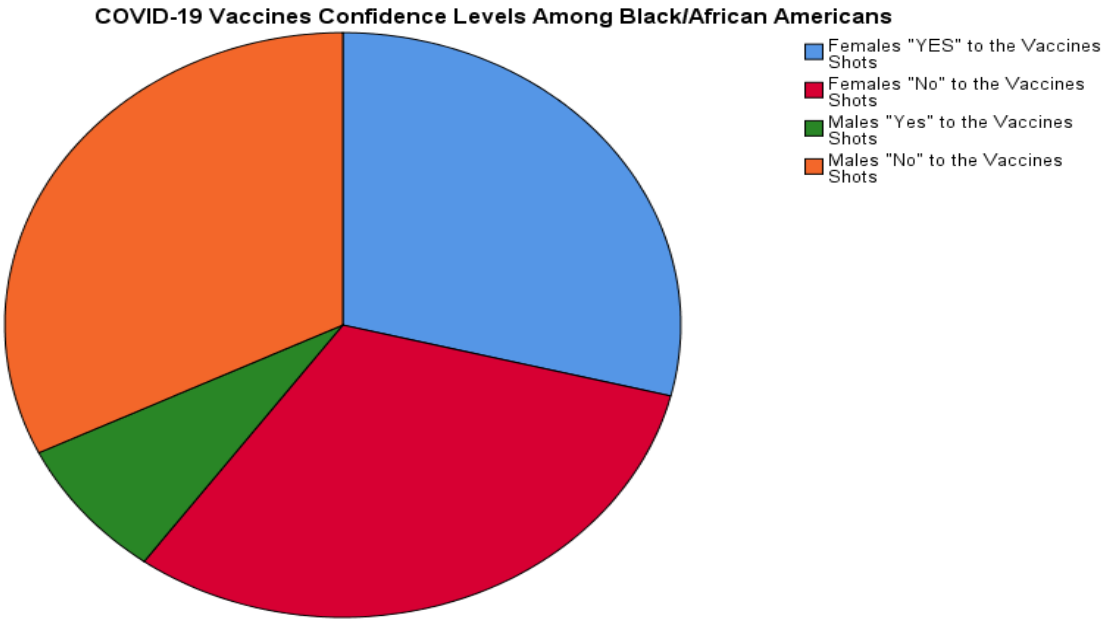


Figure 9. Showed the graphic data statistics pie chart of Blacks/African Americans confidences levels about COIVD-19 vaccines' shots (see figure 9 above for more).

Figure 10. Histogram

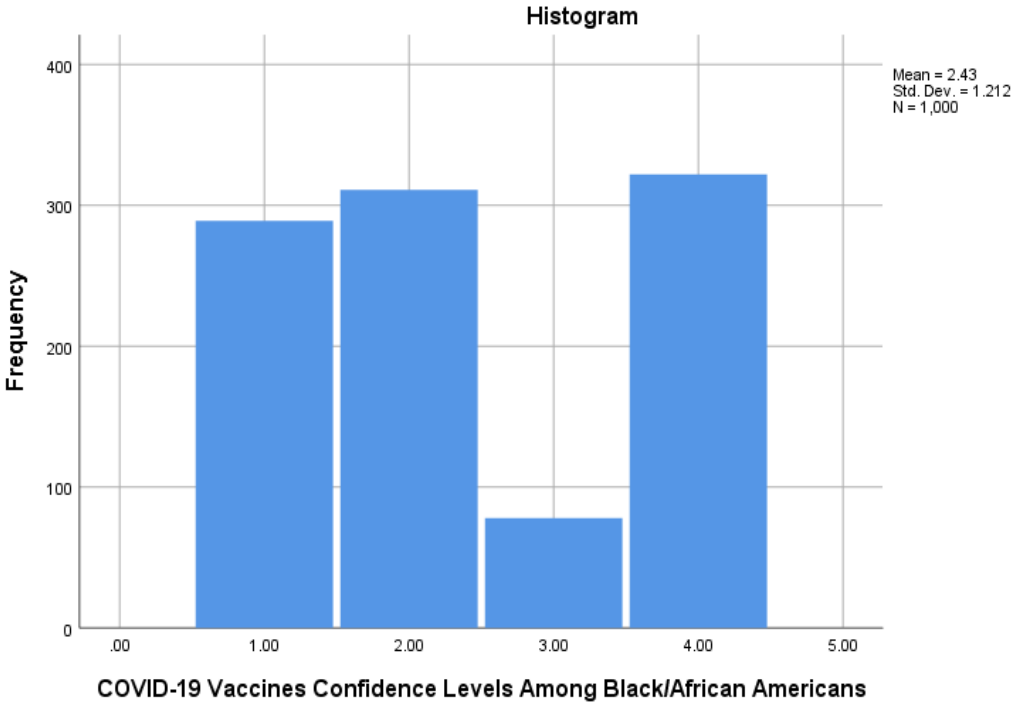


Figure 10. Showed the graphic data statistics histogram distribution's chart of Blacks/African Americans confidences levels about COIVD-19 vaccines' shots, the means was 2.42 and the standard deviation was 1.21 (see figure 10 above for more).

Table 3. One Sample Test

One-Sample Test

	Test Value = 0					
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference Lower	Upper
COVID-19 Vaccines Confidence Levels Among Black/African Americans	63.480	999	.000	2.43300	2.3578	2.5082

Table 3. showed the actual 95% confidence internal of the difference between Blacks/African Americans about COVID-19 vaccines shots; the lower level was 2.36 while the upper level was 2.5 and the statistically significant 2-tailed threshold was .000, the were no missing numbers (see table 3 above for more).

Interpretations of the Results and Findings of the Study

Based on the overwhelming data statistics generated by this study, the study found that US leaderships efforts to contain the spreads of COVID-19 between early 2020 until date were complete failures. The study found that the numbers of recoded infections and deaths climbed significantly from exceptionally low cases of less than 5000 a week to more than 1000000 plus cases weekly. The study further found that percentages of COVID-19 cases all age groups' race/ethnicity; Hispanic was 22%, Asians were 3.3%, Black/Non-Hispanic were 13% while White Non-Hispanic were 55% just to mention a few. This means that Hispanics were 7% above their population's counts, Blacks/African Americans were 1% less than their population's counts, Whites were 11% less than their populations' counts, Asians were more than 2% higher, while Native Indians/Alaska Natives were more than .03% higher than their population's counts in the US. The study found differences in ages differences in COVID-19 infections in the US for example, age group years percentages of COVID-19 cases the high with the infection were ages between 18 to 29, 50 to 64, while the low was those between the ages of 0 to 4 years and 85 years plus across the board. This means younger children between the ages of 18 to 29 and mid aged adults between the ages of 50 to were more likely to contact COVID-19 infections than other groups.

