

# “Health Security”: This Biden Proposal Could Make the US a “Digital Dictatorship”

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Global Research, May 27, 2021

[Unlimited Hangout](#) 5 May 2021

Region: [USA](#)

Theme: [Intelligence](#), [Science and Medicine](#)

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*A “new” proposal by the Biden administration to create a health-focused federal agency modeled after DARPA is not what it appears to be. Promoted as a way to “end cancer,” this resuscitated “health DARPA” conceals a dangerous agenda.*

Last Wednesday, President Biden was widely praised in [mainstream](#) and [health-care-focused media](#) for his call to create a “new biomedical research agency” modeled after the US military’s “high-risk, high-reward” Defense Advanced Research Projects Agency, or DARPA. As touted by the president, the agency would seek to develop “innovative” and “breakthrough” treatments for cancer, Alzheimer’s disease, and diabetes, with a call to “end cancer as we know it.”

Far from “ending cancer” in the way most Americans might envision it, the proposed agency would merge “national security” with “health security” in such a way as to use both physical and mental health “warning signs” to prevent outbreaks of disease or violence before they occur. Such a system is a recipe for a technocratic “pre-crime” organization with the potential to criminalize both mental and physical illness as well as “wrongthink.”

The Biden administration has asked Congress for \$6.5 billion to fund the agency, which would be largely guided by Biden’s recently confirmed top science adviser, Eric Lander. Lander, formerly the head of the Silicon Valley-dominated Broad Institute, [has been controversial](#) for his ties to eugenicist and child sex trafficker Jeffrey Epstein and his relatively recent praise for James Watson, an overtly racist eugenicist. Despite that, Lander is set to be confirmed by the Senate and Congress and is reportedly significantly enthusiastic about the proposed new “health DARPA.”

This new agency, set to be called ARPA-H or HARPA, would be housed within the National Institutes of Health (NIH) and would raise the NIH budget to over \$51 billion. Unlike other agencies at NIH, ARPA-H would differ in that the projects it funds [would not be peer reviewed](#) prior to approval; instead hand-picked program managers would make all funding decisions. Funding would also take the form of milestone-driven payments instead of the more traditional multiyear grants.

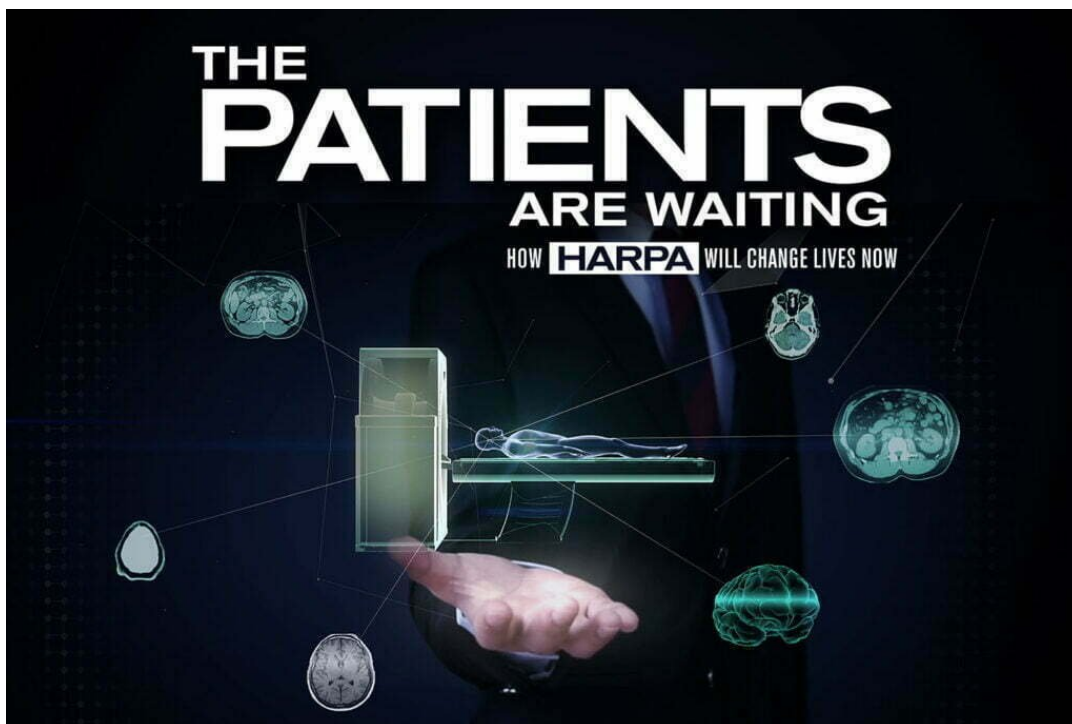
ARPA-H will likely heavily fund and promote mRNA vaccines as one of the “breakthroughs” that will cure cancer. Some of the mRNA vaccine manufacturers that have produced some of the most widely used COVID-19 vaccines, such as the Pfizer/BioNTech vaccine, [stated just last month](#) that “cancer is the next problem to tackle with mRNA tech” post-COVID.

