

The New Abnormal: The Rise of the Biomedical Security State

A Special Interview With Dr. Aaron Kheriaty

By Dr. Joseph Mercola

Dr. Joseph Mercola:

Welcome everyone. It's Dr. Mercola, helping you take control of your health. And today we are joined by Dr. Aaron Kheriaty, who has written a new book, "The New Abnormal: The Rise of the Biomedical Security State." So, he is a brave and courageous physician, psychiatrist, was trained at the University of California before he objected to what was going on and made the decision to exit stage left with obvious consequences and destruction of his career and firing him. And despite the fact that he has family and five kids to support, it's a pretty brave decision. And foreword by Robert Kennedy [Jr.]. So welcome and thank you for joining us today.

Dr. Aaron Kheriaty:

Thanks. It's great to be here.

Dr. Joseph Mercola:

As I mentioned, it took a lot of courage to write this book and you're a psychiatrist and you were teaching medical ethics in medical school.

Dr. Aaron Kheriaty:

Oh, the irony.

Dr. Joseph Mercola:

Yeah, try to apply what you teach. So, why don't you tell us about your journey, and I really want to – and you're a really articulated communicator, so I'll let you go with this, but what I would like you to touch on, in addition to what motivated you to do this, what motivates the vast majority and maybe even give us your estimate of the percentage of physicians who fail to do this? Now clearly there are some extenuating circumstances. Like you, many of them have families to support and they see what happens with people like you that do this and this is their sole source of income, they don't have another source of income. So, that's an issue. And then the fact that 80% of the physicians in my generation when I graduated school were working for themselves. They were self-employed-

Dr. Aaron Kheriaty:

Right.

Dr. Joseph Mercola:

-and 20%-

Dr. Aaron Kheriaty:

It's a huge factor. Yeah.

Dr. Joseph Mercola:

Twenty percent work from corporation. Now, it's totally reversed.

Dr. Aaron Kheriaty:

Opposite, exactly.

Dr. Joseph Mercola:

Totally reversed. So, with all that data, why don't you take it from there to expand on that and tell us why you were motivated to do this because it is a pretty spectacular choice to make?

Dr. Aaron Kheriaty:

So, as you mentioned, I was a professor in the School of Medicine at the University of California Irvine for my entire career, all 15 years, plus four years of doing residency training there and doing both work in psychiatry. About half of my time was devoted to that. The other half of my time was devoted to directing the medical ethics program at the hospital. And as ethics program director and ethics community chair, I was involved in basically all of the pandemic policy, drafting of these policies right up until the vaccine mandate. And when that policy came out, and this was a university-wide policy, meaning that it affected all five of the University of California campuses that had hospitals or medical schools, not just UC Irvine where I worked.

And our committee at the Office of the President had done the ventilator triage policy, the vaccine allocation policy. But when it came to the mandate, the vaccine mandate came down from on high and there was no discussion, debate. Our committee was not involved in drafting the policy. And 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 and I published a piece in The Wall Street Journal last year, actually, it would have been two years ago now, arguing that vaccine mandates are unethical. No, I take that back. It was last year. Gosh, so much has happened this year.

Dr. Joseph Mercola:

It's hard to keep track for sure.

Dr. Aaron Kheriaty:

And I argued that they were unethical based on the principle of informed consent, which I teach to all the medical students every year, this 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. And 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." And 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.

So, what happened after I wrote the article was, again, silence on the part of the university. I tried to engage, I tried to get a debate going, and instead, the university just went ahead and published their vaccine mandate and put the policy in place. And then I started seeing people getting steamrolled. I started seeing – I had students reaching out to me because they knew I had written this article and taken a more public stance. And they were saying 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."

And then I had people that I was seeing getting steamrolled because they couldn't get an appropriate medical exemption. And the reason they couldn't is that the California Medical Board had sent a letter basically threatening the license of any physician who wrote "inappropriate exemption." They, of course, never defined what was appropriate versus inappropriate. So, this had a real chilling effect on doctors in California. And I remember one patient, a young man, a patient of mine 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."

Same patient then turned to the same physician and said, "Okay, 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 is the situation, this was the, in my view, intolerable situation that we found ourselves in 2021 and I basically decided that I was projecting ahead to when I teach the required ethics course for medical students every January and February and I just couldn't imagine trying to teach them 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 could 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 literally getting fired, having their jobs threatened by this thing. If I hadn't stood up and done something, I just don't think I would have woken up with a clear conscience. So long story short, I filed a lawsuit in federal court challenging the vaccine mandate. I made the argument on behalf of people with natural immunity, because just strategically, I think that was an argument that we could win, legally. And that university acted very swiftly after I filed the lawsuit to first place me on what they called "investigatory leave," and then a month later on unpaid suspension and then a month after that, basically as swiftly as they could, they fired me.

