

# AMERICAN GULAGS

## CDC's Operation Shielding Approach

What will American COVID 'Wellness' Camps Look Like?

### 30 PROTOCOLS OF THE CDC'S 'GREEN ZONES'



The following Links provide Free COVID Resources attesting to the Dangers of what is in the Injections that is being withheld, officially by the Public Health Agencies and World Governments. They further attest as to why all this is clearly being perpetrated. It is a 'Soft Genocide' in Progress against Humanity.

#### Free COVID Resource Info Website

<https://www.postscripts.org/covid.html>

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## **Back in the USSR**

It is a fact that in some Nations, like Australia and Canada, there are already COVID 'Wellness Camps' that have been set-up. China is currently mass producing them. Even with the certain Russian takeover of the Ukraine, Putin has mentioned how Ukrainians will be placed in 'Camps', etc. It is rather morbid how in the 21st Century, it seems the World has 'forgotten' about Concentration Camps. The reality is that Concentration Camps have not gone away since World War 2. The Soviets actually perfected their version of such during the Cold War. It was not until the Fall of the Soviet Union that these types of Camps were exposed and dismantled of, for the time being. They did reveal that such 'Micro-Gulags', of a 'Brave New World' type of set-ups were not the stuff of Dystopian Novels.

What was unique in this type of Soviet Concentration Camp set-up was how they were incorporated within Neighborhoods in plain sight of the Citizenry. The 'Micro-Gulags' ranged from Prisons to Buildings, Flats, Neighborhoods and Micro-Camps where Citizens were isolated for violating any Infraction the Soviet State deemed was 'inappropriate', etc. The point is that this type of former Soviet System Style 'Gulags' is what has been modeled for the USA now. How So? Consider, if you all have not been familiar with the CDC's Operation Shielding Approach? It is on the Books, and its Protocols are waiting to be implemented. If you want to know how exactly the Concentration Camps in the USA will look like, be set-up, run, then please read the CDC's 'Shield' Protocols that one argues will have such a similar set-up.

The CDC calls these sites, 'Green Zones'. These Sites will range from Civic Centers, State Buildings, Flats, Neighborhoods and Micro-Camps where Citizens will be Isolated for COVID, but then for violating any Infraction the State deems will be 'inappropriate', etc. The 'Cover' will be to 'Protect the Most Vulnerable' from COVID. All that is needed is the 'Event' that will trigger the Orders to start implementing their Shield Protocols. And what will that look like? Here is a summary of the main tenets of their Orwellian 1984 American Gulags coming to a Neighborhood near You. These Protocols are in the works and they plainly admit is the Stuff of a pure Brave New World to come. The following will be the 30 Protocols of the CDC's Green Zones or better known and called, COVID Camps. There have been alternate names, such as 'Wellness' Camps but it is all a Double-Speak intension to masquerade the desired Outcomes.

What the CDC spells-out in it 30 Protocols is an intentional effort at Social Re-Engineering of the present Social Order. Why? At the core of the Social Order is the Family Unit. And this is headed by a Man, as the 'Head' of the Household. What the Luciferian Globalists are wanting to do is to deconstruct this Hierarchy. Why? It is because such a Social and Family Structure is Divinely Inspired, created after the order of the Creator, YHVH. The Family Unit, as is the Union of Marriage are Divine Institutions that Teach and Convey the Disposition and Purpose for Humanity. In the Luciferian scope of things, such are attempting to dismantle Humanity so as to then 'resurrect' it in his 'Image and Likeness'. It will be through the State that Humanity will be Reconstituted. And by force if necessary, in such American Gulags or CDC 'Green Zones'. And for one's Safety and the care of the 'Most Vulnerable', of course.

## **30 PROTOCOLS OF THE CDC'S 'GREEN ZONES'**

### **1. The Implementation of the Plan is not based on Empirical Data.**

This to mean that it does not matter what the Reason(s) will be to be Isolated.

### **2. The purpose is to limit Contact between People and place them in Green Zones.**

It does not matter the size, could be a Housing Block, Neighborhood, or small city, etc.

### **3. Family Members deemed 'High Risk' will be forcibly separated from Households.**

Family Members will not be allowed to have direct Contact within these Sites.

