



The New Abnormal: The Rise of the Biomedical Security State

Analysis by [Dr. Joseph Mercola](#)

✓ Fact Checked

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STORY AT-A-GLANCE

- › In his book, “The New Abnormal: The Rise of the Biomedical Security State,” Dr. Aaron Kheriaty details how the COVID pandemic paved the way for the implementation of a totalitarian one world government, where human rights and freedoms will no longer exist
- › September 30, 2022, California Gov. Gavin Newsom signed California Assembly Bill 2098, which was set to take effect January 1, 2023. It prohibits doctors from providing COVID-19 treatment or advice that includes false information, and/or contradicts “contemporary scientific consensus,” and/or is “contrary to the standard of care.” A doctor found to violate this law is guilty of “unprofessional conduct” and can face disciplinary action, including having his or her medical license revoked
- › Together with four other California-based doctors — Tracy Hoeg, Ram Duriseti, Pete Mazolewski and Azadeh Khatibi — Kheriaty filed a lawsuit against Newsom and other officials, including the president and members of the Medical Board of California, to block this law
- › Another lawsuit, filed by Children’s Health Defense (CHD), Dr. LeTrinh Hoang and Physicians for Informed Consent, is also seeking to get AB 2098 tossed out. December 7, 2022, attorneys for the CHD filed a motion for preliminary injunction while its legal challenge makes its way through the courts. January 26, 2023, Senior U.S. District Judge William Shubb granted the CHD’s preliminary injunction
- › Kheriaty is also a plaintiff in the Missouri v. Biden case, filed by the attorneys general of Missouri and Louisiana, in which they argue that the Biden administration is colluding with Big Tech to illegally censor Americans. Dr. Jay Bhattacharya and Martin Kulldorff,

Ph.D., – two authors of the Great Barrington Declaration, an early critique of lockdowns and school closures – have also joined the case

In the video above, I interview Dr. Aaron Kheriaty, author of "[The New Abnormal: The Rise of the Biomedical Security State](#)." Kheriaty is a medical doctor and psychiatrist and worked as a professor in the School of Medicine at the University of California Irvine for 15 years before getting fired for his objections to mandatory COVID shots.

He also directs the Bioethics and American Democracy Program at the Ethics and Public Policy Center and is a senior scholar and fellow of the Brownstone Institute.

"As ethics program director and ethics community chair, I was involved in basically all of the pandemic policy drafting, right up until the vaccine mandate," Kheriaty says.

"Our committee at the Office of the President had done the ventilator triage policy, the vaccine allocation policy. But when it came to the vaccine mandate, it came down from on high and there was no discussion debate. Our committee was not involved in drafting the policy.

I was very concerned about the lack of open discussion and debate. Because of all the sensitive policies that we had developed during the pandemic, this one I thought was going to be the most ethically controversial, problematic and the most publicly fraught.

So, I was puzzled by the fact that we didn't really have a conversation about it. I published a piece in The Wall Street Journal last year, arguing that vaccine mandates are unethical based on the principle of informed consent, which I teach to all the medical students every year.

This is the principle that an adult of sound mind has the right to decide: what medications or interventions to accept or decline, and they have the right to

make this decision on behalf of their children who are not yet old enough to give consent.

I was very concerned that vaccine mandates were just tossing this principle overboard under the guise of, 'We're in emergency and so the regular rules don't apply.' I think it's precisely in wartime and crises that it's all the more important to stand fast and hold onto our ethical principles, because those are the times where we're most tempted to abandon them. And when you do that, you can often invite disaster."

Doctors Were Bullied Into Not Writing Medical Exemptions

Despite a number of efforts, the university refused to engage in a debate, and instead put the mandatory COVID jab policy in place. As students started to be steamrolled, many reached out to him for help. They'd say things like, "I'm not a religious person, and so, in good conscience, I don't want to submit a dishonest religious exemption, but I have other moral or ethical concerns about this vaccine."

