

# Pawns of the Machine: From Cradle to Grave?

Analysis by [Tessa Lena](#)

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## STORY AT-A-GLANCE

- › The visible part of the current nosedive toward totalitarianism began in 2001 with the introduction of the TSA and the normalization of harassing travelers at the airport
- › “War on terror” was also used to justify a transition to more “secure” IDs, paving the way to more surveillance and control
- › Today, the middle class in the West is under attack, and “consumption interventions” are being designed with the goal of curbing the pesky westerners’ habits of buying what they want
- › Even worse, the medicine is being redesigned as a system of algorithmic control, with an accent on shaming and compliance
- › Euthanasia is being promoted more and more as an “easy” problem-solving choice

Imagine a dialogue at a doctor’s office. “Unvaccinated? Why is that? Mental health problems, maybe? Just so that you know, if you are depressed, we can offer medical suicide. Oh and by the way, are you an organ donor?”

This sequence may sound dystopian and contrived but I think that this is where we are going unless we massively, loudly and immediately object.

**A Trip Down the Memory Lane: See Something, Say Something**

It started with the airports. It was the airports where we were first turned into pawns of the state. Well, it started in earnest **much earlier and much deeper** — but visibly, in our lifetime, it started with the post-911 airports and, after the Patriot Act, the **Aviation and Transportation Security Act** of 2001. It was the war on terror that was used to justify the transformation of freedom into the marching orders of a budding totalitarian state.

For many of us, the memory of flying as free citizens before 2001 is all too distant now — but I do remember, vaguely, not being barked at by people in uniforms, not being treated like a shoeless prisoner, and not being told to partially undress and proceed into a mildly radioactive booth to be screened for suspicious objects — oh, the sweet memories of joyful travels before 2001! Did they really exist, or did we merely dream them up?

Predictably, today, under the new abnormal, the airports remain a bastion of unfreedom where travelers are often treated like the property of the people in uniforms.

## **Assigning “Immoral” and “Criminal” Status to Everyday Actions**

In 2021, to **AARP** (a large “interest organization” in the U.S. formerly known as “American Association of Retired Persons”) wrote the following: “TSA and other officials are increasingly concerned about traveler behavior, during screening and in the air. The airline industry is calling for **more serious prosecution** of the growing number of passengers who are disruptive, sometimes violently.

Since the middle of January 2021 through Dec.7, there have been more than 5,550 reports of unruly passengers, at times involving physical assault, according to the Federal Aviation Administration. **Those include nearly 4,000 incidents related to passengers’ compliance with the federal face mask mandate [all emphases mine].”**

Pro tip for the aspiring state and corporate totalitarians: If you like power and stomping freedom, just criminalize things like walking around barefaced — based on ... **nothing scientific** but merely because you said so.

That's the real cult power. You cannot call yourself accomplished S&M cult leaders until you successfully dictate what people wear on their own faces or put into their own bodies. But I think you already know this pro tip without me telling you, right? You've been trying with fervor!

Luckily though, in 2023, most airlines are **no longer requiring masks**, and the vaccine requirements are easing up for now.

## **Useless "Measures"?**

By the way, looking back at the Aviation and Transportation Security Act of 2001 and its pre-COVID achievements, can we say that terrorizing regular travelers has saved us from dangerous terror? Has the TSA has caught any actual terrorists thanks to new measures? The jury is **still out** on that. For example, security expert **Bruce Schneier** says that the answer is no, and that the TSA has been engaging in useless **security theater**.

However, if the biggest goal of this "security theater" was to turn people into obedient slaves, it's been a very successful endeavor.

## **Post-2001 America to Post 2020-World: Big Brother's March**

The war on terror paved the way to the panopticon we are in today and the "Real ID" that is slowly (gradually, then suddenly) morphing into biometric digital ID.

According to the **Huffington Post**, the REAL ID Act, passed by Congress in 2005, "enacted the 9/11 Commission's recommendation that the federal government 'set standards for the issuance of sources of identification, such as driver's licenses.'" The deadlines for the requirement has been **pushed back** a couple of times, and currently, it is supposed to go into effect in 2025.

**TSA**: "Beginning **May 7, 2025**, every air traveler 18 years of age and older will need a REAL ID-compliant driver's license, state-issued enhanced driver's license, or another **acceptable form of ID** to fly within the United States ... **TSA began testing the**

**acceptance of certain digital IDs [emphasis mine],** including mobile driver's licenses (mDLs) from participating states, at select TSA PreCheck® checkpoints in early 2022."

