

# Coronavirus Covert Operation

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[Source](#)

In my ongoing coverage of the “epidemic” ([archive here](#)), I’ve written about the covert-operation aspect of the brutal game.

I want to add a few notes.

By its very nature, a covert op is meant to CONCEAL its true goals and details and players, so it’s no surprise we have unanswered questions. Rushing to supply all the answers in five minutes is a futile exercise.

A covert op can be invented and planned from the get-go; or players, seeing an event unfold, can jump onboard in mid-stream, take control, and use the event to launch an operation.

A covert op has cover stories and false trails. These are standard in the intelligence business.

A cover story is designed to divert attention from what is actually going on. It is basically a false picture floated to obscure the truth. The intent is: get people dividing into camps and arguing with each other about VARIATIONS of the cover story—thus taking them further from the hidden facts and motives.

In this case, the cover story would be: a contagious virus jumped species in China and started harming and killing people; it’s spread.

People began taking sides: the contagious coronavirus is a natural microbe; it’s a leak from a biowar lab; it was

weaponized in a lab and intentionally released; it's rather harmless for the most part; it's deadly; its effects are somehow magnified by interacting with chemtrails; because people *are dying*, the virus must be the cause, etc.

Once people have divided into camps, the covert operators can twist several of these cover-story variations, thus creating false trails, down which people can travel, without ever reaching an end.

For example, a loose study might appear "which proves the coronavirus is a bioweapon." If you read the study carefully, though, you realize the authors aren't claiming the virus has been weaponized. Further, the study authors are saying the virus has a peculiarity which MIGHT mean THIS or COULD mean THAT or POSSIBLY IMPLIES something else. And there appear to be no other studies which confirm any of these equivocal findings.

But within an hour of the study being published, fifty thousand people on the Web are circulating this "proof of weaponization."

In any so-called epidemic, you will see some ex-military or ex-intelligence spook appear out of nowhere with "expert insider testimony" about the virus. He "knows it's a weapon." Therefore, it must be.

Likewise, other authority figures will show up to capture audiences with unproven revelations about the "bioweapon virus," or "the leak of the virus from a lab," or the "theft of the virus." Their audience, having rejected conventional media and government authorities, is looking for alternative substitutes. And they'll get substitutes.

Notice that, in all these insider pronouncements, whatever they are, there is a re-enforcement of the basic idea that THE VIRUS is the cause of the "epidemic." BUT REMEMBER, "THE VIRUS" IS THE BASIC COVER STORY. Planners of a covert op want

people to buy the basic cover any which way.

To illustrate these points, imagine that, in an area of forest 30 miles from a town, people discover a large patch of dead trees. Some have fallen over. Others, leafless and gray, are still standing. At first, no one takes action. Then, it's obvious the patch is growing larger. More trees are falling down. More branches and leaves are drying up and dropping on the ground.

The town newspaper, aided by pronouncements from local officials, runs a story about a fire. There was a fire in that part of the forest. It was "so severe and hot, its effects are still being felt." NOW, people begin arguing about the cause of the fire. It was a lightning hit. Someone set a blaze, using flammable liquid that burned at an exceptionally high temperature. Drug dealers fought with one another and burned up the drugs. A sinister creature, half-animal, half-human, rumored to live in the woods, set the fire. ET aliens set the blaze. Their small ship crashed and burned.

The fire is the cover story. People are arguing about variations of the basic cover. Actually, six months ago, a town firm that secretly sells a dangerous and illegal pesticide, believing they were about to get busted, sent employees with drums of the poison into the forest to dump them. That's what happened. But the cover story is now so ingrained in minds, few people will consider there was no fire...THERE HAD TO BE A FIRE.

After having researched and written about epidemic duds (SARS, Swine Flu, Ebola, Zika, etc.) for many years, I've taken a different approach.

I've asked more BASIC questions at every turn.

If public health officials and governments announce an outbreak and a virus, I ask, "How did they discover the new virus?" That's a reasonable inquiry. "Did they really find and

isolate a new virus?" "What procedures did they use for the job?" "Are those procedures accurate and valid?" "Did the scientists who rushed to the outbreak-locale to take tissue samples—are these the CDC or World Health Organization virus hunters who always find a new virus, even if, at the designated location, an industrial corporation is releasing torrents of polluted poison into the ground and the water?