Others were unable to get an appropriate medical exemption. The reason they couldn't get one was because the California Medical Board sent a letter threatening to revoke the medical license of any physician who wrote "inappropriate exemptions." They, of course, never defined what was appropriate or inappropriate, but it had the intended effect. Doctors were incredibly hesitant to write medical exemptions at all, for fear of the repercussions.

"I remember one patient of mine, a young man who went to his rheumatologist and this doctor told him, 'Given your autoimmune condition, given what I've seen of the vaccine data so far, I recommend that you don't get the vaccine because I think you're young and otherwise healthy. You're not at high risk of COVID, but the vaccine could exacerbate your autoimmune condition.'

The patient then turned to him and said, 'OK, can you write me a medical exemption because there's a mandate at my place of employment?' The same

doctor that just recommended against the vaccine said, 'No, I'm sorry, I can't do that because I might lose my medical license.' So this was the, in my view, intolerable situation that we found ourselves in 2021.

I just couldn't imagine trying to teach the principle of informed consent, which I do in the second lecture, or talking with them about integrity and moral courage, standing up and doing the right thing even though you're at the bottom of the hospital hierarchy as a medical student.

I couldn't imagine having those conversations if I had seen something being rolled out that I knew was wrong, that I knew was harming people. I could see my colleagues, nurses and other very good professionals in the hospital getting fired, having their jobs threatened by this [mandate]. If I hadn't stood up and done something, I just don't think I would have woken up with a clear conscience."

Kheriaty Fired After Legal Challenge

Kheriaty ended up filing a lawsuit in federal court, challenging the vaccine mandate. He argued on behalf of people with natural immunity because, strategically, he thought that was an argument that stood on solid ground legally. The university responded by first placing him on investigatory leave, followed by unpaid suspension. Two months after the lawsuit was filed, they fired him. Kheriaty ended up opening a private practice, and so far has fared well.

"I have been able to provide for my family and get, almost, back to the point where I was before in terms of earnings. But it's much more hand to mouth now. I don't know how things are going to look year to year. I'm not a salaried employee anymore, but I've been able to cobble together various sources of support, including the book I wrote ...

I've been able to replicate my clinical work. I'm able to see my patients in my private practice. I'm able to do my research, writing and speaking. The Ethics

and Public Policy Center in D.C., the Brownstone Institute and the Zephyr Institute have offered me a bit of support to keep that work going.

The one thing I haven't really been able to replicate, at least not in the same way, is the teaching and supervision of medical students and residents, which I really enjoyed ... That was hard to walk away from, but when I mention that, other people have told me, 'Yes, but you're teaching now, you're just teaching on a different and maybe even on a bigger scale,' because my case got quite a bit of attention.

My social media profile expanded and I've been given lots of opportunities this year to speak on podcasts to larger audiences, to speak at conferences, and I've met some extraordinary people in the medical freedom movement. So I have new colleagues and new friends that are really remarkable and amazing people that I feel a strong connection and solidarity with, because we're all trying to pull the cart in the same direction.

We're all concerned about what's happened to science and medicine during the pandemic – or I should say what's happened over the last several decades that really fully manifested during the pandemic.

So, it's been exciting to be a part of that, to be able to testify at the U.S. Senate, at the California Senate, to get involved in some other legal cases that have to do with physicians' free speech rights and preserving the integrity of the doctor-patient relationship, so that outside governmental intrusions don't undermine it.

The work I've done this year has been really tremendously rewarding, and I'm grateful for that, so I have no regrets. And even without all those things, there's nothing better than waking up with a clear conscience, knowing that I tried to do the right thing and that I didn't compromise my convictions out of convenience."

Preserving the Freedom of Speech for Physicians

One of the legal cases Kheriaty has gotten involved with is trying to block a new California law from taking effect. September 30, 2022, California Gov. Gavin Newsom signed California Assembly Bill 2098, which was set to take effect January 1, 2023.

AB 2098 prohibits doctors from providing COVID-19 treatment or advice to a patient when that treatment or advice includes false information, and/or contradicts "contemporary scientific consensus," and/or is "contrary to the standard of care."

