GLOBAL BIOSURVEILLANCE UNDER SCRUTINY

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INTRODUCTION

The COVID-19 pandemic was undoubtedly a catalyst for the geopolitical changes underway in the first quarter of the 21st century. All evidence suggests that it also marked the beginning of a new biopolitical era, affecting a vast number of people, regardless of their nationality or where they live on the planet. Indeed, it has been demonstrated that the substances administered as part of vaccination campaigns contained undeclared components, one of whose properties is to activate a radio-electronic device implanted within human tissue. Equipped with a transceiver function, vaccinated individuals are thus transformed into nodes in a network capable of responding to external stimuli and providing biometric data. Advances in connectivity and in computerized data-processing infrastructure suggest that the "Internet of Bodies" is currently being deployed on a global scale.

This issue, which abruptly brings us back to an Orwellian world, is paradoxically ignored in the political and institutional spheres. Aside from a few exceptions[1], the fact remains that no health, professional or scientific authority has officially recognised any abnormalities or fraud relating to the composition of vaccines and their adverse effects — at least not to date. Furthermore, the issue has become closely entangled in controversies surrounding the public health emergency — namely, claims regarding the medical efficacy of vaccines and their adverse health effects— and thus, *ultimately*, the credibility of the biotechnologies involved and political accountability. The issue reinforced the already thick layer of controversy that emerged at the start of the pandemic and was swept under the rug by COVID orthodoxy, ultimately contributing to making the biometric agenda even more opaque.

Exploring this topic therefore requires, first and foremost, laying out the facts and untangling the web of perceptions and information in which it is embedded. A thorough examination reveals the full range of tactics deployed within a conflict environment that has been likened — even within the highest echelons of the biomedical administration— to a *fifth-generation war*[2]. The following analysis addresses this assertion. Far more than a biotechnological phenomenon or a public health plan aimed at eradicating the coronavirus at any cost, the perspective that emerges resembles the implementation of a large-scale bionanotechnological system, whose objectives are, *a priori,* related to the discretionary control of the population.

1 Pfizer has indirectly acknowledged the presence of graphene in its products (p. 7) https://phmpt.org/wp-content/uploads/2023/02/125742_S1_M4_4.2.1-vr-vtr-10741.pdf.
In 2021, Japan recalled more than one million doses of the Moderna vaccine after metals were detected. https://archive.ph/Qs2sp

2 Cited notably by Robert W. Malone, a physicist and biochemist and pioneer in messenger RNA vaccines. https://www.malone.news/p/welcome-to-fifth-gen-information

THE SECURITY BREACH IN THE PANDEMIC RESPONSE

The COVID-19 vaccination campaign, which began primarily in December 2020[3], marked a turning point in the course of the pandemic. First, adverse effects[4] of an unusual magnitude appeared in the wake of the vaccinations and broadened the epidemiological spectrum of the pre-vaccination phase. From 2020 to 2022, it is estimated that there were a total of 31 million fatalities[5] due to the pandemic and the implementation of public health measures in the fight against SARS-CoV-2, 54% of which —or approximately 17 million[6] — are directly linked to vaccination campaigns[7] and other phenomena associated with them[8]. However, regardless of speculation regarding the synthetic or zoonotic origin of COVID-19[9] and the lethality or contagiousness attributed to it, it appears that this excess mortality is not correlated with the spread of the SARS-CoV-2 respiratory pathogen from China, but rather, primarily, with the public health pressure and medical protocols triggered by the crisis[10]. In other words, the very structure of the multifaceted response to what was designated as the COVID-19 pandemic had a more decisive impact on public health[11] than the coronavirus and its reported variants. This disruptive argument, corroborated by various studies[12] but not acknowledged by the authorities, reframes from the outset the nature of the issue, which was presented in an entirely different light by the prevailing health orthodoxy[13]. It also provides a crucial insight into the strategic backdrop underlying the pandemic.

Such a surge in excess mortality and adverse effects from vaccination —which, in principle, are subject to pharmacovigilance by health authorities[14] — was not recognized as a significant contradiction by the political-medical establishment, nor did it lead to any revisions of the public health roadmap. On the contrary, it tightened the information crackdown already in place since the start of the crisis in March 2020, employing strategies of reality inversion, denial[15], discrediting, and orchestrated opposition to dissenting voices, following a strategic framework analogous to those observed in the realm of information warfare[16]. The situation, however,

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3 Narrative Timeline Analysis https://covidvaccine.com/timeline

4 Compilation of 4,551 scientific publications (as of September 10, 2026) regarding the adverse effects of COVID-19 vaccines https://react19.org/science

5 In addition to this assessment, some estimates suggest that a total of approximately 2 billion people have experienced some form of long-term health effects https://peterhalligan.substack.com/p/20-million-saved-or-20-million-killed

6 Rancourt, D.G., Hickey, J., Linard, C. (2024). *Spatiotemporal variation of excess all-cause mortality worldwide (125 countries) during the COVID period 2020–2023 in relation to socioeconomic factors and public health and medical interventions*. Université du Québec à Trois-Rivières; CORRELATION Research in the Public Interest, pp. 521. https://hal.science/hal-05110349
This estimate is consistent with other studies, such as:
- Mostert, S., Hoogland, M., Huibers, M., Kaspers, G. (2024). *Excess mortality across countries in the Western World since the COVID-19 pandemic: 'Our World in Data' estimates from January 2020 to December 2022*. BMJ Public Health. doi:10.1136/bmjph-2023-000282
- *Amid fourth winter of death, COVID excess death toll approaches 30 million globally* https://archive.ph/SWigp

7 13.5 billion doses administered between late 2020 and September 2023. *Coronavirus (COVID-19) Vaccinations* https://ourworldindata.org/covid-vaccinations

8 Rancourt, D.G. (2024). *Medical Hypothesis: Respiratory Epidemics and Pandemics Without Viral Transmission*. https://www.preprints.org/manuscript/202412.0480

9 This point is underscored by the fact that more than 200 scientific organizations have successively stated that they do not have an isolated or purified specimen of the SARS-CoV-2 virus. https://fluoridefreepeel.ca/fois-reveal-that-health-science-institutions-around-the-world-have-no-record-of-sars-cov-2-isolation-purification

10 Rancourt, D.G. (2026). *Eight pivotal facts about Covid-period excess mortality* https://zenodo.org/records/20162806

11 Rancourt, D.G. (2026). *Ibid*.

12 Covid-19 'Vaccines' Estimated to Have Killed More People Than 121 Hiroshima Nuclear Bombings https://www.thefocalpoints.com/p/covid-19-vaccines-estimated-to-have

13 Mucchielli, L. (2023). *The Covid Doxa: How Propaganda, Censorship, and the Politicization of Covid Have Destroyed Our Intellectual and Moral Compass*. In Critical Society Studies No. 2. https://cdoi.org/1.2/065/000050

14 VAERS and FAERS in the United States, *the Yellow Card Scheme* in the United Kingdom, VigiBase for the World Health Organization, and EUDRA in Europe.

