Ebola Threat & Solutions ...

Ebola has appeared in three African nations in 2014 with exponential growth, 71% case fatality, and grossly incompetent response on a local and international level. The recent sending of 160,000 hazmat separate air biohazard suits via the US State Dept to Africa confirms 2012 Canadian research, that Ebola is airborne. Since 1976, Ebola was of short incubation period approximately 4 to 7 days, before rapid onset of terminal DIC disseminated intravascular coagulopathy. The lab where Ebola research in Sierra Leone has been funded by Bill and Melinda Gates and George Soros, under the direction of the CDC of the USA and UN / WHO. The 2010 USA patent by the CDC on Ebola indicates they had interest in genetic and
pathogenic modification of the virus. Its recent rise and spread lend support to the thesis that it is a bioweapon designed to firstly depopulate Africa, and secondly to force travel controls, medical martial law and by 2006 international treaties that pass all military under the UN and all health controls under the WHO.

Ebola mimics early malarial symptoms in Africa, where citizens are prone to go to the local pharmacy or natural doctors for malarial treatment. The population is very suspicious of outside health providers and tend to run from any suggestion of Ebola as a possible diagnosis. Normal self-quarantine is totally useless in Africa, and 21, 30 day time for quarantine is inadequate. It should be sixty days minimum, with monitoring of each person in a separate biohazard room, with no day privileges to leave the facility. Anyone under surveillance must have daily medical checks, viral swabs, blood titers and testing to indicate viral load, and any indication of progression to overt disease which may follow false negative testing results.

Ebola has a reservoir in fruit bats, monkeys and cattle in Africa. It can also infect domestic animals cats, and dogs, as well as carrion birds such as crows, seagulls and eagles.
RECOMMENDATIONS:

1) Cancel all travel Visas to the USA and Western nations from these target countries and any new countries identified to have Ebola outbreaks.

2) FAA to place a Hazmat team on all aircraft to isolate anyone with symptoms presumptive of Ebola with a hazmat tent and isolation of one restroom, at the back of the aircraft. NIOSH N95 masks and biohazard TyVek Suits for suspected travellers and hazmat team with separate air systems with filters.

3) HEPA filters with chain of custody to CDC Certified viral and pathogen labs for every international flight, with contract call list of travellers and followup for minimum three weeks from suspected contact on an identified flight of concern.

4) Hazmat teams and ground transfer vehicles to quarantine facilities at every USA or Western international airport.

5) Ozone and Ionic Silver clearance of all aircraft and all luggage with UV curtains and Wood's light 'grime light' clearance of seats, lavatories, and all passenger contact points.

6) Development of rapid DNA amplification technologies for rapid identification of Ebola or any other suspect pathogen, for airline, hospital, EMT AND Hazmat staff.


8) Avoid contact with body fluids, stool, vomitus, coughing in vicinity, sweat and clothing or personal furniture e.g. bedding, chairs, coaches, and footwear.

9) Self quarantine at home for the duration of an outbreak plus eight weeks in your rea of the county, e.g. prepper needs water, food, personal protection.

10) Refuse all vaccines, drugs, and government detention camps

11) Under development - ZMapp tobacco monoclonal antibodies may be helpful but limited supply and viral genetic evolution and drift could make less useful - Avoid Vaccine with Adenovirus and two genes to make your cells produce Ebola antigenic immune stimulus
12) Plan with Hamm Radio, Local Sheriff's offices, civilian defense teams to control movement of public, gas, food, services, mail etc. to prevent further spread of the pathogen.