

Turning Flu Cases into COVID Through Manipulation—Easy as Pie

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Since 1988, I've been pointing out that relabeling and repackaging disease is standard operating procedure in the field of “pandemic medicine.”

And now we have this, from FOX News (7/25/21): “But while cases of COVID-19 soared nationwide, hospitalizations and deaths caused by influenza dropped.”

“According to data released by the CDC earlier this month, influenza mortality rates were significantly lower throughout 2020 than previous years.”

“There were 646 deaths relating to the flu among adults reported in 2020, whereas in 2019 the CDC estimated that between 24,000 and 62,000 people died from influenza-related illnesses.”

You might want to read those numbers again. The drop in flu deaths was miraculous. Perhaps the Vatican has a clue.

Rochester Regional Health has issued a flu report covering the same time periods:

“As of the most recent updates from the CDC, the 2021 flu season impacted a much lower number of people than usual in all major regions of the United States.”

“Here are a few numbers to sum up the 2020/2021 flu season, running from October 1, 2020 to April 1, 2021...646 deaths were attributed to the flu.”

“The final data on [the prior] flu season 2019/2020 was released by the CDC in April as COVID-19 continued to spread throughout the United States. Between October 1, 2019 and April 4, 2020, the flu resulted in: 24,000 to 62,000 deaths.”

“Hey Bob, could you do me a favor? I need a whole lot of COVID death numbers. Can you shove some of your flu-death numbers over here?”

“Sure. No problem, Bill. We work for the same agency. We're all in this together. But if I give you thousands of flu-death numbers, I want something back. A piece of your COVID

research funding. Our flu money these days would barely bankroll a junket for a dozen of us to the Bahamas.”

“My poor cousin. Transferring research funds is tricky. Too many eyeballs involved. Tell you what. How about a steak and lobster dinner, two nights at a local hotel, and one of the hookers who sits at the bar?”

“Three nights, all expenses paid.”

“Done.”

Here are two previous articles I’ve written on the disease- relabeling/repackaging shell game:

—The disease switcheroo; they don’t teach this in medical school—

I’ve mentioned this shell game hundreds of times in articles and lectures over the years. Here I want to boil it down to a protocol that has earned the medical cartel trillions of dollars.

We begin the story with an “outbreak.” Somewhere on Earth, we are told there is a cluster of unusual cases of illness.

The key word is “unusual.” Otherwise, who would care? People would instead say, “Forty people in Wuhan have lung congestion.” And that would spark no interest.

In Wuhan, it was “unusual pneumonia.” How so? No convincing answer. Some people have cited a “ground glass” appearance in pictures of patients’ lungs. Meaning gray areas, or opacity. Another claim: patients had extreme shortness of breath.

But opacity and shortness of breath were mentioned and described in medical literature long before COVID.

Something else must be offered, to justify the term “unusual cases.” And we get it almost immediately, while we’re still trying to figure out what makes these patients’ illness new and different:

It’s a virus. A never-before-seen virus.

Already a switcheroo is in progress. There is actually nothing unusual in the Wuhan cluster of cases. And just as we’re about to realize that, we’re hit with “new virus.” And then we forget there was no reason to look for a new virus in the first place.

Deadly air pollution has been hanging over Wuhan for a long time. It explains all sorts of lung infections, including pneumonia, a cardinal COVID symptom. And by the way, roughly 300,000 people in China die every year from pneumonia.

The “new virus” is trumpeted. But of course, as I’ve demonstrated many times, it hasn’t actually been found. No one isolated it. The so-called genetic sequencing of it was a fictional castle in the air based on supposition. How could it be otherwise? No one has an isolated and purified specimen of the virus that can be analyzed.

Accepting “new virus” as fact produces this situation: a list of very familiar clinical

symptoms can now be called unique, because the cause is unique.

Suddenly, cough, chills, fever, fatigue, congestion, shortness of breath—which have been called flu, or just infection, or other names—are COVID. That’s the big switcheroo.