15 The European Medicines Agency (EMA) in Europe, for example, denies the presence of irregularities in vaccines: https://www.ema.europa.eu/en/human-regulatory-overview/public-health-threats/vaccine-preventable-diseases-key-facts/vaccines-concerns-questions-false-claims

16 Dhami, M. K. (2011). *Behavioral Science Support for JTRIG's (Joint Threat Research and Intelligence Group's) Effects and Online HUMINT Operations*. UK Government Communications Headquarters.

sparked a backlash in civil, legal, and scientific circles. Social mobilizations, legal petitions, and independent expert assessments[17] emerged in numerous countries, with the latter often yielding interpretations that diverged from those put forward by authoritative institutions[18]. A dividing line took shape around the question of the validity of public health policy and medical transparency, deepening the rifts already formed during the pre-vaccine period in response to emergency measures (precautionary measures, testing, quarantine, regulatory restrictions, and later the health pass, etc.). Other related issues —concerning the nature of the pharmaceutical companies producing the vaccines[19], as well as the procedures for their approval and distribution— were added to this conflict.

RADIO INTERFERENCE

Second, an unexpected environmental phenomenon emerged at the same time as the launch of the vaccination phase. Ultra-high-frequency electromagnetic radiation, in the 2.4 GHz band specific to Wi-Fi and Bluetooth network protocols, became active in the immediate vicinity of patients who had been vaccinated[20]. In fact, the bodies of the majority of those treated were surrounded by a low-intensity radio frequency, whose signal was also combined with a network address identifier (MAC address[21]) characteristic of computer networks (LAN[22]). This anomaly, which had not been previously reported by pharmaceutical manufacturers or health agencies, began to be publicly exposed as early as the second quarter of 2021[23] by observers from various continents. This raised new questions. Independent studies[24] on the chemical composition of vaccine vials shed light on the origin of this radiation, which was clearly being generated from within the patients' own bodies by an embedded device or through a resonance phenomenon. Other studies on the radio spectrum had already shown correlations with the geographic spread of the pandemic[25] and the nature of the observed pathologies[26]. These analyses, initially conducted on a partial sample of the population and the injectable material, revealed the presence of metals and graphene-based nanocomposites in the tissues of treated individuals, as well as in all vaccine solutions distributed by the pharmaceutical industry[27]. Independent surveys conducted to date have documented this type of radiation across some thirty countries[28]. Within these bodily networks, data packets characteristic of Bluetooth Low Energy (BLE[29]) communication have been identified[30]. Consequently, a correlation could be established

17 For example, Open VAERS for collecting reports of adverse events. https://openvaers.com

18 Rancourt, D.G., Hickey, J. (2023). *Quantitative evaluation of whether the Nobel Prize-winning COVID-19 vaccine actually saved millions of lives*. doi:10.22541/au.173990833.33272873/v1

19 Analysis of the "Corona-Komplex" Networks – NachDenkSeiten https://clubderklarenworte.de/wp-content/uploads/2021/09/Netzwerkanalyse-Corona-Komplex.pdf

20 Bluetooth Project Experience X (November 2021) https://ln5.sync.com/dl/195df4a10/view/pdf/2451906512011?sync_id=2444039672011#5ab9apq6-q5vgawam-vgr3ktt9-7zr985rh

21 https://fr.wikipedia.org/wiki/Adresse_MAC

22 https://en.wikipedia.org/wiki/Local_area_network

23 https://x.com/search?q=%22vaccines%22%20%22bluetooth%22%20since%3A2021-04-01%20until%3A2021-07-01

24 Diblasi, L., Monteverde, M., Nonis, D., Sangorrin, M. (2024). *ICP-MS Analysis of "COVID-19" "Vaccines" from AstraZeneca, CanSino, Moderna, Pfizer, Sinopharm, and Sputnik: 55 Undeclared Chemical Elements*. https://www.researchgate.net/publication/384074390_Analisis_por_ICP-MS_de_vacunas_contra_COVID-19_de_AstraZeneca_CanSino_Moderna_Pfizer_Sinopharm_y_Sputnik_55_elementos_quimicos_no_declarados

25 Rubik, B., Brown, R.R. (2021). *Evidence for a connection between COVID-19 and exposure to radiofrequency radiation from wireless communications, including 5G*. In Journal of Clinical and Translational Research, 2021; 7(5): pp. 666–681. doi:10.18053/jctres.07.202105.007

26 Taheri, M., Moradi, M., Mortazavi, S., Mansouri, S., Hatam, G., et al. (2017). *Evaluation of the Effects of 900 MHz Radiofrequency Radiation on the Antimicrobial Susceptibility and Growth Rate of Klebsiella pneumoniae*. In Shiraz E-Med J. 2017;18(3):e44946. doi:10.17795/semj44946

27 Diblasi, L., Monteverde, M., Nonis, D., Sangorrin, M. (2024). *Ibid*.

28 BlueFang VaxScanner https://vaxscanner.com

29 https://en.wikipedia.org/wiki/Bluetooth_Low_Energy

30 Bt Mesh, Btle Aux_Scan, and Aux_Connect protocols. See Bluetooth Experience X Project (November 2021). *Ibid*.

between the observed radio emissions and the biochemical content of the injections, as graphene and metallic elements possess electromagnetic properties as well as proven toxicity[31].

AN OVERVIEW OF THE CONFLICT ARENA

The two dynamics mentioned establish an initial continuum and are already outlining the contours of a conflictual framework surrounding the pandemic. Unless it can be proven that an entire scientific community was intellectually helpless in the face of a single epidemiological shock affecting nearly two hundred nations and that irregular compounds were inadvertently introduced into all vaccine brands, the two strands of evidence cited suggest that the pandemic emergency —regardless of its initial pathological nature— appears more as a triggering event than as a genuine public health crisis. This triggering context led to the imposition of a set of emergency measures and institutional arrangements, organized under the guise of the state's sovereign duty to protect the population, and whose iatrogenic impact on the population has been considerable. Large-scale vaccination is clearly part of this coercive approach, insofar as fundamental contradictions regarding excess mortality and radioelectric effects have resulted from it, suggesting that it was employed with a dual purpose.

Such an interpretation, as Machiavellian as it may seem, is reinforced on the one hand by the correlations that the evidence allows us to establish, but also by the strategic framework that this same evidence tends to bring to light. *Ipso facto*, the scale of the medical anomalies observed, the deliberate disconnect between official narratives about the pandemic and reality, the coordinated state response to activate institutional mechanisms justified by the public health emergency —based on the cognitive containment of societies and dissenting voices— as well as the nature of the biotechnologies deployed downstream, all point in turn to a strategic architecture far more sophisticated than a sudden maneuver or any low-complexity action.

With regard to the institutional framework, the governance models triggered by the pandemic are part of a lineage that can be traced back with relative precision. They reflect an evolution in the multilateral framework for managing environmental and health risks, in which the 1990s marked a significant turning point. The concept of pandemic risk[32] gained prominence against the backdrop of a renewed conceptual approach to emergencies and the multisectoral integration of policies[33] (particularly in the sectors of finance, the environment, health, information, ethics, and technology). The so-called Manhattan Principles[34], articulated in 2004 under the auspices of Rockefeller University and the Wildlife Conservation Society (WCS), marked a second turning point in this direction. Along the way, this institutional agenda shaped organizational protocols, a biotechnological infrastructure, as well as ethical and compliance frameworks, bringing about, on the one hand, a convergence between the health and environmental spheres[35], and, on the other, a reformulation of control over traditional governance structures, echoing what some have called a "cybernetic governance" approach[36]. The Global Pandemic Agreement[37], launched in May 2025 in the wake of COVID-19, continues this evolution[38].

