

Vaccine Mandates May Pave Way to Other Coercive Social Policies: Dr. Aaron Kheriaty

NONE NONE

Once vaccine mandates are introduced in society and people become accustomed to showing their COVID-19 vaccine certificate to participate in social life, the authorities can use this infrastructure for other coercive policies, according to Dr. Aaron Kheriaty, a former professor of psychiatry and the director of the Medical Ethics Program at the University of California, Irvine (UCI).

Vaccine mandates override the right to provide informed consent when it comes to medical intervention by not allowing patients or parents of children to make their own decision in that regard, said Kheriaty, who was recently [fired \[Trim\]](#) from his position at the UCI for challenging the University's COVID-19 vaccination policy.

For many people, showing proof of vaccination in order to be able to travel, go to a restaurant, a sports arena, buy food, or do other things may seem a trivial thing since taking the COVID-19 vaccine makes some feel safer especially those who are older or have comorbidities, Kheriaty told EpochTV's "Crossroads" program.

However, “once that infrastructure is in place, and once people have gotten used to doing that, that has become sort of normal. That infrastructure can very easily be used for all kinds of other purposes,” the ethicist said calling it “a very ominous development.”

There are no sterilizing vaccines for COVID-19 as the Centers for Disease Control and Prevention (CDC) admitted that these vaccines do not stop infection and transmission, unlike [natural immunity](#) [Trim], Kheriaty continued.

[According](#) [Trim] to the [CDC](#) [Trim], “Vaccinated people can still become infected and have the potential to spread the virus to others, although at much lower rates than unvaccinated people.”

“That’s why that traditional ethic of free and informed consent is so important to maintain with these interventions,” Kheriaty said.

Another consequence of mandatory vaccination without informed consent is “the problem of people getting used to things under the guise of a public health emergency or in a situation in which they’ve been subjected to fear-inducing propaganda for two years, [and] accepting things that they never would have accepted in ordinary circumstances,” he noted.

“I’m very concerned about the use of ordinary civil liberties as carrots and sticks to make people behave the way the public health authorities want you to behave,” Kheriaty continued.

“Rolling this out with a vaccine that lots and lots of people wanted makes it seem more benign and innocuous than it actually is. ... That concentrates a lot of power in the hands, not just of government officials, but also of people with economic interests that may want to nudge us this direction, or that direction.”

For example, those in power can use this infrastructure to turn off a person’s ability to buy gasoline because that person’s carbon footprint is too high, the former professor said.

The new advanced technology, especially smartphone technology, which allows to track where people are and whether they are in proximity to other people has been “wedded to public health and medical goals in ways that are novel” and had not been seen 10 to 15 years ago, Kheriaty said.

Over the last 10 years, governments engaged in the sort of pandemic planning scenarios that involved not only doctors and epidemiologists trying to find the best response to influenza, bird flu, or other outbreaks, but also very often involved security agencies, like the CIA or aspects of the military, he explained.

“Under the guise of [a] public health emergency, there has been an enormous shift of power during the pandemic, and actually an enormous upward shift of wealth during the pandemic that I find really concerning.”

The medical ethicist is particularly concerned about the lack of definition of what constitutes a public health emergency. The federal government or the state governments extended the state of emergency every 90 days for the last

two years but the criteria to determine what is a health emergency such as the number of cases, the number of hospitalizations, percentage of the population infected, or other metrics have never been defined, he explained.

“[This] means we have no way of knowing when the emergency is over. . . . Ordinary kind of protections and ordinary constitutional limits have been set aside for two years, and we don’t know, and we have no metric of knowing when that is going to stop.”

“That strikes me as highly problematic just from a social and political perspective because it means that these people who have been given enormous powers. I mean, never before in my lifetime have governors exercised so much power over very personal and intimate aspects of our lives.”

“Ordinary citizens, ordinary people around the world, I think, need to start demanding from their leaders clear definitions, clear limits as to who can declare this state of emergency, how long can it go on.”

Conflict of Interest



Syringes with a COVID-19 vaccine are pictured in Central Falls, R.I. (Joseph Prezioso/file/AFP via Getty Images)

Scientific research is often funded by the federal government, Kheriaty explained adding that agencies such as the National Institutes of Health, the CDC, the Food and Drug Administration (FDA) all reporting to the Department of Health and Human Services (HHS) “have become very closely aligned over the years, with the interests of pharmaceutical companies in very concrete and tangible ways.”

For example, the NIH “designed and did the clinical trials for the Moderna vaccine and they actually co-own the patent on the Moderna vaccine,” the ethicist said.

Taxpayer dollars were used as grants to fund scientific studies and the development of the vaccine, Kheriaty said noting that “because the [NIH] has co-ownership of those patents, they profit when that vaccine is sold.”

“To me [it] would be a clear conflict of interest,” he added.

The FDA authorizes the use of the vaccine and the CDC makes the recommendation about how to use the vaccine, Kheriaty said. “And those recommendations are typically translated these days into vaccine mandates.”

The Epoch Times reached out to the Department of Health and Human Services, National Institutes of Health, CDC, FDA, and Moderna for comments.

An FDA press officer said in an email to The Epoch Times that “the FDA does not mandate vaccinations. Whether a state, local government, or employer, for example, may require or mandate COVID-19 vaccination is a matter of state or other applicable law.”

“The other key issue is that the drug companies are totally indemnified against any liability for vaccines,” Kheriaty said.

As a result, drugs undergo more rigorous safety testing than vaccines do because pharmaceutical manufacturers are solely responsible for any harms that a drug does, he noted.

“[The pharma companies] convinced the federal government several years ago, that vaccines were insufficiently profitable and the research and development costs were too high if they were going to be liable for harms.”

Another way the pharmaceutical companies can exercise probably undue influence over public opinion is direct advertising of pharmaceuticals to consumers, Kheriaty said.

It was originally prohibited under federal law, so drug companies used to market their products to physicians only, he explained. However that law was changed in the late '90s to allow pharmaceutical companies to advertise their drugs directly to patients which gave those companies influence over many news outlets and TV networks, he added.

“In order for economic interests not to overtake public health interests, we probably need some of the old protections in place that had been whittled away in the last couple of decades. And we need a stricter separation between the agencies that are tasked with regulating pharmaceutical companies and their products, and the companies themselves,” Kheriaty concluded.

He also advised people to seek out lots of different sources of information, weigh them carefully and think about their credibility.

“While it’s true that you may not be a virologist, or you may not be an epidemiologist, you’re a rational human being who can recognize a flat out contradiction, who can recognize when something is just completely illogical and doesn’t add up. ... So a healthy suspicion of an expert who is unwilling to explain things, cite evidence, answer questions, I think is healthy for ordinary people these days.”

“I think everyone needs to really kind of examine their own convictions and ask themselves, ‘Okay, where is my line in the sand?’”

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