So, back in December, I lost my job at the university. And so, I scrambled to start a private practice and I got some support from some independent think tanks, independent research institutes to support my public policy work. And so, this year's been a major transition for me, finding my footing and continuing to speak out against vaccine mandates and other problematic aspects of our COVID response. To answer your second question, why didn't more physicians

stand up and speak out? A simple answer is, well, look what happened to me. I think it doesn't take too many public examples of someone losing their career, getting "canceled" to scare most other people into submission, and as you mentioned, four or five physicians for large corporations and then beholden to administrators who may not even be physicians or health care professionals. They're looking at the institution's bottom line.

And so, you're having to answer the interest of the patient or the interest of the medical staff or the nursing staff at the forefront of their mind. They're looking at financial and bottom – and we know now that Medicare-incentivized hospitals to overcount COVID. Medicare tied some of their reimbursements to having a certain number of hospital staff vaccinated. So, that was another reason why they couldn't tolerate dissenters in the ranks. They didn't want to start a movement of people opting out of the vaccine because they would have been basically penalized by the largest payer in the system, which is the federal government.

Dr. Joseph Mercola:

So, I'm personally curious, you were booted out of your employment of 20 years about a year ago and I'm wondering how it's going for you. Have you been able to replicate your salary and ability to provide for your family in the last year or are you still struggling in a hardship?

Dr. Aaron Kheriaty:

So, this year, that door was closed, but God opened up other doors for us. So, I have been able to provide for my family and get almost back to the point where I was before in terms of earnings. 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 that I wrote to put food on the table this year. So far, it's going well. 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 and my writing and my speaking bioethics and public policy. So, the Ethics and Public Policy Center in D.C., the Brownstone Institute, the Zephyr Institute, these places have offered me a bit of support to keep that work going.

The one thing, Dr. Mercola, that I haven't really been able to replicate, at least not in the same way, is the teaching and supervision of med students and residents, which I really enjoyed. And I do miss the medical students and the psychiatry residents that I used to work with at the university. So, that was hard to walk away from, but when I mentioned 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 and so my social media profile expanded and I've been given lots of opportunities this year to speak on podcasts like this to larger audiences, to speak at conferences. And I've met some extraordinary people in the medical freedom movement, if you will.

So, I have new colleagues and new friends that are really remarkable and amazing people that I feel a strong connection with and solidarity with because we're all trying to pull the cart in the same direction and 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. And 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.

So, 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-

Dr. Joseph Mercola:

Absolutely.

Dr. Aaron Kheriaty:

-and knowing that I tried to do the right thing and that I didn't compromise my convictions out of convenience.

Dr. Joseph Mercola:

Congratulations for doing that. So, you've mentioned, you're involved in other litigation and one of them is preserving the freedom of speech of physicians in California, which is where your license is. So, I'm wondering if you can update us on the status of that legislation and your suspicions as to what were the outcome of that, and if the outcome, is it negative, in other words, if this foolish legislation has passed and essentially physicians are handcuffed on what they can say, what will you wind up doing? Because I suspect if it's passed that, you're going to be in deep water because you're not going to change your views and they're going to take your license away.

Dr. Aaron Kheriaty:

Yeah, that's right. So, I'm involved in a lawsuit along with four other California-based physicians, challenging Assembly Bill 2098, which was passed in California this year, signed into law by the governor and is set to go into effect next month. This is legislation that empowers the medical board to discipline any physician in California who basically contradicts the state of California's preferred COVID policies. And the language of the bill has to do with any physician who contradicts the "current scientific consensus" about COVID which is not clearly defined in the law and which most physicians will interpret to mean like, "I don't know what that means, so I'm just going to err on the side of never contradicting what the California Department of Public Health says about lockdowns or school closures or mass mandates or vaccine mandates or the vaccinations themselves."

And so 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 any patient in the state, whether left or right, liberal, conservative, whatever your views politically are, whatever your views on these COVID measures are, COVID treatments, I don't know if anyone who would want to go to their physician and ask their physician a question about the efficacy of masks or the safety and efficacy of vaccines and not have their physician give them an honest answer based on his or her actual medical judgment and reading of the scientific literature.

So, a physician with a gag order is not a physician that you can trust, right? You might decline your physician's recommendation. You might be wary of your physician's opinion on a particular

topic. And so, you might go seek a second opinion or you might do your own research. Great, no problem, but I think everyone wants their physician to be able to actually say what they think on these issues and not just be reading from a script that the government gave them. So, this lawsuit challenges this unjust law in federal court, again, on the basis of a constitutional claim, that this, number one, infringes on the rights of free speech of the physician, and number two, is also a violation of the 14th Amendment Equal Protection Rights of Physicians.

And basically, in legal terms, what that means is the law is so vague that it's not going to be clear to physicians when they are abiding by the law versus when they might be in violation of the law. And we have a constitutional right that's been established by the court's interpretation of the 14th Amendment to basically 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 okay or am I not okay?" And so, I'm cautiously optimistic that we will prevail in court. I think this is a pretty clear First Amendment violation and I think our argument that lies is too vague to pass constitutional muster is a strong argument.