Beside the above data statistical results and findings of the study, the study also found that race/ethnicity percentages of deaths from COVID-19 infection in all age groups. Hispanic/Latino were 14%, Black/Non-Hispanic were 17%, and White/Non-Hispanic accounted for 60% which means the followings; Hispanics were 1% likely to die from COVID-19 infections, Blacks/African Americans were above 4%, Whites were less than 7% Asians were 3% above, and Native Indians/Alaska Indians were almost 1% to die from COVID-19 infections. The study found that death cases from COVID-19 infection based on their ages; 85 years plus accounted for 33%, 75-84 elders accounted for 27%, 65-74 accounted for 21%, while 50-64 accounted for 15% while infected victims between the ages between the ages of 0-1, 5-17, 18-29, 30-39, and 40-49 were less likely to die from COVID-19 infections. The study also found that that percentages of COVID-19 infection in all age group based on their sex; females accounted for 52.2% while males accounted for 47.8%; this means that females were more than 4.4% more likely to be infected by COVID-19 than males. It should be noted that females stay more contacts time with the children who are more likely the super spreaders of COVID-19 infections due to their overwhelming internal and external activities. Finally, the study found that percentages of COVID-19 deaths in all age group based on their sex; females accounted for 46.2% while males accounted for 53.8%; this means while females in general were more likely to be infected by COVID-19, males were more likely to die from COVID-19 infections at the rate of 7.6% as compared to females.

Interpretations of Vaccines Confidences Levels among Blacks/African Americans

The study found that of the 1000 participants in the survey,the vaccines confidence's levels among Blacks/African Americans showed the mean was 2.43, the median was 2.29, the standard deviation was 1.21 and there were no missing numbers. The study also found that the frequency distribution of COVID-19 vaccines confidence's levels among Blacks/African Americans; 289 females out of 1000 participants or 29% said yes to COVID-19 vaccines' shots, while 78 males out of 1000 or 7.8% said yes to COVID-19 vaccines' shots, while 322 males out of 1000 or 32% participants said no to COVID-19 vaccines' shots. This means that females who participated in the study had 226.2% higher vaccines shots confidence levels as compared to the male participants. The study further found that

males had less vaccines' shots confidence levels at 105% less likely to submit to vaccines' shots as compared to the female's counterparts. This means that from overall statistical data analyses' standpoint, Blacks/African Americans females were more opened to taking the COVID-19 vaccines' shots as compared to the males. This shows possibly underscored the history of systemic racism in the US which was more profound against Blacks/African American males than the Blacks/African Americans' females in general. For example, issues such the infamous Tuskegee Experiment, the North Carolina and South Carolina Black men's sterilizations experiments which targeted Black men, discriminative issues of Mississippi, Louisiana, Texas, Oklahoma, Missouri, Kansa, Alabama and majority of states and cities in the US against Black men along with many other southern US discriminations against Black men in general posed their lack of COVID-19 vaccines' shots confidence levels and fears for any types of treatments. As such, the lack of trust in the US medical systems and applications' processes, along with the lack of actions by federal organizations such as OSHA and EPA were deeply fundamental among Black men than the Black women.

Analyses of the Hypotheses' Interpretations of the Study

This study investigated and explored two major hypotheses which were:

Alternative Hypothesis 1: *H1*

1. **There are relationships between races' identifications and their infections' implications and deaths of COVID-19 especially among Blacks/African Americans in general in the US.**

This study found based on the data statistics obtained from CDC in 2020 that minorities in general such as Black and Brown especially Blacks/African Americans have some relationships races' identifications and their infections' implications and death of CORONAVIRUS or COVID-19 effects. For example, while the data statistics analyzed were however suppressed the study found that Blacks/African Americans exceeded their populations' percentages in COVID19 infections and deaths. It should be noted that Blacks/African Americans men and women were/are twice more likely to get infected or die from CORONAVIRUS or COVID-19 as compared to the White counterparts. Above all, the reviewed data did not show the reported from cities to cities in the US pinpointed that Blacks/African Americans were overwhelmingly "Hot-Hit" with CORONAVIRUS or COVID-19 implications negatively as compared to the White counterparts (see tables 1 to 3 & figures 1 to 10 for more).

Alternative Hypothesis 2: *H1*

2. **There is lack of vaccines shots' confidences levels between minorities in America; especially among Blacks/African Americans in general in the US.**

The study found that there were/are lack of vaccines shots' confidences levels between minorities in America; especially among Blacks/African Americans in general in the US. The study found based on the survey instrument used in collecting data statistics in this study, Blacks/African American women were more opened to try COVID-19 vaccines shots as compared to men. The study also found that Blacks/African American men were overwhelming more reluctant in exposing their arms to any kind of shots especially COVID-19 vaccines shots. Based on the above, the study summed that Blacks/African American men were/are posed a lower confidences

levels with COVID-19 vaccines shots as compared to the women; talk less of the White counterparts who did not participant in this study (see tables 1 to 3 & figures 9 & 10 for more).

Interpretation of Theoretical Framework Confirmations and Disconfirmations

This study used **Social Construction of the Ideology of Reality Theory** in making decisions what any government use in addressing any peaceful times or pandemics times (Berger & Luckmann, 1966) and found the followings:

1. The study found that majorities of decisions made the public policy administrators, health care administrators, political leaders in general made their decisions based on assumptions and presumptions based on the races of the victims.
2. The study found that decisions were/are made based on the races of the CORONAVIRUS or COVID-19 infected clusters.
3. The study found that causes of infections of COVID-19 and deaths were/are classified on races' bases rather than scientific-research evidence's bases.
4. The study found that the distributions of technical supports were basically based on the colors of the victims instead of the intensities or critical needs of the victims.
5. The study found that the technical supports or generalized supports were based on the victims'geographical locations rather the being based on the supports of the most critical victims' needs.
6. Finally, the study found that survivals' assistances were/are also based on the races of the victims rather than the **most needed victims'** geographical, financial, economicor social classifications.
7. The study found many overwhelming data statistics that poor public policies decisions were/are made against minorities in general when it comes to Blacks/African Americans in the US COVID-19 preventions and treatments.

Based on the finding of this study, that means that the study confirmed that when it comes to COIVD-19 inabilities to prevent the spreads CIROINAVIRUS or COVID-19, decision were/are primarily made based on the races of the victims rather than those who need helps the most.

Interpretation of Conceptual Framework's formula known as Atatah's "Statistical Significant Differences Multiplier" (SSDM) Confirmations and Disconfirmations

1. The study found that there were/are overwhelming data collections statistics with CORONAVIRUS or COVID-19 infections and deaths among minorities in general especially against Blacks/African Americans in particular.
2. For example, while overwhelming and crying for helps and assistances from the local, states, and federal government entities for lifesaving assistances by the minority's communities in general, especially among the Blacks/African Americans communities, these entities failed to provide the cries for helps and assistances, instead, they downplayed their actual needs during a critical time like COVID-19.
3. Studies upon studies have shown that Black and Brown especially Blacks/African Americans were/are more likely to get infected or die from COVID-19, the data reviewed and analyzed from CDC 2020 did not indicate this pinpointed viewpoint. As such, if the Atatah's "Statistical Significant Differences Multiplier"

(SSDM) is use to analyze the data the results will be overwhelming (see Atatah et al., 2013; Berger & Luckmann, 1966; Frankfort-Nachmias & Nachmias, 2008; Creswell, 2009 for more).

