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# Geopolitics of Health and the Coronavirus Pandemic

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## Abstract

Geopolitics of health represents a pioneering subdiscipline in the context of geopolitics as a synthetic science that we have defined in order to adequately problematize and analyze the Covid-19 pandemic that the entire world has faced. The research field of health geopolitics refers to the influence of socio-geographical, economic and political factors on endangering people's health as a public good. Therefore, using the example of the Covid-19 pandemic, it is possible to monitor the aforementioned impacts and further relate them to the consequences that have already been proven. In addition, by adequately analyzing the known facts, it is possible to anticipate future consequences, both of the pandemic itself, and of health, political, economic and other measures prescribed by competent institutions. Therefore, in the first part of the paper, we ask batteries of questions related to the Covid-19 pandemic, so that in the second part of the paper, relying on relevant and available scientific and professional sources, we offer answers to the questions. The aim of the work is to show the scientific problematic, media manipulateness and health destructiveness of announcements and decisions related to the Covid-19 pandemic. In our work, we use the method of analysis and synthesis, the method of deduction and the geopolitical method, in order to adequately respond to the research problem, laying the foundation for further research in the context of the geopolitics of health.

*Keywords:* Geopolitics of health, geopolitics, Covid-19, coronavirus, pandemic, new reality

## Geopolitics of Health and the Coronavirus Pandemic

### Introduction

At the moment of writing these words (end of July 2022), the *Covid-19* pandemic is still ongoing, the number of infected is still on the rise and the end of the pandemic cannot be seen on the horizon. It might be that exactly this process is suitable for gaining further insight into the increasingly important circumstances of its outbreak and duration, as well as for attempting to implement the theoretical-explicative framework of the defined subdiscipline – *geopolitics of health*, in the most objective manner. The fact that we are speaking of a typical geopolitical dimension of the said process is proven by the stance on Neo-Euroasians when commenting the basic goals of the “Big Reset” agenda, presented in the context of the Covid-19 pandemic. “...the control of public awareness on a global level, which is, at the same time, the epicenter of “the culture of suppression” – is an introduction into censorship in social networks under the control of the globalists...” (Gajić, 2022, p. 49).

From the mere beginning, everything that was stated regarding the *Covid-19* pandemic by the *World Health Organization (WHO)* was scientifically problematic, media-wise manipulative and health-wise destructive for a vast number of citizens throughout the globe (Schwab & Malleret, 2020). Until nowadays, the entire *batteries of questions* that determine its character and sense remained without relevant responses.

For the purpose of this paper, we will hereinafter state some of them:

- Is the virus that allegedly caused the *Covid-19* pandemic existing, or are we speaking of some other biological agent (bacteria, fungus, etc.)?

- Is the officially named *SARS-CoV-2* virus of natural origin and from the coronavirus strain, as stated by the majority of medical science, pharmaceutical industry, the ruling political elites and media, or was it in fact created by hand and designed exactly for manipulative purposes of the beforementioned categories?

– Are the widely used *PCR* tests reliable and were they designed for the purpose of the pandemic; if not, how did they mysteriously become reliable, or did they only “temporarily” take the function of detection of the newly-infected patients?

– Were there suitable protocols for treatment of infected patients; if so, why were they changed on numerous occasions throughout the course of the pandemic, and what was their real health effectiveness?

– Why did the great majority of officials stubbornly repeat that they know almost nothing about the real nature of the virus and its consequences, at the same time brutally imposing vaccination measures and other protocols of the alleged treatment?

– Were these certain treatments, especially when speaking of seriously ill patients and especially the ones on ventilators, medically adequate, despite knowing that the percentage of recovery upon such treatment was highly unfavorable for the patients?

– To what extent and why was the number of deceased patients (the ones deceased due to *Covid-19* infection or with the presence of the virus in the organism) manipulated with, especially when it was known that there were no reliable methods for determining whether their deaths were caused directly by the said virus? This especially refers to the fact that it was often reiterated that no valid autopsies of such patients were being conducted or, yet, when such procedures were followed, the data surrounding them remained unavailable to the public.

– Do surgical masks indeed reduce the risk from infection and to what extent; if not, what is their real use in the context of the said pandemic?