But you never know what the courts are going to do. You never know what kind of judge you're going to get and whether the judge is willing to do something that runs contrary to the prevailing opinion of our elite class or the views of the government. So, it remains to be seen what will happen. I don't really want to leave California. I'm going to stay and fight for my rights and for medical freedom here, but you're right, if this law passes and if they want to make a public example out of me or any of the other plaintiffs in this suit, then I may be forced against my preference to leave the state of California and decamp for a place, a state that's more friendly to the practice of Hippocratic medicine and more friendly to the rights of its citizens. So, we'll see. But for now, this is my home and I'm not going to go out quietly.

Dr. Joseph Mercola:

In an attempt to have contingency preparations, I'm wondering if you've thought through applying for another state license that you might go to, because once your license is removed, as you're probably well aware, it becomes more difficult to get a license in those different states.

Dr. Aaron Kheriaty:

Yeah, absolutely. So, I have started applying for a medical license in another state. That would be one of our top choices if we had to leave California. So, I've had exactly the same thought and I'm trying to hope for the best but plan for the worst.

Dr. Joseph Mercola:

Well, good. But is the ruling on your case going to be before the law is implemented?

Dr. Aaron Kheriaty:

No, unfortunately. Unfortunately, it's not. Yeah, no, that's a very good question. We were hoping to get a trial date set before the end of this calendar year, because as I said, the law goes into effect in January. We have filed a motion for what's called a preliminary injunction which would halt the law while the case was being heard, but we won't get our hearing on that until a few weeks into January. So unfortunately, the law is going to be in effect for a few weeks before that

injunction is hopefully granted. And that's not a good thing for physicians in California, obviously.

Dr. Joseph Mercola:

Darn. Thanks for that update. I wasn't sure what the status of the process was, but thank you.

Dr. Aaron Kheriaty:

Yeah, and I'll tell you too about a second case that I think is equally important and that's also a case in federal court, but this one looking at the free speech issue at the national level and this is a case called Missouri v. Biden where the Attorney General of Missouri and Louisiana filed the lawsuit, challenging basically naming as defendants several senior administrators in Biden's administration, several people in various federal agencies that we are claiming these federal agencies have been colluding with social media, basically leaning on social media to do their bidding in terms of censoring ordinary Americans and our free speech rights on social media, particularly in regards to those of us who are challenging the government's preferred COVID policies.

And 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. And arguably, the social media companies can do this as private entities. There's legal debate about that, but inarguably, no one doubts that the federal government cannot censor Americans. That's a clear, again, free speech First Amendment violation. And the federal government cannot suborn these social media companies and really under the threat of, "If you don't play a ball with us, we're going to make life difficult for you. We're going to regulate you in ways that you're not going to like."

The government cannot pressure other entities into doing its bidding as a long arm of its censorship regime. So, I think this case where basically the four private plaintiffs have joined this case, myself, Dr. Jay Bhattacharya, Dr. Martin Kulldorff who are two authors of The Great Barrington Declaration which was an early critique of particularly our lockdowns and school closures. 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 not only is this happening, but it's happening on a vaster scale than we suspected when we first filed the lawsuit. I think right now there's something, at least 17 different federal agencies that 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, probably for a while now, but really ramping up over the last three years during the pandemic.

Dr. Joseph Mercola:

Is this the case that about where Fauci was deposed for seven or eight hours and he had a memory lapse of about 200 questions?

Dr. Aaron Kheriaty:

Yeah, that's right, precisely. He said, "I don't know," yeah, close to 200 times or rather, "I don't remember," close to 200 times. So I published a piece recently in Compact Magazine, I republished it on my Substack where it's not behind a paywall called Fauci Amnesia where it's a critique really of Fauci's entire career, but the piece ends with an account of what happened during that deposition and some of the interesting revelations that we have but also the wildly implausible memory lapses for things that he did during the pandemic that clearly show, to my mind, that there's a lot that he's not saying. And if he were to be honest on these things, he's probably worried that it would implicate him in ways that are problematic.

Dr. Joseph Mercola:

Marked guy in many ways.

Dr. Aaron Kheriaty:

Yeah, he's cunning. I think that's the right word.

Dr. Joseph Mercola:

Yeah, that's right. Cunning would be a far better choice of words. You're correct. So, I'm curious, with all that you've been through, if Twitter, I would suspect they have banned you, and if they have banned you, are you reinstated with bulk of the others that have come back?

Dr. Aaron Kheriaty:

Yeah, fortunately, I have not been banned by Twitter. I sized up pretty early on after seeing some of my friends like Dr. Peter McCullough and Dr. Robert Malone banned and looking at the tweets that they were banned for. So, I learned to speak on Twitter in a coded language on those issues where if I were to just put it more bluntly they would've given me a strike. And I thought it was important to, well, I hated doing things on Twitter with a wink and a nod and not being as explicitly clear as I wanted to be. I also thought, "Look, if they kicked me off the platform, that's not going to do anyone any good." So, I managed to navigate Twitter without a ban. I did have videos taken down from YouTube of conversations like this and interviews. I had some trouble with LinkedIn. So, the other social media companies certainly subjected me to censorship.