4. **For example, if we have almost 425,000 plus deaths in the US today, this means that minorities in general were more likely to die from COVID-19 affections at the rate of 68% as compared to 32% White counterparts. Blacks/African Americans were more likely to die from COVID-19 infections at 34%, Hispanics at 28%, not to add the other minorities' groups, as compared to the rest of the US reported cased.** This simply means that the reported numbers do not add up. Furthermore, Blacks/African Americans and Hispanics account for the 60% plus **US frontend employees, essential employees, frontline services employees, medical low ends employees**, just to mention a few. **Studies upon studies have shown that their populations of minorities' employees especially Blacks/African Americans employees posed higher marginal propensities to contact COVID-19 infections; and due to lack of affordable insurances to properly take good cares of them upon being sick, lack of healthcare affordability, lack of accessibilities, they even posed higher marginal propensities to die in a short while as compared to the white counterparts.**
5. Based on the daily death rates associated with COVID-19 more than 3000 plus in late 2020 and more than 4000 plus in early 2021 (CDC, 2020, 2021), if the simplified social scientific researchers' recommendations such as keeping social distancing, wear your masks in private and public places, air your houses out to bring fresh air, and wash your hands regularly are ignored, **SSDM calculates and predicted that there will possibly between 600,000 to 650,000 Americans will die from COVID-19 infections by the end of March 2021.**

As such, this study confirmed that **Atatah's "Statistical Significant Differences Multiplier" (SSDM) could have** been easily used to verify the actual quantifications of infections and deaths data statistics rates of COVID-19 in the in 2020, 2021, and possibly beyond. Above all, an aged statistic saying goes that "**Numbers don't lie; people do**." For example, SSDM works on the 95% statistical significance differences and anything less than 95% means that there is no relationship between dependent and independent variables. However, it should be noted that when testing SSDM the dependent and independent variables' behaviors should and must remain consistent across the board; weekly, monthly, and annually for SSDM to give the closest to accurate estimated future data. For instance, due to riots, protests, large crowd outdoors campaigns, and due to refusal to comply with social scientific researchers' overall recommendations, SSDM will give you grossly higher data statistics which may be inaccurately higher in COVID-19 infections and deaths; but it should be expected, due to significant changes in dependent and independent variables' behaviors. In this study, there was a significant relationship between dependent and independent variables **Therefore, the conceptual Atatah's SSDM was confirmed in this study; because questionable statistical issues of credibility, reliabilities, validities, and accuracies were missing based on the data analyzed in this study. This SSDM module was designed to estimate future data statistics outcomes if only the current available data were not as accurate as they can be due to too many moving parts. It should be noted that overall suppressions of bad data was/is not only common in the US, but they were/are quite common in many countries worldwide.**

IMPLICATIONS OF THE STUDY

This project showed several significance and implications to participants, researcher/s, healthcare practitioners, public policies makers, and others in several ways.

1. This study shed some lights that public policies makers should and must understand that contagious diseases such as any type of coronavirus especially COVID-19 has no limitations in its boundaries' penetrations.
2. It shed some lights that COVID-19 has no financial status, economic status, social status, or racial barriers, when it comes to infections and possibly dying from its overwhelming goals and objectives
3. It also shed some lights that misclassifications and misinformation about the actual paradigms of COVID-19 infections and causes of deaths can not only be misleading, but there can also and will always be counterproductive to all Americans eventually.
4. It further shed some lights that vulnerable populations in the US such Black and Brown especially Blacks/African Americans should and must be self-educated to find proactive and workable applications as to sustain COVID-19's side effects and complications.
5. It exposes the historic systemic racism of US leaderships against Black and Brown especially against Blacks/African Americans for more than 401 plus years.
6. This study shed some visible lights about inequalities, inaccessibility, differences, and indifferences in healthcare treatments when dealing with Black and Brown; especially when dealing with Blacks/African Americans in particular.
7. The study showed that Blacks/African Americans were/are still suspicious and uncomfortable with any vaccines in general and especially about any types of medical treatments in the US.
8. This study exposed the institutional racism against Black and Brown especially against Blacks/African Americans which is historic.
9. This study shed some lights that politization and actual social scientific facts and evidence-based outcomes do not mix.
10. Above all, this study underscored how prepared, lack of preparations, and lack of planning as stipulated by the overwhelming research studies conducted by Ngene et al. (2018) and Kisavi-Atatah et al. (2018) which addressed the issues of sustainability based on populations increases, live-able environmental increases, social responsibilities increases, public obligational increases and how to proficiently tackle them without creating humanistic crisis such Hurricane Harvey, Hurricane Katrina, Houston populations overgrowths, energies shortages, and many more to come just to mention a few (see Ngene et al., 2018; Kisavi-Atatah et al., 2018 for more).
11. This study negatively showcased that whenever it comes to how prepared and ready we are as a country the United States of American (USA), whenever faced with either human disasters or natural disasters such Ebola, Zika Virus, Malaria, Polio, Dinger Fever, West-Nile Disease, especially COVID-19 2020 and 2021, we all need to go back to the drawing board holistically (see Atatah et al., 2015; Atatah., 2016; Atatah et al., 2016 for more).
12. Finally, the study found that the ideologies of being self-served interests, financial-served interests, political-served interests, and popularities served interests never work; it always amplifies the marginal propensities to become unequivocally fundamental in the short falls (see Berger & Luckmann, 1966 for more).

LIMITATION OF THE STUDY

This study showed many limitations and due to the endless lists of the limitation's items, some were addressed below.

1. One of the most visible limitations was inconsistencies of data statistics which made it challenging to agree or disagree with the coded outcomes.
2. Federal, states, counties, districts, and cities data statistics also showed overwhelming inconsistencies with coded data statistics as well.
3. Identifications of time of COVID-19 infections, time of showing symptoms, and the time of actual hospitalization were all questionable.
4. Certifications of the "cause of death" posed another limitation for this study due to again another data statistics inconsistency.
5. Regional internal and external intervals statistical insignificance data reports indifferences also posed another limitation for this study.
6. Chronic historic institutional systemic racism against Black and Brown especially against Blacks/African Americans in the US posed a profound limitation to this study.
7. The types of frontline jobs that Black and Brown do in the US especially Blacks/African Americans is yet another limitation to this study; because whenever anybody is overly exposed to the excessive availabilities of COVID-19 infections' virus, it does not take a rocket scientist to figure out why such person's infection is higher as compared to their counterparts.
8. Lack of health care treatments accessibilities, lack of affordable health care services, and lack of equalities health of health care distributions served as another profound limitation to this study.
9. Discriminations against Black and Brown especially against Blacks/African Americans in the US is a fundamental drawback to this study.
10. And finally, politicizations of numbers' report internal and external data reports' interests also posed some limitations in this study; and the lists goes on.

SIGNIFICANCE OF THE STUDY

This study showed several significance and implications to participants, researcher/s, healthcare practitioners and others in several ways.

1. This study opened the US and the world to see and understand the long history of systemic racism in the US when dealing with minorities in general; especially when dealing with Black/African Americans in particular.
2. This study showcased the ways public policies decisions making process were/are implemented in the US in general especially when these decisions' efficacies were/are of the health well-beings of minorities in general; especially whenever if they deal with Blacks/African Americans.
3. This showed that whenever it comes to any written public policies on the paper, there were/are always differences whenever it comes to the races of the victims in general; especially whenever it comes to assisting Blacks/African Americans in the US.