And what do you do if you like traveling but don't like the notion of being as transparent to the Big Brother as an insect on an entomologist's glass? I fear, there is very little you can do about that, short of becoming a multi-billionaire who flies private jets, knows all the right people in all the right places, and doesn't have to abide by the commoners' rules. Meanwhile, my inner child want to know: **who really is the terrorist** in this world?

## **"Consumption Interventions"**

Let's look at a 2019 **report**, released by the University of Leeds, Arup, and C40 Cities, and titled, "THE FUTURE OF URBAN CONSUMPTION IN A 1.5°C WORLD." It is striking. The report is about how to reduce the carbon footprint of cities by changing the consumption habits of regular people (diet, travel, car ownership, etc.)

For example, from the way they talk about "dietary changes," it is clear that the plan is to use the "vaccine" playbook (shaming and mandating) to enforce behavioral modification in the area of diet and food choices. Which is to say, if we keep complying, the bully will keep bullying, "for our own good." Here are some of the main points of the report, in their own words:

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By 2030, the average per capita impact of urban consumption in C40 cities must decrease by 50%.

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High-income cities must immediately steeply reduce the climate impact of their consumption by two thirds within the next decade.

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The consumption interventions will both require significant changes to consumer patterns and individual behaviours as well as usher in structural changes across entire supply chains and industries.

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**Delivering consumption interventions will provide wider benefits in cities.**

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**City governments can use both their influencing and direct powers to drive dietary change for residents.**

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**Eating less red meat and more vegetables and fruits could prevent annually 160,000 deaths associated with diseases such as cancer, heart disease, diabetes and stroke in C40 cities.**

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**Reducing consumption-based emissions will require significant behavioural changes.**







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**One of the risks in changing consumption habits is that monetary savings, due to a consumer buying less of one good, could then be spent on other products and services which have a GHG emissions footprint. This is known as “the rebound effect.”**

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**Managing the rebound effect will be critical to the effectiveness of city consumption action. These effects can be mitigated, with the appropriate action, requiring a combination of educational programmes to inform consumers of choices, product labelling and government- led intervention to create pricing signals; for instance via carbon pricing.**

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Consumption category	Consumption interventions	Emission reductions per consumption category between 2017 and 2030	Emission reductions per consumption category between 2017 and 2050
	<ul style="list-style-type: none"> <li>• Reduce the number of new clothing items bought every year</li> <li>• Reduce supply chain waste</li> </ul>	<b>39%</b> (Reducing the number of new clothing items alone accounts for 37%)	<b>66%</b> (Reducing the number of new clothing items alone accounts for 64%)
	<ul style="list-style-type: none"> <li>• Dietary change: eat in line with health recommendations and lower meat and dairy consumption</li> <li>• Reduce household waste</li> <li>• Reduce supply chain waste</li> </ul>	<b>36%</b> (Dietary change alone accounts for 27%)	<b>60%</b> (Dietary change alone accounts for 45%)
	<ul style="list-style-type: none"> <li>• Reduce number of flights</li> <li>• Increase adoption of sustainable aviation fuel</li> </ul>	<b>26%</b> (Reducing number of flights alone accounts for 18%)	<b>55%</b> (Reducing number of flights alone accounts for 31%)
	<ul style="list-style-type: none"> <li>• Improve materials efficiency</li> <li>• Enhance building utilisation</li> <li>• Switch to lower carbon materials</li> <li>• Adopt low-carbon cement</li> <li>• Reuse building components</li> </ul>	<b>26%</b> (Improving materials efficiency and enhance building utilisation together account for 18%)	<b>44%</b> (Improving materials efficiency and enhance building utilisation together account for 29%)
	<ul style="list-style-type: none"> <li>• Reduce car ownership</li> <li>• Increase car lifespans</li> <li>• Increase material efficiency</li> </ul>	<b>28%</b> (Reducing car ownership alone accounts for 24%)	<b>39%</b> (Reducing car ownership alone accounts for 31%)
	<ul style="list-style-type: none"> <li>• Optimise lifetimes of IT equipment</li> </ul>	<b>18%</b>	<b>33%</b>

CONSUMPTION INTERVENTION	PROGRESSIVE TARGET IN 2030	AMBITIOUS TARGET IN 2030
Reduce ownership	<p><b>190</b> vehicles per 1,000 people<sup>34</sup></p>	<p><b>0</b> private vehicles</p>
Optimum lifetime	<p><b>20-year</b> lifetime for body of vehicle (shell &amp; interior)<sup>35</sup></p>	<p><b>50-year</b> lifetime for body of vehicle (shell &amp; interior)</p>
Material efficiency	<p><b>50%</b> reduction in use of metal and plastic materials</p>	