### **4. There is one Entry Point.**

This type of set-up is worse than what Prisoners' have today in the US Prison System.

### **5. Those People with complications like Disabilities or Minors will be cared for by others there within the same Site.**

This means that Minors and Vulnerable People will and may be abused. People will be forced to care for others despite not having any Training or being Related.

### **6. They deny Natural Immunity from those recovered from COVID Infections.**

One way out of such Sites is to take the COVID Injections. Or to have the Plandemic declared 'Over'. This will never happen.

### **7. A Person will be assigned to monitor the expected 'Potential Adverse Effects' of being forcibly Isolated and dealing with the Stigma.**

They foresee a Psychological Breakdown and Backlash, given such confinements.

### **8. 'High Risk' Minors will be assigned a 'Caregiver'.**

It means that this person, may not be a Family Member but a total Stranger. It will cause Psychological Trauma and Potential Abuse the CDC even admits will occur.

### **9. Individuals in these 'Green Zones' will clean and maintain their Sites.**

Forced Labor will be expected.

### **10. Most likely, there will be Logistical Challenges, Unavailable Commodities, Transport Restrictions, and limited Staff.**

They recognize that the Sustainability of a 'normal' needs-based accommodation will be lacking. The Sites will be overcrowded and lacking in adequate Provisions.

### **11. The number of Green Zones will be greatly under-estimated.**

There will be Millions that will be put in such Sites, not just for 'Medical Precautions'.

**12. Older Adults represent a small percentage of the Population.**

They admit, that although the Purpose of such Sites is to 'Protect' the 'Most Vulnerable', they will use that excuse to round-up any they deem 'High Risk'.

**13. Plan for an Extended Duration of the Implementation Process by 6 Months.**

If a 'Normal' Quarantine time is 14 days, they already know that they have the Power to Medically Detain People beyond that, indefinitely.

**14. Only 3 Reason are given to be meet in order for Green Zones to close.**

- A. Sufficient Hospitalization Capacity is established.
- B. 'Effective' Vaccines becomes widely available.
- C. The COVID-19 Epidemic is declared over or 'subsides'.

Realize that all this is a Ruse and although all 3 Conditions are presently met, the excuse will always be conveniently available to continue with the 'Gulag' conditions.

**15. Herd Immunity has not been established.**

They do not recognize Natural Immunity nor Herd Immunity despite being Scientific.

**16. Outline Supply Chain Mechanisms.**

They know that there will be disruptions of the Supply Chains and this will negatively affect the People in these 'Gulags'.

**17, Consider the Global Reduction in Commodity Shortages and decreased Trucking and Flights.**

How did the CDC know at the beginning of the Plandemic that such circumstances would plague the World?

**18. Separating Families and Constructing Multigenerational Household.**

They admit that in so doing, as their aim and Orwellian Objectives, there will be Long-Term Negative Consequences.

**19. Restrictive Gender Norms will be exacerbated.**

They admit that that such conditions will lead to Domestic Violence.

**20. There will be 'House Swaps'.**

This to mean that Minors and Members of Households separated will be placed in the care of other Households.

**21. Household Members may not be Decision-Making or responsible for Household Needs.**

This means that if a Father-Mother-Child are place in another House, the Father as the Head of a Family will not be able to make decision on behalf of his Family.

**22. Plan for potential disruption of Social Networks.**

They know that such conditions will lead to the breakdown of Social Order.

**23. Religious Celebrations, Bereavements, Rites will be foregone.**

This means that the People will be dissuaded from observing them due to ‘Protecting’ others from potential ‘Exposure’.

**24. Address increased Stress and Anxiety.**

They realize that these ‘Conditions’ are inhumane, yet they call this Green Zones, ‘Humanitarian’ Sites.

**25. Address increased Fear of Infection, School Closures, Loss of Livelihood.**

They realize that there will be a ‘Feeling of Isolation’ that will have a Negative Psychosocial Impact that will lead to, as they admit and list:

*-Emotional Distress*

*-Mental Illness*

*-Anxiety*

*-Depression*

*-Helplessness*

*-Grief*

*-Substance Abuse*

*-Thoughts of Suicide*

Interesting, is how the passage is ended with the phrase, ...’Among those who are separated or have been **Left Behind**’. Imagine what it will be like when Millions do disappear at the Rapture event and those ‘Left Behind’ are going to be going through the same Psychoses. Enter the Beast with his Alien Saviors to convince the Masses with their Lying Signs and Wonders. More Magic and Spells.

