

# How Does COVID-19 Compare to the Spanish Flu?

Analysis by [Dr. Joseph Mercola](#)

✓ Fact Checked

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## STORY AT-A-GLANCE

- › While COVID-19 meets the technical definition of a pandemic, the death toll is nowhere near that of earlier serious pandemics that would legitimately justify the extraordinary measures being deployed by the U.S. government
- › An estimated 75 million to 200 million people in Eurasia and as much as 60% of the European population in rural areas were wiped out by the Black Death (bubonic plague) between 1347 and 1351
- › The Spanish flu (swine flu), which hit during World War I in 1918, infected 500 million people worldwide, killing an estimated 50 million, or 2.7% of the global population
- › Using the higher of two prominent COVID-19 trackers, 238,950 people had died, globally, from COVID-19 as of the afternoon on May 2, 2020. Based on a global population of 7.8 billion, 238,950 deaths amount to 0.003% of the global population
- › Mid-March predictions said COVID-19 would kill 2.2 million Americans if allowed to run its course. April 8, 2020, the Murray Model downgraded the threat to 60,000 dead by August, which is lower than the death toll for the seasonal flu of 2017/2018

### From Dr. Joseph Mercola

Since COVID-19 first entered the scene, exchange of ideas has basically been outlawed. By sharing my views and those from various experts throughout the pandemic on COVID treatments and the experimental COVID jabs, I became a main target of the White House, the political establishment and the global cabal.

Propaganda and pervasive censorship have been deployed to seize control over every part of your life, including your health, finances and food supply. The major media are key players and have been instrumental in creating and fueling fear.

I am republishing this article in its original form so that you can see how the progression unfolded.

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While COVID-19 meets the technical definition<sup>1</sup> of a pandemic (i.e., “an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people”), the death toll is nowhere near that of earlier serious pandemics<sup>2</sup> that would legitimately justify the extraordinary measures being deployed by the U.S. government and others around the globe.

## **The Black Death**

For comparison, the “Black Death,” which swept through Europe between 1347 and 1351 and kept resurfacing at intervals for the next 300 years, decimated up to one-third of the population with each recurrence.<sup>3,4</sup>

While the Black Death was long thought to be the same as the bubonic plague, in more recent years, researchers have questioned this assumption,<sup>5</sup> and at least some of the evidence suggests they were not the same disease.

Either way, the plague killed 75 million to 200 million people in Eurasia, with deaths peaking in Europe from 1347 to 1351.<sup>6</sup> As much as 60% of the European population in rural areas were wiped out by the Black Death in the first four-year-long pandemic wave. People died within days of having symptoms.<sup>7</sup> This horrific lethality is typically what people think of when they hear the word “pandemic.”

## **The Spanish Flu**

Similarly, the Spanish flu (aka, swine flu), which hit during World War I in 1918, infected 500 million people worldwide, killing an estimated 50 million, or 2.7% of the global population.<sup>8</sup>

It killed 675,000 in the U.S. alone — more than died in combat during World War I, World War II, the Korean, Vietnam, Iraq and Afghanistan wars combined, according to the historical documentary above.

Like the bubonic plague, the Spanish flu was a very rapid killer, causing death in as little as 12 hours. Like the novel coronavirus SARS-CoV-2, the virus also spread very easily and rapidly. Unlike COVID-19, however, people between the ages of 20 and 40 were most susceptible to the infection.

With COVID-19, it's the elderly and immune compromised that are at greatest risk, but even in these high-risk groups, the mortality rate is nowhere near that of the Spanish flu.

## **COVID-19**

Data points vary, and mortality statistics differ widely depending on the country and area you're looking at, but using the higher of two prominent COVID-19 trackers — Worldometer,<sup>9</sup> opposed to Johns Hopkins Coronavirus Resource Center<sup>10</sup> — 238,950 people had died, globally, from COVID-19 as of the afternoon on May 2, 2020.

Based on a global population of 7.8 billion,<sup>11</sup> 238,950 deaths amount to 0.003% of the global population. Even if this tally is off by hundreds of thousands, we're still only looking at a fraction of a percent of the global population succumbing to COVID-19 in three and a half months.

April 15, there were also 1,403,420 active cases, 96% of which were mild and only 4% of which were serious or critical,<sup>12</sup> so clearly, a vast majority of people who are infected make it through and end up having antibodies that will confer long-term immunity.

I for one could see shutting down the global economy for a true plague or something much like the Spanish flu, but COVID-19 simply doesn't warrant the draconian

elimination of personal freedom and liberty we're currently seeing. Nor is it serious enough to warrant the kinds of long-term surveillance strategies suggested by Bill Gates.

## **Understand What's Happening Right Now**

The Corbett Report above is well worth listening to if you're still on the fence and think the way we're going is a good idea to safeguard the vulnerable. Remember, infectious diseases have been with us since the dawn of mankind, and are not going to stop. Ever.

Right now, we're being told that we have to forgo our civil liberties because we might spread a virus to a potentially vulnerable individual, and if that happens, we're culpable in their death. So, to prevent "mass homicide" from occurring by people moving about freely, we're told we have to isolate ourselves and stop living.

