

How Changing the Definition of Pandemic Altered Our World

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✓ Fact Checked

STORY AT-A-GLANCE

- › Had it not been for the World Health Organization changing the definition of “pandemic,” COVID-19 would no longer be an issue. The WHO’s original definition of a pandemic specified simultaneous epidemics worldwide “with enormous numbers of deaths and illnesses”
- › This definition was changed in the month leading up to the 2009 swine flu pandemic. The WHO removed the severity and high mortality criteria, leaving the definition of a pandemic as “a worldwide epidemic of a disease”
- › This is how COVID-19 is still promoted as a pandemic even though it has caused no excess mortality in nine months
- › In 1976, fear of an impending swine flu pandemic led to the deployment of a fast-tracked vaccine that injured thousands and killed at least 300. In the end, the pandemic never materialized. The 1976 swine flu vaccine program has been cited as the origin of the anti-vaccine movement
- › Other hyped pandemics that were predicted to become global killers — but didn’t — include the 2005 bird flu outbreak and the H1N1 swine flu pandemic of 2009, a vaccine for which caused narcolepsy in thousands of European children

Mid-March 2020 predictions said COVID-19 would kill 2.2 million Americans if allowed to run its course.¹ By the end of March, Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, downgraded the projected death toll, saying we were probably looking at 100,000 to 240,000 Americans dying.²

April 8, 2020, a new model referred to as the Murray Model³ downgraded the threat further, predicting COVID-19 will kill 60,000 in the U.S. by August 2020⁴ — a number that is still 20,000 lower than the Centers for Disease Control and Prevention's death toll numbers attributed to the seasonal flu the winter of 2017/2018.⁵

Now, nine months into the pandemic, mortality statistics clearly show the truth: The COVID-19 pandemic is a pandemic in name only. In reality, there's no excess mortality,^{6,7,8} and had it not been for the World Health Organization changing the definition of "pandemic," COVID-19 would no longer be an issue.

I know some will balk at the concept of no excess mortality but the truth is the truth, and when you examine the existing numbers, that is what you find. If you integrate the U.S. Centers for Disease and Prevention's comments that 94% of those who died had comorbidities, which could easily be the real cause of the reported "COVID-19 deaths," it then becomes obvious that the numbers were highly inflated.

Definition of Pandemic Substantially Altered

The WHO's original definition of a pandemic was:^{9,10}

"... when a new influenza virus appears against which the human population has no immunity, resulting in several, simultaneous epidemics worldwide with enormous numbers of deaths and illness."

The key portion of that definition is "enormous numbers of deaths and illness." This definition was changed in the month leading up to the 2009 swine flu pandemic. The change was a simple but substantial one: They merely removed the severity and high mortality criteria, leaving the definition of a pandemic as "a worldwide epidemic of a disease."¹¹

This switch in definition allowed the WHO to declare swine flu a pandemic after a mere 144 people had died from the infection, worldwide, and it's why COVID-19 is still promoted as a pandemic even though it has caused no excess mortality in nine months.^{12,13,14}

We now have plenty of data showing the lethality of COVID-19 is on par with the seasonal flu.^{15,16,17,18,19} It may be different in terms of symptoms and complications,

but the actual lethality is about the same. The absolute risk of death is equivalent to the risk of dying in a car accident.^{20,21}

By removing the criteria of severe illness causing high morbidity, leaving geographically widespread infection as the only criteria for a pandemic, the WHO and technocratic leaders of the world were able to bamboozle the global population into giving up our lives and livelihoods.

As noted by Reiner Fuellmich, an attorney and founding member of the [German Corona Extra-Parliamentary Inquiry Committee](#), the COVID-19 pandemic is "probably the greatest crime against humanity ever committed."^{22,23,24,25}

This certainly isn't the first time doom and gloom predictions of mass casualties have completely collapsed. It's also not the first time that fast-tracked pandemic vaccines have been issued, with devastating effect.