And I know very clearly that I was under the thumb of this shadow-banning algorithms at Twitter, automatically kicking off followers. People who had been following me saying they had to refollow me several times because the system would automatically unfollow things like that. So, Twitter did lean on my account and limited certainly the scope of its reach, but it's been refreshing certainly to have Twitter under new management and it's been great to see Dr. Malone and Dr. McCullough and others that were booted from the platform, Dr. Ryan Cole back on there, able to speak more freely and more clearly. So this is a positive development here as we approach the end of 2022. So, a little bit of light on the horizon.

Dr. Joseph Mercola:

Yes, indeed. So as a psychiatrist, I'm really curious to get your professional input on a tangential issue, but certainly related and that is Mattias Desmet is a psychologist who is well known and popularized by Robert Malone about this time last year on New Year's Eve when he was on Joe

Rogan, or at least when Joe Rogan broadcasted his interview and popularized the term mass formation. And I'm wondering if you can give us your take on that and how significant a contributor it is to what we're seeing now to what Mattias describes as a hypnosis and really responsible for brainwashing effectively one-third of the population.

Dr. Aaron Kheriaty:

So, I think the mechanism that he describes is an accurate description of what can happen under these kinds of circumstances. I think Mattias' book, "The Psychology of Totalitarianism" is brilliant. It's a very important contribution to the literature, not only on what happened during COVID, but what has happened at other points in history where society and the masses, so to speak, really lost their way and went off a cliff and collectively did things that, later on, we look back on with horror. I don't think mass formation is the only mechanism at work in terms of accounting for our COVID response. And so, 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, financial incentives, power dynamics that also help to account for what happened to us and why so many people went along with it.

And 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 this vast censorship enterprise, 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. But first of all, 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 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. And 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.

Dr. Joseph Mercola:

So, I'm wondering if you'd care to comment on the controversy around this mass formation with respect to some internal division that has occurred, because another psychiatrist, I'm sure you're well familiar with the Dr. Peter Breggin, legendary-

Dr. Aaron Kheriaty:

-the psychiatrist who was responsible for essentially eliminating the lobotomy technique, has also taken a passionate interest in COVID and helping people understand what's going on like you have. And he was somehow or someway moved against Mattias' book and his comments and

thought he might have been a controlled opposition and then continued that comment about Dr. Malone and Dr. Malone filed a lawsuit against him. And it's so sad because we're all on the same side and they're-

Dr. Aaron Kheriaty:

Exactly.

Dr. Joseph Mercola:

The opposition is so much bigger than us. So, I'm just wondering you clearly are well studied on this and with your professional training and I would really, if you're willing to share, appreciate what you have to say on this.

Dr. Aaron Kheriaty:

Yeah. So, I likewise have been saddened to see this strife and conflict and now apparently a legal issue between Dr. Malone and Dr. Breggin. I have respect for both of them. I don't know Dr. Peter Breggin personally, but I'm familiar with his work. Malone, I do know personally and have encouraged him to make peace and reconcile with some other people in this movement that he's currently in conflict with. And you're absolutely right. The enemy is so large that this internal strife in this movement is really what's ultimately going to bring us down or get in the way of us fighting the real enemy. So in terms of their argument, I don't see why Breggin's position has to be incompatible with Mattias Desmet's theory.

And if I'm reading Dr. Breggin correctly, I think his concern is that if we adopt the mass formation theory and we assume that people are in this hypnotic state of sleepwalking through this stuff, then it means that individuals involved in these really harmful measures are not personally responsible. And so Dr. Breggin wants to say that, "No, there are bad actors doing bad things and we have to hold them responsible and accountable for those bad things." And I think that's absolutely true. But I also think it's true that this process of mass formation is contributing to what we're seeing, especially among people who don't necessarily have expertise in this matter, don't know how to read the scientific literature, are doing the best they can and are just getting their information through the television or the computer screen.

So, on the one hand, I want to say yes to Dr. Breggin's push for personal responsibility, especially from those who are in a position of authority who are making these policies, who are advancing these policies, who are propping them up. So, doctors and scientists, clearly to my mind, have a greater degree of responsibility than the ordinary citizen who doesn't have medical or scientific training. So, I'm not sure that there's actually an argument to be had there. And knowing what I know of Mattias as well, I've corresponded with him a bit, I think he would be the first person to say, "Yeah, this does not remove all responsibility from the people who are involved in what is essentially a totalitarian movement. He certainly is a believer in personal responsibility and doesn't want to say that it's only unconscious or social forces that are driving all of our behaviors.