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31 Koyyada, A., Orsu, P. (2020). *Chapter Thirteen - Safety and toxicity concerns of graphene and its composites*. In Comprehensive Analytical Chemistry, Elsevier, Vol. 91, 2020, pp. 327–353, doi:10.1016/bs.coac.2020.08.011

32 United Nations High-Level Panel on the Global Response to Health Crises (2016). *Protecting humanity from future health crises: report of the High-Level Panel on the Global Response to Health Crises* https://digitallibrary.un.org/record/822489

33 One Health - Part 1: 1992–2020 https://escapekey.substack.com/p/one-health-part-1-1992-2020

34 One Health: The Berlin and Manhattan Principles https://escapekey.substack.com/p/the-berlin-and-manhattan-principles

35 COVID-19 https://escapekey.substack.com/p/covid-19

36 Cybernetic Thomism 2.0 https://escapekey.substack.com/p/cybernetic-thomism-20

37 The Pandemic Treaty. Formalizing the Cybernetic Governance Regime https://escapekey.substack.com/p/the-pandemic-treaty

This specific governance framework is part of a broader architecture that highlights three main strategic levers: the reification of the crisis and the perceptual containment of societies; the imposition of a governance framework tailored to manage the emergency; and the implementation of the vaccination and biotechnology agenda under the guise of public health protection. The first lever refers to the cognitive containment that has enabled a veritable "reversal of reality" among the general public and the vast majority of the professional actors involved. The viral threat was, in fact, first manufactured and reified before it existed in the social environment. This reversal of perceptions led to a distortion of social views[39] regarding the danger posed by the viral threat and the need to respond to it categorically. Other epidemic episodes in history appear to have clearly followed this pattern[40]. The second lever relates to the state of emergency we outlined above. It consisted of establishing new rules within the institutional system by encroaching on the safeguards provided by traditional political and administrative bodies. Without leading to the creation of new institutional apparatuses, these measures essentially activated a set of constraints, protocols, and standards, articulated by experts and intermediary entities in various fields, while being coordinated by a network of nerve centers. This forceful push was facilitated both by the informational coercion exercised by governments and multilateral bodies[41] and by the antagonisms sown or amplified within the social sphere. In reality, the battles over the biological nature of the coronavirus, the medical relevance of preventive measures, and the nature of vaccine biotechnologies —even though these issues are legitimate— have in fact deliberately polarized society and, in turn, justified moral and informational coercion. Such horizontal spread of controversies through a deliberately fomented opposition[42] is a well-known phenomenon in the realm of information warfare. It has served to both obliterate the strategic framework at its core and relegate the biotechnological agenda introduced by vaccination to the background.

THE BIOTECH TROJAN HORSE

The third factor, concerning the radiometric avatar, takes on a particular significance in this broader picture. More than three years after the end of the pandemic emergency in May 2023, evidence regarding body-emitted radio waves and the graphene content of COVID-19 vaccines has continued to accumulate, while an unusual excess mortality rate continues to be observed[43]. The physical presence of emissions on the body's surface has been confirmed[44], while readings taken at locations heavily frequented by the public reveal a multitude of radiometric signals. To date, more than ten thousand individuals from some thirty countries have voluntarily submitted measurements[45]. This unified registry includes a network signature (MAC address) for each entry— that is, for each person scanned. These unique identifiers, in turn, provide information

38 This agreement notably suggests centralizing control over global supply chains during public health emergencies and views national priorities as a potential ethical violation.

39 Kyrie, V., Broudy, D. (2022). *Hiding in Plain Sight: Technocratic Tyranny Behind a Medical Mask* https://propagandainfocus.com/hiding-in-plain-sight-technocratic-tyranny-behind-a-medical-mask/

40 Engelbrecht, T., Köhnlein, C. (2020). *Virus Mania*. Emu-Verlag.

41 Mucchielli, L. (2022). *The Covid Doxa*. Volumes 1 & 2. Éolienne

42 Skytoshi (2025). *The Architecture of Silence: How a $500 Million Health Freedom Network Erased the Scanner That Could Have Saved Millions*. Bright Learn.ai.

43 Bor, J., Raquib, R.V., Wrigley-Field, E., Woolhandler, S., Himmelstein, D.U., Stokes, A.C. (2025). *Excess U.S. Deaths Before, During, and After the COVID-19 Pandemic*. JAMA Health Forum. 2025; doi:10.1001/jamahealthforum.2025.1118

44 Sarlangue, G., Devilleger, J., Trillaud, P., Fouchet, S., Taillasson, L., Catteau, G. (2021). *Bluetooth Experience X Project*. https://ln5.sync.com/dl/195df4a10/5ab9apq6-q5vgawam-vgr3ktt9-7zr985rh

45 A study by the author on the geographic distribution of the 10,320 Bluetooth Low Energy measurements published on https://vaxscanner.com/ble_log.json as of August 3, 2026. Anyone can scan their surroundings using a smartphone equipped with a Bluetooth chip.

—though not systematically— about the manufacturers of nanotechnologies[46]. In the case of reports submitted from East Asia[47], the companies Nordic Semiconductor and Telink Semiconductor appear most frequently. In Latin America[48], the prefixes obtained point, among others, to Hewlett Packard, ICANN[49], IANA[50], Cisco Systems, and Sirona Dental Systems. At the same time, some fifteen scientific groups have confirmed the presence of graphene oxide and undeclared metals in all vaccine brands, with the most comprehensive studies reporting 62 unpublished and, in some cases, non-biocompatible components[51]. These components, particularly graphene oxide and lanthanides[52], are associated with bionanotechnologies that exhibit crystalline properties[53], self-assembly[54], and interfacing between biological and electromagnetic environments.

Further evidence regarding the biometric agenda is implicitly provided by the cognitive enclosure enforced by the COVID-centric governance regime. The information lockdown —comprising civilian and institutional networks[55], *fact-checkers*, and major digital platforms[56] — suppresses coverage of these components[57] and stigmatizes those who produce it. In this instance, certain laboratories or government agencies, such as Technion in Israel and ANMAT[58] in Argentina, had issued positive statements regarding 2.4 GHz radio emissions and irregular compounds, only to be subsequently ordered to retract their statements. The orchestrated confrontation between supporters and critics of the pandemic emergency is part of this information lockdown[59]. Certain dissidents challenging the "Covidist" order are indeed calling into question the upper echelons of the public health agenda —notably the role of *the* global *establishment* and the vaccination program (the *anti-vax* movement)— while continuously generating controversies that serve as a smokescreen for the deeper agenda[60], namely the biometric initiative.

A DETOUR INTO BIOMETRICS

At this stage of the analysis, it is important to examine in greater detail the scope of the biotechnologies involved. Since a large portion of the components contained in the vaccine solutions have not been described by their manufacturers, it is necessary to explore the contemporary technological landscape and identify possible correspondences.