CONSUMPTION INTERVENTION	PROGRESSIVE TARGET IN 2030	AMBITIOUS TARGET IN 2030
Reduce number of flights	<b>1</b> short-haul return flight (less than 1500 km) every 2 years per person <sup>36</sup>	<b>1</b> short-haul return flight (less than 1500 km) every 3 years per person
Sustainable aviation fuel	<b>53%</b> sustainable aviation fuel adopted (or other equivalent low carbon technology or fuel) <sup>37</sup>	<b>100%</b> sustainable aviation fuel adopted (or other equivalent low carbon technology or fuel)

And here is a telling **statement** made by in relation to this same report by the American nonprofit Climate Institute that reads, appropriately, like a description of a military operation against the middle class:

*We can begin by tackling production. In certain cities, such as Portland, 90 percent of emissions from food come in the production process rather than the transportation, cooking or disposal. Therefore the types of food we eat make a large difference. Meat production is extremely energy and water intensive compared with growing fruits and vegetables, so shifting focus away from meat provides emission reductions opportunities.*

*This also feeds into the most commonly used recommendation: a significant shift towards a plant-based diet. EAT and C40 research has recommended that, by 2030, citizens consume no more than 16kg of meat per person per year, down from 58kg currently in order to meet emissions targets. Moreover, limiting*



*dairy to 90kg per year from around a 106kg average in the largest cities could save 19 billion m<sup>3</sup> of freshwater annually.*

*However, to assume that everyone would be willing to make such large changes is a little unrealistic. Instead of the all or nothing approach, if a large volume of people made gradual dietary changes over time – such as not eating meat on certain days – the cumulative effect would be enormous, and the shift would not be so drastic.*

*Changing the types of food we eat frequently is a key factor but so too is the quantity. The average North American citizen consumes 3100 calories per day, roughly 600 calories higher than the recommended intake. By working to bring this figure back down, emissions could be saved, and the negative health effects associated with overeating could be reduced.*

## **Controlling Our Lives Through Medicine**

I started this story with an imaginary dialogue where the doctor grills you about your vaccination status and, if you are “unvaccinated” or even just “undervaccinated,” suggests to you that your refusal to get the COVID “vaccine” might be a symptom of a mental illness – and then mentions to you that if you have mental health issues, medically assisted suicide is an available option.

Again, even though this dialogue may sound contrived and overly dramatic in 2023, it may sound “normal” just a few years from now – if we don’t immediately stop complying with the beast.

In a [recent Substack article](#), I looked at the four-pronged approach in which the medical establishment may own you. Here, I would also like to add a fifth “prong” that glues the other ones together, narrative control.

Let’s look at the different slavery strategies of the medical Machine: “When viewed separately, they can pass for neurotic choices by individual neurotic people. But when

combined into one mosaic, they are horrifying – which is another way to say, now is a very good time to get off our knees.”

## **New ICD-10 Billing Codes for Underimmunized Status**

As [Harvey Risch](#) noted, “the CDC recently codified International Classification of Disease (ICD) codes for Covid-19 vaccine status. ICD codes are extensively used in medical records, medical insurance data and health research to classify precisely disease states as well as injuries from exogenous agents such as accidents, medication and medical device injuries, toxic chemicals, etc.

Vaccination status is not a disease or an injury state, yet CDC has rationalized creating ICD codes for it. The coding is set to become effective on April 1, 2023.” Here are the codes (image courtesy of [Jessica Rose](#)):

#### Code Also

- , if applicable, encounter for immunization safety counseling (Z71.85 )