**26. There is no Empirical Evidence that such ‘Green Zones’ will have an effect on Morbidity and Mortality Rates, concerning the COVID Pandemic.**

They admit that all this a not based on Science or Outcomes but just based on a supposition of who is deemed ‘High Risk’.

**27. There will be an Indefinite Timeline.**

This means, that despite their knowing that such conditions are Psychologically disastrous, they are going forward with such Separation and Isolation of People, not based on Empirical Evidence, until those that are in Power say otherwise.

**28. If the Shielding Approach seems ‘Coercive’, it is only because it appears to be so as People are misunderstanding it.**

Meaning that anyone that opposes or criticizes such Green Zones are ‘Conspiratorial’ and know nothing about ‘Humanitarian’ Relief Efforts.

**29. Compliance and Behavior Change are needed to drive Social and Emotional Factors.**

Bottomline? Obey. There are no Individual Rights nor Civil Liberties in this new Medical Martial Law Matrix.

And until People in such American Gulags 'Comply', 'Conform' and Change their Behavior, they will not be 'Let Out'. They will essentially be 'Re-Education Camps'.

**30. Use the Family Level to ensure the least disruption and obtain Compliance.**

Meaning? Threaten to separate the Family if such are not willing to go along with the Forced Separation and Isolation, based on no Empirical Evidence.

Based on the CDC's Rationale, the Shielding Approach is intended to alleviate stress on the Healthcare System and circumvent the Negative Economic Consequences of Long-Term Containment Measures and Lockdowns by protecting the most vulnerable. This is a false logic. The CDC should instead be allocating Resources, Time, Energy and Solutions prorogating the need to strengthen a weak Immune System.

The CDC should be promoting a Healthy Lifestyle, Vitamins, Sunlight, Exercise, etc. Even in their own Publicly Posted Data, the 'Most Vulnerable' have an over 90% Chance of Recovery of being Infected with the COVID Viruses. And the Evidence has been shown that this Event has been a Plandemic with the intent to subjugate all of Humanity into a Brave New World type of Existence. Why all this?

It is answered in Bill Gates New Book. The Software Billionaire's New Book is titled 'How to Prevent the Next Pandemic'. It is to be released on May 3<sup>rd</sup>. This Gates of Hell promises that the COVID Plandemic could it be the 'Last'. How so? Bill Gates says that preventing their next Plandemic will have to be contingent upon 2 Conditions that have to implemented on a Global Level.

*1. Have ALL Peoples of the World take their mRNA 'COVID' Injections.*

*2. Have a Global Biometric monitoring System whereby all People of the World can be Traced for 'Vaccine' Status.*

# INTERIM OPERATIONAL CONSIDERATIONS

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## FOR IMPLEMENTING THE SHIELDING APPROACH *To Prevent COVID-19 Infections in Humanitarian Settings (Emphases Added)*

This Document presents considerations from the perspective of the U.S. Centers for Disease Control & Prevention (CDC) for implementing the Shielding Approach in Humanitarian Settings as outlined in Guidance Documents focused on Camps, Displaced Populations and low-resource settings. [1,2](#) This approach has never been documented and has raised questions and concerns among Humanitarian Partners who support response activities in these settings.

The purpose of this Document is to highlight potential implementation challenges of the Shielding Approach from CDC's perspective and **guide thinking around implementation in the absence of Empirical Data**. Considerations are based on current Evidence known about the Transmission and severity of Corona Virus Disease 2019 (COVID-19) and may need to be revised as more information becomes available. Please check the [CDC website](#) periodically for updates.

### **What is the Shielding Approach [1](#)?**

The shielding approach aims to reduce the number of severe COVID-19 cases by **limiting Contact between Individuals at Higher Risk of developing Severe Disease ("High-Risk") and the General Population ("Low-Risk")**.