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46 The MAC address itself includes a three-character alphanumeric prefix, known as *the Organizationally Unique Identifier* (OUI), which provides information about the component's manufacturer.

47 Lee, D.D. (2025). *The Harvesting Layer: How OpenAI Trained Its Gods on Stolen Biology*. Bright Learn.ai.

48 Zelada Rück, L. (2026). *El testigo silencioso*. Self-published in 17 volumes.

49 Internet Corporation for Assigned Names and Numbers.

50 Internet Assigned Numbers Authority.

51 Diblasi, L., Monteverde, M., Nonis, D., Sangorrin, M. (2024). *Análisis por ICP-MS de « vacunas » contra « COVID-19 » de AstraZeneca, CanSino, Moderna, Pfizer, Sinopharm y Sputnik: 55 elementos químicos no declarados*.

52 https://fr.wikipedia.org/wiki/Lanthanide

53 EbMCsquared CiC, UNIT (2022). *Qualitative Evaluation of Inclusions in Moderna, AstraZeneca, and Pfizer COVID-19 Vaccines*. http://ukcitizen2021.org

54 Lee, Y.M., Broudy, D. (2024). *Real-Time Self-Assembly of Stereomicroscopically Visible Artificial Constructions in Incubated Specimens of mRNA Products Mainly from Pfizer and Moderna: A Comprehensive Longitudinal Study*. In International Journal of Vaccine Theory, Practice, and Research, 3(2), 1180–1244. doi:10.56098/586k0043
Kumar, P. (2010). *Directed self-assembly: expectations and achievements*. Nanoscale Research Letters, 5(9), pp. 1367–1376. doi:10.1007/s11671-010-9696-9

55 Of which the *Front-Line COVID-19 Critical Care Alliance* (FLCCC) network is a key player in the information realm. https://www.icfnn.org

56 Cinelli, M., Quattrociocchi, W., Galeazzi, A., et al. (2020). *The COVID-19 social media infodemic*. Scientific Reports 10. doi:10.1038/s41598-020-73510-5

57 https://duckduckgo.com/?q=fact+checker+graphene+covid+vaccines

58 *ANMAT confirma que la vacuna Covid 19 de AstraZeneca contiene grafeno* (January 2022) https://www.eldisenso.com/informes/anmat-confirma-que-la-vacuna-covid-19-de-astrazeneca-contiene-grafeno/

59 Skytoshi (2025). *The Architecture of Silence: How a $500 Million Health Freedom Network Erased the Scanner That Could Have Saved Millions*. Bright Learn.ai.

60 Skytoshi (2025). *Ibid*.

By definition, a “connected body” network, or Body Area Network[61], connects sensors placed on or inside the human body to external devices via a network. For example, a microscopic sensor or a smartwatch can measure a patient’s heart rate, blood pressure, or nervous state, and then transmit this data to a computer via a wireless network. Intellectual engagement in this field began in the 1960s with physicist Richard Feynman[62], who formalized a new era of nanoscale development, followed in the mid-1980s by the in-depth work of Eric Drexler[63]. The military sector quickly took the lead in this agenda[64]. After an initial development phase during the 1990s, intracorporeal sensors and communication devices effectively reached the nanomolecular scale, while remaining capable of maintaining bidirectional communication — that is, transmitting and receiving signals remotely in the form of pulses, electromagnetic waves, or electric fields, and even molecules[65]. Networked communication was thus able to operate at the particle level and in a manner that was more intrusive to human physiology, *effectively* precipitating a convergence[66] between the biological, physical, and informational dimensions— with some experts also including the societal dimension[67].

From a regulatory standpoint, body networks began to be governed by a traditional, sector-specific approach, with the first technical guidelines[68] published by the Institute of Electrical and Electronics Engineers (IEEE) starting in 2007, followed by a second set of guidelines issued by the same organization in 2015 on nanoscale communication[69]. In the background, nanomaterials had officially emerged in the 2000s, first in the form of carbon nanotubes and carbon quantum dots (C-dots)[70], then in 2004 in the form of graphene-based nanocomposites[71], whose biophysical, electrical, and electromagnetic properties[72] proved to be extremely promising. These technological breakthroughs made carbon engineering a priority on the scientific and industrial agenda[73], with major funding programs in the United States[74], China, and Europe[75], involving the military sector. The biomedical field was revolutionized by this wave of innovations[76], ranging from body networks and biosensors to nanobioprocessors, nanoelectrodes, and nanopharmaceutical delivery systems for delivering anticancer drugs within the body, among others. Graphene emerged as a cornerstone of these developments due

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61 https://fr.wikipedia.org/wiki/Body_Area_Network

62 Feynman, R. (1959). *There's Plenty of Room at the Bottom* https://en.wikipedia.org/wiki/There's_Plenty_of_Room_at_the_Bottom

63 Drexler, K.E. (1986). *Engines of Creation: The Coming Era of Nanotechnology.* Doubleday.

64 Hughes, D.A. (2024). *WHO’s Pulling the Strings? Covid Injections and the Internet of Bio-Nano Things, Part 4: Testing New Human Nodes of Connectivity* https://dhughes.substack.com/p/whos-pulling-the-strings-covid-injections

65 Zhang, P., Lu, P. (2024). *Molecular Communication: Exploring the Potential of Nanoscale Information Transmission.* 3rd International Conference on Big Data, Information and Computer Network (BDICN), Sanya, China, 2024, pp. 110–113, doi:10.1109/BDICN62775.2024.00028

66 This convergence, which emerged in 2002, was given the acronym “NBIC” for Nano, Bio, Information, and Cognition.

67 Yankovskaya, V.V., Kukushkin, S.N. (2021). *The New Technological Paradigm: NBIC-Convergence, Technology, Humanization, and Production Modeling*. In: Bogoviz, A.V. (eds) Complex Systems: Innovation and Sustainability in the Digital Age. Studies in Systems, Decision and Control, vol. 283. Springer, Cham.

68 *Body Area Network* https://en.wikipedia.org/wiki/IEEE_802.15.6

69 *Recommended Practice for Nanoscale and Molecular Communication Framework* https://en.wikipedia.org/wiki/IEEE_P1906.1

70 Bayda S, Adeel M, Tuccinardi T, Cordani M, Rizzolio, F. (2019). *The History of Nanoscience and Nanotechnology: From Chemical-Physical Applications to Nanomedicine*. Molecules. Dec. 27, 2019;25(1):112. doi:10.3390/molecules25010112

71 Nano-scaled graphene plates
https://patents.google.com/patent/US7071258B1/en
Mesoporous metal oxide graphene nanocomposite materials (2008)
https://patents.google.com/patent/US9346680B2/en?oq=US9346680

72 Michelson, E. (2024). *Bioelectronics Interfaces: Bridging the Gap between Biological Systems and Digital Technology*. In Journal of Biomedical Systems & Emerging Technologies, Opinion, Vol. 11, Issue 3. Hilaris Publishing.

73 *Graphene Applications: What Is Graphene Used For?* https://www.graphene-info.com/graphene-applications

74 *21st Century Nanotechnology Research and Development Act* (2003).