Taking it even further—as I’ve reported in several articles—the three major clinical trials of RNA COVID vaccines were designed to prove nothing more than this: the vaccine could protect against cough, chills, and fever. You could call it a mild-flu vaccine.

Next step: provide a diagnostic test for “the virus” that would automatically spit out false-positives like water from a firehouse. That’s the PCR. I’ve taken the PCR apart six ways from Sunday and exposed it as a fraud.

With the PCR in hand, the switcheroo is deepened. That list of familiar illness symptoms—taken together with the test—paints the picture of millions of cases of a “new plague.”

All this fabrication is on the order of—“Hey, Jim, sales of our widget number 6 are in the toilet. What can we do? Unless...let’s call it widget number 7, put it in a new box...”

People say, “But there ARE mysterious COVID cases that can’t explained away as repackaged lung infections...”

Of course there are. When you make the net big enough, it will sweep in groups of cases that seem to defy explanation. But when you move in close enough, you discover, for example, new poisonous vaccination campaigns and toxic pesticides and lagoons of feces in giant pig factory-farms. These and other such causes of illness and death emerge.

I first caught on to the switcheroo in 1987, when I was doing research for my first book, AIDS INC. Scientists in Africa were investigating a “new” outbreak among people who, “incidentally,” were suffering from protein-calorie malnutrition, hunger, and starvation.

The scientists, cheap con artists that they were, called this “wasting syndrome,” then “Slim disease,” and finally “AIDS.” They announced the cause was HIV—a virus no one had isolated.

And lurking in the background, if you needed another cause of illness and death, there was the infamous World Health Organization mass smallpox-vaccination campaign in Africa, one of the most dangerous mass medical experiments ever carried out on a population. That campaign had wrapped up injecting millions of people several years before “the discovery of AIDS.”

The campaign was so dangerous that, at a secret WHO meeting in Geneva, a decision was made never to use that vaccine again, because it had caused smallpox (or something that looked like it).

In 1987, I combed through volumes of medical journals at the UCLA bio-med library, and discovered that the single most prevalent cause of T-cell depletion (“AIDS”) in the world is MALNUTRITION.

Malnutrition, hunger, starvation, toxic vaccines, grinding poverty, war, fertile farm land

stolen from the people by major agricultural corporations, toxic medical drugs...all repackaged as a new disease caused by a new virus, HIV.

I then went on to study every so-called high-risk group for AIDS. I found that in each group, all the “AIDS symptoms” could be explained by non-viral causes.

At that point, I realized I was looking at a classic intelligence-agency-type covert operation, applied within the medical universe. The virus was the cover story. It was being used to hide ongoing government and corporate crimes. For example—forced starvation.

A con is a con.

Only the disease-names are changed, to protect the guilty.

Here is the second article on the scam:

—Massive number of flu cases are re-labeled COVID cases—

The number of COVID cases has been faked in various ways.

By far, the most extensive strategy is re-labeling. Flu is called COVID.

We don’t need charts and graphs to see this. It’s right in front of our eyes.

The definition of a COVID case allows flu in the door. There is nothing unique about that definition. For example, a cough, or chills and fever, would constitute “a mild case of COVID.”

A positive PCR test for SARS-CoV-2 would also be required, but as I’ve shown in my recent series on the test, obtaining a false positive is as easy as pie.

All you have to do is run the test at more than 35 cycles. Most labs run the test at 40 cycles. A cycle is a quantum leap in magnification of the swab sample taken from the patient. When you run the test at more than 35 cycles, false-positives come pouring out like water from a fire hose.

So...with ordinary flu symptoms plus a false-positive PCR test...voila, you have a COVID case.

Keep in mind that, overwhelmingly, most “COVID cases” are mild. In other words, they’re indistinguishable from ordinary flu.

But there is a rabbit hole here, and we can go down that hole much farther. The next question is: what is a flu case? What is it really?

