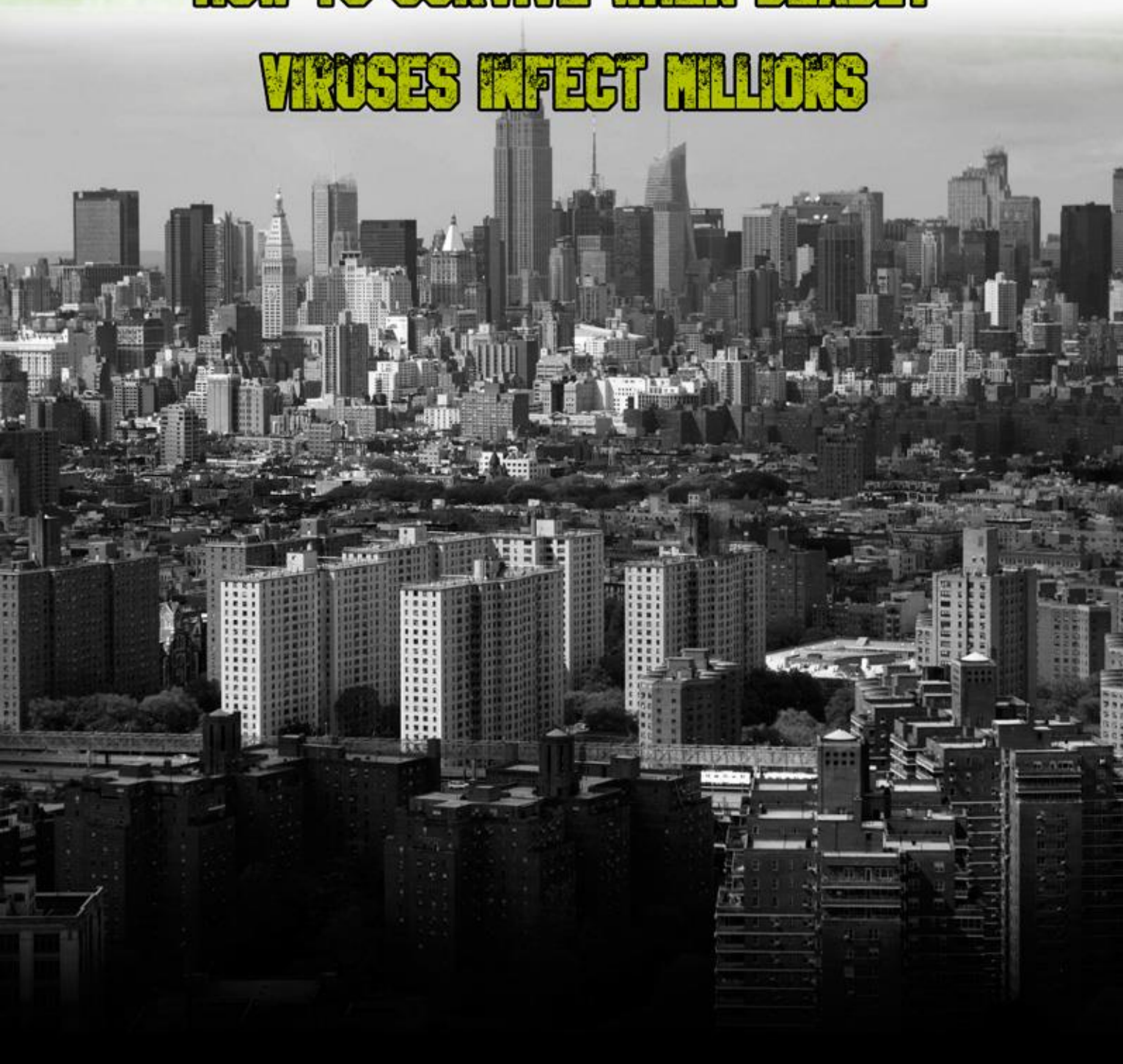


PRACTICAL PANDEMIC PREPAREDNESS

**HOW TO SURVIVE WHEN DEADLY
VIRUSES INFECT MILLIONS**



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Are You Prepared For The New Pandemic?

If you think that a pandemic would not be possible in modern society, think again. In fact, the last pandemic happened just a few years ago, in 2009. It was the swine flu pandemic which mostly affected areas of Africa and Southeast Asia. However, it managed to kill around 280,000 people. The danger is still real: think about Ebola, for instance. Also, new influenza viruses keep appearing, while the Rift Valley fever and the Lassa fever virus are still dangerous.

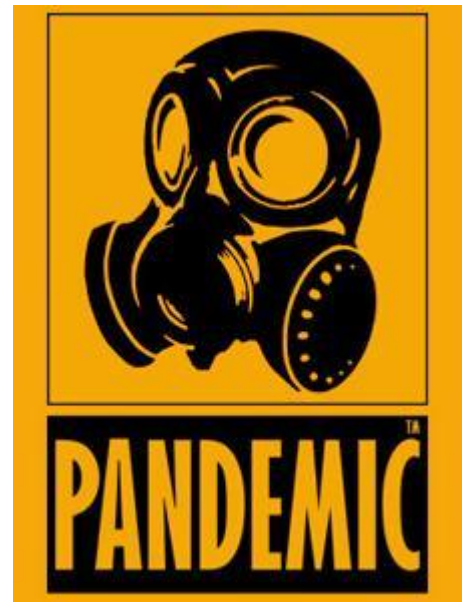
History to Learn so We Wouldn't Repeat It

Throughout human history there have been several pandemics and hundreds of epidemics that have swept over the world, devastating the population of the human race and leaving innumerable dead in their wake. The most famous of the pandemics is undoubtedly the bubonic plague, or Black Death, that began in Asia and swept through Europe with horrific results during

the 1300s. In some regions, the Black Death wiped out entire villages, and the total death toll for Europe is estimated to be between 40% – 70% of the population.

In the aftermath of that pandemic, it took Europe more than 100 years to recover. Outbreaks of the plague, and various mutated forms of it, recurred throughout the world clear through the 1700s and into the 1800s, while isolated cases still crop up today.