75 *Horizon 2020* Program.

76 Mullick, P., Manna, A. (2025). *Nano-biomaterials: Emerging tools in biomedical innovation and therapy.* Current Opinion in Biomedical Engineering, Vol. 36, 2025, 100627, doi:10.1016/j.cobme.2025.100627

to its properties that span various fields (radiosensitivity, electrical conductivity, optical transparency, mechanical flexibility, chemical reactivity, and biocompatibility).

One thing led to another, and bionanotechnologies and their networking ushered in a new era of biotechnological connectivity. For better or worse, the human body —or at least increasingly precise and targeted parts of the organism— was transformed into a platform capable of connecting to a ubiquitous network, with the microcomputer revolution of the 1970s having spurred the first stage of this communicative integration. This major trend was nevertheless pushed into the background by a perceptual compartmentalization that is not unrelated to the strategic framework we described above. These developments unfolded, in fact, as if the ongoing biotechnological convergence were to be perceived on the surface as a proliferation of isolated, sector-specific innovations, while the priority at a deeper level was placed on the bionanotechnological networking of living organisms. In 2017, the notion of a cyber-physical system[77] quickly led to the canonization of the concepts of "Health 4.0[78]" and the "Fourth Industrial Revolution," paradoxically sidelining the biological sphere. The language of the specialized literature —at once avant-garde and elliptical[79]— galvanized this movement, without truly addressing the field of technological risks, *much less* calling for their regulation. A considerable lag[80] ensued in terms of regulation, a lag that has, moreover, been highlighted by civil society groups involved in monitoring nanotechnology[81].

THE BIOTECHNOLOGICAL FOUNDATION BEHIND VACCINES

More specifically, a cluster of innovations effectively laid the operational groundwork against which the biometric phenomenon we are concerned with would take shape.

In 2004, Microsoft developed the first device capable of transmitting energy and data using the human body's own metabolic processes[82]. Human tissue was thus able to form a "communication bus"—in the computer science sense[83] of the term—that is, to exchange data while drawing electrical energy from the body's metabolism via nanoelectrodes. In 2010, the same U.S. company patented a complementary process for creating a network antenna using body mass[84]. For this technology, the goal was to establish a "mode of interaction that transforms the body into a receiving antenna for electromagnetic signals," with graphene capable of converting an electromagnetic frequency into electrical signals and altering its geometry in response to an external radio wave. Other inventions were filed a little later with the aim of organizing biomolecular interaction with graphene nanocomposites[85] — in other words, to connect self-assembling graphene nanosheets[86] to the electrochemical processes of cell membranes. Around the same time, the military was quietly showcasing the creation of

77 Colombo, A. W., Karnouskos, S., Kaynak, O., Shi, Y., Yin, S. (2017). *Industrial Cyberphysical Systems: A Backbone of the Fourth Industrial Revolution.* In IEEE Industrial Electronics Magazine, vol. 11, no. 1, pp. 6–16, March 2017, doi:10.1109/MIE.2017.2648857

78 Srivastav, D.A.K., Das, D.P. (2024). *Introduction to Healthcare 4.0*. In Emerging Technologies in Healthcare 4.0. Apress, Berkeley, CA. doi:10.1007/979-8-8688-1014-5_1

79 Cyber-body systems, cyber-biological interfaces, the Internet of Nano-Objects, etc.

80 *Nanos et risques: ne pas renouveler les erreurs du passé* https://veillenanos.fr/dossier/gouvernance/ne-pas-renouveler-erreurs-passe

81 *Dossier: Quelles réglementations des nanos ?* https://veillenanos.fr/dossier/gouvernance/reglementations-nano/

82 Patent No. US6754472B1. Method and apparatus for transmitting power and data using the human body https://patents.google.com/patent/US6754472B1/en?oq=US6754472B1

83 https://fr.wikipedia.org/wiki/Bus_informatique

84 Patent No. US8665210B2: Sensing user input using the body as an antenna https://pubchem.ncbi.nlm.nih.gov/patent/US-8665210-B2

85 Patent No. US20170143762A1: Graphene and graphene-derived materials for manipulating cell membrane potential https://patents.google.com/patent/US20170143762A1/en
Patent No. US20190015450A1: Methods of using graphene and graphene-related materials for manipulation of cell membrane potential https://patents.google.com/patent/US20190015450A1/en?oq=US20190015450A1
Patent No. US10703789B2: Modified Polynucleotides for the Production of Secreted Proteins https://patents.google.com/patent/US10703789B2/en?oq=US10703789B2

“cyborg” tissues, designed as nanoscale circuits intended to interact with human cells[87]. In early 2020, the Shanghai National Engineering Research Center for Nanotechnology (NERCN) produced an injectable solution capable of delivering coronavirus vaccine components via a nanocarrier made of graphene oxide[88]. With a large molecular surface area, graphene nanosheets thus became a vehicle for antiviral compounds, such as messenger RNA, while also being able to interact with electromagnetic signals emitted at the 2.4 GHz frequency (Wi-Fi and Bluetooth) and in the terahertz range[89].

Other innovations complement those just mentioned, ultimately forming seven major functional categories: 1. nanocomponents that harness energy from the body’s metabolism; 2. networked exchange between biological tissues[90] and electromagnetic devices via graphene nanocomponents; 3. biometric identification via wireless signals; 4. the incorporation of nanoelectronic circuits into vaccine hydrogels; 5. mesh networks for relaying data between nodes in a body network[91] ; 6. authentication protocols and security measures for transmitted data; 7. modular effects on organs[92] or the nervous system using electromagnetic radiation[93], with this latter field overlapping with the realm of biological and directed-energy weapons[94]. The integration of all these multiple functionalities is also described in the scientific literature[95].

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86 Patent No. US20210346570A1: Self-assembling graphene oxide-protein matrix
https://patents.google.com/patent/US20210346570A1/en

87 Cyborgcell: Molecular-Nanoscale Circuits for Active Control of Cells
https://apps.dtic.mil/sti/trecms/pdf/AD1061425.pdf
CyborgCell: Intracellular Delivery of Molecular and Supramolecular Ionic Circuits for Cyborg Tissue
https://apps.dtic.mil/sti/trecms/pdf/AD1086057.pdf

88 Patent No. CN112220919A: Nano coronavirus recombinant vaccine taking graphene oxide as carrier
https://patents.google.com/patent/CN112220919A/en
Patent No. US9539210B2: Vaccine Nanotechnology
https://patents.google.com/patent/US9539210B2/en?oq=US9539210B2

89 Akyildiz, I. F. (2017). *Internet of nanothings & bio-nanothings*.
https://futurecomresearch.eu/previous/2017/site_pres/K/IAN_Akyildiz.pdf

90 Patent No. WO2020060606: Cryptocurrency system using body activity data
https://patentscope.wipo.int/search/en/detail.jsf?docId=WO2020060606
Patent No. US20200097951A1: Cryptocurrency system using body activity data
https://patents.google.com/patent/US20200097951A1/en
Patent No. US20130142363A1: Devices and methods for transferring data through a human body
https://patents.google.com/patent/US20130142363A1/en?oq=US20130142363A1
Patent No. US20150318613A1: Body antenna system
https://patents.google.com/patent/US20150318613A1/en?oq=US20150318613A1
Patent No. US10163055B2: Routing policies for biological hosts
https://patents.google.com/patent/US10163055B2/en?oq=US10163055B2