BioNTech [has been developing](#) mRNA gene therapies for cancer for years and is collaborating with the Bill & Melinda Gates Foundation to create mRNA-based treatments for tuberculosis and HIV.

Other “innovative” technologies that will be a focus of this agency are less well known to the public and arguably more concerning.

### The Long Road to ARPA-H

ARPA-H is not a new and exclusive Biden administration idea; there was a previous attempt to create a “Health DARPA” during the Trump administration in late 2019. Biden began to promote the idea during his presidential campaign as early as June 2019, albeit using a very different justification for the agency than what had been pitched by its advocates to Trump. In 2019, the same foundation and individuals currently backing Biden’s ARPA-H had urged then president Trump to create “HARPA,” not for the main purpose of researching treatments for cancer and Alzheimer’s, but to stop mass shootings before they happen through the monitoring of Americans for “neuropsychiatric” warning signs.



Still from HARPA’s video “The Patients Are Waiting: How HARPA Will Change Lives Now”, Source: <http://harpa.org>

For the last few years, one man has been [the driving force](#) behind HARPA—former vice chair of General Electric and former president of NBCUniversal, Robert Wright. Through the Suzanne Wright Foundation (named for his late wife), Wright [has spent years](#) lobbying for an agency that “would develop biomedical capabilities—detection tools, treatments, medical devices, cures, etc.—for the millions of Americans who are not benefitting from the current system.” While he, like Biden, has cloaked the agency’s actual purpose by claiming it will be

mainly focused on treating cancer, Wright's 2019 proposal to his personal friend Donald Trump revealed its underlying ambitions.

As first proposed by Wright in 2019, the flagship program of HARPA would be [SAFE HOME](#), short for Stopping Aberrant Fatal Events by Helping Overcome Mental Extremes. SAFE HOME would suck up masses of private data from "Apple Watches, Fitbits, Amazon Echo, and Google Home" and other consumer electronic devices, as well as information from health-care providers to determine if an individual might be likely to commit a crime. The data would be analyzed by artificial intelligence (AI) algorithms "for early diagnosis of neuropsychiatric violence."

The Department of Justice's [pre-crime approach known as DEEP](#) was activated just months before Trump left office; it was also justified as a way to "stop mass shootings before they happen." Soon after Biden's inauguration, the new administration began using information from social media to [make pre-crime arrests](#) as part of its approach toward combatting "domestic terror." Given the history of Silicon Valley companies collaborating with the government on [matters of warrantless surveillance](#), it appears that aspects of SAFE HOME may already be covertly active under Biden, only waiting for the formalization of ARPA-H/HARPA to be legitimized as public policy.

The national-security applications of Robert Wright's HARPA are also illustrated by the man who was its lead scientific adviser—former head of DARPA's Biological Technologies Office Geoffrey Ling. Not only is Ling the main scientific adviser of HARPA, but [the original proposal](#) by Wright would have Ling both personally design HARPA and lead it once it was established. Ling's work at DARPA can be summarized by BTO's stated mission, which is to work toward merging "biology, engineering, and computer science to harness the power of natural systems for national security." BTO-favored technologies are also poised to be the mainstays of HARPA, which [plans to specifically use](#) "advancements in biotechnology, supercomputing, big data, and artificial intelligence" to accomplish its goals.

The direct DARPA connection to HARPA underscores that the agenda behind this coming agency dates back to the failed Bio-Surveillance project of DARPA's Total Information Awareness program, which was launched after the events of September 11, 2001. TIA's [Bio-Surveillance project](#) sought to develop the "necessary information technologies and resulting prototype capable of detecting the covert release of a biological pathogen automatically, and significantly earlier than traditional approaches," accomplishing this "by monitoring non-traditional data sources" including "pre-diagnostic medical data" and "behavioral indicators."

While nominally focused on "bioterrorist attacks," TIA's Bio-Surveillance project also sought to acquire early detection capabilities for "normal" disease outbreaks. Bio-Surveillance and related DARPA projects at the time, such as LifeLog, sought to harvest data through the mass use of some sort of wearable or handheld technology. These DARPA programs were ultimately shut down due to the controversy over claims they would be used to profile domestic dissidents and eliminate privacy for all Americans in the US.