High-Risk Individuals would be **Temporarily Relocated** to safe or "Green Zones" established at the Household, Neighborhood, **Camp/Sector** or Community Level depending on the context and setting. [1,2](#) **They would have Minimal Contact with Family Members and other Low-Risk Residents.**

Current evidence indicates that **Older Adults** and **People of any Age** who have Serious Underlying Medical conditions are at Higher Risk for Severe Illness from COVID-19. [3](#) In most Humanitarian Settings, Older Population Groups make up a small percentage of the total Population. [4,5](#)

For this reason, **the Shielding Approach suggests Physically Separating High-Risk Individuals from the General Population** to prioritize the use of the Limited Available Resources and avoid implementing Long-Term Containment measures among the General Population.

In theory, Shielding may serve its objective to protect High-Risk Populations from Disease and Death. However, **implementation of the approach necessitates strict adherence [1,6,7](#)**, to Protocol.

Inadvertent introduction of the Virus into a Green Zone may result in Rapid Transmission among the most vulnerable Populations the approach is trying to protect.

A summary of the Shielding Approach described by Favas is shown in Table 1. See Guidance for the prevention of COVID-19 Infections among High-Risk Individuals in Low-Resource, displaced and Camp and Camp-Like Settings 1,2 for full details.

### **Table 1: Summary of the Shielding Approach 1 Level and Movement/ Interactions**

#### **Household (HH) Level:**

A specific Room/Area designated for High-Risk Individuals who are Physically Isolated from other HH Members. Low-Risk HH Members should not enter the Green Zone. If entry is necessary, it should be done only by Healthy Individuals after washing Hands and using Face Coverings.

Interactions should be at a safe distance (approx. 2 Meters). Minimum Movement of High-Risk Individuals outside the Green Zone. Low-Risk HH Members continue to follow Social Distancing and Hygiene Practices outside the House.

#### **Neighborhood Level:**

A designated Shelter/Group of shelters (max 5-10 Households), within a Small Camp or Area where High-Risk Members are grouped together. Neighbors “Swap” Households to accommodate High-Risk Individuals. Same as above

#### **Camp/Sector Level:**

**A Group of Shelters such as Schools, Community Buildings within a Camp/Sector** (max 50 High-Risk Individuals per single Green Zone) where High-Risk Individuals are physically isolated together. One **Entry Point** is used for exchange of Food, Supplies, etc. A Meeting Area is used for Residents and Visitors to interact while practicing Physical Distancing (2 Meters). No Movement into or outside the Green Zone.

#### **Operational Considerations**

The Shielding Approach requires several Prerequisites for Effective Implementation. Several are addressed, including access to Healthcare and provision of Food. However, there are several Prerequisites which require additional considerations. Table 2 presents the Prerequisites or suggestions as stated in the Shielding Guidance Document (column 1) and CDC presents additional questions and considerations alongside these Prerequisites (column 2).

**Table 2:** Suggested Prerequisites per the shielding documents and CDC’s Operational Considerations for Implementation



## Suggested Prerequisites

\*As stated in the Shielding Document\*

### Considerations as suggested by CDC

Each Green Zone has a dedicated Latrine/Bathing Facility for High-Risk Individuals

The Shielding Approach advises against any new facility construction to establish Green Zones; however, few settings will have existing Shelters or Communal Facilities with designated Latrines/Bathing Facilities to accommodate High-Risk Individuals. In these settings, most Latrines used by HHs are located outside the Home and often shared by multiple HHs. If Dedicated Facilities are available, ensure Safety Measures such as Proper Lighting, Handwashing/Hygiene Infrastructure, Maintenance and Disinfection of Latrines.

Ensure Facilities can accommodate High-Risk Individuals with Disabilities, Children and separate Genders at the Neighborhood/Camp-Level. **To minimize External Contact, each Green Zone should include able-bodied High-Risk Individuals capable of caring for Residents who have Disabilities or are less mobile. Otherwise, designate Low-Risk Individuals for these tasks, preferably who have recovered from confirmed COVID-19 and are assumed to be Immune.**

This may be difficult to sustain, especially if the Caregivers are also High Risk. As Caregivers may often will be Family Members, ensure that this strategy is Socially or Culturally acceptable. **Currently, we do not know if prior Infection confers Immunity.** The Green Zone and living areas for high-risk residents should be aligned with Minimum Humanitarian (SPHERE) Standards. [6](#)

The Shielding Approach requires strict adherence to Infection, Prevention and Control (IPC) Measures. They require, uninterrupted availability of Soap, Water, Hygiene/Cleaning Supplies, Masks or Cloth Face Coverings, etc. for all Individuals in Green Zones. Thus, it is necessary to ensure Minimum Public Health Standards [6](#) are maintained and possibly supplemented to decrease the risk of other Outbreaks outside of COVID-19.

