

Lawfare - What We Do

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Attorneys, much like doctors tend to specialize in one of a number of areas. Some specialize in case types - criminal defense, medical malpractice, various types of torts, etc. - others specialize in areas of the law - evidence, procedure, litigation, appellate work, etc. - and yet others are simply generalists. There is simply more law than anyone can know well so specializing allows you to excel beyond what most generalists can do in any given area but also limits the areas that you can work in. For my part, I have

chosen to create a new niche area of the law to focus in and that is the focus of this article.

My focus as an attorney is on lawfare. Lawfare, as I define it, is quite different than the lawfare discussed in the media. The media characterizes lawfare as filing numerous cases that border on being unethical for the very unethical purpose of bankrupting the target. I find this repugnant, worse than unethical, and probably illegal so I define lawfare quite differently.

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Lawfare, as I define and practice, is about facilitating change. The origin of lawfare, as I define it, stemmed from the issues we faced at the beginning of COVID. When people came to me to fight mask mandates, lockdowns, vax mandates, etc. they all wanted me to sue someone. They did not know who or what I'd sue for but they were sure their rights were being violated in some way.

While the law may or may not agree with people's perceptions of their rights, I certainly understood people finding the actions our government was taking as being wildly inappropriate and unacceptable. So very early on I stepped back and asked myself what type of lawsuit would "fix" the problems we were facing with COVID.

As an attorney, I understand how to use the law in the courts but I also understand that the courts are not the place to change law. I understand that a court may be useful to limit overreach or misuse of a law, it may be used to challenge an interpretation of the law, but a court cannot create or alter existing law that that is Constitutionally implemented. As such I recognized that, while many or most of the actions taken by the government regarding COVID were wildly unconstitutional (in my view) some were simply terrible law and needed changed legislatively.

So what to do? Enter a new concept - lawfare. Lawfare is the use of strategic litigation, political pressure and support of well-crafted legislation, and the activation of we the people to facilitate change. All of this must be 100% ethical, legal, and above board and all work together to disrupt and/or facilitate change in our nation, society, or industry. This is what I have chosen to specialize in and can be broken down this way:

1. **Legal:** Our focus in legal practice is on the use of ethical and strategic litigation to facilitate disruption and change under the law. The courts are not the place to change the law but there are many uses for litigation where laws have been misinterpreted or where justice needs to be sought to make change. Lawfare cases are NOT unethical cases filed without purpose to punish someone in the court or financially. Lawfare cases, as we define them, are ethical and just cases designed to ensure justice or the proper interpretation of the law.
2. **Political:** Most change under our Constitution starts in the political arena. We understand that arena and are happy to use the carrot or the stick. While we prefer working with our elected officials, when they are corrupt or refuse to stand for what is right we are more than willing to use the tools we have to go after them. Our Constitution and freedoms are worth fighting for and that means we need to make sure there is a political price to pay if an elected official refuses to stand for them. The other side of that coin is that we want to make sure the good guys get credit for their work.
Legislation should be simple and concise. We can help with legislation and supporting elected officials that are doing right.
3. **PR/Public Activation:** We work to bring and activate the public and ensure that we the people know what our elected officials are doing and why they are doing it. We also try to ensure people can see and understand why litigation is important and how it could impact their rights. We cannot and would not try and provide “legal advice” to the public but feel it is important for people to understand the impact of law on their lives. It is our strong belief that doing so promotes integrity in legislation and litigation (plus this is covered by the First Amendment). The foundation to our work with the public is to be 100% honest and keep integrity at the center of what we do. If we fail to do that, we the people will not trust us the next time we share info.

Within the realm of litigation and specialization we have areas we focus as well but a substantial amount of our work is in supporting other lawyers. There are a lot of solid litigators out there but we are quite unique in our ability to develop or supplement litigation strategies - particularly when there are also public relations and political goals. My focus is using what I do to make our nation better but our work is quite useful for disrupting industries, promoting causes, etc. So while we do quite well in the courts, we are incredibly good at disrupting the plans of bad guys by using multi-layered strategies.

If you're wondering whether it works, below are screenshots of the since scrubbed plans from the CDC to essentially implement FEMA camps all over. As you may have noticed this did not happen - and it wasn't because of the poison death jabs. Further, the jab mandates went away and so did Fauci. Plus, President Trump now has Bobby Kennedy coming in to his cabinet. It certainly was not all my team but we absolutely had a big impact there and in other places/causes.

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

Updated July 26, 2020

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 camp, displaced populations and low-resource settings.¹⁻³ 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 coronavirus 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?

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, campsite or community level depending on the context and setting.^{1,3} 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-19.⁴ 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.

Table 1: Summary of the Shielding Approach¹

| Level | 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 listed in the shielding guidance document (column 1) and CDC presents additional questions and considerations alongside these prerequisites (column 2).

Table 2: Suggested Prerequisites for 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 sheltering 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 sheltering/sharing 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. | It may be difficult to sustain, especially if the caregivers are also high-risk. As caregivers may often 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 standards is difficult in these settings for the general population. ^{6,11-12} 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. |

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- 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

Additional Considerations

The shielding approach outlines the general "logistics" of implementation—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

- 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.
- 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.^{13,14} Additionally it may be necessary to provide additional hygiene and 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, where feasible, 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.

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 2-5%).¹⁵ However, in some humanitarian settings more than one quarter of the population may fall under high risk categories^{11,14,16} 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.¹⁴

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 under 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, monitoring/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.

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 support²³ 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

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.

References

1. Favas, C. [Guidance for the prevention of COVID-19 infections among high-risk individuals in camps and camp-like settings](#). London School of Hygiene and Tropical Medicine, 31 March 2020.

The CDC Plan to “FEMA Camp” America

We’ve used lawfare in a lot of places and I enjoy fighting to make our country better. At this point I do practice traditional law in the courts (I’m licensed up through the Sixth Circuit and the Supreme Court of the United States) and with business clients but lawfare is what I love. If you are MAGA and want us to help you with develop and launch a lawfare initiative feel free to reach out. If you have lawyers good at litigating we are happy to assist in making what you and they do a lawfare initiative if it fits. Understand lawfare will typically include all three parts - litigation, a legislative push, and PR and all three must be fit together seamlessly. We can assist in any of those areas but when we use them together they become a truly powerful and unified agent of disruption or change.

The other side of that is please do not bother calling if:

- You are a lawyer and want free promotional work for your case;
- You just want to be famous;
- You are promoting a cause that is against what I stand for (disrupting industry is fine in many cases but no leftist nonsense);
- You want me to do magic with no funding (This work has high overhead and is expensive for me to do even if I make zero. I have a charity -

www.forgodfamilycountry.org and you can reach out there if you have an unfunded cause or want to support us in our other work); and/or

- You are not all in on your fight.

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GDH Nov 9

God bless you Tom! Grant Hensley

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Robert J. Gargas Nov 9

The deconstruction of the gargantuan federal government and its mass surveillance and regulations of the left should be the focus of MAGA lawfare. The Republic must be restored

and the Bill of Rights respected. Purge the Marxists and treasonous rinos from the federal government. Death to the NWO and WHO, WEF, and socialism (the ant-capitalists). Build the wall, deport all criminal illegal aliens, America First. Repent and seek retribution for the victims of genocide (Covid murders and injuries)! The globalist factions who sought to kill America must be prosecuted!

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