A doctor found to violate this law is guilty of "unprofessional conduct" and can face disciplinary action, including having his or her medical license revoked. As noted by Kheriaty:

"This, to my mind, obviously undermines the core element that has to be the centerpiece of medicine, which is the trust that the patient has in their physician ...

I don't know of anyone who would want to ask their physician a question ... and not have their physician give them an honest answer based on his or her actual medical judgment and reading of the scientific literature. A physician with a gag order is not a physician that you can trust."

So, together with four other California-based doctors — Tracy Hoeg, Ram Duriseti, Pete Mazolewski and Azadeh Khatibi — Kheriaty filed a lawsuit against Newsom and other officials, including the president and members of the Medical Board of California, to block this law.¹

"I think everyone wants their physician to be able to say what they think ... and not just be reading from a script that the government gave them," Kheriaty says.

"So, this lawsuit challenges this unjust law in federal court, again on the basis of a constitutional claim that this, No. 1, infringes on the rights of free speech of the physician and, No. 2, is also a violation of the 14th Amendment Equal Protection Rights of Physicians ...

We have a constitutional right that's been established by the court's interpretation of the 14th Amendment to have laws that are sufficiently clear

that a person can know whether or not they're in violation of the law, so that you don't have this looming thing in the background that you're always wondering, 'Am I OK or am I not OK?' So, I'm cautiously optimistic that we will prevail in court."

Federal Judge Grants Preliminary Injunction

Another lawsuit, filed by Children's Health Defense (CHD), Dr. LeTrinh Hoang and Physicians for Informed Consent, is also seeking to get the law tossed out. December 7, 2022, attorneys for the CHD filed a motion for preliminary injunction while its legal challenge makes its way through the courts.²

January 26, 2023, Senior U.S. District Judge William Shubb granted the CHD's preliminary injunction.^{3,4} According to Shubb, the defendants had failed to provide evidence that "scientific consensus" has any "established technical meaning," and that the law provides "no clarity" on the meaning of the word "misinformation." As noted by Shubb:⁵

"Who determines whether a consensus exists to begin with? If a consensus does exist, among whom must the consensus exist (for example practicing physicians, or professional organizations, or medical researchers, or public health officials, or perhaps a combination)?

In which geographic area must the consensus exist (California, or the United States, or the world)? What level of agreement constitutes a consensus (perhaps a plurality, or a majority, or a supermajority)? How recently in time must the consensus have been established to be considered 'contemporary'?

And what source or sources should physicians consult to determine what the consensus is at any given time (perhaps peer-reviewed scientific articles, or clinical guidelines from professional organizations, or public health recommendations)?

The statute provides no means of understanding to what 'scientific consensus' refers ... Because the term 'scientific consensus' is so ill-defined, physician plaintiffs are unable to determine if their intended conduct contradicts the scientific consensus, and accordingly 'what is prohibited by the law' ...

Vague statutes are particularly objectionable when they 'involve sensitive areas of First Amendment freedoms' because 'they operate to inhibit the exercise of those freedoms.'"

As reported by the CHD:⁶

"Judge Shubb's ruling prevents enforcement of AB 2098 pending resolution of the lawsuit. According to lead counsel Rick Jaffe, 'Judge Shubb looked at the law and correctly determined that the COVID misinformation was unconstitutionally vague, in large part because the plaintiffs in both cases showed there is no 'current scientific consensus,' given the fast-changing pace of the pandemic.'

'The case will now proceed on two tracks,' Jaffe said, adding: 'The parties will continue to litigate the case before Judge Shubb and we will be filing a motion for summary judgment in the not-too-distant future.

But because we won, and because a judge in the Central District of California denied a similar challenge to AB 2098, the attorney general will certainly appeal and argue that the central district judge was right. So, there is much more to come.'"

Kheriaty Is Also Suing the White House

Kheriaty is also a plaintiff in the Missouri v. Biden case, filed by the attorneys general of Missouri and Louisiana, in which they argue that the Biden administration is colluding with Big Tech to illegally censor Americans. Dr. Jay Bhattacharya and Martin Kulldorff, Ph.D., — two authors of the Great Barrington Declaration, an early critique of lockdowns and school closures — have also joined the case.