Attaining and maintaining minimum SPHERE [6](#) standards is difficult in these settings for the General Population. [8,9,10](#) Users should consider that provision of Services and Supplies to High Risk Individuals could be at the expense of Low-Risk Residents, putting them at increased risk for other Outbreaks. Monitor and evaluate the implementation of the Shielding Approach. Monitoring Protocols will need to be developed for each type of Green Zone.

Dedicated Staff need to be identified to monitor each Green Zone. **Monitoring includes both adherence to Protocols and Potential Adverse Effects or Outcomes due to Isolation and Stigma.** It may be necessary to assign someone within the green zone, if feasible, to minimize Movement in/out of Green Zones.

Men and Women, and Individuals with Tuberculosis (TB), Severe Immunodeficiencies, or Dementia should be isolated separately. Multiple Green Zones would be needed to achieve this level of separation, each requiring additional inputs/resources.

Further considerations include challenges of accommodating different Ethnicities, Socio-Cultural Groups, or Religions within one setting.

### **Community Acceptance and Involvement in the Design and Implementation**

Even with Community Involvement, there may be a risk of Stigmatization.

[11,12](#) Isolation/Separation from Family Members, Loss of Freedom and Personal Interactions may require additional Psychosocial Support Structures/Systems... **High-Risk Minors should be accompanied into isolation by a single Caregiver who will also be considered a Green Zone Resident in terms of Movements and Contacts with those outside the Green Zone.** Protection Measures are critical to Implementation. Ensure there is appropriate, adequate, and acceptable care of other Minors or Individuals with Disabilities or Mental Health Conditions who remain in the HH if separated from their Primary Caregiver.

Green Zone Shelters should always be kept clean. Residents should be provided with the necessary cleaning products and materials to clean their Living Spaces. **High-Risk Individuals will be responsible for Cleaning and Maintaining their own Living Space and Facilities.** This may not be feasible for persons with Disabilities or decreased mobility. [11](#) Maintaining Hygiene Conditions in Communal Facilities is difficult during non-outbreak settings. [7,8,9](#) consequently it may be necessary to provide additional Human Resource Support.

**Green Zones should be more spacious in terms of Shelter Area per capita than the surrounding Camp/Sector, even at the cost of greater crowding of Low-Risk People.** Ensure that targeting High-Risk Individuals does not negate Mitigation Measures among Low-Risk Individuals (Physical distancing in Markets or water points... etc.).

Differences in space based on Risk Status may increase the Potential Risk of Exposure among the rest of the Low-Risk Residents and may be unacceptable or impracticable, considering space limitations and overcrowding in many settings.

## **Additional Considerations**

The Shielding Approach outlines the General “Logistics” of Implementation –who, what, where, how. However, there may be Additional Logistical Challenges to implementing these Strategies as a result of Unavailable Commodities, Transport Restrictions, Limited Staff Capacity and availability to meet the increased needs.

**The approach does not address the potential Emotional, Social/Cultural, Psychological Impact for Separated Individuals nor for the Households with Separated Members.** Additional considerations to address these Challenges are presented below.

## **Population Characteristics and Demographics**

**Consideration:** The number of Green Zones required may be greater than anticipated, as they are based on the total number of High-Risk Individuals, Disease Categories, and the Socio-Demographics of the area and not just the proportion of Elderly Population.

**Explanation:** Older Adults represent a small percentage of the Population in many Camps in Humanitarian Settings (approximately 3-5% [4,5](#)), however in some Humanitarian Settings more than one quarter of the Population may fall under High Risk categories [13,14,15](#) based on Underlying Medical Conditions which may increase a person’s Risk for severe COVID-19 illness which include Chronic Kidney Disease, Obesity, Serious Heart Conditions, Sickle Cell Disease, and Type 2 Diabetes.

