

Healthy Young People to wait until 2022 and medley of information

20 Oct 20 (JW)

Yes on the propaganda machine. We will see how long the heads of these 6 Big Media multinational corporations remain in power. Change is coming.

In another media note from CNBC, the WHO that **healthy young people** won't get the COVID vaccine until 2022.

A couple of videos embedded:

<https://www.cnbc.com/2020/10/14/coronavirus-healthy-young-people-might-not-be-able-to-get-the-vaccine-until-2022-who-says.html>

Why would that be? Do they need population reduction of the elderly and unhealthy first? In two. years, I presume that the oligarchs/globalists would still need "young healthy people" to work for their corporation until the full transition from today's economic model to the [4th Industrial Revolution](#) in the vision of the **World Economic Forum's Klaus Schwab**... of AI, Automation, smart factories, smart homes, and smart cities.

[HEALTH AND SCIENCE](#)

Healthy young people might not be able to get the coronavirus vaccine until 2022, WHO says

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KEY POINTS

- 1 **Dr. Soumya Swaminathan, WHO's chief scientist**, said health workers, frontline workers and the elderly will likely get vaccinated first.
- 2 She added that the world will hopefully have at least one safe and effective coronavirus vaccine by 2021, but it will be available in "limited quantities."
- 3 "There will be a lot of guidance coming out, but I think an average person, a healthy young person might have to wait until 2022 to get a vaccine," she said.



World Health Organization (WHO) Chief scientist Soumya Swaminathan on January 12, 2020 in Geneva.

FABRICE COFFRINI | AFP via Getty Images

Healthy young people might not get the coronavirus vaccine until 2022 as public health officials focus on immunizing the elderly and other vulnerable groups first, top officials from the World Health Organization said Wednesday.

Dr. Soumya Swaminathan, WHO's chief scientist, said health workers, frontline workers and the elderly will likely be offered a vaccine first, though prioritization details are still being worked out by the WHO and its advisory groups. And, of course, a vaccine for the virus has yet to be deemed safe and effective by the WHO, the European Union or the United States.

"People tend to think that on the first of January or the first of April, I'm going to get the vaccine, and then things will be back to normal," Swaminathan said. "It's not going to work like that."

She added that the world will hopefully have at least one safe and effective vaccine by 2021, but it will be available in limited quantities." The WHO's strategic advisory group of experts on immunization, or SAGE, recently published [guidelines](#) for countries on how to consider prioritizing different groups of people. More than 10 coronavirus vaccines around the world are in late-stage clinical trials, Swaminathan said, adding that as various vaccines are potentially cleared for distribution, SAGE will release guidance on what populations each vaccine is best suited for and how to logistically distribute it.

"Most people agree that it's starting with healthcare workers and frontline workers, but even then you need to define which of them are at highest risk and then the elderly and so on," Swaminathan said. "There will be a lot of guidance coming out, but I think an average person, a healthy young person might have to wait until 2022 to get a vaccine."

Like the WHO, the U.S. Centers for Disease Control and Prevention and the Food and Drug Administration are preparing to prioritize certain at-risk communities for distribution of the scarce doses. But the U.S. timeline will likely look very different from that of the WHO.

The U.S. has independently secured hundreds of millions of doses from six companies with potential vaccines in development. Top U.S. health officials have said that the U.S. could have enough doses to vaccinate every American by spring of 2021, with limited distribution for prioritized groups beginning potentially this year.

Top WHO officials have cautioned nations against securing vaccine doses for their own citizens like the U.S. and China have done, which WHO Director-General Tedros Adhanom Ghebreyesus has called "vaccine nationalism."

WATCH NOW

<https://www.cnn.com/2020/10/14/coronavirus-healthy-young-people-might-not-be-able-to-get-the-vaccine-until-2022-who-says.html>

VIDEO 01:46

Bill Gates on how to distribute coronavirus vaccines and antivirals

In contrast, the WHO has launched what they call the COVAX program to guarantee fair access to the supply of vaccine doses for the entire world. More than 170 countries, including [China and the United Kingdom](#), have invested in the facility, which disperses the risks and potential benefits of vaccine development across its members.

"We need to make sure that we vaccinate those most at risk in every country before we vaccinate everyone in a couple of countries," Dr. Maria Van Kerkhove, head of the WHO's emerging diseases and zoonosis unit, said Wednesday.