– Why did the *physical distancing* soon enough turn into *social distancing* and what is its true purpose, if not medical?

– Why was the use of other virus-treating medicines forbidden, even though they were used with success for many years (in veterinary and human medical practice), and what was the purpose of professional defamation and open persecution of doctors who promoted their use as additional therapies during the *Covid-19*

pandemic, especially in the poor regions of the world, where the so-called vaccines were not available to the broader public?

– Were the so-called vaccines indeed vaccines, that is, do they protect the vaccinated patients from infection and sickness after the proclaimed date of full effect (which was its older useful aim)? What is the basic content of the so-called vaccines; is it known to the broader medical profession, and especially to their users, and to what extent do they contain elements dangerous to patient health?

– Was the temporary approval for their use, given by the responsible national bodies (the so-called Agencies for medicines and other medical means) legally founded, given that it is known that the procedures normally referring to other medicines were not respected, or was it only a forced measure for their putting into circulation?

– Why the alleged vaccines, before gaining approval for the mass use, did not pass the usual mandatory and perennial clinical testing?

– Where are the suitable scientific certifications for all the measures applied during the pandemic, and why was the critical medical and other professional public brutally excluded from the public space and media discourse regarding the taken measures?

– Why was the mandatory debate, as well as presentation of opposing scientific opinions regarding this issue, absent?

– Why was there a forced media chase and public harangue on the so-called anti-vaxxers? Why were the citizens who, therefore, used their *constitutional right* to protect their territorial integrity from the unchecked health products and procedures, treated so brutally in the media and were publicly condemned?

– Why were exactly these citizens depicted as primitive, manipulated and ill-intended individuals working against their own good and violating the health of others (for the purpose of this paper, we are intentionally not using the other derogatory terms used by many official promoters of these disputed medical public policies for naming this category of individuals), given that we are speaking of individuals who have for decades been regularly vaccinated by other vaccine programs that were not disputed from the aspect of their health security and effectiveness?

– Why were lockdown and similar measures of limited contact introduced, given that they were, without any valid explanation, used by certain governments for brutal and violent violation of civil rights and freedom of movement and public gathering? Many other questions and controversies still remain deprived of a valid scientific response.

The issue in question is why and who did not completely and legally implement the *public policies*, founded on the law and the Constitution, given that they were supposed to protect the *public interest* of the citizens as a primary general good, as well as their full *health security*, at least on a national level and even in the conditions of global manipulations conducted by greedy centers of power. We will offer, let us hope, acceptable responses to just a few of these pivotal questions, being aware of the fact that their scientific and social potential is significantly limited due to intentionally created unavailability of relevant scientific research (if such research was even conducted). Therefore, we will intend to provide responses that will fixate and provide clearer, more reliable and more undisputable facts that can be used as a “capital” for creating potential for the future efficient combat against any new attempts of occupation of space of *human freedoms* and endangerment of *health* of a vast majority of people by corrupted and alienated centers of power world-wide.

## **The coronavirus pandemic through the view of geopolitics of health**

The following pages are dedicated exactly to such examples. Many of them will be provided in an integral version that was available to us, without offering our own comments, given that the said examples deal exclusively with medical practice, and thus, as political and geopolitical scientists, we are not competent to offer any responses. Let us begin, for example, from the issue whether the virus which has caused the *Covid-19* pandemic was indeed natural or created in a lab, directed by its “makers” – principals towards clear and previously defined non-medical purposes.

From the mere beginning, that is, from the official proclamation of the emergence of coronavirus, information about its origin were various and they have compounded numerous security challenges, risks