That DARPA's past total surveillance dragnet is coming back to life under a supposedly separate health-focused agency, and one that emulates its organizational model no less, confirms that many TIA-related programs were merely distanced from the Department of Defense when officially shut down. By separating the military from the public image of such technologies and programs, it made them more palatable to the masses, despite the

military remaining heavily involved behind the scenes. As [Unlimited Hangout](#) has recently reported, major aspects of TIA were merely privatized, giving rise to companies such as Facebook and Palantir, which resulted in such DARPA projects being widely used and accepted. Now, under the guise of the proposed ARPA-H, DARPA's original TIA would essentially be making a comeback for all intents and purposes as its own spin-off.

### Silicon Valley, the Military and the Wearable "Revolution"

This most recent effort to create ARPA-H/HARPA combines well with the coordinated push of Silicon Valley companies into the field of health care, specifically Silicon Valley companies that double as contractors to US intelligence and/or the military (e.g., Microsoft, Google, and Amazon). During the COVID-19 crisis, this trend toward Silicon Valley dominance of the health-care sector has accelerated considerably due to a top-down push toward digitalization with telemedicine, remote monitoring, and the like.

One interesting example is Amazon, which launched a wearable last year [that purports](#) to not only use biometrics to monitor people's physical health and fitness but to track their emotional state as well. The previous year, [Amazon acquired](#) the online pharmacy PillPack, and it is not hard to imagine a scenario in which data from Amazon's Halo wellness band is used to offer treatment recommendations that are then supplied by Amazon-owned PillPack.

Companies such as Amazon, Palantir, and Google are set to be intimately involved in ARPA-H's activities. In particular, Google, which launched [numerous health-tech initiatives in 2020](#), is set to have a major role in this new agency due to its long-standing ties to the Obama administration when Biden was vice president and to President Biden's top science adviser, Eric Lander.

As mentioned, Lander is poised to play a major role in ARPA-H/HARPA if and when it materializes. Before becoming the top scientist in the country, Lander was president and founding director of the Broad Institute. While advertised as a partnership between MIT and Harvard, the Broad Institute is [heavily influenced by Silicon Valley](#), with two former Google executives on its board, a partner of Silicon Valley venture capital firm Greylock Partners, and the former CEO of IBM, as well as some of its [top endowments](#) coming from prominent tech executives.





The Broad Institute, Source: <https://www.broadinstitute.org>

Former Google CEO Eric Schmidt, who was [intimately involved with Obama's 2012 reelection campaign](#) and who is close to the Democratic Party in general, chairs the Broad Institute as of this April. In March, Schmidt [gave the institute \\$150 million](#) to "connect biology and machine learning for understanding programs of life." During his time on the Broad Institute board, Schmidt [also chaired](#) the National Security Commission on Artificial Intelligence, a group of mostly Silicon Valley, intelligence, and military operatives who [have now charted the direction](#) of the US government's policies on emerging tech and AI. Schmidt [was also pitched](#) as potential head of a tech-industry task force by the Biden administration.

Earlier, in January, the Broad Institute [announced](#) that its health-research platform, Terra, which was built with Google subsidiary Verily, would partner with Microsoft. As a result, Terra now allows Google and Microsoft [to access](#) a vast trove of genomic data that is poured into the platform by academics and research institutions from around the world.

In addition, last September, Google teamed up with the Department of Defense as part of a new AI-driven "predictive health" program that also has links to the US intelligence community. While initially focused on predicting cancer cases, this initiative clearly plans to expand to predicting the onset of other diseases before symptoms appear, including COVID-19. [As noted by Unlimited Hangout](#) at the time, one of the ulterior motives for the program, from Google's perspective, was for Google to gain access to "the largest repository of disease- and cancer-related medical data in the world," which is held by the Defense Health Agency. Having exclusive access to this data is a huge boon for Google in its effort to develop and expand its growing suite of AI health-care products.

The military is currently being used to pilot COVID-19-related biometric wearables for "returning to work safely." Last December, it was [announced that](#) Hill Air Force Base in Utah would make biometric wearables a mandatory part of the uniform for some squadrons. For example, the airmen of the Air Force's 649th Munitions Squadron must now wear a smart

watch made by Garmin and a smart ring made by Oura as part of their uniform.