More recently, another famous pandemic broke out in Europe in 1918; it became known as the Spanish Flu and it killed an estimated 100 million people of the 500 million it infected, particularly healthy young adults as opposed to children, the elderly or those with an otherwise compromised immunity.



The 1918 pandemic hit near the end of the First World War, and although its death toll only accounted for 3% – 6% of the world population at the time, many areas experienced the loss of upwards of 20% of their population and some remote villages were wiped out completely in only a matter of months. It was devastating.

Today, our planet sports a burgeoning population of between 6.5 – 8 billion humans, and population centers have grown to number in the tens of millions as sprawling urban-suburban megalopolises are created to meet the needs of the population. With so many people living so closely cramped together, and with global travel having taken on a wholly new dimension in the last century, the threat of a potential pandemic is something well worth consideration.

Many doctors and scientists agree that another pandemic could break out, and in recent years there have been scares around the H5N1 'bird flu' virus, as well as the H1N1 'swine flu' virus and their potential to mutate and spread amongst humans with deadly results.

Part of what makes these strains potentially so dangerous is that humans have little or no immunity to them. Take the more recent case where Chinese authorities have been closely monitoring the development of a new avian flu virus throughout 2013.

The H7N9 virus is a new variation of avian influenza that recently began jumping from poultry to humans in China, with a mortality rate of roughly 22%. Infected poultry, however, may show absolutely no sign of the illness. Suspecting that live bird markets were responsible for the initial transmission of the virus, the Chinese authorities have carried out massive culling of several large bird markets. Incidences of the H7N9 virus fell as summer came on in China, but many professionals think there may be a resurgence of the strain this winter when temperatures fall.

Where the Danger Comes From

A pandemic is a widespread outbreak of a particular contagious disease, affecting people over a large region, even several continents. There have been a number of pandemics throughout history: cholera, smallpox and tuberculosis. Flu pandemics have also been common as there are many different strains of influenza viruses.

A flu pandemic happening today is possible because new strains of the **influenza** virus keep appearing. These pandemics differ from regular seasonal outbreaks of the flu because we do not have immunity or a vaccine to treat them. Modern medicine doesn't have all it needs to prevent a bursting pandemic, and a new virus can infect thousands of people and do a lot of damage before a flu shot is developed.

This is getting worse. In the past, people used to stay put in a general geographical area which would have restricted the spread of the virus. Now it is easy for anyone to travel round the world. So an infected person could unwillingly spread the virus to other continents, causing an all-out outbreak which only becomes harder and harder to contain with time.



That's why we need to prepare for a new pandemic, and it will most likely be a flu pandemic. After 2009, there was another close call with bird flu which, despite spreading and causing casualties, it was never actually labeled as a pandemic.

The biggest problem with flu is that it can spread from species to species. A range of different influenza viruses are present in wild aquatic birds and they can travel the entire globe, spreading their disease to humans.

Other viruses which are highly contagious also have the potential to cause a pandemic. They include the Ebola virus, the Rift Valley fever and the Lassa fever virus, among others.

What Helps When Medicine Does Not Work Anymore

Lastly, there is also growing concern regarding bacteria which keeps building up a resistance to our antibiotics, leading to the potential for re-emergence of deadly diseases which we used to have under control.

Depending on your location and the extent of the outbreak, help might be scarce and delayed. Medical assistance usually goes to the most affected locations first. This is an attempt to contain the pandemic as much as possible, but also leaves other areas vulnerable.

If the pandemic bursts in your area, you need to be prepared to go on living isolated from the rest of the population. This is the best way to ensure that you do not get infected. It also means cutting yourself off from services such as schools, hospitals, transportation and is something that you definitely need to prepare for in advance.

A virus will target everyone indiscriminately, but some people make better targets than others. This is simply because certain people are healthier, they have a stronger immune system so it is less likely for them to get infected.



If you want to decrease the chances of getting infected with a virus, make several lifestyle changes that will improve your overall level of health. These are not quick fix solutions, most of them will not produce noticeable results until they have been used for a long period of time.

The first tip is getting seasonal flu shots when necessary. These vaccines would not work against a new strain which causes a pandemic, but they are supposed to provide you with a good healthy baseline. They will make sure that you do not also get infected with the seasonal flu which would lower the strength of your immune system.

Following a healthy lifestyle will ensure that your body is strong and ready to take on the virus: eating a balanced diet, exercising regularly and getting plenty of sleep at night.

The DOs of an Effective Prevention

So the threat of an epidemic or pandemic is out there. With any luck, hopefully none of us will ever have to deal with the ramifications of such an event, but there are some simple preparations you can make (without breaking the bank) to better ensure your family's survival.

1. **Limit your exposure** to others. This might sound like a bit of a no-brainer, but in the event of a pandemic or other widespread illness, one of the best things you can do to protect yourself is to limit your exposure to, and contact with, other people. This can be hard to accomplish in an urban or suburban setting, so if you live in a densely populated area you'll definitely want to take additional precautions.
2. Wear **protective coverings** over high-risk areas of your body. This includes a facial mask or respirator, such as an N95 or N100 mask. Other protective measures may include medical gowns, latex or nitrile gloves, and possibly boot / shoe coverings. These protective measures are primarily aimed at reducing viral load on your clothing or skin and in the air you breathe. The viral load is a measure of how much contagion is present in the air you are breathing or on the surfaces you come into contact with. Protect your eyes, nose, mouth and any open or healing wounds, and you'll cut down substantially on the likelihood of becoming infected.

3. Maintain **sanitary living conditions**, including washing your hands regularly and keeping high traffic areas sanitized and disinfected as much as possible. If you have to go out or continue working in a densely populated area, carry disinfectant wipes with you and some form of hand sanitizer. Wash your hands often, and avoid touching your nose, mouth, face or eyes; the mucous membranes in your nose, mouth and eyes are the most susceptible to infection.
4. **Secure isolation** for infected victims. Anyone who comes in contact with the infected person(s) should be using maximum protection to minimize the possibility of transmitting the disease. A HEPA filter for filtering the contaminated air is strongly recommended. Also, depending on the severity of a pandemic or epidemic, if you wind up having family or friends who come to stay with you to weather the storm, you will want to quarantine all new arrivals for a period of time to ensure that they won't track in the infection and get everyone sick or killed in the process.