4. This study showed that when it comes to public or private polices the implementations of the written policies were/are always double or even triple folded.
5. This study further showed that the possibilities of any minorities especially Blacks/African Americans in the US from dying from simple illnesses such as Flu, common cold, or even COVID-19 are imbedded into the systems' structural racism in the US.
6. This study showed some well-designed health care institutional racism against minorities in general; especially when dealing with Blacks/African Americans in the US.
7. The study showed the understandable reasons as to why majorities of minorities in the US, especially Blacks/African Americans were/are distrustful about any types of medical processes or procedures.
8. This study showed financial, social, economics, racial, gender, and classificational inequalities in the US in general especially when dealing with Blacks and Brown versus Whites.
9. This study showed the effects of "social injustice" due to lack of actions, concerns, or even reactions the US leaderships when dealing with minorities in general; especially when dealing with Blacks/African Americas in the US. It should be noted that COVID-19 is contagious; and the assumptions and presumption that it will only affect minorities especially Blacks/African Americans alone, becomes an overall unequivocal fantasy. This fantasy tied into Dr. Martin Luther King. Jr. warning that "**We are all tie together in one inescapable network; whatever touches one directly, touches all the others directly**" (M. L. King. Jr. 1963-1968, personal communication), and that is COVID-19's paradigm today.
10. Furthermore, this study showed how a "natural mystic" such as COVID-19 operates without any conclusive explanation as to why, which tied to a song that was written and sang legendary musician entitled "**Natural Mystic**" more than 45 plus years ago. "**It is a natural mystic flowing through the air; if you listen carefully you will hear it; many more will have to suffer, many more will have to die, and don't ask me why. Things are not the way they used to be you can't tell no lie. You can't go through past and don't tell no lie**" (Robert Nester Marley, AKA Bob Marley, 1975-1980, personal communication), and that is COVID-19's paradigm today.
11. This study showed that COVID-19 was/is a systematic and symmetric **QUAGMIRE**; and all US and worldwide leaderships should and must go back to the "drawing boards" as to find some effective, efficient, and proficient ways in successfully containing it.
12. The study showed that statements made in the news media especially on televisions or any types of current social media entities such as Facebook, Twitters, Instagram, WhatsApp were/are simply lip services, when it comes to actual applications.
13. This study showed that majority of the current social media were/are just efficient avenues to spread false information, disinformation, lies, self-interest, and propagandas that can cost innocent lives due to COVID-19 infections.
14. This study showed that such public policies decisions makers about COVID-19's lack of containments were/are not new; they are just exposed to the naked world to see about the ingenuity of the US actual private or public policies implantations; and roles races play in the processes, procedures, and protocols.
15. This study showed that the overall neglected tropical diseases as pinpointed in Globalization 1, 2, 3, and 4 studies have come to lights for all US and worldwide leaderships to tackle for many years to come. This emphasized that globally neglected diseases were/are not permanently isolated from others due to "Global Village" mentality and approaches was a default (see Atatah et al., 2013, 2015, 2016, 2016, & 2016 for

more); because "**it takes a village to raise a child**" and that is COVID-19 2020 and 2021 we all should and must tackle for many years to come.

16. The overall significance, implications, and importance of this study cannot be underestimated or underscored; but the actual lists are endless and endless across the board.

CONCLUSION AND DISCUSSION

This study shed some fundamental lights about CORONAVIRUS or COVID-19 implications not only in the US but in the world in general. While this study was/is overwhelmingly more complex and complicated than the researchers estimated, there are still some missing links thereafter. For example, issues associated with misinformation, disinformation, in valid data representations, validities, reliabilities, and credibility are still in question. Although, when dealing with novel disease such as COVID-19 SARS, H1N1, or Cov-2, the applications about how to contain it becomes an issue significantly and proficiently. However, it became even a bigger issue in the US as compared to other advanced countries worldwide due to lack of unified approaches in successfully containing COVID-19's out-of-control spreads from coast to coast. For example, the presumed first COVID-19 was discovered in Seattle, Washington, which is not only a mega city with overwhelming technological companies, but it should be noted that the state of Washington seats on the west/north end upper part of the US. Below Washington state seats the state of California; and California is the home to the popular Silicon Valley which is made up of many Chinese technological employees. Who is to say that there is no relationship between the systematic or even symmetric spreads of COVID-19 in-between these close by states in the north/west part of the US? In fact, while this is a workable social scientific research question, it is not conclusive because the numbers alone did not add up based on the findings of this study. Furthermore, the federal government along with some states stressed that COVID-19 originated from China which is a fact; however, overly concentrating on singularly input of the incoming of COVID-19 into the US was a well-defined default. Studies upon studies showed that majority of the COVID-19 came from Europe due to the coded DNA of the virus. As such, while banding all Chinese not to enter the US during this critical initial time in early January 2020, they should band the Europeans as well.

Furthermore, the study found that political differences and indifferences played endless roles in our inability to successfully contain the out-of-control spreads of COVID-19 from coast to coast. For example, the federal government had not uniform guideline for the states, the districts, local entities, or even the cities to follow; it became "On the Job" (OJT) for all Americans' leaderships. You cannot solve any problem with divided tools; instead, you need a uniform tool to solve any problem; above all, you need to define the problem before you design how to solve it, and this was/is yet another missing link with COVID-19 in the US. Beside the above pinpointed, the riots and outburst in the US from major cities to major cities did not help the out-of-control spreads of COVID-19 from coast to coast in the US. For example, the was a relationship between "**Black Lives Matter**" (**BLM**) protests and the immediate increase of COVID-19 in the US after 3 weeks to 4 weeks. Secondly, the reductions of primary and general voting booths in areas of Black and Brown especially areas of Blacks/African Americans posed another near immediate increase of COVID-19 affections and deaths thereafter these experiences. Additionally, the well-designed approach to compare minorities especially Blacks/African Americans to stay in the voting lines for more than 10 hours in some cases compounded the out-of-control spreads of COVID-19 in the US in general. In the concerned area, the more than needed outdoor campaigns by some politicians against the social scientific experts' recommendations capped the out-of-control spreads of COVID-19 in the US from coast to coast.

Beside the above mentioned, issues of the relationships between CDC, National Institute of Health (NIH), infectious diseases experts were nonexistence with the federal and some of the state government's leaderships. For example, many of these historic experts recommended that to contain COVID-19 spreads in the US successfully, everybody needs to wear some face masks, wash your hands regularly, keep your social distancing at least 6 feet, stay away from large group gatherings and stay at home unless you need to go out for some essential purposes. These recommendations were talked down by the federal and some states' leaderships in the US. Yet another moving part that compounded the out-of-control spreads in the US in lack of trust for the developed vaccines such as Pfizer vaccine, Moderna vaccine, and Johnson & Johnson vaccine just to mention as few. For example, US in general has been historically untruthful about the uses of vaccines' effects when dealing with minorities in general; especially when dealing with Blacks/African Americans in particular. As such, the "Lack of Trust" was/is self-defining. Many of these minorities' groups especially Blacks/African Americans argued that these COVID-19's vaccines were rushed out for some unknown reasons to target minorities. This was/is another moving part that was not successfully address in this study.