According to [the Air Force](#), these devices detect biometric indicators that are then analyzed for 165 different biomarkers by the Defense Threat Reduction Agency/Philips Healthcare AI algorithm that “attempts to recognize an infection or virus around 48 hours before the onset of symptoms.” The development of that algorithm began [well before the COVID-19 crisis](#) and is a recent iteration of a series of military research projects that appear to have begun [under the 2007 DARPA Predicting Health and Disease \(PHD\) project](#).

While of interest to the military, these wearables are primarily intended for mass use—a big step toward the infrastructure needed for the resurrection of a bio-surveillance program to be run by the national-security state. Starting first with the military makes sense from the national-security apparatus’s perspective, as the ability to monitor biometric data, including emotions, has obvious appeal for those managing the recently expanded “insider threat” programs in [the military](#) and the [Department of Homeland Security](#).

One indicator of the push for mass use is that the same Oura smart ring being used by the Air Force was also recently [utilized by the NBA](#) to prevent COVID-19 outbreaks among basketball players. Prior to COVID-19, it was promoted for consumer use by [members of the British Royal family](#) and Twitter CEO [Jack Dorsey](#) for improving sleep. As recently as last Monday, Oura’s CEO, Harpeet Rai, said that the entire future of wearable health tech will soon be “[proactive rather than reactive](#)” because it will focus on predicting disease based on biometric data obtained from wearables in real time.

Another wearable tied to the military that is creeping into mass use is the BioButton and its predecessor the BioSticker. Produced by the company [BioIntelliSense](#), the sleek new BioButton is advertised as a wearable system that is “a scalable and cost-effective solution for COVID-19 symptom monitoring at school, home and work.” BioIntelliSense [received \\$2.8 million](#) from the Pentagon last December to develop the BioButton and BioSticker wearables for COVID-19.

Image on the right: BioIntelliSense CEO James Mault poses with the company’s BioSticker wearable.  
Source: <https://biointellisense.com>



BioIntelliSense, [cofounded and led by](#) former Microsoft HealthVault developer James Mault,

now has its wearable sensors being rolled out for widespread use on some college campuses and at some US hospitals. In some of those instances, the company's wearables are being used to [specifically monitor](#) the side effects of the COVID-19 vaccine as opposed to symptoms of COVID-19 itself. BioIntelliSense is currently running a study, partnered with Philips Healthcare and the University of Colorado, on the use of its wearables for early COVID-19 detection, which is entirely [funded by the US military](#).

While the use of these wearables is currently “encouraged but optional” at these pilot locations, could there come a time when they are mandated in a workplace or by a government? It would not be unheard of, as [several countries](#) have already required foreign arrivals to be monitored through use of a wearable during a mandatory quarantine period. Saint Lucia is [currently using BioButton](#) for this purpose. Singapore, which seeks to be among the first “[smart nations](#)” in the world, [has given every single one of its residents](#) a wearable called a “TraceTogether token” for its contact-tracing program. Either the wearable token or the TraceTogether smartphone app is mandatory for all workplaces, shopping malls, hotels, schools, health-care facilities, grocery stores, and hair salons. Those without access to a smartphone are expected to use the “free” government-issued wearable token.

### The Era of Digital Dictatorships Is Nearly Here

Making mandatory wearables the new normal not just for COVID-19 prevention but for monitoring health in general would institutionalize quarantining people who have no symptoms of an illness but only an opaque algorithm's determination that vital signs indicate “abnormal” activity.

Given that no AI is 100 percent accurate and that AI is only as good as the data it is trained on, such a system would be guaranteed to make regular errors: the question is how many. One AI algorithm being used to “predict COVID-19 outbreaks” in Israel and some US states is marketed by Diagnostic Robotics; the (likely inflated) accuracy rate the company provides for its product is [only 73](#) percent. That means, by the company's own admission, their AI is wrong 27 percent of the time. Probably, it is even less accurate, as the 73 percent figure has never been independently verified.

Adoption of these technologies has benefitted from the COVID-19 crisis, as supporters are seizing the opportunity to accelerate their introduction. As a result, their use will soon become ubiquitous if this advancing agenda continues unimpeded.

Though this push for wearables is obvious now, signs of this agenda were visible several years ago. In 2018, for instance, insurer John Hancock [announced that](#) it would replace its life insurance offerings with “interactive policies” that involve individuals having their health monitored by commercial health wearables. Prior to that announcement, John Hancock and other insurers such as Aetna, Cigna, and UnitedHealthcare [offered various rewards for policyholders](#) who wore a fitness wearable and shared that data with their insurance company.