Yet every single flu season throughout history, people have moved about, spreading the infection around. Undoubtedly, most people who have ever left their house with a cold, stomach bug or other influenza at any point in the past has unwittingly spread the infection to others, some of which may have ended up with a serious case of illness and some of which may ultimately have died from it.

There is simply no way to prevent such a chain of events in perpetuity. Giving up our civil liberties in an effort to prevent all future deaths from infectious disease is profoundly misguided, and ultimately will not work anyway.

From my perspective, the only mitigating factor in this analysis is that there appears to be solid, well-documented evidence that this is an engineered virus, one that was constructed in biosafety level 3 and 4 labs that are focused on offensive biological weapons research. This may result in unprecedented adverse biological adaptations that impair innate immunity. But at this time, I seriously doubt it.

## **Mortality Predictions Fall Apart**

Mid-March predictions said COVID-19 would kill 2.2 million Americans if allowed to run its course.<sup>13</sup> 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.<sup>14</sup>

April 8, 2020, a new model referred to as the Murray Model<sup>15</sup> downgraded the threat further, predicting COVID-19 will kill 60,000 in the U.S. by August<sup>16</sup> — 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.<sup>17</sup>

In the Liberty Report video above, Dr. Ron Paul, former GOP congressman, also points out that Fauci's "doom and gloom predictions" have completely collapsed, "with the new official prediction coming in under the normal flu numbers for 2018."

If COVID-19 is not causing any greater death toll than the regular flu season two years ago, why are we now asked to end society as we know it well into the foreseeable future? There's no doubt in my mind that there will be far more deaths attributable to the financial collapse and isolation than there will be from the actual infection.

## **H1N1 Swine Flu Pandemic Response Was a Gift to Big Pharma**

The H1N1 swine flu of 2009 was the most recent pandemic of note, and considering Fauci and Gates are both saying we won't be able (read, allowed) to go back to any semblance of normalcy until or unless we have a vaccine and enforce mandatory vaccination of the global population, it's worth remembering what happened during the 2009 swine flu pandemic.

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 (0.02% infection fatality rate/mortality rate) in the United States.

June 11, 2009, the World Health Organization declared a global pandemic of novel influenza A (H1N1).<sup>18</sup> A vaccine was rapidly unveiled, and within months, cases of disability and death from the H1N1 vaccine were reported in various parts of the world.

In the aftermath, the Council of Europe Parliamentary Assembly (PACE) questioned the WHO's handling of the pandemic. In June 2010, PACE concluded "the handling of the pandemic by the World Health Organization (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.'" <sup>19</sup>

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. <sup>20</sup> As reported by the Natural Society in 2014: <sup>21</sup>

*"... a joint investigation by the British Medical Journal (BMJ) and the Bureau of Investigative Journalism (BIJ) has uncovered some serious conflicts of interest between the World Health Organization (WHO), who proposed ... heavy vaccinations, and the pharmaceutical companies which created them.*

*The joint-investigation's report explains that the WHO profited immensely <sup>22</sup> from the scare tactics they utilized to promote the use of a swine flu vaccine.*

*Creating mass hysteria was the WHO's emergency advisory committee's goal ... The WHO told the world that up to 7 million people could die without the vaccines they were pushing ... The advisory panel was choked with individuals highly connected to the pharmaceutical companies with vested interests in both antiviral and influenza vaccines.*

*An over \$4 billion stake was invested in developing these vaccines, and without a pandemic there would be no use for them. Utilizing propaganda and fear, the drugs were pushed on unsuspecting people, and the money was made."*

Disturbingly, while the WHO was found to have had serious conflicts of interest with the drug industry, nothing has actually changed since then, which makes one wonder whether the WHO's COVID-19 pandemic response can actually be trusted.

## **White House Halts Funding to WHO**

On the upside, U.S. Surgeon General Jerome Adams stated in an April 13 radio interview<sup>23,24</sup> with Breitbart News Daily that the White House Coronavirus Task Force is no longer relying on predictive projection models at this point, for the simple reason that we now have sufficient real-time data that provide a far more accurate overview of the situation.

According to Adams, the reopening of American communities will be based on actual infection rates (derived from testing) rather than predictive modeling, and communities' ability to handle the real-world medical case load.

April 14, 2020, President Trump also halted funding to WHO until a White House review of the organization's handling of the COVID-19 pandemic has been completed. As reported by Politico:<sup>25</sup>

*"Trump ... accused WHO of 'severely mismanaging and covering up the spread of the coronavirus' and called its opposition to U.S. travel restrictions on China in the outbreak's early months 'disastrous.'*

*While WHO did call such travel bans 'ineffective in most situations' at the time, the group did acknowledge that they could buy countries time to 'to initiate and implement effective preparedness measures.'"*

Considering WHO is acting like little more than a front group for Big Pharma, just like the Gates Foundation (which is now the largest funder of WHO), this may actually be a good thing. WHO really needs to decide whether it's going to do what's right for public health or take its direction from Gates and the drug industry.