However, according to Bill Gate who have spent his own money in addressing virus diseases worldwide stated CNN and MSNBC that "**These vaccines have been in developments in years; and all that needs to be done was/is to simplify the recodes and decodes the new CORONAVIRUS disease such as COVID-19 coded applications and they are safe to be used**" (B. Gate, 2020, 2021, personal communications). Additionally, Dr. Anthony Fauci the most leading allergies and infectious diseases practitioner worldwide and the director of allergies and infectious diseases and control in National Institute of Health (NIH) agreed with Bill Gate assertions in CNN and MSNBC as well (A. Fauci, 2020, 2021, personal communications). It should be noted that Bill Gate predicted accurately about a possible incoming of epidemic or pandemic viruses' infections and their humanistic sad implications exactly five ago prior to the uninvited unsolicited arrival of COIVD-19 exactly five years as he predicted (personal communication, 2015); he was right on the money. Furthermore, even the vaccines' researchers in Pfizer supported the above because they have been working on virus diseases infections vaccines such those with SARS, H1N1, or COVID-2, Ebola, Zika Virus, and Malaria, just to mention a few. It should be note that Pfizer vaccine was self-sponsored by the vaccines' company and Moderna and Johnson & Johnson were partially sponsored by the US federal government; among many others just to mention a few. Regardless, this is yet another moving part associated with COVID-19 control application and time will surely time.

It should be noted that other issues faced by vaccines confidences' levels in this study where the efficacies were even more complicated than anticipated. For example, Pfizer claimed its efficacies rate after taking both vaccines' shots was 95% and Moderna claimed that after taking both vaccines shots was 94% in totalities. However, as previously stipulated above the first shot was/is a primer and the second shot was/is a buster. The question now becomes will the US participants in these assumed experimental vaccines' shots face higher risks with COVID-19 infections and possibly deaths, for not following up with the scheduled second shots as recommended by the vaccines' companies? Secondly, if the designed logistics associated with deliveries of vaccines and administrations to citizens were/are in proficient implemented, is it possible for those who took the first shorts postpone their second shots longer than Pfizer and Moderna's recommendations? If they do, will they face any cumulative effects for not following the vaccines' companies' recommendations and if they do, what will it be? If the about to rollout vaccines by Johnson & Johnson (J&J) claimed that its one shot only has 66% to 72% efficacies rates as compared to its counterparts, is it possible to see some vaccines discriminations by citizens' preferences due to lower

efficacies rates between Pfizer and Moderna as compared to J&J vaccine? Furthermore, is it possibly for majority of the US citizens to prefer a one-shot vaccine such J&J vaccine's shot over Pfizer and Moderna vaccines' double shots, due to its conveniences over the counterparts? Can we guarantee that the scheduled second vaccines' shots by Pfizer and Moderna will be available and ready as scheduled by the vaccines' companies and the heath care administrators to implement them to the US citizens? These are some of the missing links seen by this study.

For example, Dr. Anthony Fauci pinpointed repeatedly that for Americans to be "**Near or workable immunity**" **from COVID-19 infections' spreads, between 70% to 75% of all eligible citizens should be vaccinated with these COVID-19s' vaccines.** While these recommendations are good; it should be noted that the first 100 million initial vaccines doses purchased by the previous federal government, only 50 million doses were/are accounted for by the new federal administrators and the complimentary missing links are growing day by day as we troubleshoot the process in this study. Above all, of the initial delivered 50 million doses of Pfizer and Moderna vaccines, only 39 million or 78% were/are delivered and administered; while only 39 assumed 100 million doses out of 100 doses or 39% were/are delivered and administered according to CDC records.More disturbing, the epidemiologists, **CDC, and other public health practitioners have identified at least three very contagious variants of COVID-19 types. The variant from United Kingdom known as K117, the Brazilian Variant, and the South African Variant which were/are believed to be more contagious than already known initial infections' strings of COVID-19.** What is known so far about these three types of variants are they were/are more contagious and easier to spread from one cluster to another like wildfire? It should also be noted that the new variant has the E484K mutation and 76 cases have been identified by Public Health England practitioners recently. According to these practitioners, this E484K variant can spike the protein of the virus which is like the type of variant found in South Africa and Brazil. It is believable to be more contagious than others. While this new variant is of international concern to all, they believed that COVID-19 vaccines will work against it; without any confirmation about the vaccines' actual efficacies against it. Time will tell again.

While these new strains of COIVD-19 infections are disturbing, the only possibly bright light is the recent pending approval vaccine developed in University of Oxford in UK known as AstraZeneca Covid-19 vaccine manufactured by British-Swedish firm which is believed to cut down the COIVD-19 virus' transmissions and protective for up to three months plus after the initial first dose's shot. Also, the researcher found that it reduces 67% in positive "swabs" among those who were vaccinated-crucial news; the researchers believed that "if no virus is present, the virus cannot spread."This is yet another weapon needed in fighting and controlling the spreads of COVID-19 internationally. While vaccine may be promising, it should be noted that this vaccine is yet to be approve for emergency use in the US; but is it currently being used in UK which give them time to postpone the second needed shots up to 12 plus weeks. The concern associated with this postponement goes against the recommendation of Pfizer and Moderna vaccines researchers which are the only currently emergency use approved in the US. Another bright light noted in the fight against COVID-19 is the drops in hospitalizations in the US for the past 2 weeks; data upon data obtained from CDC have shown that hospitalizations of COVID-19 patients had dropped significantly. Above all, many hospitals in the US are beginning to see some bright lights in reopening for some normal treatments' procedures, which has been overwhelmed by COVID-19 patients for almost a year. Some experts believed that the waves created by Thanksgiving and Christmas out of control large crowd socializations along with coast-to-coast travels created the past 30-day overwhelming COVID-19 infections and deaths in the US. As such,

social distancing, wearing your masks, and washing your hands regularly is strongly recommended by CDC and other social scientific researchers.

However, what is not known is the actual percentages of their mortality's rates, which needs to be seen. The US public health practitioners especially the current CDC strongly recommend that **keeping social distancing, wearing masks, and washing your hands properly and regularly is the proven key to prevent excessive spreads of these contagious variants in the US.** In other words, as a saying goes, "**Prevention is always better than cure.**" Above all, CDC warned that some cases of UK119 have been identified in the US and this means that they are already in the US. While the above vaccines' data statistics were/are disturbing, it should be noted that Moderna vaccine had updated its follow-up actual participants' results that the first shot of the vaccine posed 82% efficacy as compared to previously estimated. Furthermore, CDC claimed that the ideology behind overwhelming COVID-19 infections should create some anti-bodies immunity which can help in the form of donation of the immune's blood plasma were not verified, because they are somehow ineffective, inefficient, and in proficient (watch CNN, February 1, 2021, personal communication for more).

Additionally, the issues associated with US lack of out-of-control spreads from coast to coast is an understatement. For example, US holds the most advanced medical facilities and best trained medical doctors along with epidemiologists, infectious diseases doctors, social scientific doctors, vaccines companies, along with many other groups of private and public healthcare practitioners. **Yet, Americans failed to control the out-of-control coast to coast spreads of COVID-19 and the associative deaths. For example, US accounts for almost 4% of the world's population and accounts for 25% plus of all COVID-19 infections and the deaths' rates were also similar; based on the questionable data statistics review and showcased by CDC.** Furthermore, data have reviewed that the actual COVID-19 infections and deaths'' percentages were grossly undercounted, underestimated, and under recorded.