91 Braun, T., Kassler, A., Kihl, M., Rakocevic, V., Siris, V., Heijenk, G. (2009). *Multihop Wireless Networks*. doi:10.1007/978-0-387-85573-8

92 Che, H., Gao, Y., Xu, Y., et al. (2026). *Organ cross-talk: molecular mechanisms, biological functions, and therapeutic interventions for diseases*. In Sig Transduct Target Ther 11, 8 (2026). doi:10.1038/s41392-025-02329-1
Miah, M. R., Hasan, M. M., Parisha, J. T., Alam, M. S.-E., Shahriar, C. S., et al. (2022). *Impact of Oscillated Wireless Sensor Networks on the Onset of Cardiac Arrest*. In International Journal of Internal Medicine, 11, 1–46. doi:10.5923/j.ijim.20221101.01

93 Patent No. US6506148B2: Nervous system manipulation by electromagnetic fields from monitors
https://patents.google.com/patent/US6506148B2/en
Patent No. US3951134A: Apparatus and method for remotely monitoring and altering brain waves
https://patents.google.com/patent/US3951134A/en
Patent No. US4834701A: Apparatus for inducing frequency reduction in brain wave https://patents.google.com/patent/US4834701A/en
Patent No. US6011991A: Communication system and method including brain wave analysis and/or use of brain activity
https://patents.google.com/patent/US6011991A/en
Patent No. US6081744A: Electric fringe field generator for manipulating nervous systems
https://patents.google.com/patent/US6081744A/en?oq=US6081744A
Patent No. US5356368A: Method and device for inducing desired states of consciousness
https://patents.google.com/patent/US5356368A/en?oq=US5356368A
Patent No. US11801394B1: Systems and methods for covertly creating adverse health effects in subjects
https://patents.google.com/patent/US11801394B1/en
Folcher, M., Oesterle, S., Zwicky, K., et al. (2014). *Mind-controlled transgene expression by a wireless-powered optogenetic designer cell implant*. In Nat Commun 5, 5392 (2014). doi:10.1038/ncomms6392

94 Directed Energy Weapons - Patents to target individuals https://www.psychotronics.org/pub/lib/2023-11-direct-energy-weapons-patents-to-target-individuals.pdf

It must therefore be acknowledged that these bionanotechnological applications share similarities with the behaviors observed in the context of pandemic vaccination. Furthermore, the biotoxicity of certain of these components —in particular graphene oxide[96] and ionized lipid nanoparticles[97]— may explain the iatrogenic effects observed in vaccination campaigns. The undisclosed presence of metalloid elements also echoes the microelectronic functions achieved by quantum dots[98] (C-dots), as well as a possible combination with graphene.

These components can be introduced into the body through inoculation and remain in biological tissues for an extended period. They may potentially cross the blood-brain barrier, echoing the symptom of skull magnetization mentioned in scientific studies[99]. Furthermore, the radiosensitivity of these materials makes them reactive to certain types of electromagnetic radiation, paving the way for a very wide range of external influences on connected individuals[100].

In summary, the technology stack described here transforms the body —or, more precisely, certain physiological aspects of the body— into a communication interface. Through embedded bionanoelectronic devices, an individual can transmit their digital identifier (MAC address[101]) and data generated by their metabolism to the network surrounding them. This data can provide information on the connected individual's blood pressure, cardiac and respiratory activity, blood composition, or oxygenation level[102]. Other information, such as geolocation and body movements[103], can be aggregated with it. Nanotechnology specialist Ian Akyildiz directly referred to this reality during a presentation on networks and the terahertz band in 2023, explicitly mentioning "nanoscale machines programmed and injected into COVID vaccines[104]."

Such a technological leap is no minor change. It reshapes the landscape of biometrics —and, consequently, the risks and social control that may be associated with it in the discretionary context we have glimpsed[105]. However, such a biometric system[106] can only become truly

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96 Rhazouani, A., Gamrani, H., El Achaby, M., Aziz, K., Gebrati, L., Uddin, M.S., Aziz, F. (2021). *Synthesis and Toxicity of Graphene Oxide Nanoparticles: A Literature Review of In Vitro and In Vivo Studies*. Biomed Research International. June 10, 2021, doi:10.1155/2021/5518999

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98 Perini, G., Palmieri, V., Ciasca, G., De Spirito, M., Papi, M. (2020). *Unraveling the Potential of Graphene Quantum Dots in Biomedicine and Neuroscience*. International Journal of Molecular Sciences. 21. 3712. doi:10.3390/ijms21103712

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100 Andersen, M. (2023). *Intra Body Nano Network*. https://archive.org/details/intra-body-nano-network-brief-summary-by-mik-andersen_202301

101 Alsheikh, R., Akkari, N., Fadel, E. (2016). *MAC Protocols for Wireless Nanosensor Networks: Performance Analysis and Design Guidelines*. In 2016 Sixth International Conference on Digital Information Processing and Communications (ICDIPC), Beirut, Lebanon, 2016, pp. 129–134, doi:10.1109/ICDIPC.2016.7470805

102 Andersen, M. (2023). *Ibid.*

103 Simonjan, J., Unluturk, B.D., Akyildiz, I.F. (2025). *In-Body Bionanosensor Localization for Anomaly Detection via Inertial Positioning and THz Backscattering Communication*. arXiv:2108.13747v2

104 Akyildiz, I.F. (2023). *TeraHertz Band Communication: An Old Problem Revisited & Research Directions for the Next Decade* https://youtu.be/YAtQFkEg5-w?si=K0dIsqEfgYGGz4Mq&t=829

105 *Nano World Order Wiki* https://www.nanoworldorder.com/wiki/Main_Page#Surveillance,_Targeting_&_Weapons

106 Pater, C. (2025). *The Emergence of Bio-Digital Convergence as a Wide Body Area Control Grid Network*. doi:10.13140/RG.2.2.28535.12965

operational if the upper layer of the technology stack is complemented by advances in ubiquitous connectivity and data-processing infrastructure. Some observers[107] argue that the connectivity of body networks is already ensured by decentralized mesh networks[108]. Nevertheless, various services —in the fields of artificial intelligence, cloud computing, and data centers— are required to collect and process the colossal amount of information generated by these networks. Here, too, it is interesting to note that this industrial sector is booming internationally, with a fairly marked upturn since 2020. The development of data centers[109] has literally exploded[110] in North America, the Asia-Pacific region, and Europe, with double-digit growth rates, while the cloud computing sector has seen its market value increase sixfold between 2020 and 2025. In the so-called connected nanotechnology market, biomedical applications are leading the way and have evolved toward a "new level of connectivity operating at the cellular and molecular resolution"[111]. The global rollout of Starlink and Stargate[112] is part of this context, as is the upcoming expansion of 6G connectivity. Finally, it is worth noting that, in parallel, projects involving the digital twinning of individuals[113] and large-scale social modeling[114] have emerged.