To better ensure that you and your family are well prepared for a possible epidemic or pandemic, you can also keep a stock of some critical items.

Food is your main concern. Concentrate on food which will last for a long time. Meat, fruits and vegetables can be found in ready-to-eat cans which prolong their lifespan significantly. Even so, they will eventually go bad so never eat something that has passed its expiration date. The last thing you want during a pandemic is getting sick because eating spoiled food.

Besides canned food, you can also stockpile [protein bars](#), dried fruit, dry cereal, jarred food, peanut butter and crackers. Do not forget to also have pet food on hand if you keep animals. Besides food, you will obviously also need plenty of drinkable water. You also want to make sure that you store your supplies in a proper environment – somewhere cold and dry in order to preserve the food better.

The Small “Must Have” List for a Pandemic Kit

The most important items to stock include:

1. N95 or N100 **particle masks** for you and your family. The N in N95 or N100 stands for NIOSH and reflects the effectiveness rating given to the masks by the National Institute for Occupational Safety and Health. N95 masks are rated to filter out approximately 95% of airborne particles, whereas N100 masks are rated to filter roughly 98% of all airborne particles. Both N95 and N100 masks are quite suitable for droplet containment. Since the masks are cheap and disposable, and because an epidemic or pandemic can last for months or years, you may wish to stock up accordingly. With any mask, the most important feature is a good fit, so masks with a metal nose piece that can be bent around the shape of your nose are better than those without a nose piece.
2. **Bleach** is a powerful aid in maintaining sanitary conditions, especially when it comes to high traffic areas and objects like countertops, tables, doorknobs and other hard surfaces. A basic cleaning solution can be made by combining bleach and water at a ratio of 1 cup bleach to 4 gallons water. This mixture can be used to regularly wipe down and disinfect most any hard surface, especially if you find yourself operating an isolation room or mini-ward where you want to keep things as sanitary as possible.
3. Heavy duty **rubber gloves** and **latex** or **nitrile gloves**; these are pretty affordable to stock up on, and nitrile gloves tend to hold up a bit better to long-term storage. Disposable gloves will help reduce the direct contact you have with potential pathogens or contagions, but you should still wash your hands thoroughly any time you remove or replace your gloves. If you find yourself caring for someone who is infected, you may opt to wear two pairs of gloves for added protection.
4. **Stock medicine & antibiotics** ahead of time. During times of epidemics or pandemics, many of the victims who die actually die because of secondary infections that crop up after their immune system is weakened and compromised by the initial infection, so you better stash away all the medication you can which is used to treat common symptoms of illnesses such as fever, diarrhea, constipation, headaches, nausea. Also, pneumonia is one of the most common infections that crops up after you're already sick. Since medicine and antibiotics are in short supply during massive disease outbreaks, you can

stock up on OTC medicines and source antibiotics such as amoxicillin and penicillin from the local farm supply store or vet.

Other supplies that you may wish to stock up on include trash bags, duct tape, water filtration and purification methods, and various medical supplies. Keep several first aid kits on hand in case someone gets injured since going to the hospital would not be a good idea. Lastly, you need plenty of disinfectant on hand. Soap works; hand wash works as long as it is alcohol-based; you can even learn to make your own disinfectant. Keeping your hands clean at all times is one of the best ways to ensure that you do not get infected.

Depending on how bad an epidemic or pandemic gets, you may need additional supplies more akin to a TEOTWAWKI situation, including fresh water, food storage, supplies for setting up a sanitary outhouse, waste containment, etc.



What It Takes To Prevent Ebola

If you've been following the news on Ebola, you've likely heard precisely what the CDC (Center for Disease Control and Prevention) wants you to hear. I won't focus on the story that you already know and can read on any of hundreds of websites. If you're reading this, you likely feel the same way I do ... that you need to hear the whole message before you decide the best course of action for you and yours.

The CDC has been prepared for this for a long, long time, so you won't hear certain vocabulary used to describe the latest outbreak epidemic of Ebola (Ebola Hemorrhagic Fever Zaire) very often, if at all. At least not until after a tipping point has been reached. The magic word in this case is the "M" word. And in this case, "M" is for mutate.

The Spin

The CDC has known Ebola was coming to the US for more than six weeks, so they have had plenty of time to carefully consider what information to feed you. The CDC has carefully trained

PIOs (public information officers.) A significant portion of their job is to prepare statements for all conceivable contingencies ... including this one, and they've known it a mathematical inevitability for more than six weeks now and a probability weeks before that.

We're being told not to worry because Ebola can only be spread through contact with bodily fluids. We are being told this version of the story to prevent panic ... which public health and emergency officials predictably point out spreads faster than viruses and is more dangerous.

In reality, while panic is not desirable and certainly less effective than deliberate preparation, even full-blown panic is not going to be more dangerous for you if you get infected.

Even in the oversimplified model of the Ebola transmission spoon-fed to you by the media important details are intentionally left out. Ebola can be transmitted through bodily fluids ... even sweat. You can't see Ebola. You may not even be able to see the bodily secretion it was transmitted by. Contrary to the spin, Ebola can't be caught in an interview.