In summation, the recent follow-up data has shown that majority of victims who contacted COVID-19 and those who died from it in New-York state Nursing Homes along with many other places, were almost 25% to 30% undercounted. The state of New-York is not isolated to this inconsistencies' data statistics; because the other data statistics appeared worst in many other states as compared to New-York when dealing with minorities in general especially with Blacks/African Americans in particular. Above all, based on the data statistics followed since January 2020 until the conclusion of this study, that means COVID-19 infections' death rate was/is between 1.7% to 1.8% if the data analyzed were right. Based on these internal and external inconveniences and conveniences indifferences, along with inconsistences and consistencies indifferences among public policies decisions' makers when dealing with COVID-19's infections and deaths rates validities, this study will continue to collect new workable data in the follow-up studies in the future to come.**This study had too many moving parts, unanswered questions, inconsistencies, insignificances, significances, indifferences and differences in some cases, and unresolved moving parts; and hopefully, as we continue to dig deeper into this "infamous once in a century infectious disease known as COVID-19" in the future, the basic knowledge learned and the insights gained so far in this study, will surely shed some Positive Social Changes to all in the US and possibly to all the world in general.**

Recommendations of the Study to US Leaderships, Foreign Countries Leaderships, and Minorities Leaderships in the US Especially Blacks/African Americans' Leaderships

This study had more than enough recommendations due to the overwhelming data statistics generated by COVID-19 infections and deaths its generated worldwide especially in the US for the past one year. As such, these study recommendations are tailored down to three major regional areas worldwide; some for the US, some for minorities' leaderships in the US, and others for developed, underdeveloped, undeveloped, developing, and many other countries worldwide in general.

Recommendations for the US Leaderships in general

1. United States of America is a country that is built and accredited with a simple freedom phenomenon that "**All men are created equal**"; and US leaderships, standbys, and followers should learn how to accommodate this historic phenomenon because that is exactly what makes America great for many worldwide.
2. Secondly as historic President Abraham Lincoln during the most life critical times always tied themselves into whenever successful or when to deviate from realities of that announcements, "**America is a party for the people, by the people, and ruled by the people;**" and that is perhaps missing in America politic scientific approaches today. And that is a chapter we all need to learn from heart fully rather than simply tying ourselves with his pollical phenomenon whenever it suits us.
3. The federal Leaderships of the US along with other international leaderships should and must find ways to get the bottoms of the originalities of COVID-19. This critical, significant, and overwhelmingly fundamental because too many innocent people worldwide have died from this pandemic; and knowing how it started, where exactly did it start, when did the leadership of its originality knew about, and what did they do, and when did they warmed the international leaderships about possible incoming epidemic or pandemic are critical questions that need to be addressed holistically as to prevent such occurrences in the future.
4. US leaderships should know that any type of contagious such COVID-19, COV-2, Zika, Malaria, and many others to mention a few, have not restricted boundaries.
5. US leaderships should know that the default ideologies that anything that has to do with minorities in general, especially with Blacks/African Americans in particular "**Is not an issue for leadership to address**" are always counterproductive as COIVD-19 had exposed and proven.
6. US leaderships need to know that the resources use to power this country daily, weekly, monthly, and annually come from all Americans; and some Americans; as such, the ideology that minorities should not get or obtain federal, states, counties, districts, or cities' public health care equal accessibilities, equitable accommodations, or equivocal equal heath care treatments are even more counterproductive than previously outlined by COVID-19 implications.
7. The US leaderships should and must understand that the ideologies about intentionally undercounting minorities in general especially undercounting Blacks/African Americans will somehow become counterproductive such as the general election of 2020 had proven; because when many minorities especially Blacks/African Americans who have not voted for decades, voted, and swayed the federal leaderships' demographics today.

8. US leaderships should find ways to listen to sciences' "**factual based evidence outcomes**" rather than turning sciences proven "**evidence-based facts**" into political debates and precisely speaking, that is why we are all are here today with COVID-19 impacts.
9. US leaderships should and must "**follow the sciences**" rather than misleading the scientists with money, powerful positions, or political intimidations; because the quality social or real scientific scientists will tell you "**if there is or there no relationships between dependent and independent variables**" rather than making the findings or results to suit political interests, above all, rather than overwhelming public health applications' suggestions as to be successful.
10. US leaderships should and must know as an aged saying goes that "**Scientific evidence-based facts are not political debates**" and "**Numbers don't lie; people do.**" Numbers do not lie because **1 plus 1is 2; (1+1=2) is always 2 in any language worldwide; and not 3, 4, or even 5; numbers don't lie; people do; and that is COVID-19 statistics data calculations.**
11. Additionally, US leadership should understand that the exposures that COVID-19 effects had/has shown to the rest of the world about US inefficacies issues, inequalities issues, medical discriminations issues, institutional racism, social divisions issues, financial discriminations issues, systemic racial discriminations issues, injustice issues, legal injustices issues, in inclusive issues, exclusive issues, gender issues, regional and political divisions issues based on individual races is something that leaderships in the US need to reconcile prior to selling the components of democracies to any other country worldwide.
12. Based on the above pressing issues unveiled by COVID-19 infections and deaths among Black and Brown in the US in general, the federal, state, and local governments should not have any excuses as to why public or private health care frontline practitioners should have shortages of "**Personal Protection Equipment" (PPEs)** at any time, especially during such pandemic such as COVID-19 in the US. This study recommends that all health care medical supplies should and must be manufactured in the US; instead of outsourcing them to censured countries such as China among others, just to be specific. This study noted that manufacturing such products in the US alone will sure created long-term employments opportunities for many Americans instead of "**cutting corners**" for cheaper prices. Above all, if "**cutting corner**s" to reduce the manufacturing costs is a concern for the federal, state, or local government, then these products can be easily manufactured in the southern section of the Americans and the transportations of the "**finished products**" back to the US will not only upset the Chinese differences, but the arrivals' durations will also be way faster than coming from China or anywhere in the Asian countries.
13. US leaderships should always operate to the finding creed of this country which stipulated that "**Majority rule; but the rights of the minorities should and must be protected all the time;**" as for America to become the envy of the rest of the world's leaderships to copy from, in many generations to come.
14. Leaderships in the US need know that in any statistical calculations, whenever you weigh the "**Data statistics of the probabilities against the improbabilities, the numbers of probabilities should and must outweigh those of the improbabilities as to receive a positive result.**" Furthermore, whenever you weigh the "**Data statistics of possibilities against the impossibilities, the numbers of the possibilities must outweigh those of the impossibilities as to receive a positive result.**" As such, the default ideology that "we want many Americans to be infected with COVID-19 infections as to create unproven immunities' approach will eventually protect the rest of Americans through the development of "**antibody immunities' plasmas**" to be donate and transfused into other no infected or sick COVID-19 victims, will only create some **"higher marginal propensities" to compromise an already defeated, complex, and complicated**

situation such as COVID-19 negative implications in the US. Statistically speaking, these unproven numbers, this unproven assumption, and this unproven presumption, did not add up, when dealing with COVID-19 pandemic in the US based on the previous one-year history. Once again, **"Numbers don't lie people do",** because you cannot get any positive results or outcomes, whenever you continue to directly weigh the possibilities numbers against the impossibilities numbers, or always weigh the probabilities numbers against the improbabilities numbers; **this study strongly recommends that let social scientific researchers do their job; without or with minimum distractions.**