Additionally, many Camps and Settlements host multiple Nationalities which may require additional separation, for example, Kakuma Refugee Camp in Kenya accommodates refugees from 19 countries. [16](#)

## **Timeline Considerations**

**Consideration:** Plan for an extended duration of Implementation time, at least 6 months.

**Explanation:** The Shielding Approach proposes that Green Zones be maintained until one of the following circumstances arises: (i) Sufficient Hospitalization Capacity is established; (ii) Effective Vaccine or Therapeutic Options become widely available; or (iii) the COVID-19 Epidemic affecting the Population subsides. Given the Limited Resources and Healthcare available to Populations in Humanitarian Settings prior to the Pandemic, it is unlikely sufficient Hospitalization Capacity (Beds, Personal Protective Equipment, Ventilators, and Staff) will be achievable during Widespread Transmission.

The National Capacity in many of the countries where these settings are located (e.g., Chad, Myanmar, and Syria) is limited. Resources may become quickly overwhelmed during the Peak of Transmission and may not be accessible to the Emergency Affected Populations.

**Vaccine Trials are underway, but with no definite timeline.** Reaching the Suppression Phase where the Epidemic subsides can take several Months and cases may resurge in a Second or even Third Wave.

**Herd Immunity (the Depletion of Susceptible People) for COVID-19 has not been demonstrated to date. It is also unclear if an Infected Person develops Immunity and the duration of potential Immunity is unknown.** Thus, Contingency Plans to account for a possibly Extended Operational Timeline are critical.

### **Other Logistical Considerations**

**Consideration:** Plan to identify Additional Resources and outline **Supply Chain Mechanisms** to support Green Zones.

**Explanation:** The implementation and operation of Green Zones requires strong coordination among several Sectors which may require substantial additional resources: Supplies and Staff to maintain these Spaces – Shelters, IPC, Water, Sanitation, and Hygiene (WASH), Non-Food items (NFIs) (beds, linens, dishes/utensils, water Containers), Psychosocial Support, Monitors/Supervisors, Caretakers/Attendants, Risk Communication and Community Engagement, Security, etc.

**Considering Global Reductions in Commodity Shortages, [17](#) Movement Restrictions, Border Closures, and Decreased Trucking and Flights, it is important to outline what additional resources will be needed and how they will be procured.**

### **Protection**

**Consideration:** Ensure safe and protective environments for all individuals, including Minors and Individuals who require additional care whether they are in the Green Zone or remain in a Household after the Primary Caregiver or Income Provider has moved to the green zone.

**Explanation:** **Separating Families and disrupting and Deconstructing Multigenerational Households may have Long-Term Negative Consequences.** Shielding Strategies need to consider **Sociocultural Gender Norms** in order to adequately assess and address Risks to Individuals, particularly Women and Girls. **[18,19,20](#) Restrictive Gender Norms may be exacerbated by Isolation Strategies such as Shielding. At the Household level, isolating Individuals and limiting their interaction, compounded with Social and Economic Disruption has raised concerns of potential increased Risk of Partner Violence.**

Households participating in **House Swaps** or Sector-Wide Cohorting are at particular Risk for Gender-Based Violence, Harassment, Abuse, and Exploitation as remaining **Household Members may not be Decision-Makers or responsible for Households Needs.** [18,19,20](#)

### **Social/Cultural/Religious Practices**

**Consideration:** **Plan for potential disruption of Social Networks.**

**Explanation:** Community Celebrations (Religious Holidays), Bereavement (Funerals) and other Rites of Passage are Cornerstones of many Societies. Proactive Planning ahead of time, including Strong Community Engagement and Risk Communication is **needed to better understand the issues and concerns of Restricting Individuals from participating in Communal Practices because they are being Shielded.** Failure to do so could lead to both Interpersonal and Communal Violence. [21,22](#)

### **Mental Health**

**Consideration:** Ensure Mental Health and Psychosocial Support, [23](#) Structures are in place to **address increased Stress and Anxiety.**

**Explanation:** Additional Stress and Worry are common during any Epidemic and may be more pronounced with COVID-19 **due to the Novelty of the Disease and increased Fear of Infection, increased Childcare Responsibilities due to School Closures, and Loss of Livelihoods.**

Thus, in addition to the Risk of Stigmatization and **Feeling of Isolation**, this shielding approach may have an important **Psychological Impact and may lead to significant Emotional Distress, exacerbate Existing Mental Illness or contribute to Anxiety, Depression, Helplessness, Grief, Substance Abuse, or Thoughts of Suicide among those who are separated or have been Left Behind.**

Shielded Individuals with concurrent Severe Mental Health conditions should not be left alone. There must be a caregiver allocated to them to prevent further Protection Risks such as Neglect and Abuse.