"Part of that is not only due to the commitments of governments, but also the understanding of individuals saying, 'I'm a younger person. I don't have any underlying conditions. I may need to wait so my grandparents can get a vaccine,'" she added.

But any plans for vaccine distribution is of course contingent upon first getting a vaccine that is both safe and effective. The WHO's comments come days after [Johnson & Johnson](#) announced a [pause on their late-stage vaccine trial due to safety concerns](#). And [AstraZeneca's](#) late-stage trial in the U.S. remains on hold after it was halted last month.

Such pauses in clinical trials are typical, health officials say, and indicate that the regulatory agencies are taking the proper safety precautions in developing the vaccines. Though both hiccups are reminders of the difficult task of vaccine development.

Van Kerkhove emphasized that even without a vaccine, the world has tools to stop the spread of the coronavirus now.

"We have tools right now that can prevent amplification events," she said, adding that wearing a mask, avoiding crowds and frequent hand washing can all slow the spread. "We can get ahead of the virus and in many countries they've controlled transmission."

On Fri, Oct 16, 2020 at 11:44 PM < > wrote:

Media propaganda + pseudoscience that claims causality is proved by using an RT-PCR test that is described by all authorities as "not capable of diagnosing infections".

Looks like big pharma quackery to me. That is, the emperor's new clothes of pandemics!

On Saturday, October 17, 2020 7:28 AM,
the fact that the media appear to have deliberately tried to give us bad information about most aspects of the illness and of the pattern of illnesses and number of cases. I recommend that nonscientists be aware that we are being played by the media and every piece of information you see may have been put out there with an ulterior motive, most to increase fear.

This is the huge problem we are facing, which has been an impediment for years...we have no mainstream media independently and objectively providing news and critical analysis of vaccination policy. This lack of a properly operating and accountable 'fourth estate' is damaging our liberal democracies, and threatens our freedom and bodily autonomy in regards to the threat of mandatory vaccination.

Bill Gates has 'bought' much of the media, e.g. The Guardian and the BBC.

The Murdoch media, aka News Corp, with The Times and The Sun in the UK, Foxtel and Sky in the US, UK and Australia and elsewhere, plus The Wall Street Journal in the US, and The Australian and tabloids such as The Daily Telegraph and Herald Sun etc in Australia, has directly influenced vaccination policy in Australia with its campaign for the No Jab, No Pay law, i.e. coercive vaccination for children, i.e. without 'informed consent' for these medical interventions.

The Murdochs / News Corp have a massive conflict of interest, i.e. News Corp is a corporate partner with the Murdoch Children's Research Institute, which is involved in vaccine research and development, (including now coronavirus vaccination). This massive conflict of interest was not disclosed when the News Corp newspapers in Australia campaigned for the coercive No Jab, No Pay law, with its No Jab, No Play media campaign back around 2014/2015.

These are just a few examples of media corruption which is damaging our democracies. How can we fight against this and expose it?

Huge damage is being done because mass populations are being misinformed by propaganda, including via taxpayer-funded media in countries such as Australia and the UK, i.e. the ABC and BBC, which appear to have been hijacked into spreading Pharma's message, with the backing of governments.

And then there's the journals, the blessed 'peer-reviewed literature', such as The Lancet, The BMJ, NEJM, etc, which are servants to Big Pharma too, money-making rackets which publish the industry-funded studies which support the promotion of products.

How do we start to tackle this vast propaganda machine?

On Wed, 14 Oct 2020 at 2:07 am, Meryl Nass wrote:

Within the first 10 days of January a sequence for the Chinese SARS-CoV-2 virus had been published by Edward Holmes of Australia. (He coauthored the March Nature Medicine paper I have publicly criticized.) Holmes works closely with Chinese scientists who passed this to him, possibly without CCP authorization.

People were able to immediately start devising PCR tests based on this published sequence even without a virus.

After that, as the virus travelled to many countries, Scientists around the world started isolating the virus locally. There have been I believe over 1000 isolations from patients from many countries and scientists have decoded the genome i.e. sequenced the virus, which has 30,000-34,000 nucleotides, and shown what mutations are occurring in different parts of the world. Alina Chan helped create a website that characterizes these strain differences by location. She posted the web address and some graphs to twitter a few weeks ago but I have not found them today.