In that regard, we can learn a lot from the 1976 swine flu pandemic, detailed in the 1979 "60 Minutes" episode featured above. This was also the first time drug companies were indemnified against liability for any harm that might result from a fast-tracked vaccine.

The Swine Flu Fraud of 1976

In February 1976, secretary of health F. David Matthews warned the American people there were indications that the virus responsible for the deadly 1918 flu pandemic had returned. In January that year, a 19-year-old Army private had died from flu-related pneumonia, despite being in good health, and by the end of the month, 155 soldiers at Fort Dix tested positive for swine flu antibodies.

Projections suggested the dreaded virus would kill 1 million Americans before the end of 1976.²⁶ "The government propaganda machine cranked into action," "60 Minutes" says, urging all Americans to get vaccinated against the swine flu.

“ Americans who got the swine flu vaccine were told it had been properly field tested. What they

were not told was that the vaccine they received was not the actual vaccine that had undergone testing.”

According to "60 Minutes," 46 million Americans got the vaccine, and over the next few years, thousands of Americans filed vaccine damage claims with the federal government.²⁷

This was well before the 1986 Vaccine Compensation Act, so vaccines were still liable for damages at that time. Congress did grant the swine flu vaccine special immunity, though, and wound up paying (actually U.S. taxpayers did) for the \$3.5 billion in damages the vaccine caused. A 1981 report by the U.S. General Accounting Office to Sen. John Durkin reads, in part:²⁸

"Before the swine flu program there were comparatively few vaccine-related claims made against the Government. Since 1963, Public Health Service records showed that only 27 non-swine flu claims were filed.

However, as of December 31, 1979, we found that 3,839 claims and 988 lawsuits had been filed against the Government alleging injury, death, or other damage resulting from the 45 million swine flu immunizations given under the program.

A Justice official told us that as of October 2, 1980, 3,965 claims and 1,384 lawsuits had been filed. Of the 3,965 claims filed, the Justice official said 316 claims had been settled for about \$12.3 million ..."

\$3.5 Billion Dollars in Damages Paid for Vaccine Injuries

According to "60 Minutes," the final claims amount for the nearly 4,000 claimants ended up totaling \$3.5 billion. Two-thirds of the claimants suffered neurological damage and at least 300 of them died from vaccine side effects. In the end, the pandemic itself never materialized.²⁹ An article by Real Clear Politics described the timeline of the pandemic that wasn't, and the circumstances that led to the indemnification of vaccine makers:³⁰

"All of the reported swine flu cases had been limited to the soldiers in Private Lewis' camp. The virus wasn't spreading. For some reason this information did not mollify the doctors, and on Feb. 14, 1976, the CDC issued a notice to all U.S. hospitals to be on the lookout for any cases of swine flu.

By March ... not one case of swine flu had been reported outside of Fort Dix. For some reason this news did not placate the doctors either, and on March 13, 1976, the director of the CDC asked Congress for money to develop and test enough swine flu vaccine to immunize at least 80% of the population of the United States ...

By July, [scientists] were pretty much agreed that a flu pandemic in 1976 would not lead to 1 million U.S. dead. The flu strain extracted from Private Lewis, they learned, was much less virulent than the 1918 strain ...

The World Health Organization ordered hospitals to keep a global lookout for swine flu, but it did not request mass immunization ... But the U.S. government was unstoppable. Congress began to pressure the drug companies to work faster toward development of a swine flu vaccine ...

The drug companies suggested that they could work faster if they were given immunity from lawsuits in the event something went wrong with the vaccine. Congress refused. The issue of legal liability remained at an impasse until Aug. 2, 1976.

On that day, two members of the American Legion died of a strange respiratory disease they acquired at the Legion's convention in Philadelphia. Congress collectively freaked.

Panicky news reports out of Philadelphia hinted that the deaths were the beginning of the Great Swine Flu Epidemic of 1976. On Aug. 3, Congress agreed to completely indemnify the drug companies against any and all lawsuits they might incur as a result of the distribution of swine flu vaccine."