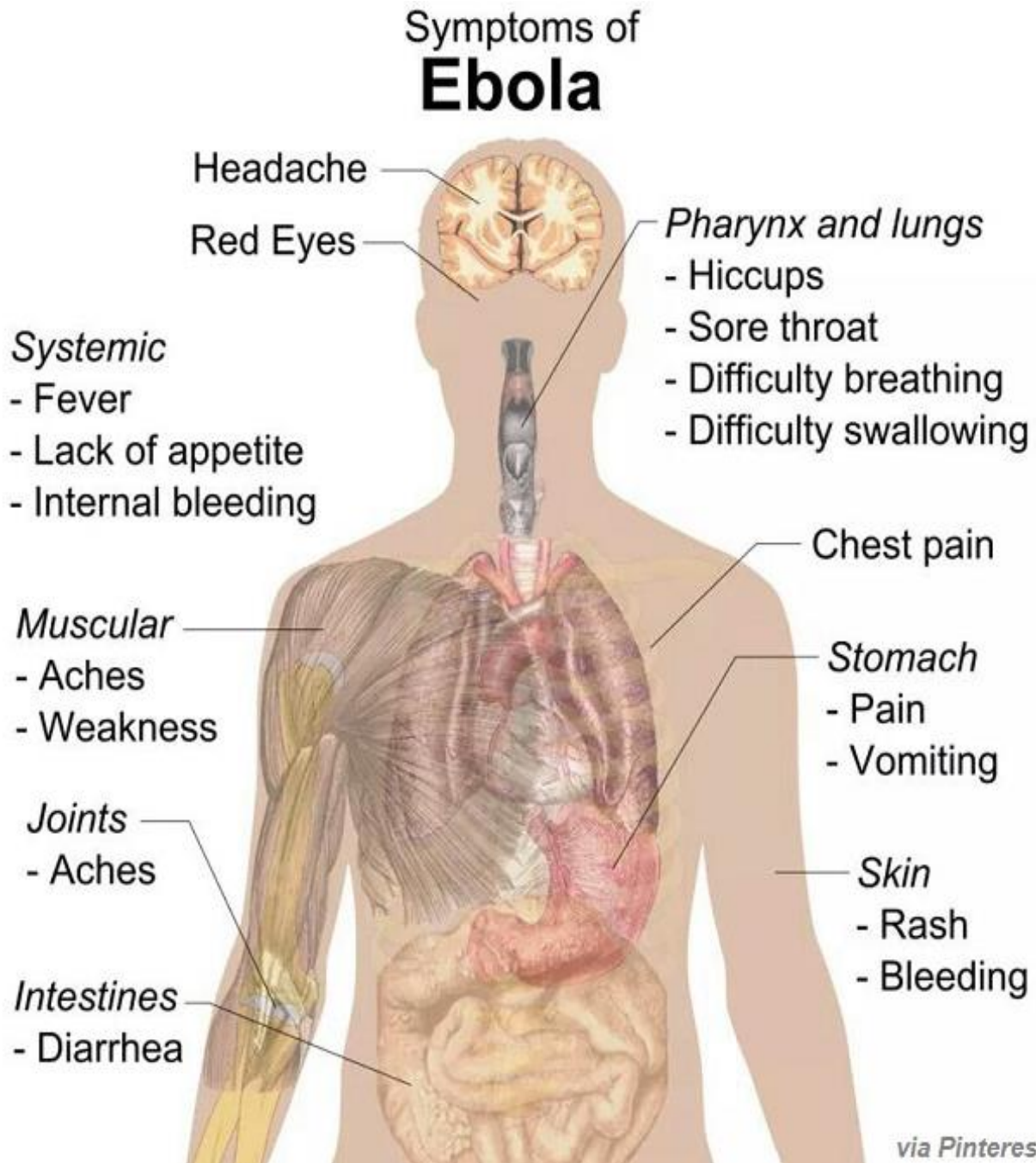
If risk of transmission is so low, why are so many healthcare workers infected? First, ethnocentric types brush it off because most of them are infected in "third world countries." This is ridiculous. American and European physicians with excellent knowledge of procedures designed to avoid transmission have been infected. Now, healthcare workers have been infected both in Europe and in the US too.

Reality

Preventing transmission isn't as easy as the talking heads are brainwashing you to believe. Do you really think you have better knowledge and procedure than American doctors and other healthcare professionals who know what they are dealing with before they are exposed? Hose apples if you do.

It's not as easy as it sounds, especially removal of contaminated PPE (personal protective equipment). But on a tyvek suit, mask, gloves, etc, spray some food colored water on it and try to remove it without any touching you or getting on your hands.

Even in its present form, Ebola can be spread by sweat, vomit, urine, fecal matter, blood, saliva, semen, breast milk ... bodily secretions. It can live in them for hours, sometimes longer. The average person touches their face 16 times an hour or more. It can enter your body even through a small sore.



When Things Go Sideways

I say that mutate is the magic word here, because mutation is what takes a virus like Ebola from a virus transmitted by bodily fluids to a virus transmitted by airborne droplets, making it radically more contagious. A cough, a sneeze or even simply breathing the same air as a contagious patient, in close enough proximity, could be enough to infect you. Once Ebola mutates, it will largely rage out of control it burns itself out.

When Ebola will mutate to an airborne contagion boils down to math. Viruses don't have cells or DNA (Deoxyribonucleic acid). They take over cells and modify the cell's nucleus to turn it from whatever it was into a virus factory. Then the cell will crank out viruses until it burns itself out and dies, but not before it replicates hundreds or thousands of times and transmits itself to other cells and organisms. Every time the virus replicates, there is a chance of mutation.

Multiply the number of replications by the number of infected cells in a human, by the 6,000 and counting patients with no end in sight, and mutation becomes probable and eventually certain. It may have already happened hundreds or thousands of times without taking hold and successfully transmitting to other people, eclipsing the original strain.

Add to that the eventual probability that terrorist organizations and possibly some nation states will capture the virus and attempt to weaponize it and smuggle it through our open Southern border. Then add the fact that even if this outbreak of Ebola fails to mutate this time, it's simply a question of time until some other nasty bug makes the jump at some time in the future.

What Will It Take To Prevent Ebola?

Here is what it will take to prevent Ebola after it makes the leap to airborne transmission (or other pandemics capable of airborne transmission):

1. Information

You need to understand how Ebola is transmitted and whether you're dealing with Ebola or a possible mutation of Ebola that is capable of airborne transmission. Keep in mind that you'll need to take additional precautions with a pandemic capable of airborne transmission.