and threats (see more: Bjelajac & Filipović, 2020a). It is interesting noting that on October 18, 2019, the Military World Games begun in Wuhan, and on the same day, in New York, begun the simulation of the global pandemic “Event 201”, organized by the Johns Hopkins Center for Health Security, supported by the Bill and Melinda Gates Foundation and the World Economic Forum. On that occasion, a simulation of an outbreak of a zoonotic coronavirus, transmitted by bats to other animals, and then to people, thus leading towards a hard pandemic, was conducted (Center for Health Security, 2022; Center for Health Security, 2022 a). Even though the World Health Organization in the West was surprised by that occurrence, we believe that there wasn’t much space for such a reaction, given that, at the said moment, coronaviruses were a known occurrence for several decades. Besides, let us remind ourselves that *SARS-CoV-1* emerged in 2002, was spread by droplets, and, above all, attacked lungs and caused severe clinical picture among the infected patients, of whom about 10% passed away (Cherry, 2004, pp. 262–269; Yang et al., 2020). Afterwards emerged the *MERS-CoV* in 2012 in Saudi Arabia, causing respiratory infections. The death-rate from the *MERS* coronavirus was about 34-35% (Al Hajjar et al., 2013, pp. 427-436; Alsolamy & Arabi, 2015). Finally, in that sequence appeared the *SARS-CoV-2*, which caused the *Covid-19* pandemic. The similarities between *SARS-CoV-2* and *SARS-CoV-1* are significant, given that the similarity of the genes is about 82% („The SARS-CoV-2 genome share about 82% sequence identity with SARS-CoV and MERS-CoV and >90% sequence identity for essential enzymes and structural proteins” (Haqvi, 2020)). However, the key difference between the previously mentioned viruses is their effect, that is, their practical-political use. Contrary to the previous viruses, which had a short period of incubation (*SARS-CoV-1*), or high mortality rate (*MERS-CoV*), *SARS-CoV-2* has a longer period of incubation and a mortality rate around 1% (WHO, 2022), which enabled its spread throughout the planet and infection of a vast number of people in a short period of time. Moreover, the virus was presented in the media as a *boogey*, headquarters suggested restrictive lockdown and restricted movement measures, while the pharmaceutical companies used their position of power to recommend medicines and therapies that were to be

prescribed to patients, neglecting the decades-old coronavirus therapies (Vlajki, 2021, pp. 6–32).

The French Nobel prize laureate Luc Montagnier said that the *SARS-CoV-2* is not of a natural origin, but created in a lab. In an interview, Montagnier said that molecular biologists inserted the *DNA* from the *HIV* virus into the coronavirus (The Connexion, 2022). The German scientist Roland Wiesendanger believes that the virus originated from the lab. Professor Wiesendanger denies the theory of zoonosis and believes that it is not scientifically founded. Moreover, this German scientist notices that *SARS-CoV-2* binds surprisingly well with human cell receptors, which was not the case with the previous coronaviruses, thus pointing to an unnatural origin of the pathogene. Thus, “there is abundant direct evidence of the laboratory origin of the *SARS-CoV-2* pathogen” (Wiesendanger, 2021; Abu Turab et al., 2020). The Chairman of the *Covid-19* Commission in the prestigious medical journal *The Lancet* Jeffrey Sachs states that the virus does not come from the nature but from the biotechnological laboratory (Le Cri Des Peuples, 2022). The lab origin is neither dismissed by other scientific organizations, nor by numerous medical professionals world-wide (Segreto & Deigin, 2020; Craig, 2022; Inforuss, 2020; WSJ, 2022).

When speaking of PCR (*polymerase chain reaction*) tests, there are numerous data pointing to their inaccuracy. Even the inventor of the PCR technology Kary Mullis states that the PCR as a process does not prove the fact that you are ill or that the sequence detected by the test is harmful to human health (James, 2020). PCR testing, therefore, can be used as a helping tool in the process of diagnosis, but not as a diagnostic test. “Most PCR assays are indicated as an aid for diagnosis; therefore, health care providers must consider any result in combination with timing of sampling, specimen type, assay specifics, clinical observations, patient history, confirmed status of any contacts, and epidemiological information” (Off-Guardian, 2021). In practice, it was proven that two consecutive testings of the same patient might give different results, or in fact that the tests might react to a simple cold as well (Li et al., 2020, pp. 903-908; Landeshauptstadt Schwerin, 2020; Cohen, 2020; Ryan, 2020; Reuters Staff, 2020). Doctor Anthony Fauci as well, when reminiscing the cycles of PCR tests used for acquiring the results, states that everything that is conducted in more



than 35 cycles in unreliable (see more: TWiV 641: COVID-19 with Dr. Anthony Fauci). However, the National Health Service of England defined the upper limit at 40 cycles (NHS England, 2022), which is, in the opinion of many, a too high limit, due to which the results of testing are questionable. "Any test with a cycle threshold above 35 is too sensitive, agreed Juliet Morrison, a virologist at the University of California, Riverside. "I'm shocked that people would think that 40 could represent a positive" (Hansen, 2020).