#### Includes

- vaccination not carried out

#### Codes

- ▶ Z28 Immunization not carried out and underimmunization status
  - ▶ Z28.0 Immunization not carried out because of contraindication
    - ▶ Z28.01 Immunization not carried out because of acute illness of patient
    - ▶ Z28.02 Immunization not carried out because of chronic illness or condition of patient
    - ▶ Z28.03 Immunization not carried out because of immune compromised state of patient
    - ▶ Z28.04 Immunization not carried out because of patient allergy to vaccine or component
    - ▶ Z28.09 Immunization not carried out because of other contraindication
  - ▶ Z28.1 Immunization not carried out because of patient decision for reasons of belief or group pressure
  - ▶ Z28.2 Immunization not carried out because of patient decision for other and unspecified reason
    - ▶ Z28.20 Immunization not carried out because of patient decision for unspecified reason
    - ▶ Z28.21 Immunization not carried out because of patient refusal
    - ▶ Z28.29 Immunization not carried out because of patient decision for other reason
  - ▶ Z28.3 Underimmunization status
    - ▶ Z28.31 Underimmunization for COVID-19 status
      - ▶ Z28.310 Unvaccinated for COVID-19
      - ▶ Z28.311 Partially vaccinated for COVID-19
    - ▶ Z28.39 Other underimmunization status
  - ▶ Z28.8 Immunization not carried out for other reason
    - ▶ Z28.81 Immunization not carried out due to patient having had the disease
    - ▶ Z28.82 Immunization not carried out because of caregiver refusal
    - ▶ Z28.83 Immunization not carried out due to unavailability of vaccine
    - ▶ Z28.89 Immunization not carried out for other reason
  - ▶ Z28.9 Immunization not carried out for unspecified reason

And by the way, here is a 2014 WHO commercial talking about the need to “know who is not unvaccinated and where they are.” That was in 2014. Well, since then, they sure have made some progress! And how cynical it is that some ultra-rich individuals made this entire agenda up for their egos and profits, dressed it in benevolent words – and now the entire world is dancing to their mesmerizing drum like obedient puppets! I think it’s very cynical.

## Controlling the Narrative: WHO Communication Manual

Okay, so they know “who didn’t get vaccinated and where they are.” Now what? If you want a taste of how they think, here is an excerpt from the WHO [“Vaccine Crisis](#)

**Communication Manual.**” The entire document is more or less about how to suppress independent thought.

Here is a theoretical example that they cite: An infant dies suddenly within 24 hours of getting the vaccine, and “preliminary evidence indicates no causal link between the death and the vaccine.”

First off, what is the basis of their “unrelated” claim? Coincidence, perhaps? And what does the WHO want the reader of the manual to do? Urgently investigate the safety of the vaccine to make sure that nobody else gets harmed by it, perhaps? Nah, the WHO wants the reader of the manual to manage the crisis of confidence and to do whatever it takes to restore the public confidence of the vaccine. That’s how cults work.

## **OBJECTIVES**

The main objective should be to sustain or restore trust of the general public in immunization as a lifesaving health intervention. Further objectives should be to motivate the public and/or achieve mutual understanding about issues that relate to vaccination and the immunization programme.

## **ACTIONS**

Actions should be focused on the audience. Define 2–6 actions that will support the achievement of your objectives.

The actions should be tailored to the type of crisis and involve spreading evidence-based information about the facts surrounding the crisis.

## **EXAMPLE**

An infant has died of sudden infant death syndrome (SIDS) within 24 hours after having been immunized at a local health centre. Preliminary evidence indicates no causal link between the death and the vaccine.

**OBJECTIVE:** to maintain (or restore) the public's trust in the administered vaccine and in the national immunization programme, including in health workers.

**DETERMINE ACTIONS TO BE TAKEN:** possible actions to be taken in this example might include the following:

communicate about the event and as soon as possible about the outcome of the preliminary investigation on causality assessment;

establish a 24-hour hotline to answer questions on vaccine safety and immunization;

engage community leaders;

engage with local media;

provide information on the overall immunization risk–benefit scale and the particular vaccine at local health posts and in community centres.

## Banning Off-Label Prescriptions

The massive \$1.7 trillion 2023 omnibus appropriation bill that was passed in December 2022 **contains well-hidden “Trojan” language:**

- *The 2023 omnibus appropriations bill includes 19 lines that could give the U.S. Food and Drug Administration the power to ban off-label use of approved medications*
- *The amendment puts the FDA, and by proxy Big Pharma, at the helm of powerful health care decisions that should be made on an individual, personalized level between a patient and their health care provider*

**Dr. Meryl Nass** adds:

***“The law that allowed for the use of off-label licensed drugs like HCQ and IVM appears to have been neutered. Also gone is the prohibition for using EUA products outside an emergency, discussed in a [previous substack](#) and confirmed by Sanjoy Mahajan’s identifying the [FDA notice](#) dated Jan. 31 that confirms it.”***

Not good. Not good at all.

## AI Medicine and Robodoctors

I previously wrote about the Healthy Technology Act of 2021 [here](#) and [here](#). The Healthy Technology Act of 2021 was a bill legally equating AI and machine learning with physicians and allowing AI to prescribe drugs and more. That version of the bill [died in a previous Congress](#) – but a new one was introduced last month, in January 2023. Meet H.R.206 – [Healthy Technology Act of 2023](#).