Gates, through his massive involvement with WHO — detailed in **"Bill Gates — Most Dangerous Philanthropist in Modern History?"** — is both calling the shots during this pandemic and stands to gain handsomely from it, seeing how the Gates Foundation Trust is invested in vaccine development companies that in turn receive "charitable donations" from the Gates Foundation.

Gates has gone on record saying the U.S. needs a national tracking system<sup>26</sup> that could involve vaccine records embedded on our bodies (such as invisible ink quantum dot tattoos described in a Science Translational Medicine paper<sup>27,28</sup>) and mandatory COVID-19 vaccination for anyone wanting to move about and travel freely in the future.

Limiting Gates influence, even if that means defunding the WHO, is likely going to be imperative if we want to avoid the dystopian surveillance state he proposes.

## **What We Learned From the Pandemic Swine Flu Vaccine**

Even if a COVID-19 vaccine comes out in a year, we will have no proof that it's safe since researchers are foregoing some of the normally required safety testing in order to get a vaccine out as soon as possible.<sup>29</sup> What if it turns into a repeat of the fast-tracked H1N1 swine flu vaccine released in Europe during the swine flu pandemic of 2009-2010?

Even more important would be how effective it is. The effectiveness of influenza vaccines has historically been abysmal, so what good would administering the vaccine do if it doesn't work?

In July 2009, the U.S. National Biodefense Safety Board unanimously decided to forgo most safety and efficacy tests to get the vaccine out by September of that year.<sup>30,31</sup> Europe also accelerated its approval process, allowing manufacturers to skip large-scale human trials<sup>32</sup> — a decision that turned out to have tragic consequences<sup>33</sup> for an untold number of children and teens across Europe.

Over the next few years, the AS03-adjuvanted swine flu vaccine Pandemrix (used in Europe but not in the U.S. during 2009-2010) was causally linked<sup>34</sup> to childhood narcolepsy, which abruptly skyrocketed in several countries.<sup>35,36</sup>

Children and teens in Finland,<sup>37</sup> the U.K.<sup>38</sup> and Sweden<sup>39</sup> were among the hardest hit. Further analyses discerned a rise in narcolepsy among adults who received the vaccine as well, although the link wasn't as obvious as that in children and adolescents.<sup>40</sup>



A 2019 study<sup>41</sup> reports finding a “novel association between Pandemrix-associated narcolepsy and the non-coding RNA gene GDNF-AS1” — a gene thought to regulate the production of glial cell line-derived neurotrophic factor or GDNF, a protein that plays an important role in neuronal survival.

They also confirmed a strong association between vaccine-induced narcolepsy and a certain haplotype, suggesting “variation in genes related to immunity and neuronal survival may interact to increase the susceptibility to Pandemrix-induced narcolepsy in certain individuals.”

As of right now, one of the main contenders for a COVID-19 vaccine is using synthetic mRNA to instruct DNA to produce the same kind of proteins COVID-19 uses to gain access into our cells. The idea is that your immune system will learn to recognize and kill the real virus.

What the limited human trials on this vaccine will NOT tell us is whether it might have devastating genetic effects. No one expected Pandemrix to have genetic effects. Yet it did.

The pandemic H1N1 vaccine was largely voluntary. Had it been mandated across the entire world, which is what they’re considering for COVID-19, the health ramifications would have been absolutely devastating, and that’s the risk we’re facing if a COVID-19 mandate goes through.

## **The Swine Flu Fraud of 1976**

Last but not least, we can look at and learn from the swine flu fiasco of 1976 as well, detailed in this 1979 60 Minutes episode. Fearing a repeat of the 1918 Spanish flu pandemic, “the government propaganda machine cranked into action,” 60 Minutes says, telling all Americans to get vaccinated.

According to 60 Minutes, 46 million Americans were vaccinated against the swine flu at that time. Over the next few years, thousands of Americans filed vaccine damage claims with the federal government.<sup>42</sup> As reported by Smithsonian Magazine in 2017:<sup>43</sup>

*"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.'"*

A 1981 report by the U.S. General Accounting Office to Senator John Durkin reads, in part:<sup>44</sup>

*"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 ..."*

## **CDC Lied About Swine Flu Vaccine Safety**

According to 60 Minutes, the claims amount for the nearly 4,000 claimants totaled \$3.5 billion. Two-thirds of the claimants suffered neurological damage and at least 300 of

them died.

As explained by 60 Minutes, Americans who got the vaccine were told the vaccine had been field tested. What they were not told was that the vaccine they received was not the actual vaccine that had undergone testing.

According to Dr. Michael Hattwick, who directed the surveillance team for the 1976 swine flu vaccination program at the 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 campaign. She was paralyzed by the vaccine, and suffered permanent damage. Her husband, who was also vaccinated and suffered no ill effects, ends the 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."*

Remember, do not trust any vaccine messaging Fauci, Gates and other misinformed and ill-intentioned professionals are seeking to spread. It would be far wiser to focus on improving your innate immunity through solid inexpensive and safe strategies we have previously discussed.

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