When speaking of prevention measures, that is, measures directed towards prevention of the spread of the coronavirus, such as wearing masks, physical distancing, isolation, etc., there are opposing opinions and various proofs that refute the functionality of the imposed measures. An extensive study, conducted on a pattern of 7,687 people, confirms that the use of face masks is not efficient against viral respiratory infections. "By intention-to-treat analysis, facemask use did not seem to be effective against laboratory-confirmed viral respiratory infections (odds ratio [OR], 1.4; 95% confidence interval [CI], 0.9 to 2.1,  $p = 0.18$ ) nor against clinical respiratory infection (OR, 1.1; 95% CI, 0.9 to 1.4,  $p = 0.40$ )" (Alfelali et al., 2020). Other numerous scientific studies also prove that the face masks (even the N95/P2 masks) have none or statistically negligible role in the prevention of respiratory infections (Bundgaard et al., 2021, pp. 335-343; Suetens et al., 2021; Fønhus & Dalsbø, 2021; Jefferson et al., 2020; Guerra & Guerra, 2021). „Masks may confuse that message and give people a false sense of security. If masks had been the solution in Asia, shouldn't they have stopped the pandemic before it spread elsewhere?" (Brosseau & Sietsema, 2020). Additionally, let's take as an example Austria, one of the most repressive European countries during the pandemic, which overtook Sweden in total mortality from Covid-19, showing that almost all government interventions were ineffective and unjustified (Swiss Policy Research, 2021). Moreover, numerous scientific studies have proven the harmful effect of wearing protective masks for longer periods of time (headache (Ramirez-Moreno et al., 2020), dizziness, bacteria, fungus (Ah-Mee Park et al., 2022), elevated level of CO<sub>2</sub> in the blood (Roberge et al., 2012, pp. 29-35; Roberge et al., 2010, pp. 569-77), feeling tired (Rosner, 2020), an increase of heart frequency (Yulan et al., 2005, pp. 501-509),

elevated blood pressure, different unwanted reactions on the face (Hua et al., 2020, pp. 115-121), etc.) (Kyung et al., 2020, pp. 658-664; Liu et al., 2020; Fikenzer et al., 2020, pp. 1522-1530; Stajduhar et al., 2022). Moreover, perceived from an ecological aspect, the use of face masks (which was estimated to amount to 129 million of disposable masks per month during the *Covid-19* pandemic) (Tesfaldet & Ndeh, 2022), enormously increases the quantity of plastic waste on the planet, which might lead to potential disbalance of the global ecosystem, thus leading to another endangerment of public health (Patricio Silva et al., 2021; Prata et al., 2020, pp. 7760-7765).

Restriction of movement and physical distancing measures, according to many experts and expert organizations, caused negative effects on social, psychological, physical, economic and other aspects of lives of citizens world-wide. According to the 2020 United Nations report, economic consequences of lockdowns might lead to death of hundreds of thousands of children throughout the year (Nichols, 2020). Therefore, in low and middle income countries, child mortality is, to a great extent, a result of an economic shock, disruption of food and medicine deliveries, closure of medical facilities, etc., which all occurred during the *Covid-19* pandemic (Cardona et al., 2022). The pandemic was also marked by multimillion cancellation of operational procedures when speaking of other illnesses, such as carcinoma, health conditions, etc., which impacted the increase of mortality of such patients (COVIDSurg Collaborative, 2020, pp. 1440-1449; Mehtaa et al., 2022).