Although you won't find anything on the subject at the CDC by design, the Department of Health and Human Services has issued quarantine guidelines in the past so I'll include a link to what they have to say about quarantines since they have proven effective against past pandemics capable of airborne transmission.

Just realize that this information is for hospitals, not for homes. It will likely say that right in the text. Focus on why things are done and adapt them to your situation.

2. SOPs (Standard Operating Procedures)

Write your own SOPs that work for you and yours. Fortunately you don't need to completely reinvent the wheel, but you will need to handle things differently than CDC has been up to this point. If you go this far, Ebola may likely have gone airborne. Hospitals will implement additional safety precautions. Patients will no longer report to hospitals, but to triage centers, to preserve the hospitals and protect them from Ebola.

If you become infected, all healthcare professionals will be able to do is keep you hydrated, keep you clean, keep you from infecting others and ease your pain until they run out of pain killers. Travel restrictions will be put in place. Martial law may be declared.

3. Training & Implementation

Train you and yours in your SOP and the information you've assembled. Implement the SOP you've created.

4. Supplies

Unfortunately we have exhausted the supply of experimental drugs and it is unlikely more will be able to be produced in time to have any significant effect. I haven't bought anything since I was first informed of the inevitability of Ebola in the US over a month ago, because you need pretty much same gear to quarantine against most pathogens and I already have enough.

You'll want everything you'll need to quarantine at least two rooms for several months. Even though the virus we're dealing with runs its course in less than 30 days, the pandemic will last for months at minimum because it will be jumping from person to person.

- PPE (personal protective equipment): Be careful when removing your PPE to avoid contaminating yourself off your clothing. Disposable is recommended, but procedures exist to decontaminate reusable PPE. Your PPE should include: **Gloves**, waterproof (double glove), **barrier clothing**, long-sleeved waterproof, tape to seal cuffs, **surgical, N95, N100 or NBC masks & filters** (a handkerchief is better than nothing, but once airborne, you'll want to err on the side of caution), **eye protection** (face shield or goggles), **close-toed shoes & shoe covers**.
- Bleach
- Hand sanitizer
- Buckets
- Brushes
- Plastic sheeting
- Duct tape: don't laugh, you seriously need it to hang the plastic and seal cuffs.)
- Portable toilet, chemicals, trash bags
- Body bags
- Fans: to create overpressure or control airflow if the power stays on
- Shovels
- Work gloves
- Water
- Food
- Security
- Lighting, batteries.
- Long term sanitation supplies
- Comms: at a minimum, you'll need a radio to know when it's safe to come out, bullhorn to enforce quarantine perimeter and batteries.
- Medication and anything else you would need to stay in one room for a few months.



Pandemic in Big Cities: Surviving Quarantine

The Ebola pandemic in West Africa is getting worse. Officials from the World Health Organization are saying that it is spreading faster than they can keep up with it. A lot of people from the medical personnel have been infected and the number of deaths is continuously increasing. The world is watching closely to see what happens, and to see if the virus moves beyond the borders of the countries where the disease is currently operating.

This is probably [the most serious pandemic](#) to hit modern man. We deal with pandemics regularly, with variations of the Flu breaking out every year. But this is different; while influenza is a killer, responsible for somewhere between a quarter million and a half million deaths every year.

But that is nothing compared to the danger that Ebola brings. While previous Ebola outbreaks have all been rather small, the mortality rate of Ebola is typically up to 90 percent.

The head of the Center for Disease Control and Prevention (CDC) has gone on record saying that with modern air travel, he believes it is inevitable that Ebola make the leap across the ocean and end up here in the United States. Any day we could begin hearing news reports of Ebola cases breaking out in America, perhaps even in multiple places at once.

What Quarantine Means

The only sure way of dealing with such a dangerous virus is to quarantine the population. While that may sound a bit drastic, Ebola is known to spread by human contact with the coughs and sneezes or other body fluids of people who have been infected by the virus.

With an incubation period of as long as 21 days, one infected person could literally infect thousands of others before they knew that they were sick. Hence the necessity of a complete quarantine.

A complete quarantine would mean closing down all public meeting places, as well as stores and places of business. There would probably be some exceptions made for vital services, but that's about it. Everyone else would be told to stay at home, close the doors and to avoid contact with others.

This almost sounds like a real-life zombie movie; only worse. In this case, the zombies are microscopically small, and you can't shoot them. All you can do is to hide from them. But, without that level of isolation, there is no way of breaking the spread of the disease.

Until everyone has had enough time to pass through the incubation period, it wouldn't even be possible to tell who was sick or not. People would look at their family members and wonder if they were already infected.

As people became symptomatic during that time, they would be taken to hospitals, isolated and everyone who they had contact with would be tested. Since the test can give a false negative reading, they would have to be tested three days in a row, to ensure that they are clean.

Would You Survive Quarantine?

For those who are prepared, surviving a pandemic of this sort should be easy. All they would have to do is lock themselves in their homes and live off of their preps. For however long the quarantine would last, they'd have to keep behind that closed door. As long as they did that, they'd be okay.

Even better than locking yourself in your home would be locking yourself in your bug-out retreat, if you have one. The more isolated a location you could be in, the safer it would be for you. On the flip side of that coin, bugging out into the wilderness would not be safe, simply because of other people who might try the same thing.

The big problem would be for the rest of the population; those who are unprepared. People need food and water. Even if municipal water services continued to run, they wouldn't have food to eat. The grocery stores would empty out within hours of the first announcement of the government considering quarantine, and with distributors shut down, they wouldn't be restocked.

When food supplies ran out, people would begin to panic. It would probably be a slow, quiet sort of panic, because they would be panicking behind closed doors.

Unless the government was able to move quickly enough to get the supply chain up and running and at least the grocery stores open, people would quickly run out of food. When that happens, we could very well face the type of scenario where armed people are breaking down their neighbors doors, looking for food.

People would be driven by fear. Fear of catching the disease, fighting against fear of starving. For some, the fear of the disease would keep them indoors, even to the point of starvation.