### **Summary**

The Shielding Approach is an ambitious undertaking, which may prove effective in preventing COVID-19 Infection among High-Risk Populations if well managed. While the Premise is based on Mitigation Strategies used in the United Kingdom, [24,25](#) **there is no Empirical Evidence whether this approach will Increase, Decrease or have no effect on Morbidity and Mortality during the COVID-19 Epidemic in various Humanitarian Settings.**

This Document highlights a) Risks and Challenges of implementing this approach, b) need for Additional Resources in areas with limited or reduced capacity, c) **indefinite timeline**, and d) possible Short-Term and Long-Term Adverse Consequences. Public Health not only focuses on the Eradication of Disease but addresses the entire Spectrum of Health and Wellbeing.

Populations displaced, due to Natural Disasters or War and, Conflict are already fragile and have experienced Increased Mental, Physical and/or Emotional Trauma. **While the Shielding Approach is not meant to be Coercive, it may appear forced or be misunderstood in Humanitarian Settings.**

As with many Community Interventions meant to decrease COVID-19 Morbidity and Mortality, **Compliance and Behavior Change are the primary Rate-Limiting Steps and may be driven by Social and Emotional factors.** These Changes are difficult in developed, stable settings; thus, they may be particularly challenging in Humanitarian Settings which bring their own set of Multi-Faceted Challenges that need to be taken into account.

Household-Level Shielding seems to be the most feasible and dignified as it allows for the least disruption to Family Structure and Lifestyle, **critical components to maintaining Compliance.** However, it is most susceptible to the introduction of a Virus due to necessary movement or interaction outside the Green Zone, less oversight, and often large Household sizes.

It may be less feasible in settings where Family Shelters are small and do not have multiple Compartments. **In Humanitarian Settings, Small Village, Sector/Block, or Camp-Level Shielding may allow for greater adherence to Proposed Protocol, but at the expense of Longer-Term Social Impacts triggered by Separation from Friends and Family, Feelings of Isolation, and Stigmatization.**

Most importantly, accidental introduction of the Virus into a Green Zone may result in Rapid Transmission and increased Morbidity and Mortality as observed in Assisted Care Facilities in the US. **26 The Shielding Approach is intended to alleviate stress on the Healthcare System and circumvent the Negative Economic Consequences of Long-Term Containment Measures and Lockdowns by protecting the most vulnerable. 1,24,25**

Implementation of this approach will involve Careful Planning, Additional Resources, Strict Adherence and Strong Multi-Sector Coordination, **requiring Agencies to consider the Potential Repercussion among Populations that have collectively experienced Physical and Psychological Trauma** which makes them more vulnerable to adverse **Psychosocial Consequences.**

In addition, thoughtful consideration of the **Potential Benefit versus the Social and Financial Cost** of Implementation will be needed in Humanitarian Settings.

*\*Specific Psychosocial Support Guidance during COVID-19 as specific subject areas are beyond the scope of this Document.*

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## **Main Sources**

### **CDC Operation Shield Approach**

<https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/shielding-approach-humanitarian.html>

### **CDC Quarantine Stations in the USA**

<https://www.cdc.gov/quarantine/quarantinestations.html>

Few were aware of the Rockefeller Foundation Report that was published in 2010. Meaning that the Rationale, Directives, and Modes of Implementation of where the World is at today, were hatched way before this Time. As we know, their Luciferian Plans are Multi-Generational.

But, true to their Twisted Creed of Disclosure, they told the World what they would be doing to the People. In summary, their Diabolical Plan has been executed, flawlessly. This is why any 'Lull' in their Matrix is a Ruse and part of the Plan, as many sense. In part, it is about keeping those in Power, with Power. What will take place thereafter will even be more Draconian as that is what the Rockefeller Plan calls for, despite any Semblance of Alleviation of the COVID Mandates.