15. Information obtained from CDC recently indicated that the most vulnerable population Black and Brown especially Blacks/Americans and Hispanics are way behind their counterpart in taking their first vaccines shots such Pfizer and Moderna vaccines' shots. Evidence has shown that the same Americans who did not believe in the existence of COVID-19 for almost a year are now jumping the lines ahead of the vulnerable and disproportional affected populations to get their vaccines. As such, federal, state, local, districts, and cities' leadership should ensure that the most vulnerable populations such as Black and Brown especially Blacks/African Americans are given these vaccines ahead of their counterparts as to save lives.
16. All entities leaderships should embark on a "mass education scale" of the minority's distrusts of taking vaccines; especially with the Blacks/African Americans about the significance of taking the COVID-19 vaccines. Leaderships should take these COVID-19 vaccines to them in their neighborhoods; and not wait for them to come to them for any type of COVID-19 vaccines' shots, because the distrusts about taking these vaccines within these population are fundamentally unequivocal across the board.
17. If possibly, leadership should provide some form of transportations for these vulnerable populations to and from the locations of the COVID-19 vaccines' availabilities if the distance is up to or more than five miles from the minorities' neighborhoods. It should be noted that these financial procedures are already factored into the recent federal government's approach to control and contain COVID-19 out of control spreads.
18. Leaderships should be mindful and take these vaccines very seriously because recent scientific evidence has shown that since the vaccination of some Americans, the rates of infections, hospitalizations, and deaths from COVID-19 has dropped significantly across the board. Yet, of the currently 59 million doses of COVID-19 vaccines in the US, only 39 million or 66.1 first shot doses were administered. Furthermore, of the 39 million administered first shot doses administered Black/African Americans and Hispanics only accounted for 19500 or 5% of the administered first shot doses and this is a problem.
19. Since the current federal leaderships have promised to deliver thousands of COVID-19 vaccines such as Pfizer and Moderna directly to more than 6500 pharmaceutical companies such as Walgreen, CVS, Walmart, and many other "none-name-brands" just to mention a few, these delivery process should make the vulnerable population locations a top priority due to current discrimination and prevention of Black and Brown especially Blacks/African Americans from getting these lifesaving COVID vaccines.
20. Federal and state government medical schools' leaderships entities units need to expand their nursing school applications, admissions, and graduations as to produce some well-trained and professionally qualified registered nurses due to the current severe shortages of nurses nationally. This profession has always been stressed out for years due to continued out-of-control shortages from coast to coastin the US and COVID-19 pandemic has turned an already decimated profession into a systematic even a symmetric quagmire as of today. Data statistics showed that many registered nurses have infected and even die due to COVID-19 infections while at worked. According to unproven data statistics obtained from CDC, there is already more than 500,000 shortage of quality registered nurses in the US and the numbers will even get worst due

COVID-19 effects. Many believed that the shortage of nurses in the US can be tied to the poor pay for nursing instructors; instead, there are no quality well educated nurses who are ready to trade their well-paid walking the floors of clinics, labs, and hospitals for becoming a fulltime nursing instructor for possibly half their payment. As such, some sections of this profession should be tied to the accredited clinics, labs, and hospitals where the well-trained registered nurses with higher degrees in nursing can work halftime in these facilities and halftime in the nursing classrooms inside the facilities for a similar or better pay. This is a common sense because it is like "**killing two birds with one stone**" because the nursing students can easily obtain their one-on-one academics, practical, and even professionalism on the job trainings in one place.

21. However, leadership should be very mindful to ensure the "**counterfeit vaccines, poorlystored vaccines, zero-trial evidence vaccines, underground vaccines, or expired vaccines**" does not cut into the vaccines' shots lines. This is significant because evidence has shown that about 50% of the initially rolled out vaccines are missing and if these vaccines are not preserved properly, they may pose some unforeseen complexities, complications, and implications for the recipients in the future to come. It should be noted that desperations lead to opportunities for human to benefit from the unfortunates; that **it is arguable that as shot of COVID-19 vaccines may be more expensive than a pound of cocaine today;** and that is why all leaderships need to be incredibly careful and concern about which CVID-19 vaccines is being administered to their residence in their communities.

22. US leadership should proactively and collectively rethink and revisit the errors previously made with containing COVID-19 "out-of-control" spreads; because it is never too late to correct errors made yesterday with better intended positive approaches, today.

23. The federal government leaderships need to be mindful about many unanswered associated with COVID-19 vaccines such as the approved Pfizer and Moderna vaccines. For example, "**Is it possibly for an individual to contact COVID-19 infections after taking the first shot of these approved vaccines?**" "**Is it possibly for an individual to contact COVID-19 infections after taking shots one and two of the COVID-19 approved vaccines?**" "**How long will an individual be protected with these approved COVID-19 vaccines; months, years, or forever**?" "**Do we have to take these approved COVID-19 vaccines monthly, quarterly yearly, bi-yearly, or yearly as to be protected from COVID-19 infections and spreads**?" "**Do we have any gender differences side-effects from taking these approved COVID-19 approved vaccines; if we do, what are they**?""**Do we have any ages differences side-effects from taking these approved COVID-19 vaccines; if we do, what are they?**" These among many other questions were/are still unanswered questions or undefined moving parts that the US federal government leaderships need to invest on because they are yet to be answered by US federal practitioners and that is precisely where step-by-step research investigations and explorations need to be conducted holistically across the board nationally.

24. Above all, the federal government of the US should and must invest in some "**longevity research studies**" about the short term, midterm, and the long-term efficacies and safety of the currently and to be approved COVID-19 vaccines. This is significant when it comes to providing pinpointed accurate answers to these questions and concerns when the currently approved manufacturers' vaccines such as Pfizer and Moderna cannot give you these definite answers due to possibly "**Too many moving parts.**" While their data statistics efficacies percentages are promising, it is necessary to understand the outcomes, positive, or even negative implications associated with taking these COVID-19 vaccines in the future. If this is proactively done rather than reactively done in the US, then the confidence levels about taking the COVID-19 vaccines

will improve among the minorities in general; especially among Blacks/African Americans in particular. The US federal government should and must know that limited confidence levels lead to limited levels of acceptances and vice versa; as such, the importance of conducting these follow-up "**longevity COVID-19 vaccines research studies**" are fundamental across the board.

25. More significantly, the current US federal leaderships have announced that they have recently ordered and paid for 200 million plus of additionally Pfizer and Moderna vaccines, which means that majority of Americans poor or rich will not only have marginal accesses to COVID-19 vaccinations but possibly, almost 60% to 70% plus will be fully COVID-19 vaccinated by the end of June this year. This is another bright light about the COVID-19 pandemic that many states, local, and cities' leaderships need to copy.
26. **Finally, US leaderships in general need to stay away from using internal or external statistical significance or insignificance, conveniences, or inconveniences indifferences, financial classifications indifferences, racial indifferences or differences, economical indifferences, social indifferences, environmental differences or indifferences, differences, or indifferences in general, in their public policies health efficacies and effectiveness' decisions making processes. If we do, will surely revisit similar VIRUSES' painful distributions of presumed incoming viruses such as VOVID-19 pandemic for near recent years to come.**

Recommendations for Foreign Countries Leaderships in General

This study has several recommendations for all foreign countries about how to successfully combat COVID-19 infections as well as other global incoming diseases worldwide.