But others will be driven outside by their fear, seeking to find what they need. This will cause a new fear to add on; that of being attacked. We will probably see unnecessary deaths, not from the disease, but from people driven by fear who think they are defending themselves.

While the fear will ultimately help to defeat the pandemic, keeping most people indoors, it will be the hardest thing for most people to deal with. Until that first three weeks of isolation is over, nobody will know if they are okay or not; as there aren't enough test kits to test the entire population. The only test that most people will ever receive is that of time. If they make it through, they'll know they're okay.

Of course, there will be those who think they are sick, even though they aren't. The first presentation of Ebola looks like the Flu and any doctor will tell you that people can talk themselves into believing they have the flu.

So, hospitals will be overwhelmed by people who aren't sick, but think they are; making the job of the medical community to separate the truly sick from those who aren't that much harder.

Quarantine for a disease like Ebola would probably last about a month. It would have to be kept in place until long enough after new cases stopped showing up to ensure that there weren't infected carriers still at large.

As the new cases tapered off, doctors would be able to focus on the new cases, isolating those who had contact with the patient and clearing them. When that point was reached, it would be possible to end the quarantine.



On The Edge Of Pandemic: Rules For A Safe Bug Out

The historical record is replete with accounts of people who successfully fled densely populated areas to escape pathogenic threats. It tells us that wealthy, poor and everyone in between has successfully executed this strategy as far back as we have records to tell the story.

This usually involves [leaving the city](#) to stay with relatives in the country, staying at a cabin, vacation property or second home in a more rural, less developed area.

What's Next on Ebola?

Clearly, millions of dollars of our money has been spent to brainwash us with this message because bureaucrats fear that we will panic the moment we hear otherwise. Bureaucrats believe that we stupid, fearful and irrational because their paradigm of human nature is based in their paradigm of self.

They know how they are, and project how they would respond to a given stimulus onto us. They tritely quip that, "Panic is far more dangerous and infectious than Ebola." They live under the delusion that they are more intelligent, better educated and better informed than us common folk.

Fortunately, unbeknownst to our betters, we too, learned to read, just like they did, unlocking a vast realm of knowledge. Among this knowledge, is how viruses reproduce and how the unique method viruses use to reproduce, combined with their mind-boggling numbers, spawns vast numbers of mutations ... so many that the CDC (Centers for Disease Control and Prevention) has known for months that that it's a mathematical impossibility that Ebola would make it to US.

It was obvious that's also very possible that Ebola will mutate from a contagion only transmitted through exposure to bodily fluids, to an airborne contagion. Barring some unforeseen calamity befalling the Ebola virus, it WILL mutate into an airborne contagion. It's has likely made the jump many times but failed to take hold. The CDC knows this and is deliberately withholding this information.

Will Ebola mutate during this outbreak? Hard to say. But I do know that it's entirely possible, and once it does, everything Johnny Sheeple has taught about "Tha Ebola" will go right out the window.

If Ebola mutates to an airborne contagion in the near future, it will spread like the flu before we are able to produce enough vaccine to make much of a difference. But the last time you caught the flu, you probably didn't have to stare down a 60% percent mortality rate.

To put that another way, you could think of it as, "If you catch Ebola, you will have a 40% chance of survival."

When "Handling with Care" Is Not Enough

By any standard, measures currently in place to safeguard against Ebola transmission from Healthcare workers returning from West Africa are insufficient. Doctors and nurses with excellent sanitation and barrier technique are testing positive in spite of being very aware of the risks and

very highly trained in disease prevention. They are supposed to self-monitor by taking their temperature twice a day.

Some will, at least most of the time. But what if someone has a late night? Or forgets? Or drinks a little too much? Are some health care professionals alcoholics? How about prescription drug addicts? I have some news for you ... they are human, just like everyone else, and humans make mistakes.

The media is raving about how NYC EMT's (Emergency Medical Technician) responding to Ebola calls have to 80 hours of training before they can respond to a call involving Ebola.

Is everybody who responds well trained? What aren't they telling you? What about police officers? I watched video of officers leaving the Doctor's apartment and I can tell you without a doubt that they weren't sufficiently trained. Going in there was dangerous ... dangerous enough that they were required to wear PPE (Personal Protective Equipment) by the department.

PPE acts as barrier between pathogens such as the Ebola virus and the body. The Ebola gets one the outside of PPE instead of on your body. But that doesn't help if you are aren't trained well enough to not touch the outside surfaces of the PPE with your bare hands.

The average person touches their face about 16 times an hour. PPE needs to be placed in a biohazard bag and disposed of at a facility capable of safely destroying it according to prescribed protocols.

I watched the officers exit the victim's apartment and throw their PPE in a public trash can. Is it possible that somebody will dig through that trash can? What about the sanitation worker who has to empty that trash? Do you think they will be trained? Do you think they will be wearing PPE? Or do you think they've been told over and over that it's ridiculously improbable that they will catch Ebola.

Maybe we should take a fraction of the money and effort going into brainwashing us that there isn't a threat and invest in educating people about disease prevention through proper sanitation

and hygiene. Maybe the guy digging through the trash looking for dinner or trying to save the planet will wash his hands before he touches his face.

Why Should You Bug Out?

The Federal government has granted itself all sorts of dominion that is supposed to be handled at State and County levels and it was never intended to have, yet it has so completely lost sight of its fundamental mission, that it's not doing what it was originally intended to do.

Enforcing the nation's borders and protecting nation is something it is actually supposed to do, yet while 34 other countries have imposed travel bans and quarantines because of the Ebola outbreak, our Federal Government of is paralyzed by bureaucratic inertia, fear of transgressing some unwritten rule of political correctness and governing according to the whim of the polls as opposed to growing a backbone, setting aside politics in favor of saving lives and doing its job.

Unfortunately it is far too preoccupied with the redistribution of the finite wealth of those of us who provide for the bureaucrats, politicians and other welfare recipients. There are more of them than there are of us for the first time in the nation's history so that job is getting harder is not a sustainable course of action regardless of the rationalization or justification use to con and intimidate us into compliance.