So, my own view on this argument is that it's both-and issue rather than an either-or issue. Human beings are enormously complex and we have conscious intentional motivations and we have unconscious, unintentional factors that are shaping our thinking and shaping our behavior.

And so, I think it would be good for both sides of this debate to acknowledge that the other side is making some valid points and there's no reason that these folks can't shake hands and try to get along and try to learn from one another. Maybe Mattias needs to make it more clear that his theory doesn't remove personal responsibility from those in power or those advancing this agenda.

And Dr. Breggin needs to remember, as a psychiatrist, that human beings are social animals and that we're enormously complex and that things other than clear intentional rational thought are often operating, especially when you're talking about something as complex as a society-wide response to a crisis. So, I'm an advocate of reconciling these two sides of the debate.

Dr. Joseph Mercola:

Yeah, I would have to agree with you on that one. So as a slight tangent, which you just mentioned, the personal responsibility and accountability for these actions, you have really clear insights of this very pragmatic, and I'm wondering what your views are on the likelihood of that happening in light of the progressively increasing power of the global cabal and technocracy and control just about every area of law and legislation and power. So, the practicalities, will they ever be held accountable? Will there ever be a Nuremberg [Trials] 2.0 and will these people be brought to justice?

Dr. Aaron Kheriaty:

I have serious doubts that those most responsible for our disastrous response to the pandemic will be held accountable. I don't see right now the political will to do that, unfortunately, and I'm not sure that's going to change in the next couple of years. I do think we will get to the point where we recognized that the pandemic response was disastrous, but I think by that point it will be too late to hold the people responsible accountable. If you look at the history of science, one of the ways in which science advances is that scientists die.

In other words, the old guard who were in positions of power, who were gatekeepers at the journals or the academic medical centers or within the power structure of organized science or organized medicine and who are holding on to an old theory, even when the data is now in favor of the new theory, some of those people have to retire, some of those people have to pass away before a younger generation who's more skeptical of the old theory and willing to advance the new theory can move into those positions of power and authorities, so that all those human factors are at work when we talk about progress in science and medicine or when we talk about coming to terms with things that have gone disastrously wrong.

So, my own view is that something like that is probably going to be the more likely outcome. People that are far enough away from responsibility for the pandemic response, maybe a younger generation who lived through it and who's dealt with the lifetime consequences of school closures can come along and look back a little more objectively with some critical distance and some time and do the work of digging through the history of the pandemic and looking at the scientific data more objectively. So, I think we will get to the point where there's sufficient maybe generational change and people like Anthony Fauci are no longer with us, perhaps, and no longer putting their thumb on the scale, trying to control the narrative, that will come to terms with just how disastrous the last three years have been.

But I don't see, in a year or two, anything like a Nuremberg [Trials] 2.0 where people are actually held responsible. I think if we get to the point where it's time to acknowledge that certain decisions were wrong, there may be a few, I don't know if scapegoat is the right word, but I mean there may be a few people who lose their jobs or whatever and they take the fall, so to speak, a fall-guy mechanism to try to placate the masses who are really angry about something like school closures, "Who is responsible for this?" Well, obviously many people were, but maybe we'll offer one person up to placate the masses.

So, I think we've gotten to the point where very few people will defend school closures. We've gotten to the point where it's much easier to criticize lockdowns. We're not there yet on the mass vaccination campaign and I think that's going to be the hardest nut to crack. In some ways, it's been the most disastrous aspect of the pandemic response arguably, but it's the one where the most money is on the line, the most is on the line in terms of professional reputation. And the people who pushed for these kinds of policies are not people who will ever publicly acknowledge that they made any mistakes. That's just straight up, never going to happen.

So yeah, I think eventually we'll come to a more accurate perspective on what happened to us, but I think it's going to take a long time and I don't see the key individuals involved in this ever being brought to justice.

Dr. Joseph Mercola:

I'd like to get your insights on your beliefs as to what might happen in the future or even relatively near future with respect to reimplementing of something that just happened with COVID. We had Event 201 occurring in October of 2019 which is essentially a dress rehearsal for what happened eight weeks later. And interestingly, just earlier this year on October 23rd, 2022, we have almost the identical scenario happening. It's called Catastrophic Contagion. We've got Bill Gates involved, Johns Hopkins, World Health Organization predicting that there's going to be a pandemic in 2025.

This time, it's called SEERS, severe epidemic enterovirus respiratory infection.

Dr. Aaron Kheriaty:

Yeah.

Dr. Joseph Mercola:

-but this time primarily focusing on getting cooperation with the Africans because it seems like the COVID-19, as bad as it was just, it was a fine-tuning of the process they're going to use in the future. So, do you believe that something like that would happen or maybe even exactly like that since we've had this history of essentially telling us what they're going to do and then do it?

Dr. Aaron Kheriaty:

Yeah.

Dr. Joseph Mercola:

I know it's three years away, but maybe they're going to pull a lever next year or two years instead of three.