This [bill](#) “establishes that artificial intelligence (AI) or machine learning technology may be eligible to prescribe drugs. Currently, certain drugs may be dispensed only upon a prescription provided by a practitioner licensed by law to administer the drug.

Under this bill, an AI or machine learning technology may qualify as such a prescribing practitioner if the technology is (1) authorized by state law to prescribe the drug involved; and (2) approved, cleared, or authorized under certain federal provisions pertaining to medical devices and products.”

We are looking at a robotic medical conveyor from hell that lacks any soul and that “prescribes” the most lucrative interventions, based on an algorithm that you cannot even argue with because it’s a machine. It is like the voice recognition software “customer service agent” that we get almost everywhere nowadays when calling large companies – but on steroids and in an area that was supposed to be sacred. And now, the final and the most horrifying piece of the puzzle – euthanasia.

## Euthanasia

I tried to avoid this topic for as long as I could but it’s impossible to avoid. So recently, with a heavy heart, I wrote a story about the [push for normalizing and glorifying euthanasia](#) – as well as for pressuring doctors into administering and even promoting it. It was in earnest the most difficult article for me to write in my entire life.

- *A paraplegic former Canadian military member testified in Canadian Parliament that a Veterans Affairs Canada caseworker offered her the opportunity for a medically assisted death – after she complained about delays having a wheelchair lift installed in her home*
- *Canada is moving in leaps in bounds in making assisted suicide easy, especially if you are poor*
- *In Belgium, a 23-year-old woman was euthanized on the grounds of “PTSD”; her neurologist tried to fight for her but her mother was “supportive”*
- *In some countries, it is legal to euthanize kids*
- *In the U.S., a well-funded nonprofit called “Death with Dignity” has been marketing assisted suicide and pushing for state legislation to make medical suicide easy and “accessible” to all – and pressuring physicians to go along*

Since I wrote it, new developments have come out. It turns out (quite predictably, to be honest) that people who opt for assisted suicide are a valuable source of organs. According to [CTV News](#), Canada is performing more organ transplants from MAID donors than any other country in the world.

“A growing number of patients who request medical assistance in dying are asking to donate their organs for transplant, says an international review that found that Canada is performing the most organ transplants from MAID patients among the four countries studied that offer this practice.

The report is the [first-ever review](#) of the growing use of this new practice around the world. The review was conducted in 2021 and the results were formally published in December 2022.”

“I was rather proud that Canada has done so well in terms of organ donation by MAID patients,’ said Arthur Schafer, director of the Centre for Professional and Applied Ethics at the University of Manitoba, in an interview with CTV News. With more than 4,000

Canadians waiting for organ transplants, some of whom are dying, he says **Canada's numbers show a strong move to turn death into a win-win.**"

In mildly good news, in Canada, the legislation that would allow people to be voluntarily medically murdered based on mental health symptoms alone has been **delayed for a year**. Instead of going into effect next month, it is supposed to now go into effect in March 2024. However, even under current laws, "Canada's increasingly permissive laws have allowed euthanasia to rise 32% since 2020, with more than 10,000 people dying in 2021 alone."

And here is a heartbreaking **story** of a popular 23-year-old French YouTube star Olympe who has announced that she is seeking assisted suicide due to her troubles with mental health. How absurd is that? How insane?

And of course, lots of people are struggling with mental health, especially now – and it is not uncommon for young, inexperienced people to be feel like their troubles are uniquely horrible and are the end of the world – but on the "state policy" level, how crazy is it to glorify suicide as a solution to problems in life? This is not benevolent. This is murder, an elimination of the struggling minds.

Stories like this make the unthinkable a little more thinkable, and with each repetition, the treacherous thought gets inserted into people's heads. As far as I am concerned, it's a crime.

## **Restoring Dignity**

The big picture that emerges from putting all these separate pieces together (the tracking, the shaming of the non-compliant, the lying, the attack on physicians' independence, the "AI medicine," and finally, the glorification of the act of killing of the weak) – that big picture is inhumane. The control freaks are circling in on us.

And I think that we can only resist them effectively if we allow ourselves to shed all dogma, engage in deeply honest and brave soul searching, connect to our ancestral wisdom and our spiritual core, and allow the spirit to guide us through this darkness and



into the light. We cannot do this alone. We need help. Perhaps re-connecting has always been the point.

## **About the Author**

To find more of Tessa Lena's work, be sure to check out her bio, [Tessa Fights Robots](#).