In the leadership vacuum created by the Obama regime, NJ, NY and IL have stepped forward to impose protocols at their own expense at the State level in addition those imposed by the CDC, but so far they all rely on "the honor system."

In the actuarial sense, survival is simply increasing your odds of living through particular set of circumstances. In this sense, it is simply a value, such as a percentage chance, and emergency preparedness is what you do to increase the odds of survival.

Pandemics can also be expressed in quantitative terms. Despite what the government and media are telling us, Ebola is a very real threat. IF Ebola fails to mutate to airborne during the course of this outbreak, then the chances of any one person catching it is very low. But that will be of little of consolation to you if you catch it.

Nonetheless, unless Ebola mutates, the risk to you and yours will likely be far too low to justify bugging out for most people. But IF Ebola does mutate to a pathogen capable of airborne transmission, bugging out will be an effective tool to improve your odds of survival.

Under certain circumstances, bugging out ahead of the [spread of a pandemic](#) is just as important to survival as bugging out ahead of a Tsunami, a chemical threat or radiological threat. It is a matter of life and death.

If current preventative measures are ineffective, there is a clear and present danger of mutation in spite of what we are being told and bugging out to someplace where quarantine is a realistic option is worth considering, how do you make the bug out portion of the plan happen?

6 Steps to Your Safety

I won't focus on convoy tactics, modes of transport, supply caching, night travel or other bug out strategy & tactics that is not specifically related to pandemics. Read our previous article about modifying survival bug out SOP (Standard Operating Procedure) to mitigate risk of transmission of an airborne pathogens such an airborne mutation of EHFZ (Ebola Hemorrhagic Fever Zaire):

1. Identify the trigger to bug out. Like most failures to implement, bug out plans most often go awry, because due to failure to prepare. More specifically, they fail because of failure to identify the trigger to bug out, and pull the trigger and execute the plan. This results in missing the window of opportunity to "git while the gitt'n is good."

If you've been paying attention, you'll probably determine that in this case, a reasonable trigger would be: **Ebola's mutation to an airborne pathogen**. If that's trigger, as soon as it happens, you'll deploy. This is not a black swan event so you should already be in a state of increased readiness and alertness.

How will you know when Ebola Mutates? You may or may not hear through the news at first because emergency responders are afraid that once the word gets out, their ability to respond

will be compromised. Monitoring a scanner or the RSS feed of a group that does, isn't a bad idea.

Another sure sign will be the announcement of a change in policy that hospitals will no longer triage patients and that patients will be triaged in tent outside, separate building or some other facility. This will be in an effort to preserve all the other functions of our hospitals in addition to dealing the outbreak-turned-pandemic.

2. Don PPE (Personal Protective Equipment) before fueling, loading supplies, departure or other activities that may bring any of your group members in contact with potential carriers. Not one of the infected medical personnel could point to the instance of their exposure. Even though the news is painting a picture of large bodies of bodily fluids such pools of vomit or blood, contamination occurs on a microscopic scale so you will not see it.

Ebola is also transmitted through contact with microscopic amounts of perspiration ... such as the doctor who went bowling at two bowling alleys, took a ride in an Uber car and took a three mile jog through Manhattan, spewing Ebola along his entire route the day before reporting his fever.

3. Doff PPE with great care and then sanitize it with bleach solution or incinerate it. Adhere closely to procedure during doffing of PPE and decontamination because this is a particularly vulnerable point in the protocol. This should include practice drills.

Spray the outside of PPE with water dyed with food coloring and try to remove it without getting any on your skin and it will become immediately evident to you just how thorough you need to be to prevent infection, why existing protocols are insufficient and that the CDC, public healthcare officials and the media are engaging in a certain amount of deception relative to the danger of infection.

4. Disposable PPE is easier to deal with than decontaminating reusable PPE, but it's more expensive and at some point will no longer be available. Washington DC has already run short of hand sanitizer and much of the existing stocks are expired. If you don't have yours, you may

or may not have time to get it or may be subject to price gouging if you continue to procrastinate.

5. Maintain a perimeter - Make sure to put preparations in place to maintain a perimeter between your group and others in addition to the barrier provided by your PPE. This will vary according to your resources, destination and method of transportation, but clearly communicate your perimeter and the consequences for penetrating it.

You might use deception such as camouflage or a ruse such as signs telling people to stay away due to infection or you might use threat of force and force or a combination of your own concoction.

6. Communication at a distance - Whatever your bug out plan, be sure to make adequate preparations for communication at a distance. A couple of solutions are to put a field phone or radio and batteries in a call box with a sign at your gate and using a bullhorn, bullhorns, or vehicle-mounted PA speaker to issue instructions from a distance. The last thing you want is to have to physical remove a potentially infected person from your vehicle, camp or destination.



The Iconic Item Of Survival: The Gas Mask

One of the "iconic" must-have items according to those in the know for a survivalist's stockpile is the gas mask. Having a gas mask ready or knowing how to improvise an effective DIY one on the fly is crucial both for your long term survival and your physical comfort in an emergency shtf situation, especially when pandemic or chemical disasters occur.

What exactly is a gas mask, though? Well, to put it simply, a gas mask is that thing that has the potential to save your life by filtering toxins from the air when shtf in one of the following situations:

- in a natural/man-made disaster, when airborne pollutants fill the air. In the aftermath of volcanic eruption for example, the dust and ash in the air can kill you by obliterating your respiratory system. The same principle applies in an office building fire.

- in a riot eliciting a chemical attack, a gas mask will make the difference if you have one when confronted with CS gas, tear gas or whatever.

Basically, a gas mask will help you keep your lungs clear and your nose, mouth, eyes and mucous membranes protected from harmful substances.

There are lots of disaster scenarios where a gas mask will help you mitigate the contamination in the air regardless of whether it's smoke, particulates, infectious agents, airborne diseases, chemicals or what not.