Not all of these trends can be attributed solely to the field of biometrics. Nevertheless, their scale and their overlap with the COVID-19 timeline add to the evidence gathered.

INSTITUTIONAL SAFEGUARDS

The coercive agenda imposed by the COVID-19 pandemic cannot be separated from an encroachment on traditional decision-making frameworks and from a form of legal immunity that has allowed for the fragmentation of legal accountability for the actions taken. The foundations for this framework were also laid well upstream.

In the United States, as early as 2005, the Public Readiness and Emergency Preparedness Act (PREP Act[115]) had granted industrial manufacturers unprecedented legal protection. The Emergency Use Authorization (EUA) was ratified a few years later under the Pandemic and All-Hazards Preparedness Reauthorization Act[116]. This legislation authorized the express use of drugs prior to their formal approval, in accordance with the United Nations Convention on the Prohibition of Chemical Weapons[117], which had prompted national defense agencies to take biological and bioterrorism risks into account. This shift helped to legally break down the barriers between military and civilian technologies[118], allowing the former to enter the pharmaceutical market while simultaneously integrating national security circles into the public health administration— at least in the United States and other countries of the Euro-Atlantic

107 Steele, M. (2026). *This is a war crime—They planned the control, subjugation, imprisonment, and execution* https://saveusnow.substack.com/p/this-is-a-war-crime-they-planned

108 Tronci, E. M., Nagabuko, S., Hieda, H., Feng, M. Q. (2022). *Long-Range Low-Power Multi-Hop Wireless Sensor Network for Monitoring the Vibration Response of Long-Span Bridges*. In Sensors, 22(10), 3916. doi:10.3390/s22103916

109 Global Data Center Trends 2025 https://www.cbre.com/insights/reports/global-data-center-trends-2025

110 Data Center Growth Statistics: Understanding the Explosive Expansion Driving Our Digital Future. https://thenetworkinstallers.com/blog/data-center-growth-statistics/

111 Internet of Nano Things Market Size, Share, and Growth Analysis. https://www.skyquestt.com/report/internet-of-nano-things-market

112 Building OpenAI's Stargate https://www.datacenterdynamics.com/en/analysis/openai-building-stargate-nvidia-oracle-chatgpt

113 Tang, C., Yi, W., Occhipinti, E., Dai, Y., Gao, S., Occhipinti, L.G. (2023). *Human Body Digital Twin: A Master Plan.* https://arxiv.org/pdf/2307.09225

114 Simulating the World with 8.3 Billion Persona Agents https://matraix.ai

115 https://en.wikipedia.org/wiki/Public_Readiness_and_Emergency_Preparedness_Act

116 Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 https://en.wikipedia.org/wiki/Pandemic_and_All-Hazards_Preparedness_Reauthorization_Act_of_2013

117 Strictly speaking, the Convention on the Prohibition of the Development, Production, Stockpiling, and Use of Chemical Weapons and on Their Destruction.

118 Wat, K. (2022). *DOD chemical and biological warfare program: herd culling plus stockpile disposal in one tidy package*. https://web.archive.org/web/20230203050209/https://bailiwicknews.substack.com/p/reposts-dod-chemical-and-biological

bloc[119]. Along the way, during the COVID-19 pandemic, vaccines were legally considered military products exempt from the rules of the U.S. Code[120].

In Europe, the institutional response to pandemics was largely shaped in the 1990s by the European Scientific Working Group on Influenza (ESWI[121]), a group funded by pharmaceutical companies and committed to merging the public and scientific spheres with those of international experts and corporate interests. In 2005, the European Union adopted the public health framework proposed by this group, whose programmatic priorities today strikingly echo the Global Pandemic Agreement[122]. As early as 2004, legal immunity and the accelerated approval of vaccines in emergency situations were discussed behind closed doors[123], in collusion with the World Health Organization. This legal protection was implemented during the COVID-19 pandemic through Advance Purchase Agreements (APAs)[124] and a transfer of liability from pharmaceutical companies to governments. As for the protocols restricting mobility, the economy, and public governance, their framework had been consolidated during the SARS-CoV-1 epidemic in 2002.

Far from ensuring accountability in a system of governance that relies on decree-based decision-making[125], the restrictions imposed during the pandemic were primarily established in advance by a technical-administrative framework that claimed to adhere to a principle of neutrality. This framework was based on statistical modeling tools[126] and indicators, which were used to determine decisions regarding lockdowns, mandates, or restrictions, without prior democratic deliberation. National statistical agencies replicated this approach of apparent neutrality, as did central banks, which followed the guidelines issued by the Bank for International Settlements[127] (BIS). Legal certification procedures (vaccine passports, authorizations, business licenses, etc.) and informational measures followed a similar logic[128]. Behaviors or content deemed negative were thus excluded in the name of security and the fight against disinformation.

This approach ultimately gave a dominant role to technical intermediation, which was tasked with articulating and communicating these constraints. Neutrality, posited *a priori* as a guarantor of legitimacy and effectiveness, actually contributed to diffusing responsibility and creating *de facto* institutional immunity. The damage caused by the crisis —whether medical, economic, social, or moral— tended to be attributed to the coronavirus, statistical models, the state of emergency, or the imperative of collective security, pushing the responsibility of leaders and decision-making bodies into the background.

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119 Government's National Security Arm Took Charge During the Covid Response https://brownstone.org/articles/governments-national-security-arm-led-the-covid-response/

120 Pursuant to Section 4021 of Title X of the same Code.

121 A Health Chronology. https://escapekey.substack.com/p/a-health-chronology

122 *The ESWI* https://escapekey.substack.com/p/the-eswi

123 WHO (2004). *Vaccines for Pandemic Influenza: Informal Meeting of WHO, Influenza Vaccine Manufacturers, National Licensing Agencies, and Government Representatives on Influenza Pandemic Vaccines* https://web.archive.org/web/20050313003203/http://www.who.int/csr/resources/publications/influenza/en/WHO_CDS_CSR_GIP_2004_3.pdf

124 COVID-19 vaccine makers lobby the EU for legal protection https://www.ft.com/content/12f7da5b-92c8-4050-bcea-e726b75eef4d

125 Grogan, J. (2022). *COVID-19, the Rule of Law, and Democracy: An Analysis of Legal Responses to a Global Health Crisis*. In *The Hague Journal on the Rule of Law*. 2022;14(2-3):349-369. doi:10.1007/s40803-022-00168-8

126 Nguyen, J. (2024). *Confidence in COVID-19 Models*. *Synthese* 203, 114. doi:10.1007/s11229-024-04530-1

127 BIS (2020). *A monetary lifeline: central banks' crisis response.* https://www.bis.org/publications/aer-2020/monetary-lifeline-central-banks-crisis-response

128 Van der Pijl, K. (2020). *Health Emergency or Seizure of Power? The Political Economy of Covid-19*. https://newcoldwar.org/health-emergency-or-seizure-of-power-the-political-economy-of-covid-19/

This framework, however, has not precluded the possibility of legal recourse. In fact, some of the pharmaceutical companies responsible for vaccine production have faced legal action[129], albeit on a very limited scale. Many other legal proceedings have been initiated and continue to be pursued at the national level[130][131] regarding the role played by local authorities. In substance, however, the major facts that have been presented are in direct conflict with the criminal framework established by numerous administrative and judicial bodies. Under the International Criminal Court, intentional acts that have caused suffering or serious harm to the physical or mental integrity of populations are punishable as crimes against humanity (Article 7(1)(k) of the Rome Statute). In the United States, the failure to disclose nanocomposites and 2.4 GHz body networks is punishable under the Code of Federal Regulations[132] and the Federal Communications Commission (Standard No. 54, FR 17714), as well as by the Securities and Exchange Commission (Section 10b-5). The same claims can be brought in Europe before various authorities[133].

