

# CDC Proposes Concentration Camps in America, Plans to Invade Homes and Separate Families



A paper from the CDC proposes physically isolating “high risk” individuals, including the elderly and those with serious underlying medical conditions, and it provides three levels of confinement, called the Shielding Approach. The three quarantine models include high-risk individuals remaining with their family but isolated within a separate room inside the ‘Household’, the second model is the ‘Neighborhood’ level that “swaps” out homes so that high risk persons can be isolated within a small group of households, and, finally, the ‘Camp/Sector’ level that houses up to 50 high-risk people in schools or community buildings.

The CDC claims the purpose of the camps is to prevent overwhelming medical facilities and to avoid lockdowns of the general population by protecting vulnerable people. However, housing a bunch of sick people together has already proven to increase death rates, as was reported when people diagnosed with Covid-19 were moved to nursing homes among the population of vulnerable people. The timeline to terminate the program depends on sufficient hospital capacity, vaccines, and/or when the so-called pandemic subsides. -GEG

Summary of CDC proposal by JW Williams

A CDC document titled *Interim Operational Considerations for*

*Implementing the Shielding Approach to Prevent COVID-19 Infections in Humanitarian Settings* that was published in July 2020 discusses the “shielding approach” to quarantine “high risk” individuals that includes older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19. Innocent people who are symptom-free could be ripped away from their families and loved ones, put on lockdown, and lose their freedom. The CDC admits that the effectiveness of preventing infection using the shielding approach, a euphemism for strict, mass quarantines, has never been documented.

The CDC claims that the shielding approach is intended to alleviate stress on the healthcare system and to avoid long-term containment measures and lockdowns.

The shielding approach aims to reduce the number of severe COVID-19 cases by limiting contact between high-risk vulnerable people and the general population that is considered to be low risk. High-risk individuals would be temporarily relocated to safe “green zones” in households, neighborhoods, or camp/sector communities level. Those confined there would have minimal contact with family members and other low-risk residents. The CDC admits that grouping the elderly and people with underlying disease may result in rapid transmission of illness among the most vulnerable populations that the shielding approach claims it is trying to protect.

The Shielding Approach designates three levels of physical isolation: the Household model has a room dedicated to the isolation of the high risk individual, the Neighborhood level is a grouping of 5 to 10 households that “swap” homes to accommodate high risk individuals, and the Camp/ Sector level is a group of shelters such as schools and community buildings where as many as 50 high risk people are physically isolated together. Able-bodied so-called high risk individuals are needed to care for residents who have disabilities to limit exposure to the general population.

High risk individuals will be further isolated by dividing men and women, those with severe immunodeficiency, or dementia. High-risk minors should be accompanied into isolation by a single caregiver who will also be confined to the green zone. Camps and settlements hosting multiple nationalities may require additional separation.

The paper mentions concern over global reductions in commodity shortages, movement restrictions, border closures, and decreased trucking and flights.

The paper claims the premise is based on mitigation strategies used in the United Kingdom.

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The paper mentions long-term social impacts triggered by separation from friends and family, feelings of isolation, and stigmatization, but fails to honestly address the deep impact of isolation and that solitary confinement is one of the most severe punishments used on prisoners. In addition, the proposal warns that 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.

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The timeline for the shielding approach suggests that green zones be maintained until one of the following circumstances arises: when sufficient hospitalization capacity is established, when an effective vaccine or therapeutic options become widely available, or the COVID-19 epidemic affecting the population subsides.

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In May, Washington Governor Jay Inslee indicated that people who refuse to cooperate with contact tracers or refuse coronavirus testing won't be allowed to leave their homes even to go to the grocery store or pharmacy. California Governor Gavin Newsom issued a limited, unlawful stay-at-home in the form of a curfew. Ventura County Medical Director Robert Levin

caught fire when he spilled the beans about California's plans to forcibly remove people from their homes in a video.

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The spell that the media and authorities have cast must be broken, and the truth revealed. The only way out of this is for good people to rise up and take back their power.

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CDC document:

Interim Operational Considerations for Implementing the Shielding Approach to Prevent COVID-19 Infections in Humanitarian Settings

Additional

source:

<https://ahrp.org/covid-plans-include-family-separation-involuntary-quarantine-in-camps/>

*COVID Plans Include Family Separation & Involuntary Quarantine in "Camps"*