1. International countries leaderships need to play better proactive roles in addressing global diseases across the board by supporting World Health Organization (WHO) by paying their assigned annual memberships' dues regularly.
2. International countries leaderships worldwide should assume or presume that the totalities of the annual dues' payments should only fall on the hands of the US leaderships and other advanced leaderships alone. As such, paying holistic dues payments is fundamental in case of new emerging global diseases which are obvious.
3. Whether advanced or not, developed or not, underdeveloped, or not, and developing or not, majority of international countries leaderships can afford to pay their annual WHO memberships' dues; based on the monies and resources they hijacked from their countries. As such, the days of excuses are over; let us pay our memberships' dues so we can openly and fairly participate during any unforeseen arrival of infectious diseases such as COVID-19, Zika Virus, Ebola, SARS, and possibly new variants Malaria just to mention a few.
4. All international countries leaderships should and must refurbish their Center for Disease Control and Prevention (CDC) such the most active one in the US as to catch up with the international world in general. United Nation stipulated that every country which is a member of the UN should and must have a look-alike CDC in their countries for diseases information sharing worldwide and this is not the case anymore. The US CDC is the most effectively active one worldwide and this needs to be addressed by the international leaderships collectively and collaboratively across the board.

5. All international countries leaderships especially the undeveloped, underdeveloped, or developing countries need to invest resources in their countries because health care approaches are universal across the board; as such, the ideologies behind abandoning their internal healthcare systems completely and allowing them to run down systematically, only to fly out for their own family medical treatments abroad is a sick ideology that international leaderships need to address comprehensively.
6. International countries should take some lessons learned and insights gained from India which invested in their health care practitioners and attracted these practitioners to move back home to practice and today, India is now a country of any kind of surgical procedures worldwide. Majority of these internationally outstanding surgeons were/are either educated and trained in the US medical schools, Canadian medical schools, and European medical schools just to mention a few. Yes indeed, it can be done effectively, efficiently, and even proficiently which takes unneeded and unnecessary burdens from other developed countries worldwide. The question now becomes "**why go buy a loaf of bread oversees, when you can buy next door to you**"? Let us invest health care in our countries rather than holistically depending on others by using our financial resources as a guarantee for everlasting positive treatments outcomes.
7. International countries leaderships should and must understand that the world is grieving for any type of COVID-19 vaccines worldwide; as such, international leaderships worldwide need to be very mindful about what types of COIVID-19 vaccines they allow and to be used inside their countries because desperations always create survival opportunities for desperate people. Therefore, the chances of counterfeit, untested, unproven, untrialed, or zero trial unverified COVID-19 vaccines circulations worldwide can be eminent worldwide.
8. International countries leaderships need to take maintenance of any health care facilities and industries as a top one priority across the board. There is absolutely no reason as to why underdeveloped, developing, or undeveloped countries should build a state-of-the-art health care facility today only to become the past of yesterday. This is yet another default mentality that systematically and even symmetrically compromises the marginal propensity for them to be effectively competitive health care wise worldwide.
9. International countries leaderships need to invest more monies, more time, more interests, and resources in health care schools in general internally. They need to set up financial interests that will motivate the well-educated, well-trained, and overwhelming professional health care employees from exiting their countries' originalities after training, only to benefit foreign countries due to their lack of interests, lack of continued investments, lack of motivations, and lack of everlasting financial internal and external professional investments in their developed products.
10. International leaderships should and must understand that the ideologies about abandoning tropical neglected diseases with some presumptions and assumptions that they will fly out and receive holistic treatments overseas are over. Many developed and advanced countries now required these so called underdeveloped, underdeveloped, and developing countries to pull their international private and public health weights internationally as to be assisted during crisis such as contagious diseases like Malaria, Zika Virus, Ebola, Polio and Dengue Fiver just to mention a few (see Atatah et al., 2015; 2016; 2016 for recommendations & for more).
11. **Above all, international countries generally need to review the recommendations by Atatah et al. (2015, 2016, & 2016) as to become proficient with addressing tropically neglected diseases.**
12. US and International philanthropists need to hold international leaderships equitable, accountable, and responsible for the funds they donated to them to solve their internal pressing health care issues; as to

proactively ensure that the purposes of these assistances are met holistically, and not carried outside these countries for personal usages and individualized prestige.

13. Finally, international countries in general especially the underdeveloped, undeveloped, developing countries' leaderships need to sit up; because the days of waiting for magic to fall from the skies to tackle all their internally, externally, and self-created issues and health care challenges are over. This study found that it is now "**the right time to tackle the bull by the horns; as to become effective, efficient, or even proficient in the long run.**"

Recommendations for Minorities in American especially for Blacks/African Americans in general

1. US Minorities' leaderships in general especially Blacks/African Americans leaderships in general need to read and review the Atatah et al. (2020) research as to be proficiently proactive rather than reactive to need occurrences such as COIVD-19 infections and deaths among minorities.
2. US Minorities' leaderships in general especially Blacks/African Americans leaderships in general need to be involved on issues that affect their communities rather than waiting for the governmental leaderships to come and assist them when it is too late.
3. US Minorities' leaderships in general especially Blacks/African Americans leaderships in general need to visit their personal physicians and ask questions about the dos and don'ts as to understand the prescribed efficacies of the approved COVID-19 vaccines in the US.
4. US Minorities' leaderships in general especially Blacks/African Americans leaderships in general need to involve the churches in their neighborhoods as to educate the citizens within these neighborhoods about the importance of taking approved COVID-19 vaccines in the US.
5. US Minorities' leaderships in general especially Blacks/African Americans leaderships in general need to partner with pharmaceutical entities such as **Walgreen, Walmart, CVS, and many others within their communities as to ensure that majorities on them are well COVID-19 vaccinated.**
6. US Minorities' leaderships in general especially Blacks/African Americans leaderships in general should demand that the local, districts, state, cities, and federal government bring the approved vaccines to their lived neighborhoods rather than driving hundreds of miles to take these vaccines; only to be turned back for no qualifications' reasons. Bring the approved vaccines to us and not expect us to look for the invisible vaccines in our communities.
7. US Minorities' leaderships in general especially Blacks/African Americans leaderships in general need to know that they have exceeded their populations' infectious and death rate in the US, as such, what can you lose by taking approved COVID-19 vaccines in the US; nothing because it is always better to be alive with vaccines' side-effects than to be dead for nothing.
8. Historically, it is true that American history about experimenting with minorities especially with Blacks/African Americans are shameful across the board in the US. Now, what the minorities need to be hopeful about is everybody, even extraordinarily successful white men and women are jumping the lines for approved COVID-19 vaccines lines to beat them in their own backyards; where they are overwhelmingly available; and this is the rightest time to take these approved COIVD-19 vaccines.
9. Recently the Mayor of Houston Mr. Turner along with the Harris County Judge have partnered with NGI where Houston Texans plays their football games as to bring the vaccines closer to Houstonians rather than comparing them to drive hundreds of miles for nothing.

10. As Nelson Mandela stipulated in 2000, "**The easiest and only way you can change peoples' behaviors is through education**"; let us education US Minorities' leaderships in general especially Blacks/African Americans leaderships in general so they can pass it down about the importance of taking COVID-19 approved vaccines in the US as to save lives.
11. Finally, this study is not recommending taking COVID-19 vaccines for US Minorities' leaderships in general especially Blacks/African Americans leaderships in general however, they need to be well educated as to prevent unnecessary infections, spreads, or deaths from 2020 and 2021 COVID-19 pandemic.

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Conflict of Interests

We share no conflict of interests in this study

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