What to Look For

Fortunately, in this day and time, decent gas masks and respirators are commercially available everywhere, both online and offline. You can buy a military-grade gas mask from the internet, in hardware stores, in Army surplus outlets etc, but there's a flip side to that coin too: the coin itself, meaning that they are pretty expensive to buy and to maintain.

While they perform excellently, standard gas masks/respirators require regular maintenance, as in frequent changing of the filter cartridges, proper storage and so on and so forth. All these come with a hefty price tag, especially when times are tight.

Also, and, most importantly, you can't carry a gas mask around with you 24/7/365. That would be pretty weird and uncomfortable, because gas masks are bulky and heavy. It would be very peculiar to carry around a gas mask with you at work, don't you think? People will label you as a terrorist or a nutcase.

Also, keep in mind that standard gas masks don't function well if you have facial hair; any type/length of facial hair will negatively affect the crucial tight seal a gas mask has against your face.

Building Your Own Gas Mask

However, you should know that there are alternatives to buying a regular gas mask. Yes, you can build yourself one using readily available materials (stuff you already have in your house) which are also dirt cheap even if you don't already have them.

There's a downside to a DIY gas mask though: you can't trust it with your life, especially in cases of biological or chemical attack, because it's not anywhere near as effective as the real thing so using one in a life threatening situation is a desperate measure, the last resort.

Fair warning: a DIY gas mask is primitive when compared to a standard/military grade one and offers very limited protection especially in a chemical/biological attack; you should be aware of the fact that tear gas (for example) is no joke; it can seriously injure your respiratory system and lead to death in certain situations especially if you suffer from chronic lung disease or asthma.

To put it bluntly, a homemade gas mask should be Plan B because it can never compete (efficiency wise) with a military grade mask that features special filters, fibers, vents and valves and what not.

The idea of a DIY gas mask is nothing new. It started back in the 40's during WW2. The citizenry was instructed on the HOW TO's regarding DIY gas masks and the concept continued with Occupy Wall street protesters along with many others Arab spring: Syrian, Egyptian, Maidan in Ukraine, Occupy in Hong Kong etc.) as people were trying to protect themselves against the chemical weapons used by the regime police and military forces.

Now, let's take a look at the most popular DIY methods for gas masks, shall we?

The T-Shirt DIY Mask

The most basic DIY gas mask that can save your respiratory system (and implicitly your life) in the event of an event such as a volcanic eruption or a fire where ash and smoke fill the air. If these don't sound probable to you, think about Pompeii, or Mount St. Helens and 9/11.

In these cases, a fairly effective gas mask can be improvised under exigent circumstances from a simple cotton T-Shirt. Yes, it's that "your T-Shirt can save your life" kind of a deal, when your

ripped T-shirt will work as an efficient anti-dust/ash mask. All you have to do is tear the T-shirt apart and use strips of fabric to cover your nostrils and your mouth (tied at the back of your neck) and voila, this is the simplest DIY gas mask project. For best results, you should get the cloth damp before using it, if possible.

The Goggles and the Vinegar

One of the most dangerous things that can happen to you in a disaster situation when you get gassed/trapped in a fire is loss of vision. Swim goggles will save your life if you're caught in a stampeding mob "sprayed" with tear gas and running for their lives, soaked in panic. To stay alive in such situation, you'll be required to see properly if you want to make it to safety. A quality pair of swim goggles is a must-have item to keep around in your "tactical" bag.

Cider vinegar can be used to protect you from the inhalation of tear gas, remember that folks. You can use a bandana soaked in cider vinegar put around your nose and mouth until you get to safety.

The Soda Bottle DIY Gas Mask

The soda bottle gas mask is my favorite DIY project because it offers a reasonable amount of protection from various contaminants, it's very simple to manufacture and it doesn't require huge skills or exotic materials to build it.

It's also pretty effective for a home-made gas mask and it can be built in 15 minutes tops, if you have the necessary materials and a little bit of (prior) training. For your soda bottle gas mask project you'll require a sharp cutting tool (razor blade, exacto knife, sharp scissors), a permanent marker, glue, a 2 liter soda bottle, rubberized foam insulation strip (at least 1" wide) and a N95 particulate mask. Total cost: maybe \$5.

You'll have to clean the 2 liter plastic bottle and remove the labels. After that, draw a U-shaped area using the marker, big enough to fit your face and yet not too big. You should start with a smaller cut and work your way up from there because you can always trim more but you can't put it back. You'll need a fit snug against your face for an efficient seal.

The bottom of the bottle must be cut away, along with the U-shaped section (using the template lines drawn with the marker to fit your face). You'll end up with a basic shape that can be further adjusted for an optimal fit until you get it right. Keep in mind that the mask should fit your face tight yet not be uncomfortable.

Next, you'll use the rubberized foam insulation as a seal for the edges of the bottle until you end up with a secure, complete seal and you'll also make a circle of foam insulation inside the bottle that will serve as a resting place for the filtering element (the N95 mask) 2 inches up from the spout.

The elastic bands from the N95 mask will be removed for later use, along with the metal bridge. The N95 mask's edging must be carefully cut. Just leave enough to keep the edges sealed. After that, the N95 mask must be placed inside the neck of the bottle, with the filter pointing out and down towards the spout. The elastic bands from the N95 mask will be used to secure the gas mask firmly on your face.

That's about it, just remember to keep the soda bottle gas mask stored in a well-sealed plastic bag, removing as much air as possible from it, thus preventing the N95 mask (the filtering element) from getting contaminated. Remember that all these DIY gas masks are to be used only in emergency situations when you don't have alternatives. If you have other ideas or patterns, please share them with us in the comments section below.

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It's up to you to keep you and yours safe. Realize what is happening for what is. Understand why healthcare professionals aren't telling you the whole story. They are taught that it's the right thing. And the tiny minority that has found the courage to speak up at this point, have surely sacrificed their careers to do so, regardless of the outcome of the outbreak.

Ebola may or may not go airborne, but if it does, a pandemic will ensue and it won't matter what you used to prepare for, only whether or not you were prepared for this contingency. The fact is, we have finite needs and it takes about the same stuff to prepare for any one threat as any other.