STRATEGIC PERSPECTIVES

The analysis we have just conducted has not exhausted the issues raised by COVID-19. Six years after its onset, new insights continue to emerge regarding the conflict-ridden and technologically driven environment created by the pandemic, and it is entirely foreseeable that new issues will arise in the future, particularly regarding the biotechnological complex that has been set in motion. The emphasis placed in this text on the strategic dimension was intended to highlight the depth and scope of the broader framework surrounding the pandemic. The Machiavellian nature that emerges from this is not without a certain sense of dread. Beyond this possible revulsion, it is indeed the sophistication —and even the originality— of this strategic art that must be understood and that should, as much as possible, challenge citizens and the community of analysts.

In essence, COVID-19 served as the triggering stressor that set in motion a discretionary governance framework on a global scale. It established certain institutional and biotechnological mechanisms, as the culmination of a process that had been carefully developed in advance following several decades of accumulation. Its implementation is inseparable from the capture of the cognitive and phenomenological sphere through which citizens construct meaning and their representation of reality. Such a maneuver would not have been possible without the duality that allowed two opposing visions to coexist within the same reality. One of these visions took shape in the global emergency declared to eradicate a viral threat designated as lethal and highly contagious. The second consisted of fabricating the threat and a state of emergency that forced the imposition of restrictions on society and the inoculation of biotechnological compounds into individuals' bodies. This duality is the primary strategic cornerstone of the arena that concerns us. A broadening of the frameworks for interpreting conflict is required to fully grasp such a stratagem.

The second cornerstone concerns how this governance was established through coercion and infrastructure. The pandemic has intensified certain trends toward concentration, particularly in the economy. But it must be noted that it has not galvanized the accountability of any single

129 For injury, patent infringement, or failure to provide information and safety criteria.

130 For example, in Chile: https://efectosadversoschile.org/repositorio-documental-patentes.php?cat=Legal#archivo or in Europe: https://www.efvv.eu/actions-lawsuits

131 At global scale : Grand Jury Proceeding by the Peoples' Court of Public Opinion https://www.grand-jury.net

132 https://www.ecfr.gov/current/title-47/chapter-I/subchapter-A/part-15

133 The European Court of Human Rights, the Medical Device Regulation (MDR), the Radio Equipment Directive (2014/53/EU RED), and the Market Abuse Regulation (MAR).

institution, nor has it led to a clear concentration of power in a handful of transnational entities. In fact, the COVID-19 state of emergency has altered certain institutional mechanisms and exerted pressure by developing a distributed infrastructure of coercion. To this end, it has relied on two main levers —one superstructural and one infrastructural: the strategic exploitation of the crisis; and the creation of rules governing the actions of key actors through a coordinated network of organizations. From the outset, the public health emergency was effectively harnessed as the catalyst for this governance framework, in that it authorized the implementation of a state of emergency presented as the solution to the initial threat. Under this regime, the rules governing the behavior of actors took precedence over their respective institutional mandates or the authority of constitutional governing bodies. On the ground, we have seen that statistical epidemiological models[134] served as a more binding mechanism for enforcing compliance in organizing the public health agenda than the recourse to scientific or democratic deliberation. Little by little, these rules —set forth by experts and intermediary bodies[135]— have diluted decision-making accountability and removed decisions from traditional channels of evaluation and accountability. This fragmentation is tragically illustrated by the inability, to date, to establish legal and political accountability for the colossal iatrogenic shock caused by vaccination campaigns.

Consequently, the governance framework hastily put in place in response to COVID-19 did not dismantle the previous institutional landscape. Instead, it introduced a subsystem that integrates digital identification, algorithmic and behavioral modeling, financial coordination, and ethical and moral oversight. Global biometrics, which is taking shape before our very eyes, is clearly one of these components. This agenda is arbitrary, stealthy, and decentralized —making it all the more difficult to grasp because it defies traditional boundaries and approaches. However, this agenda is not limited to the field of health; it extends to various areas directly or indirectly related to global risk management. Its structure, organized in successive tiers, operates from the individual level to the global level[136].

In many respects, the existence of such an elaborate and long-term project poses a major puzzle for the global community. Even assuming that all nations agreed to temporarily set aside their ideological and geopolitical differences in the face of the pandemic, it remains very difficult to imagine that such a high degree of supranational coordination was achieved in the public health response —especially given the apparent fragmentation of global power and the inconsistent nature of the SARS-CoV-2 viral threat. One need only observe that Russia has vigorously implemented the same public health protocols as its geopolitical rivals and has participated in the biotechnological race to develop a vaccine, all while launching the largest military offensive in Ukraine since World War II. China, which collaborates closely with its U.S. rival in the fields of artificial intelligence[137] and bionanotechnology development, has behaved in a similar manner, though without engaging in military action. In other words, national interests, while well-suited to providing a fragmented and realistic reading of the international scene, remain, so to speak, silent when it comes to offering an in-depth explanation of the reflexive collective response to the pandemic. From this perspective, the notion of an active “global technocracy” is an argument frequently advanced by certain authors to account for an

134 Jahn, B., Friedrich, S., Behnke, J., Engel, J., Garczarek, U., Münnich, R., Pauly, M., Wilhelm, A., Wolkenhauer, O., Zwick, M., Siebert, U., Friede, T. (2022). *On the role of data, statistics, and decisions in a pandemic*. arXiv:2108.04068v2

135 Among others the World Health Organization, the International Organization for Standardization, Earth Observations for Health, One Health Data Commons, the Bank for International Settlements, the International Institute for Applied Systems Analysis (IIASA), and the Institute of Electrical and Electronics Engineers (IEEE).

136 *The Health Equity Clearinghouse* https://escapekey.substack.com/p/the-health-equity-clearinghouse

137 *Chart of the week: How the U.S. and China collaborate on AI despite their rivalry* https://www.thenationalnews.com/future/technology/2025/01/28/china-us-ai-race-deepseek

infrastructure that has infiltrated the decision-making echelons of nation-states and positioned its pawns well below the usual radar. In absolute terms, however, even a technocracy —no matter how powerful and organized it may be on a global scale— is incapable of fostering the levels of cohesion that were empirically observed during the COVID-19 pandemic. Such coherence can *a priori* only stem from a capacity for coercion or political enrollment. This alignment indicates precisely that biometric surveillance is not a "stowaway" in the global arena. It constitutes one of its driving forces and points to the existence of a collective agenda capable of taking precedence over state priorities.

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