

On The Edge Of Pandemic: 6 Rules For A Safe Bug Out

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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.

"But, Cache, ya 'cn only catch tha Ebola if yer 'sposed ta infected bodily fluids!"

"Thanks, Johnny Sheeple! That thought never crossed my mind!"

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.

Since our [previous article on Ebola](#), we have heard the "M" word more often. 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.

Watch the latest video at video.foxnews.com

Video first seen on [Fox News](#).

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

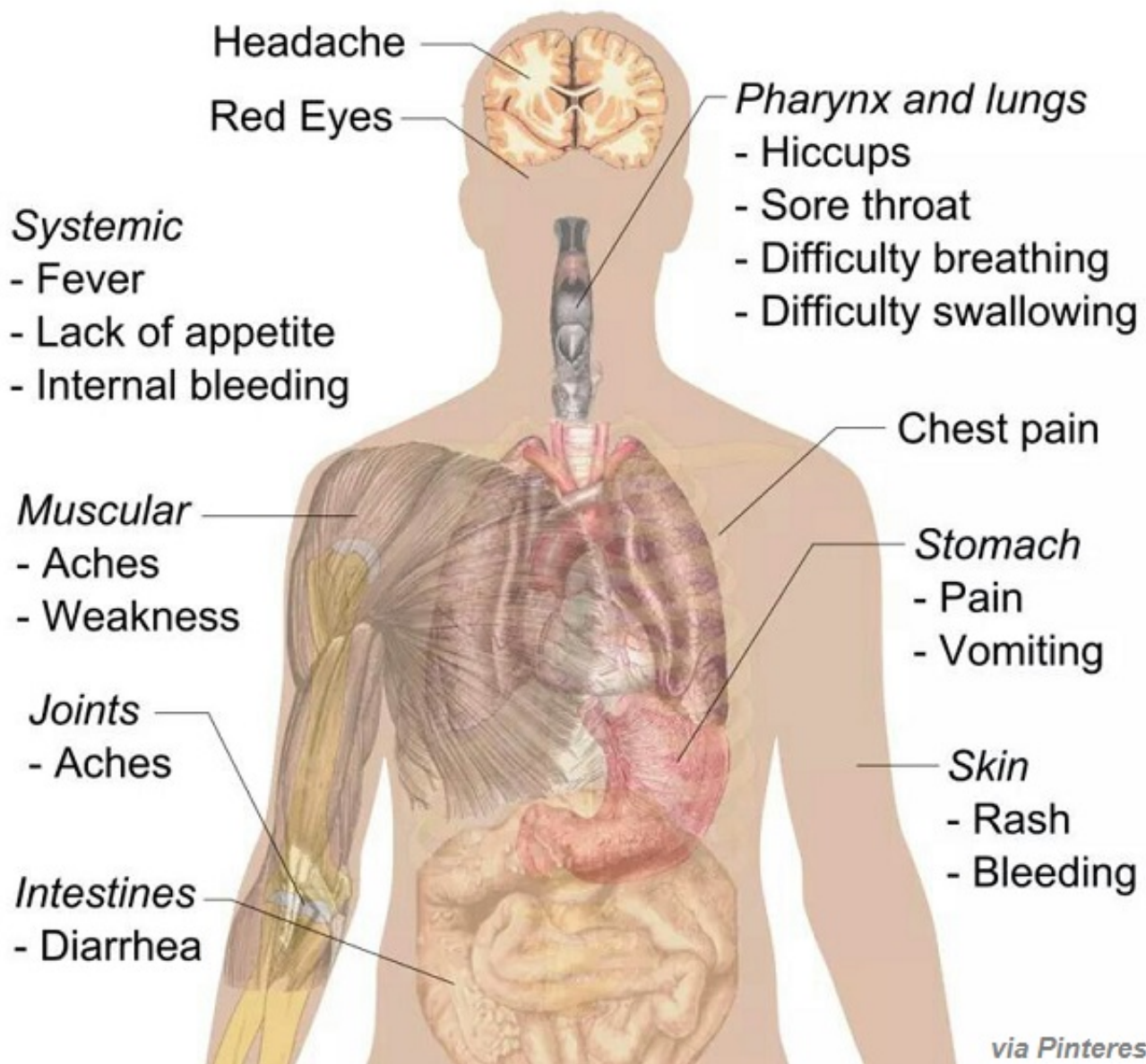
while 34 other countries have imposed travel bans and quarantines because of the Ebola outbreak, our Federal Government of is paralyzed by bureaucratic inertia, fear of transgressing some unwritten rule of political correctness and governing according to the whim of the polls as opposed to growing a 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.

Symptoms of Ebola



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. 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. 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.

Even SWAT Teams Are Helpless Against This

WATCH VIDEO



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