The virus has been cultured in many countries. But it cannot be cultured in ordinary small hospital labs, because Sars is a designated biological warfare agent with pandemic potential and must (by US law) be cultured only in high containment laboratories. So culture tests are not commercially available, but they are being done.

Testing for the virus is a disaster. There are over 100 available tests within the United States and more overseas. CDC completely messed up its test, which did not work, but it refused to allow anyone else to develop a test during January and February. CDC appears to have known their test was no good, restricting it to under 1000 people in total during those two months

By Feb 29, the FDA said it would allow companies to apply for an emergency use authorization for their tests, but the procedure was so complicated that only four companies applied over about the next 2 1/2 weeks. So, in the middle of March we still didn't have tests in the US so the FDA then said anyone who had a test could offer it and subsequently send the FDA information on the test performance.

By late March there was an explosion of tests being offered and nobody had any idea how they compared with each other nor how sensitive nor specific they were, apart from their manufacturers' claims.

After a while, FDA realized that many of these tests were totally worthless and they took a number of tests made in China off the market but left the others, still about 100 tests.

There are no reliable numbers for how well these tests have performed. Some people have looked at small numbers of tests and tried to get an idea in their local community.

You should be informed, however, that part of the problem is the virus itself. It doesn't always stimulate the antibodies that labs are looking for, and some people who get Covid do not make those antibodies in sufficient quantity to be measured. There were similar problems with SARS-1 tests. (But SARS-1 had 8K total cases and we have 750 M, so you would have expected some of these issues to be resolved. Plus, I am not current on what is happening in other countries.)

As far as the PCR tests go, it was hoped they would be the gold standard but it has not worked out that way. There are many potential problems with PCR tests. The target nucleotide sequence that is chosen may not be totally specific to this virus, and cross react with sequences from other microorganisms or ?

At least six different primers have been selected for use by different companies and we don't know how they compare with each other. Different machines are being used. Different cycle lengths i.e., number of doubling cycles, are used in different labs. Finally, unless the lab is very clean, it can be contaminated, which may also provide false positives.

If the sample is not obtained carefully, or if it is obtained too early or too late in the course of the illness, the amount of virus on the swab may not reach the limits of detection of the test.

The FDA has posted a website recently in which they say they have sent out test kits to many dozens of labs to see how the labs perform. Not all of the test kits have been returned, and it appears this was a voluntary exercise:

<https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/sars-cov-2-reference-panel-comparative-data>

Coupled with all the above confusion is the fact that the media appear to have deliberately tried to give us bad information about most aspects of the illness and of the pattern of illnesses and number of cases. I recommend that nonscientists be aware that we are being played by the media and every piece of information you see may have been put out there with an ulterior motive, most to increase fear.

If you look at the suppression of effective treatments, the falsely elevated case and death numbers, and the prolonged lockdowns which make little sense, because this is a disease that can be effectively treated, even without Remdesivir and vaccines, and at this point in time seems to have morbidity similar to influenza, you realize we are being subjected to a wholly different agenda than what is being presented to us.

We are being made to think this pandemic is much more severe than it really is, and the powers that be are doing their best to keep it that way. Our economies are being destroyed and many jobs will never come back

There is a meme that has been used by leaders of multiple countries and that is "build back better"

The best current hypothesis is that the world economic forum and its ilk are using the pandemic as a means to destroy the current economy and rebuild and finance it to their own specifications.

They are using terms like climate change, green, save the earth, non-racist, equitable, fair to soften us up for what is to come.

What is to come seems to be a surveillance state with increased top down power and a reduced standard of living. Green goals may be part of it; after all, the leaders need pristine forests and fields for their own use. Maybe, maybe not for ours. This view is consistent with statements by Peter Daszak, CEO of EcoHealth Alliance, who is in bed with WIV, NIAID, DOD. Peter Horby, codirector of the Recovery trial in the UK which poisoned people with HCQ to prevent its use for Covid, recently said we should be moving toward commuting by bicycle. The NYT and other major papers have run similar pieces recently Fauci and Morens, in CELL, last month, said (I am paraphrasing but the quote is on my blog) that our aggressive handling of nature is what causes pandemics.

The pandemic and prolonged lockdowns that are inappropriate to the seriousness of the illness appear to be the means to get us there.

My two cents
M. Nass, MD
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