"There's been a lot of attention in recent weeks on the Twitter files, where we're looking under the hood at that social media company and seeing, for example, a relationship with the FBI, where the FBI is basically telling Twitter what to do and what to censor and which accounts to shut down," Kheriaty says.

"Arguably, the social media companies can do this as private entities ... but inarguably, no one doubts that the federal government cannot censor Americans. That's a clear free speech First Amendment violation. And the federal government cannot ... pressure other entities into doing its bidding as a long arm of its censorship regime.

We're hoping, first of all, to uncover exactly what's going on with this collusion, and the materials that we have so far in discovery in this case have clearly shown that not only is this happening, but it's happening on a vaster scale than we suspected when we first filed the lawsuit. At least 17 different federal agencies have been involved in this censorship regime.

So I think that case is going to receive increasing attention in the new year as it proceeds and as more and more information comes out from other investigative reporters on what's been going on ..."

During his deposition for this case, Dr. Anthony Fauci, former director of the National Institutes of Allergy and Infectious Diseases, had what Kheriaty calls "wildly implausible memory lapses." He said "I don't know" 174 times. "If he were to be honest ... he's probably worried that it would implicate him in ways that are problematic," Kheriaty says.

Propaganda in the COVID Era

I've previously interviewed psychologist Mattias Desmet about the role of mass formation in the government's ability to infringe on our human rights and freedoms. Kheriaty agrees that the mass formation mechanism has been part of the problem, but it's not the only one.

"I don't think mass formation is the only mechanism at work in terms of accounting for our COVID response. In addition to that theory, which I mentioned in my book, I take a look at the more deliberate employment and deployment of fear through propaganda.

And, through other subtle and not so subtle mechanisms of coercion that were operating during the pandemic – [I look at] financial incentives and power dynamics that also help to account for what happened to us and why so many people went along with it.

The control of the flow of information has been extremely important during the pandemic. I think without the government's partnering with private entities in these vast censorship enterprises, we would not have adopted policies like lockdowns and school closures. We would've had much more pushback against policies like vaccine mandates than we saw.

When you lock people down at home and so they're isolated behind screens, forced to interact with one another only through this medium, they can't have quiet face-to-face conversations at the watercooler, then you control the flow of information that they're getting through the control of social media, the control of mainstream media.

And then [when] you deploy very sophisticated high-level propaganda techniques – wartime propaganda techniques – and you deliberately deploy fear as a mechanism of control, then you create conditions where people go along with manifestly unjust policies, and not only are not troubled by that, but actually believe that they're doing good.

These things are framed as duties of a good citizen. And people who challenge these policies are immediately branded with, 'You only care about money. You don't care about not killing grandma,' this sort of thing.

This desire to be a good person, this desire to be seen as among the virtuous because I've done what I'm told to do and I've done what it looks like everyone

else is wanting to do or being told to do, this is a very powerful tonic that has proven to be very effective over the last three years."

Why We Must Understand the Big Picture

October 23, 2022, Gates, Johns Hopkins and the World Health Organization cohosted yet another tabletop exercise dubbed "**Catastrophic Contagion**," involving a novel pathogen called "severe epidemic enterovirus respiratory syndrome 2025" (SEERS-25), which primarily affects children and teens.

When asked if he believes COVID-19 was a kind of fine-tuning of a process the globalist cabal intends to deploy in the future during another pandemic, he replies:

"Monkeypox never took hold as the next crisis but, yes, I think we've adopted a new model of governance and this is what I argue in "The New Abnormal" – that even though a lot of these individual policies have been rolled back, some of the problematic policies that we've mentioned, the whole infrastructure for lockdowns, for digital surveillance through vaccine passport-type technology and through digital track and trace technology, this infrastructure has been put in place.

It's still in place and it's just waiting for the next declared public health crisis. This new model of governance involves unprecedented level of control over people's lives, their movements, their speech, their freedom of association, and it requires that we jump from one declared crisis to the next to keep this state of emergency going, so that certain people can maintain power ... and continue to advance their aims.