Researcher Peter Doshi did much to answer that question. In December of 2005, the British Medical Journal (online) published his shocking report, which created tremors through the halls of the CDC, where “the experts” used to tell the press that 36,000 people in the US die every year from the flu.

Here is a quote from Doshi’s report, “Are US flu death figures more PR than science?” (BMJ 2005; 331:1412):

“[According to CDC statistics], ‘influenza and pneumonia’ took 62,034 lives in 2001—61,777 of which were attributable to pneumonia and 257 to flu, and in only 18 cases was the flu virus positively identified.”

Boom.

You see, the CDC created one overall category that combined both flu and pneumonia deaths. Why? Because they disingenuously assumed the pneumonia deaths are complications stemming from the flu.

This is an absurd assumption. Pneumonia has a number of causes.

But even worse, in all the flu and pneumonia deaths, only 18 revealed the presence of an influenza virus.

Therefore, the CDC could only say, with assurance, that 18 people died of influenza in 2001. Not 36,000 deaths. 18 deaths.

Doshi continued his assessment of published CDC flu-death statistics: “Between 1979 and 2001, [CDC] data show an average of 1348 [flu] deaths per year (range 257 to 3006).” These figures refer to flu separated out from pneumonia.

This death toll is far lower than the old parroted 36,000 figure.

However, when you add the sensible condition that lab tests have to actually find the flu virus in patients, the numbers of annual flu deaths plummet even further.

In other words, it’s all promotion and hype.

But we’re not finished yet. Because...what test were researchers using to decide there were 18 cases of honest flu, in which a virus was found and identified? Answer: unknown.

It’s quite probable the test didn’t really isolate a flu virus at all. It only identified some marker that was ASSUMED, without proof, to be unique to a flu virus.

If so—ZERO cases of actual flu were found in the population.

Instead, what we had was “flu-like illness.” Chills, cough, congestion, fever, fatigue; the ubiquitous symptoms that describe about a billion cases of illness, every year, worldwide.

The cause of those billion cases? There is no single cause. Instead, there are many factors, ranging from sudden weather changes to air pollution, to malnutrition, to sub-standard sanitation...on and on.

That being the case, we can now say: Many, many cases of FAKE FLU are being relabeled FAKE COVID.

Now we’re getting real.

The medical cartel “discovers” (markets) huge numbers of so-called unique diseases—each disease with a purported specific cause: virus A, virus B, virus C...

For each virus, there must be at least several highly profitable drugs that supposedly kill the

germ. And for each germ, there must be a vaccine that prevents the disease.

Billions and trillions in rewards follow.

And so does CONTROL. Control of minds.

Because the population is tuned up by ceaseless propaganda to believe in the rigid one-disease one-germ notion.

And when the time is right, the medical cartel can even claim a new germ is decimating the world, and they must “destroy the village in order to save it.”

Which is the psychotic fiction we are in the middle of, right now.

The Holy Church of Biological Mysticism needs your support. Give them your time, your money, your livelihood, your future, your loyalty, your faith, your health, your life.

If you do, you are their most important product.

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The author of three explosive collections, [THE MATRIX REVEALED](#), [EXIT FROM THE MATRIX](#), and [POWER OUTSIDE THE MATRIX](#), Jon was a candidate for a US Congressional seat in the 29th District of California. He maintains a consulting practice for private clients, the purpose of which is the expansion of personal creative power. Nominated for a Pulitzer Prize, he has worked as an investigative reporter for 30 years, writing articles on politics, medicine, and health for CBS Healthwatch, LA Weekly, Spin Magazine, Stern, and other newspapers and magazines in the US and Europe. Jon has delivered lectures and seminars on global politics, health, logic, and creative power to audiences around the world. You can sign up for his free NoMoreFakeNews emails [here](#) or his free OutsideTheRealityMachine emails [here](#).

Notes

[1] <https://www.foxnews.com/health/cdc-labs-covid-tests-differentiate-flu>

[2] <https://hive.rochesterregional.org/2020/01/flu-season-2020>

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