Dr. Aaron Kheriaty:

Yeah. There was also, by the way, a monkeypox simulation that predicted down to the month-

Dr. Joseph Mercola:

Right.

Dr. Aaron Kheriaty:

-when the actual monkeypox – now the monkeypox-

Dr. Joseph Mercola:

Yeah, almost close to the day too and the location-

Dr. Aaron Kheriaty:

Uncanny.

Dr. Joseph Mercola:

[crosstalk 00:46:14] in the U.K.

Dr. Aaron Kheriaty:

Uncanny and monkeypox never took hold as the next crisis, but yeah, 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. And this new model of governance that involves unprecedented level of control over people's lives, their movements, their speech, their freedom of association 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, that they don't want to relinquish and actually continue to advance their aims.

And in chapter 3 of the book, I talked about what are some of the next steps in the rollout of this 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. And central bank digital currencies will be the financial arm of that monitoring and surveilling and controlling apparatus. And 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. And so serious 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 and whether it's a computer virus or whether it's 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. There's going to be – 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. And so, one of the reasons I wrote the book, the book is not primarily a retrospective on what went wrong with COVID. There's some of that account in the book and some account of where this stuff came from and the developments behind the scenes over the last 20 years, but primarily the book is wanting to look toward the future and to ask, "Okay, how is this apparatus, this biomedical security apparatus going to be deployed down the road? And what are the next steps in that process?" 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.

And 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 because 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, simply we can't go down that road again in another few years.

Dr. Joseph Mercola:

In an effort to help enlighten people about what the potential possibilities for that future are, you wrote an epilogue. And the epilogue, and I forget what the setting is, but it's in Washington, it's either 2025 or 2030 and you predict possible outcomes. It's quite frightening and dystopian. So maybe you can touch on that and I want to go back to the digital ID and the CBDCs, because I think the-

Dr. Aaron Kheriaty:

Yeah, no, thank you for mentioning that. You're right. The epilogue of the book, which happens to be my own personal favorite part of the book is called "Seattle 2030." And it imagines a high-tech, smart city seven years from now and what life under that regime will look like. And 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 new measures are going to be sold to the public. So, the first couple of pages of the epilogue don't seem dystopian. They seem like, "Okay, there's some interesting things going on here and things don't sound so bad, right?" And it's only once you get about halfway through that you start seeing, "Okay, but there are some flies in the ointment and there's some 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's certainly health problems that are not being solved, twice-a-year mRNA injections and probably being exacerbated by this model of treating human beings as though we're hardware

that needs twice-a-year software updates in the form of gene therapies. And then hopefully by the end of the epilogue, I'm not going to give away the punchline, that 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." And what I did with the epilogue is I put it in the not too distant future. I think it's pretty easy for us to imagine our lives seven years from now. If I had put it 20 or 30 years in the future, it can feel a little bit too remote.

And the other thing I did is I didn't invent any new technologies to describe in the epilogue. What I said was, "Okay, let's take the technologies that are already available, but are not yet adopted on a mass scale but for which there's going to be a push in the next couple of years to adopt these technologies and use them in this way and then just imagine what life would be like under those conditions." So, it's not science fiction in the sense of, "I'm inventing not-yet-existing spaceships or not-yet-existing medical technology and describing what that society would look like." It's, "No, 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?"

And 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.

Dr. Joseph Mercola:

Yeah, it seems to me that it's going to come down even if we do resist because it seems the inevitable drive of technology to push to this level.

Dr. Aaron Kheriaty:

Yeah.

Dr. Joseph Mercola:

So, the options become, or the considerations become, "How do you opt out?" which I want to go back to the CBDCs and the digital IDs because I think that's a really important part of the equation, especially – it's absolutely inevitable, that within 2023 to '24 these are things that we deploy.

Dr. Aaron Kheriaty:

Yeah.

Dr. Joseph Mercola:

Earlier, just last month in November, the Bank of New York started their trial run on this and most every other country is starting it, so it is inevitable. So, I want you to go over the CBDCs, what they are, how they control us, how they program us and it appears that they're going to be volunteer initially, offering a lot of convenience, but they also appear to be inevitable. So, what is the way to opt out of this system? I've got some ideas, but I'm really curious to hear what your perspective is.

Dr. Aaron Kheriaty:

Yeah, so this is a really hard problem and it's a really important question. And 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 central bank digital currencies, then resistance to that system will be almost impossible and I'll explain why I say that. So, central bank digital currencies 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 I explained to the book that if you have a digital dollar in your digital wallet, it's not actually the same as a dollar bill in your real wallet. And the reason is, let's say the government gives you \$1,000 tax rebate in the form of a digital dollar. And 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, okay, 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, "Yeah, 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. So, a digital dollar is potentially-

Dr. Joseph Mercola:

Aside from inflation.

Dr. Aaron Kheriaty:

Yeah. Well, there you go. There you go. There are other ways to make your dollar disappear or shrink. That's true. That's true. 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. And 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.