In Chapter 3 of the book, I talk about what some of the next steps are in the rollout of what I call a biosecurity or biomedical security paradigm – things like digital IDs tied to biometric data like your iris scan, your face ID, your fingerprint; eventually, data from wearables or implantable devices on your vital signs and your moment-to-moment health status or emotional status.

Central bank digital currencies (CBDCs) will be the financial arm of that monitoring, surveilling and controlling apparatus, so there's going to be another declared public health crisis. You see an attempt to reframe other issues from racism to climate change as public health issues.

People in positions of power have floated serious proposals to do rolling lockdowns to deal with the climate crisis, for example, or the energy crisis in Europe, so we're going to see something.

Whether it's a computer virus or an enterovirus, a gastrointestinal bug that disproportionately impacts children – because children were largely spared from COVID and not enough parents vaccinated their children in the eyes of the biosecurity paradigm elites – I don't know.

I don't know exactly what issue is going to be the one that takes hold, but there will be another declared public health crisis, sometime in the next two to three years, with attempts not only to revive COVID era policies and mechanisms of control, but to advance additional pieces in that regime. Of that, I have absolutely no doubt.

One of the reasons I wrote the book ... [was] to look toward the future and to ask, 'OK, how is this apparatus, this biomedical security apparatus going to be deployed down the road, and what are the next steps in that process?'

[I ask this]so that we can realize that if we don't start standing up for certain freedoms, if we don't draw lines and say, 'These are rights that should never be relinquished, even during an emergency or a declared crisis,' if we don't start doing that, and if we're not aware of what the next steps in this process are going to be and how they're going to be sold to us, then we're going to find ourselves caught off guard once again.

In a crisis where there's fear and uncertainty, we're not going to be able to think clearly. We're going to lose our heads again and we're going to wake up in a year or two or three and wonder, 'How did we get here?'

What happened to us?' and I don't want to see that happen again. We've already relinquished enough of our freedoms, we've already endured the enormous collateral harms of our disastrous pandemic policies, and to my view, we can't go down that road again in another few years."

Looking Ahead

In the epilogue of the book, titled "Seattle 2030," Kheriaty imagines what life might be like seven years from now, if we don't change course.

"What I do in the first half of the epilogue is try to give the reader a sense of how some of these new technologies and measures are going to be sold to the public, so the first couple of pages of the epilogue don't seem dystopian ...

It's only once you get about halfway through that you start seeing, 'OK, there are some flies in the ointment, and there's people in this society under this regime who are not benefiting, who are excluded by the social credit system and other mechanisms of social and financial control.'

There are certainly health problems that are not being solved by twice-a-year mRNA injections, and probably being exacerbated by this model of treating human beings as though we're hardware that needs software updates in the form of gene therapies.

Hopefully, by the end of the epilogue, the reader wakes up and recognizes, 'Oh, my goodness, this is not the kind of society that I want to live in. This is certainly not the kind of society that I want my children or my grandchildren to grow up in.'

I didn't invent any new technologies to describe in the epilogue ... [I say] 'A few years from now, if certain things that are readily available are adopted on a mass scale and deployed in particular ways, this is what your life is going to look like. Is this the kind of life that you want to lead?'

So, it's an attempt to bring together the future-oriented gaze of the book and help people really get a firm and concrete grasp of what's coming down the pike if we don't stand up and resist."

Is There a Way to Resist CBDC Implementation?

I believe the implementation of CBDCs will be instrumental in the coming control scheme, because once the globalist cabal has direct access to your money, you become far easier to control. And, the way it's looking right now, CBDCs are inevitable. The question is, how do we opt out of the system?

"This is a really hard problem and it's a really important question," Kheriaty says. "I think we have to learn how to opt out of the system and develop, whether it's a parallel economy or parallel medical institutions, that truly are independent.

We have to do that right now, and we have to develop those things soon, because if we collectively get into an opt-in situation with digital IDs and CBDCs, then resistance to that system will be almost impossible ...