In another pre-COVID example, the *Journal of the American Medical Association* [published an article](#) in August 2019 that claimed that wearables “encourage healthy behaviors and empower individuals to participate in their health.” The authors of the article, who are affiliated with Harvard, further claimed that “incentivizing use of these devices [wearables] by integrating them in insurance policies” may be an “attractive” policy approach. The use

of wearables for policyholders has since been heavily promoted [by the insurance industry](#), both prior to and after COVID-19, and some speculate that health insurers could soon mandate their use in certain cases or as a broader policy.

These biometric “fitness” devices—such as Amazon’s Halo—can monitor more than your physical vital signs, however, as they can also monitor your emotional state. ARPA-H/HARPA’s flagship SAFE HOME program reveals that the ability to monitor thoughts and feelings is an already existing goal of those seeking to establish this new agency.

According to World Economic Forum luminary and historian Yuval Noah Harari, the transition to “digital dictatorships” will have a [“big watershed” moment](#) once governments “start monitoring and surveying what is happening inside your body and inside your brain.” He says that the mass adoption of such technology would make human beings [“hackable animals,”](#) while those who abstain from having this technology on or in their bodies would become part of a new “useless” class. Harari has also asserted that biometric wearables will someday be used by governments to target individuals who have the “wrong” emotional reactions to government leaders.

Unsurprisingly, one of Harari’s biggest fans, Facebook’s Mark Zuckerberg, has recently led his company into the development of a [comprehensive biometric and “neural” wearable](#) based on technology from a “neural interface” start-up that Facebook acquired in 2019. Per Facebook, the wearable “will integrate with AR [augmented reality], VR [virtual reality], and human neural signals” and is set to become commercially available soon. Facebook also notably owns the VR company Oculus Rift, whose founder, Palmer Luckey, now runs the US military AI contractor Anduril.

As [recently reported](#), Facebook was shaped in its early days to be a private-sector replacement for DARPA’s controversial LifeLog program, which sought to both “humanize” AI and build profiles on domestic dissidents and terror suspects. LifeLog was also promoted by DARPA as “supporting medical research and the early detection of an emerging pandemic.”

It appears that current trends and events show that DARPA’s decades-long effort to merge “health security” and “national security” have now advanced further than ever before. This may partially be because Bill Gates, who has wielded significant influence over health policy globally in the last year, is a long-time advocate of fusing health security and national security to thwart both pandemics and “bioterrorists” before they can strike, as can be heard in [his 2017 speech](#) delivered at that year’s Munich Security Conference. That same year, Gates [also publicly urged](#) the US military to “focus more training on preparing to fight a global pandemic or bioterror attack.”

In the merging of “national security” and “health security,” any decision or mandate promulgated as a public health measure could be justified as necessary for “national security,” much in the same way that the mass abuses and war crimes that occurred during the post-9/11 “war on terror” were similarly justified by “national security” with little to no oversight. Yet, in this case, instead of only losing our civil liberties and control over our external lives, we stand to lose sovereignty over our individual bodies.

The NIH, which would house this new ARPA-H/HARPA, [has spent hundreds of millions of dollars](#) experimenting with the use of wearables since 2015, not only for detecting disease symptoms but also for monitoring individuals’ diets and illegal drug consumption. Biden



played a key part in that project, known as [the Precision Medicine initiative](#), and [separately highlighted](#) the use of wearables in cancer patients as part of the Obama administration's related [Cancer Moonshot](#) program. The third Obama-era health-research project was the NIH's [BRAIN initiative](#), which was launched, among other things, to "develop tools to record, mark, and manipulate precisely defined neurons in the living brain" that are determined to be linked to an "abnormal" function or a neurological disease. These initiatives took place at a time when Eric Lander [was the cochair](#) of Obama's Council of Advisors on Science and Technology while still leading the Broad Institute. It is hardly a coincidence that Eric Lander is now Biden's top science adviser, elevated to a new cabinet-level position and set to guide the course of ARPA-H/HARPA.

Thus, Biden's newly announced agency, if approved by Congress, would integrate those past Obama-era initiatives with Orwellian applications under one roof, but with even less oversight than before. It would also seek to expand and mainstream the uses of these technologies and potentially move toward developing policies that would mandate their use.

If ARPA-H/HARPA is approved by Congress and ultimately established, it will be used to resurrect dangerous and long-standing agendas of the national-security state and its Silicon Valley contractors, creating a "digital dictatorship" that threatens human freedom, human society, and potentially the very definition of what it means to be human.

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Featured image: Oura Ring biometric tracker. Source: <https://ouraring.com/>

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