Dr. Joseph Mercola:

Right. So, I'm bit confused because you alluded to it, but I really want the details on what your vision or concept is of opting out and resisting this initially voluntary adoption. My perception is that really the core here is a community-

Dr. Aaron Kheriaty:

Yeah.

Dr. Joseph Mercola:

-and you mentioned parallel economy and chickens. And I wouldn't recommend chickens necessarily, but chicken eggs are really, really well because – but you don't have to-

Dr. Aaron Kheriaty:

They're renewable.

Dr. Joseph Mercola:

They're renewable and it's instant, ready to use. There's no butcher involved or anything and much more and it's renewable. So anyway, the concept is to develop a parallel economy in a community, which I think is the key. To me, in my mind, it's got to be one of the most central parts of the equation of the resistance, is this community and opting out the digital period because the internet's not going to exist as we know it today and they can shut it down in a heartbeat.

Dr. Aaron Kheriaty:

Yeah, that's right. That's right. Yeah, so I think you're absolutely right. I think we need to start thinking small and local and rooted and to develop strong face-to-face communities of communication and interaction and 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, and hopefully, that piece of paper is backed by something. And when it's not, you can develop lots of different economic problems, but nonetheless, 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.

And so, a collective saying, "No, we're not going to go cashless," a collective saying, "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. So, beyond that, I wish I could tell you what the answer looks like and what these parallel economies are going to look like. And I don't know the answer to that and part of the reason I don't know the answer to that 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.

And so, can everyone take the self-sustained, crunchy option, opening a small self-sustaining farm and having the chickens that lay the eggs? I don't know. I don't think I'm built to live on a farm. I think I'm built probably to live in a more population-dense urban setting, but I think all of us have some kind of role in conceiving of solutions or implementing solutions on the ground or of trying things at the local level. So, the generic advice that I can give is recognize, first of all, what are the most dangerous things coming down the pike and I think those two things, that digital IDs and central bank digital currencies are the most pressing ones that at least I have identified. I'm sure there are other things as well.

Dr. Joseph Mercola:

How about the World Health Organization Global Pandemic Treaty, which will allow the them to have the authority-

Dr. Aaron Kheriaty:

Yeah.

Dr. Joseph Mercola:

-to mandate a global emergency and have emergency powers at a climate change or another pandemic or financial reset? They could do it at a heartbeat-

Dr. Aaron Kheriaty:

Yeah.

Dr. Joseph Mercola:

-and with these two resources in place, because they've had time to refine them.

Dr. Aaron Kheriaty:

Yeah. So, the World Health Organization is too incompetent and it's too much of a dumb, clunky bureaucracy to become a world-dominating governing entity, but the WHO Treaty and the changes to the international health regulations that have been proposed there are dangerous because essentially the World Health Organization is going to operate as a cipher for private financial interests and large globe-spanning corporations and firms from the Bill and Melinda Gates Foundation to the massive financial giants that control huge assets, the WHO is going to be a sort of quasi-governmental mechanism to advance the political and economic aims of those actors. So, I think that's why the WHO is dangerous. Most of its funding comes from private sources, right? A huge chunk of its funding comes not from the governments that it's supposed to assist with public health crises or public health issues, but comes from places like the Bill and Melinda Gates Foundation.

So, what's happening at the WHO is important, but I think you have to peek behind the curtain and recognize that the WHO is itself going to be suborned by Big Pharma, by-

Dr. Joseph Mercola:

But the end result's the same though.

Dr. Aaron Kheriaty:

Yes, no, absolutely. Absolutely. But I guess what I want to say is the threat is not primarily the people in charge of NGOs or the UN (United Nations). The people who are really going to be pulling the strings are the people with enormous financial assets. And so, it will be the United States of Pharma rather than the United States of the WHO. So-

Dr. Joseph Mercola:

I like it. The USP, United States of Pharma. So, I really love and I really do, man, I deeply appreciate your insights as to what this parallel economy might be because it never occurred to me that it doesn't yet exist and most likely will evolve into a variety of unique scenarios depending on the local circumstances.

Dr. Aaron Kheriaty:

Yeah.

Dr. Joseph Mercola:

That is really, really solid insight, so I appreciate that. I'm a bit concerned though about a recommendation for you that you appear to be likely adopting which is to stay in a large urban density because it's comfortable. And they clearly are, a lot of convenience, but that could be potentially a fatal mistake, I think, because it seems that the trend that the globalists are pushing is to push people into these larger urban areas.

Dr. Aaron Kheriaty:

Yeah, yeah.

Dr. Joseph Mercola:

It's so much easier to control them. And if a truly significant catastrophe happens like the grid goes down or the water structure goes out, you could easily take the grid out in a false flag. That would be so simple to do and blame it on domestic terrorists.

If you're in a large urban center, it's not going to fare well. That doesn't mean you have to go out to a farm and do it yourself, but a local community, which isn't as widely populated, is going to fare far better than these large, urban concentrations.