I think we need to start thinking small and local, and to develop strong face-to-face communities of communication, interaction, mutual support and exchange. The currency works because of a communal agreement that when I give you this piece of paper, it's going to be worth something.

It's a mutual agreement that we're going to use this mechanism of exchange, and this mechanism of measuring market value is how currency becomes currency.

So, [as a] collective [we need to say] 'No, we're not going to go cashless.' If as a collective, we say, 'No, we're not going to transition all of our assets into a centrally controlled digital currency,' we'll halt the process of that becoming the default or the only game in town.

Beyond that, I wish I could tell you what the answer looks like and what these parallel economies are going to look like. I don't know the answer to that, and part of the reason I don't know the answer is because that's not how novel solutions develop. Novel solutions don't develop from a couple of perceptive or intelligent people figuring it all out.

They require the collective wisdom of a lot of people trying things, some of which don't work and some of which work. They require people at the local level asking, 'What are the needs of the population here close to home?' which may look very different from the needs of a population in a different setting or in a different context."

Past the Point of No Return, All Freedom Will Be Lost

Kheriaty goes on to explain why getting out of the control system — once CBDCs are fully implemented and society has gone cashless — will be near-impossible:

"CBDCs need to be distinguished from decentralized digital currencies like Bitcoin. The feds are issuing a digital dollar, and if that digital currency is adopted to the point where we've gone entirely cashless, then we're in a situation in which you can be locked out of your ability to engage in financial transactions if you don't comply or if you don't behave.

And, as I explain in the book, if you have a digital dollar in your digital wallet, it's not actually the same as a dollar bill in your real wallet. The reason for that is, let's say the government gives you \$1,000 tax rebate in the form of a digital dollar. They may even sweeten the deal saying, 'We'll give you a \$1,000 check in your bank account or we will give you \$1,200 in the form of a digital dollar,' right?

'Oh, OK, I'll take the digital dollar. That's a no brainer. It's more money.' Well, two to three years from now, once we've gone cashless, that digital dollar can be programmed to have conditions attached to it.

In other words, the government can say, 'Here's your tax rebate, but you got to spend this \$1,200 sometime in the next nine months, and if you don't, then it's going to turn into \$600. And if you don't spend it in the next six months after that, it's going to disappear.'

So what you have in your digital wallet is not actually like cash. Cash doesn't just disappear. It doesn't have an expiration date on it. The government can also say, 'You have to spend it on these favored industries.'

Or, 'You can't spend it on these disfavored industries. You can't give a donation or contribution to support Dr. McCullough's podcast because he's a disinformation spreader,' or, 'You have to spend it on green energy,' or whatever.

Once this is tied to a digital ID, the government will be able to track all of your financial transactions using this digital currency. It will be able to nudge you and punish you in the ways that I have described.

If you try to opt out of that system, basically you're not going to be able to engage in financial transactions, or you're going to find yourself in some parallel economy that involves bartering chickens or something like that – very primitive kind of economic transactions – because all of the banks and all of society's mainstream institutions are going to rely on this digital system of productivity and exchange and currency to engage in all transactions.

So, once the system is in place, it's going to be very hard to resist because an algorithm in the sky or a person can push a button and, look, you can no longer buy gasoline. You can no longer purchase things online unless you get your booster shot or unless you do what the public health authorities are telling you to do.

So it's a system of near total surveillance and control that would've made the totalitarian dictators of the past salivate. Hitler or Stalin could only have dreamed of this level of intrusive surveillance and minute control over the movements and the behavior of the populations that they were governing."

More Information

I completely agree with Kheriaty's notion that it is imperative that people understand where we're headed – that the COVID measures weren't just responses to a given pandemic, but rather laid the foundation for a totalitarian one world government, where human rights and freedoms will no longer exist.

This is likely the biggest challenge mankind has ever faced as a collective, and it requires strong collective resistance. In order for that resistance to occur, however, people must understand what's going on. So, to learn more, be sure to pick up a copy of Kheriaty's book, "[The New Abnormal: The Rise of the Biomedical Security State](#)," and share it with friends and family.

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