Which leads me to my next basic question: assuming some harm is being visited on people, are there clear causes that have nothing to do with a virus, causes that would account for the profile of harm that has been announced? And if so, who would benefit from hiding these other clear causes by using the cover story of a virus? Corporations, governments? Who would benefit, on the back end, from the virus cover story? Drug companies? Vaccine companies?

I ask: how many cases of the "epidemic" have been announced? How many deaths? Exactly how are these cases being identified and counted? What diagnostic tests are being done? Are the tests accurate and valid? Again, this is a reasonable inquiry. If the authorities are claiming a certain number of people are being harmed, I want to find out HOW these "experts" are coming to that conclusion.

I ask: what is the list of symptoms being attributed to the "epidemic illness?" Are these symptoms so generalized they already fit large numbers of people without the claim that the cause is a new virus? For example, are typical flu-like symptoms, which apply to millions of people, suddenly being shifted over and counted as cases of the "new epidemic?"

I ask: in all modern epidemics, are there common, long-accepted medical tests and procedures which are arbitrary and unproven, which should be openly debated, but aren't? Is the story of a virus used to hide corporate and government crimes?

There are other questions I ask, but you get the idea. I go

under the cover story of the moment and look for more fundamental lies and truths. I hit the “stress points” of the cover story.

These basic questions have generated all my previous articles on the current “coronavirus crisis.”

I keep asking, looking, and answering.

If I find out, in asking and answering these questions that, yes, questionable procedures have been used in discovering the new virus in the first place; unworkable, dubious, and worthless tests have been used to diagnose and label patients with the epidemic disease; cases are undoubtedly “imported” from traditional diseases, in order to falsely inflate the number of cases in the epidemic; causes of illness, other than the virus, are present in an area where the epidemic started; the epidemic illness is a familiar generalized list of symptoms which are present in millions of people—if I find out all these things, then the “new epidemic” with a new viral cause is a con job.

If, after stripping away the number of people claimed to be “epidemic cases” who most likely aren’t, I find that the true number of cases appears to be small, then there is no epidemic.

If the number of cases still seems to be high, then I look deeper into non-viral causes which are currently operating, and influencing illness.

For my findings on this “coronavirus epidemic,” I suggest going back and reading all my articles in this ongoing series ([archive here](#)).

For those who have been with me from the beginning, I thank you for your support and interest.

I’ll close this piece with an example. In 2003, there was

another coronavirus epidemic: SARS. Its symptoms were basic flu with, in some cases, acute respiratory problems.

As I've detailed, a Canadian biologist, Frank Plummer, working for the World Health Organization, spoke frankly to the press, saying the number of SARS patients with the coronavirus was fewer and fewer. In fact, it was approaching zero. This, obviously, cut the legs out from under the claim that SARS was a new disease caused by a new coronavirus.

Where did SARS begin? Where was it first found? Guangdong, China. In their excellent book, [\*Virus Mania\*](#), Torsten Engelbrecht and Claus Kohnlein explore non-virus causes of flu-like illness in that locale. They found causes. It turns out this area is one of the world's largest re-cyclers of e-waste:

*"Guangdong is China's largest industrial area...extremely polluted. Garbage lies everywhere; above all high-tech waste...For \$1.50 a day, locals disassemble computers, monitors and printers with their bare hands, endangering both their own health and the environment... There, workers empty toner cartridges from laser printers the whole day long without protective masks, breathing in fine carbon dust. Others, mostly women and girls, dip circuit boards into baths of liquid lead to separate and collect the soldering materials with which the memory chips and processors are attached to the plates. Unprotected, they are exposed to toxic fumes. While the plastic plates are simply burned up, the chips and processors are put in acid baths, to extract their gold. Here as well, poisonous fumes are generated, and the unusable leftover acids are just dumped into the river. A lot of garbage is simply burned up or dumped onto rice fields, irrigation facilities or into waterways. The bodies of water and groundwater around Guiys have become so contaminated that drinking water has to be brought in daily from other cities..."*

**A real cause of real illness. No need for a virus. Except...as a**

**cover story.**