CDC Lied About Swine Flu Vaccine Safety

According to "60 Minutes," Americans who got the swine flu vaccine were told it had been properly field tested. What they were not told was that the vaccine they received was not the actual vaccine that had undergone testing.

What's more, according to Dr. Michael Hattwick, who directed the surveillance team for the 1976 swine flu vaccination program at the U.S. Centers for Disease Control and Prevention, there was evidence showing **influenza vaccinations** could, and had, caused neurological complications in the past.

He claims he warned his superiors of this possibility, as it pertained to the swine flu campaign. Yet the CDC denied the evidence and the American public was never informed of this risk. "60 Minutes" also reveals the CDC was proven to have lied in its marketing materials for the vaccine.

Judy Roberts was one of the victims of that 1976 vaccination campaign. She was paralyzed by the vaccine, and suffered permanent damage. Her husband, who also was vaccinated and suffered no ill effects, ends the "60 Minute" segment saying:

"I told Judy to take the shot ... I'm mad with my government. They knew the facts but they didn't release those facts, because if they had released them, people wouldn't have taken it.

And they can come out tomorrow and tell me there's going to be an epidemic, and they can drop off like flies next to me, and I will not take another shot that my government tells me to take."

The Origin of the Anti-Vaccine Movement

The 1976 swine flu vaccine program has sometimes been cited as the origin of the anti-vaccine movement, and for good reason. Thousands were seriously injured and hundreds died after placing their trust in scientists and the government. Many of them, just like Roberts in the "60 Minutes" segment, vowed never to be that naïve again. As reported by Smithsonian Magazine in 2017:³¹

"In the spring of 1976, it looked like that year's flu was the real thing. Spoiler alert: it wasn't, and rushed response led to a medical debacle that hasn't gone away.

'Some of the American public's hesitance to embrace vaccines – the flu vaccine in particular – can be attributed to the long-lasting effects of a failed 1976 campaign to mass-vaccinate the public against a strain of the swine flu virus,' writes Rebecca Kreston for Discover.

'This government-led campaign was widely viewed as a debacle and put an irreparable dent in future public health initiative, as well as negatively influenced the public's perception of both the flu and the flu shot in this country.'

Pandemic Threats Have Repeatedly Turned to Naught

Sadly, the embarrassment of the 1976 swine flu debacle did not put an end to faux pandemics. In the last 15 years alone we've had to defend against wave upon wave of pandemic pandemonium, none of which turned out to be the global killer that "experts" predicted.

The 2005 [bird flu outbreak](#), for example, was predicted to kill anywhere from 2 million to 150 million people. In reality, the death toll topped out at just 98 people, globally, in 2005; 115 in 2006; and 86 in 2007.³² No one in the U.S. died from this infection, and the sheer brazenness of this fake pandemic prompted me to write my New York Times best seller book "The Great Bird Flu Hoax."

In [2006](#), 2007 and again in 2008, hyped warnings over the bird flu were repeatedly exposed as little more than a cruel hoax, designed to instill fear and line the pocketbooks of industry and various vested individuals.

Then came the now infamous H1N1 swine flu of 2009.³³ The CDC estimates that from April 12, 2009, to April 10, 2010, there were 60.8 million cases of H1N1 infection, 274,000 hospitalizations and 12,469 deaths in the United States. The infection fatality rate was a mere 0.02%. Then, as now, vaccines were fast-tracked. Lo and behold, within months, cases of [disability and death from the H1N1 vaccine](#) were reported in various parts of the world.

In 2010, the AS03-adjuvanted swine flu vaccine Pandemrix (used in Europe but not in the U.S. during 2009-2010) was causally linked³⁴ to childhood narcolepsy, which had

abruptly skyrocketed in several countries during the vaccination campaign.^{35,36}

In the aftermath, the Council of Europe Parliamentary Assembly (PACE) raised serious questions about the WHO's handling of the pandemic and the role drug companies may have played in its drug and vaccine recommendations.