When speaking of the abuse of ventilators during the course of treatment of patients with severe clinical picture of pneumonia, we find opposing opinions and statements of experts regarding the fact whether this is an adequate method for treating pneumonia. The pulmonologist Thomas Voshaar from Germany states that intubation of patients is contrary to the clinical experience with viral pneumonia ("Das widersprach unseren klinischen Erfahrungen mit viralen Lungenentzündungen" (Soldt, 2020)). Certain experts, such as pulmonologist Udit Chaddha, believe that 40 to 50% patients die on ventilators, no matter the illness they are suffering from (Brigham and Women's Hospital, 2020). In New York, the death rate of patients on ventilators amounts to 80% (Eunjung Cha, 2020; Baker, 2020), which, to some extent, might be the result of a mechanical lung damage due

to the wrong and inadequate use of ventilators (Beitler et al., 2016, pp. 633-646). On the other hand, individuals who survived through a ventilator treatment might face long-term respiratory disability, various lung infections and other injuries to the lungs, due to which there is a potential for increase of mortality among patients with respiratory damage to the lungs (Kumar & Anjum, 2022).

The issue of vaccines and vaccination drove a wide variety of discussions and opposing opinions, thus creating a confusing atmosphere, as well as insecurity when speaking of the vaccines. Professor Harald Matthes is conducting a study on side effects of vaccination on a pattern of 40,000 people in the University hospital in Berlin. One of the results shows that eight people in 1,000 vaccinated individuals suffer from serious side effects, which should not be disregarded (Toying & Gesund, 2022). Orthopedist doctor Joel Wallskog testified to the side effects of vaccination he himself encountered (Shilhavy, 2021). Doctor Vernon Coleman reviewed the work presented in a prominent medical journal entitled *Circulation* (the said journal is one of the most prestigious journals in the world in the field of heart and cardiovascular system) (Bozkurt et al., 2021; Simone et al., 2022) which testifies to the side effects of vaccines against the coronavirus (Gundry, 2021; Coleman, 2021) (See the retracted paper that proved the Covid-19 vaccine causes five times more harm than good (Kostoffa et al., 2021). There are numerous studies that prove that there is a higher percentage of infected individuals among the vaccinated population in comparison to the non-vaccinated (Watson, 2021; Bhuckory & Sguazzin, 2021), as well as that the immunity against the coronavirus diminishes in the period of two months after the vaccination (Goldberg et al., 2021), that the vaccines did not pass the necessary testing phases (Pernice, 2021), that the vaccinated transmitt the virus, etc (Ioannoua et al., 2021, pp. 876-879; Chau, et al., 2021; Redshaw, 2021). Israeli doctor Kobi Haviv told Channel 13 News: "95% of seriously ill patients are vaccinated. Fully vaccinated people account for 85-90% of hospitalizations. We are opening more and more COVID branches. The effectiveness of vaccines is declining or disappearing" (Sones, 2021). Moreover, as believed by professor Russel L. Blaylock, for the first time in the history of medical treatment, protocols are not formulated on the basis of experience of doctors who successfully treat

the majority of patients, but on the basis of opinions of individuals and the bureaucracy that never treated a single patient (Blaylock, 2022). Moreover, numerous doctors notice that the approach to the coronavirus pandemic was not based on the early treatment of patients, which prevents severe manifestations of the illness, and thus death as well (McCullough et al., 2021, pp. 16-22). To the contrary, numerous doctors who promoted early treatment measures and well-known therapies previously used in treatment of viral infections, lost their licenses and suffered media pressures (which happened even before, when the pharmaceutical companies pressured individual researchers in the field of medical science) (Ross, 2011; Albright, 2021; Saxena, 2022). When speaking of pharmaceutical companies, it is worth noting that they spent 6.58 billions of dollars on marketing of their products in 2020, of which a total of 4.58 billions of dollars was allocated to Pharma TV (Bulik, 2021). Once again we arrive to the role of mass media, whose primary focus often revolves around their own interests and substantial profits derived from advertising revenue from multinational corporations, in this case, Big Pharma (see more: Bjelajac & Filipović, 2020b).