For one, the damage has been done. There have now been enough Billions of People Injected that their Population Reduction Goal of 'Maintaining Population below 500 Million' is now going to be a reality. According to what is next on their Agenda, those that have not been 'Injected' will have to be dealt with before their New World Order can be birthed. Perhaps the worldwide effort to round-up those Un-Injected to their 'Wellness Camps' will commence once the Rapture event occurs.

It is known that such 'COVID Camps' are a reality now in many parts of the World, Australia, Canada, etc. And how even now, as it has been shown, the CDC has the Green Zone Protocols in place, once the Order '66' is given. These have just been the 'Beta Tests' to study the Psychological Reactions, etc. However, now that Millions have woken-up to the Deception and their Pharmakeia Spell of the imposing Tyranny, the Powers-That-Be will be distracting the Masses with Superbowl's, Nuclear War and more Fear-Mongering events. If one reads their Plan, it plainly states, that whatever is prescribed is to only ensure a total takeover of Humanity's Sovereignty, in terms of its National, Personal and Bodily Autonomy. Consider the Rockefeller Lockstep Report.

## SCENARIOS FOR THE FUTURE

### FUTURE OF TECHNOLOGY AND INTERNATIONAL DEVELOPMENT

A Rockefeller Foundation Report: 2010

*'China's Government was not the only one that took Extreme Measures to protect its Citizens from Risk and Exposure. During the Pandemic, National Leaders around the World flexed their Authority and imposed airtight Rules and Restrictions, from the Mandatory Wearing of Face Masks to Body-Temperature Checks at the entries to Communal Spaces like Train Stations and Supermarkets.*

*Even after the Pandemic faded, this more Authoritarian control and oversight of Citizens and their activities stuck and even intensified. In order to protect themselves from the spread of increasingly Global Problems — from Pandemics and Transnational Terrorism to Environmental Crises and rising Poverty — Leaders around the World took a firmer grip on Power.*

*At first, the notion of a more controlled world gained wide acceptance and approval. Citizens willingly gave up some of their **Sovereignty** — and their **Privacy** — to more Paternalistic States in exchange for Greater Safety and Stability. Citizens were more tolerant, and even eager, for top-down direction and oversight, and National Leaders had more latitude to impose **Order** in the ways they saw fit.*

*In Developed Countries, this Heightened Oversight took many forms: Biometric IDs for all Citizens, for example, and Tighter Regulation of key industries whose stability was deemed vital to National Interests. In many Developed Countries, Enforced Cooperation with a suite of New Regulations and Agreements slowly but steadily restored both Order and, importantly, Economic Growth'.*

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## WHAT DOES IT MEAN OR LOOK LIKE? 2020+

The Plandemic:

### **1st Phase:**

*Common/cold/Flu. Mild Symptoms at most. Media Endorsement of Mass Paranoia and Fear. Flawed Testing System utilized, which picks-up any Genetic Material in the Body and triggers a Positive Result. Inflation of COVID Case Numbers, through changing of Death Certificates, Double-Counting, and classifying all Deaths including other Diseases and Natural Causes as Covid19. Lockdown will condition us to life under Draconian Laws, prevent Protests and identify Public Resistance.*

### **2nd Phase:**

*The 1st Phase will lead to compromised and Frail Immune System through Lack of Food, Social Distancing, Wearing of Masks, and lack of contact with Sunlight and Healthy Bacteria. Exposure to 5G Radiation will further attack the Immune System.*



*Thus, when People re-emerge into Society, more People will fall ill. This will be blamed it on COVID-19 Un-Vaccinated. This will all occur after the vaccination has already been given to most. A longer and more potent Lockdown will follow until everyone takes the Government Injections.*

**3rd Phase:**

*If majority of People will not resist the 'Vaccine', a weaponized SARS/HIV/MERS Virus will be released. A lot of People will die from this. It will be 'Survival of the Fittest'. It will also be the ultimate push for everyone to be Injected, in order to return to 'Normality'. Those who have taken the Injections will be at war with those who have not. It will be Anarchy from all sides.*

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**Articles**

**#423: SCENARIOS FOR THE FUTURE**

<https://www.postscripts.org/ps-news-423.html>

**#535: COVID CAMPS**

<https://www.postscripts.org/ps-news-535.html>

**#428: OPERATION DARK WINTER**

<https://www.postscripts.org/ps-news-428.html>