In June 2010, PACE concluded "the handling of the pandemic by the WHO, EU health agencies and national governments led to a 'waste of large sums of public money, and unjustified scares and fears about the health risks faced by the European public.'"³⁷

Specifically, PACE concluded there was "overwhelming evidence that the seriousness of the pandemic was vastly overrated by WHO," and that the drug industry had influenced the organization's decision-making.³⁸

The sad reality is that the WHO is little more than a front group for Big Pharma and the technocratic elite that seek to "reset" the global economic and social structure. It would indeed be naïve to expect this private organization to do what's right for public health while simultaneously taking direction from Bill Gates (its primary funder) and the drug industry.

While the 2009 swine flu pandemic was the most significant in terms of the fearmongering brought to bear, in the summer of 2012, dire predictions of mutating bird flu again filled the media, followed by urgent calls for yet another fast-tracked vaccine.

Two years later, in 2014, the **Ebola virus** turned into a global health emergency after epidemics in Liberia, Guinea and Sierra Leone had been largely ignored. Interestingly enough, a UN resolution called for no restrictions on international travel to Ebola-stricken countries — a decision that led to an infected passenger bringing the infection to the U.S.

Another two years after that, in 2016, **Zika virus** hit pandemic status,³⁹ triggering travel alerts and restrictions in and out of affected regions. All of these pandemics defied experts' predictions of mass casualties. None turned into a global killer, and COVID-19 is no different.^{40,41,42}

Why We Must End Gain-of-Function Research

Time and again, serious safety breaches have been identified at laboratories working with the most lethal and dangerous pathogens in the world,^{43,44,45,46,47,48,49} and mounting evidence suggests SARS-CoV-2 may be a lab creation as well.

Scientists defend and promote gain-of-function research by insisting it allows us to prepare for pandemics.⁵⁰ In reality, this kind of research does not appear to have improved governments' **pandemic responses** in the least. If anything, it's a curious coincidence that the very viruses undergoing gain-of-function research are the ones causing pandemics.

As just one example, an article⁵¹ by Mark Denison, editor of mBio, presents a hypothesis for the 1977-1978 H1N1 swine flu pandemic, often referred to as the Russian flu, as the first cases were reported in the USSR. According to Denison, the pandemic "was probably not a natural event, as the genetic sequence of the virus was nearly identical to the sequences of decades-old strains."

The lab hypothesis has "gained popularity in discussions about the biosafety risks of gain-of-function influenza virus research, as an argument for why this research should not be performed," he writes. Another possibility being kicked around is that the infection spread through a live-vaccine trial. A third option: a deliberate release as a bioweapon.

As noted in a 2009 New England Journal of Medicine review article, which provided a historical perspective on the emergence of H1N1 viruses:⁵²

"Even though human influenza A (H1N1) virus had not circulated since 1957 and the swine influenza A (H1N1) virus that had been identified at Fort Dix did not extend outside the base, in November 1977, the H1N1 strain reemerged in the former Soviet Union, Hong Kong, and northeastern China.

This strain affected primarily young people in a relatively mild presentation. Careful study of the genetic origin of the virus showed that it was closely related to a 1950 strain but dissimilar to influenza A (H1N1) strains from both 1947 and 1957.

This finding suggested that the 1977 outbreak strain had been preserved since 1950. The reemergence was probably an accidental release from a laboratory source in the setting of waning population immunity to H1 and N1 antigens."

Can history repeat itself? There are no guarantees that it can't or won't, which is why it's so important we find out where SARS-CoV-2 really came from. As noted by the National Review,⁵³ getting to the bottom of the origin of SARS-CoV-2 is crucial if we want to prevent a similar pandemic in the future:

"If it originated from a person eating bat or pangolin at a wet market, then we need to take steps to ensure that bat and pangolin consumption and trade stops ...

Bat guano is used as fertilizer in many countries, and that guano can be full of viruses ... If this is the source of the virus, we need to get people to stop going into caves and using the guano as fertilizer ...

In a strange way, the 'lab accident' scenario is one of the most reassuring explanations. It means that if we want to ensure we never experience this again, we simply need to get every lab in the world working on contagious viruses to ensure 100% compliance with safety protocols, all the time."