Moreover, in the mere beginning, a law was passed in the USA thus exempting the vaccine producers (*Pfizer* and *Moderna*) from liability in case of occurrence of side effects after vaccination (Sigalos, 2020); the same is present in Europe as well (Guarascio, 2020). The confusing atmosphere was followed by apocalyptic predictions, which in return caused fear and depression among a vast majority of people (during the first year of depression, a 25% increase of prevalence of anxiety and depression was recorded) and greatly impacted the mental health of people (Wolf, 2020; Kristol, 2020; Daly & Robinson, 2022; Porter et al., 2021; WHO, 2022; Gates, 2020). Let us remember the words of one of the most powerful advisers on the US foreign policy Henry A. Kissinger, who stated in the spring of 2020 that the coronavirus might cause a global economic crash that would last for generations (Kissinger, 2020). On the other hand, speaking from the economic standpoint, *Forbes* reported that a year after the beginning of the *Covid-19* pandemic, a record of 493 new billionaires inscribed themselves on the list of the richest men on the planet, of whom at least 40 of them increased their wealth through companies

participating in the fight against the coronavirus (Tognini, 2021), whilst a total of nine new billionaires deals with the production of vaccines against the beforementioned virus (Oxfan International, 2021). This pandemic has shown, above all, the absence of a security culture in the modern world (see more: Bjelajac & Zirojević, 2014), significant levels of human alienation, and pronounced inhumanity and greed for money. The health crisis was “empowered and enhanced” by widespread corruption and money laundering (see more: Bjelajac, 2011a; Bjelajac, 2011b).

Finally, the experts of the *Pew Research Center* and *Elon University’s Imagining the Internet Center* expect numerous side effects of the *Covid-19* pandemic in all aspects of human and global functioning, due to which they attempted to project the world that waits for us in 2025 and present what potentially expects us. They believe that people will relate more to technology, virtual intelligence will take primacy, economic inequality will deepen, etc.; in one world, “New Normality” awaits (Anderson et al., 2021). Therefore, according to their predictions, virtual intelligence, development of new technologies and digital reality will be the linking point and the agents of change which will make a difference of the world we live in.

## Conclusion

Finally, looking at the coronavirus pandemic through the lens of geopolitics of health, we see that there are real socio-geographical, economic and political factors endangering people’s health. Given that health belongs to the public good, we conclude that further multidisciplinary dealing with this topic is necessary in order to decode all the manipulative and destructive aspects directed against people’s health around the world. Numerous questions raised in this paper represent clear guidelines that can be used in further research of real (geo)political problems, such as. Covid-19. Nevertheless, we are of the opinion that the problem may have other forms and names in the future, and that it may be accompanied by even more intense media manipulations, economic calculations and political creations. Therefore, we hope that with our original theoretical idea - the geopolitics of health, we have managed to lay the research foundations for further

understanding of the truth, with the aim of protecting citizens' health as a public good.

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## Geopolitika zdravlja i pandemija koronavirusa

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### Sažetak

Geopolitika zdravlja predstavlja pionirsku subdisciplinu u kontekstu geopolitike kao sintezne nauke koju smo definisali kako bismo na adekvatan način problematizovali i analizirali pandemiju Covid-19 sa kojom se suočio ceo svet. Istraživačko polje geopolitike zdravlja odnosi se na uticaje društveno-geografskih, ekonomskih i političkih faktora na ugrožavanje zdravlja ljudi kao javnog dobra. Prema tome, na primeru pandemije Covid-19 moguće je pratiti navedene uticaje i nadalje ih dovoditi u vezu sa posledicama koje su već dokazane. Osim toga, adekvatno analizom poznatih činjenica moguće je anticipirati buduće posledice, kako same pandemije, tako i zdravstvenih, političkih, ekonomskih i drugih mera koje su propisivale nadležne institucije. Stoga, u prvom delu rada postavljamo baterije pitanja u vezi sa pandemijom Covid-19, kako bismo u drugom delu rada, oslanjajući se na relevantne i dostupne naučne i stručne izvore, ponudili odgovore na postavljena pitanja. Cilj rada je da prikaže naučnu problematičnost, medijsku manipulativnost i zdravstvenu destruktivnost saopštenja i odluka u vezi sa pandemijom Covid-19. U radu koristimo metodu analize i sinteze, metodu dedukcije i geopolitičku metodu, kako bismo na adekvatan način odgovorili na problem istraživanja, postavljajući osnovu za dalja istraživanja u kontekstu geopolitike zdravlja.

*Ključne reči:* Geopolitika zdravlja, geopolitika, Covid-19, koronavirus, pandemija, nova realnost