Dr. Aaron Kheriaty:

Yeah, I don't disagree with you and I do want to clarify, I am not recommending to other people that they stay in large urban settings. I was just speaking for myself, personally. I'm a stay-in-the-fight kind of person, right? I haven't left California. I haven't left the population-dense Orange

County where I live. And I think, personally, I'm suited to stay in the game on these public issues and continue to try to push back and mount resistance to the institutional changes that we're seeing. That's why I'm involved in these lawsuits. But I recognize that I'm a bit of a strange bird in that regard and most people don't want to spend their entire lives fighting the mega machine. They want to go live their lives.

So, while I'm going to continue doing this and I think the people who stay in urban settings need to find small communities and pockets of resistance within those urban settings, I would be the first person to say, "I wouldn't generalize that recommendation to anyone else because I think you're right. People that are in population-dense areas are, in some respects, easier to control. And some of the worst kind of pandemic measures were being done in the city of Los Angeles or the county of Los Angeles or the city of New York. And very often if you went to a more rural setting, you would find a much more sensible response to what happened during COVID.

This is one of the geniuses of our federalist system is fortunately we had a few states, Florida being a good example that said, "No, we're going to do things differently," or they woke up after a few months and decided, "We're going to do things differently." And so, they provided a control group for this otherwise what would've been a national experiment. And Florida can now say, "Look, we didn't lock down. We didn't destroy small businesses. We didn't close the schools for very long," and age-adjusted mortality from COVID was the same as California that did all these enormously destructive measures. So, that's a good thing, localism, variety, small communities whether in urban or rural settings. I think all of these things are important.

I think there's some people that are going to be called to stay within the medical institutions and try to reform or fight from within. Others are going to be called to develop a parallel infrastructure of whether it's medicine or food production or any of the other thousand things that need to be done for a healthier and more flourishing society. And I don't necessarily have a general recommendation that would be applicable to everyone because I think we all have our own gifts and talents.

Dr. Joseph Mercola:

Yeah, well, that's the recommendation. It's specific, it's unique.

Dr. Aaron Kheriaty:

There you go. There you go.

Dr. Joseph Mercola:

You have a very wise perspective on it and I really appreciate it because it's just general guidelines of what you need. You can't get specifics because it has to be customized for the individual or their family.

Dr. Aaron Kheriaty:

Yeah.

Dr. Joseph Mercola:

But these are real and you warned us of the variables that we need to be careful, the big ones, the digital IDs and the CBDCs. We have to be very, very cautious of in developed communities. These are powerful, general strategies that once people appreciate they can implement them and be successful.

Dr. Aaron Kheriaty:

Yeah, and I think to end on a more optimistic note, human beings are enormously creative and history is full of surprises. And what can look like a really dire situation, third-act crisis in the story can sometimes be met with a sudden and unexpected reversal where the evil regime or movement sort of falls apart under the weight of its own contradictions. Very few people could have predicted the fall of the Berlin Wall in 1989, just a couple of years earlier, that this would happen without violence and that the Soviet's satellite states and that whole regime would crumble in a way that was more or less peaceful with the solidarity movement in Poland and other things that had made this possible.

So, I'm a big believer that history is full of unexpected surprises and individuals and small communities are full of enormous, creative energy. And if we can just create conditions in which that creative energy, conditions of freedom in which that creative energy can be unleashed, then we're going to go through difficult times, but we're going to be okay in the end.

Dr. Joseph Mercola:

Yeah. Well, great words to end on and it's pretty obvious to me you must have had great parents because you have enlightened wisdom.

Dr. Aaron Kheriaty:

I do. I do. They're wonderful people.

Dr. Joseph Mercola:

You really do. Yeah. So, thanks for your commitment, your bravery, your dedication and taking the arrows in the back for what you've done in your continued perseverance and seeking to help others, which is I think-

Dr. Aaron Kheriaty:

Likewise, yeah, thank you for your work. I really appreciate everything that you're doing and the reach that you have and the trust that so many people have in your work who have learned to be mistrustful of mainstream medicine. So, you've been a voice of sanity during-

Dr. Joseph Mercola:

Well, thank you.

Dr. Aaron Kheriaty:

-prior to this, but also clearly, I've become more familiar with your work during the pandemic and it's been great reading your pieces.

Dr. Joseph Mercola:

Well, thank you for those kind words and keep up the great work. Your book is “The New Abnormal” and I believe it's available now. In my view, I most enjoyed the epilogue.

Dr. Aaron Kheriaty:

Thank you.

Dr. Joseph Mercola:

The rest of the book is good too, but it isn't science fiction, but it's like science fiction and I like science fiction.

Dr. Aaron Kheriaty:

Good, good. Thank you for that.

Dr. Joseph Mercola:

All right, well, sounds good and you keep up the great work and thanks for everything you're doing.

Dr. Aaron Kheriaty:

Likewise.