

Lab Leak: An Elaborate Misdirection?

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by [Health Freedom Defense Fund Team](#)

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The ongoing investigations into the elusive Covid Pandemic murder mystery are cluttered by all manner of obfuscation and misdirection.

Chief among these shaky postulations are the various iterations of the SARS-CoV-2 virus lab-leak theory, which has more lives than a feral cat and possesses a capacity for [reappearing](#) as often as the shambling zombies who lurk in the woods at the edge of town.

Once the curtain is pulled back on the unsubstantiated lab-leak hypotheses, the socially engineered sorcery of the Covid Pandemic is revealed as the base scheme that it is.

The lab-leak claim posits that SARS-CoV-2 is an engineered quasi-biological, deadly gain-of-function phenomenon rather than a [computer-generated](#) construct. The [initial research paper](#) illustrates that the virus in question was nothing more than an in-silico apparition, a simulacrum created by [demonstrably dodgy genomic sequencing](#).

This theory advances the fanciful plot that a hyperreality TV show viral escapee miraculously slipped out of—or was released intentionally from—a biological research facility in faraway [Wuhan](#), China, went on a global rampage, and killed millions of people.

By implying that the virus was a man-made microbial murderer,

promulgators of the lab-leak story avoid facing the fact that the last three-and-a-half years were a deliberate, highly organized culling of the global population under the guise of protecting “public health.”

Unfortunately, many in-the-know folks who are skeptical of the medical industry’s pharmacological fantasies are still trapped on the lab-leak circuit of the Covid merry-go-round.

Amidst the hyperfocus on gain-of-function research, furin cleavage sites, restriction enzymes, and the rest of the sci-fi vernacular [that shroud the lab-leak hypothesis](#) in scientific-sounding mumbo jumbo there lies an elementary question, “Does this theory hold even an ounce of water?”

One conspicuous curiosity that calls into question the threat of “lab-leaked bioweapon” is the fact that the “Covid-19” deaths follow the [age/risk stratification](#) and [seasonal curve of influenza](#) and [pneumonia](#) (two named illnesses that, until 2020, health authorities lumped together in their charts).

Equally inexplicable is the fact that, in 2020, [reported cases of flu](#) in many countries [suddenly vanished](#).

Meanwhile, [many pneumonia deaths](#) since 2020 have been fraudulently attributed to “Covid” on death certificates. Even if the bioweapon theory were a reality, perhaps we should be relieved, since Covid seemed able to impact only two kinds of populations:

1. [80-plus-year-olds](#) who had [multiple comorbidities](#) and
2. other [chronically ill](#) people who were already in or were sent to hospitals and [nursing homes](#).

In these institutions, “Covid” patients were forcibly “treated” with [toxic medications](#), placed on [sedatives](#) and [ventilators](#) that blew up or [collapsed their lungs](#), and [abandoned in their rooms](#) to die a painful, lonely,

despairing death.

Family members were prevented from being at their side to comfort them, to question the [macabre protocols](#) being mercilessly inflicted, and to spirit them out of the [“death row” facilities](#).

That the [death rate attributed to Covid](#) was so low throughout the rest of the global population proves the alleged “bioweapon” was a dud.

Indeed, to hang one’s hat on the lab-leak theory and the grandiose narrative of the Covid Pandemic requires contorted mental gymnastics and a blind faith in the esoteric.

Countless incongruities point to the lab-leak theory—and possibly the virus itself—[being a myth](#).

Here are a few peculiarities that should cause any reasonable person to question the lab-leak theory:

(1) This Covid virus, so-called, apparently [struck without warning](#). There was [no observable evidence](#) of contagion in late 2019 or early 2020 that would lead up to a mass death event. In the US and in alleged hotspots elsewhere, the Covid Death Event began to be reported precisely [the same week the WHO declared a global pandemic](#)—in mid-March 2020.

QUESTIONS:

What dark magic was involved that trained this microbial Kraken to be released only upon administrative orders and to peak in synchronicity only in select locations?

Are we to believe a suddenly super-spreading, deadlier-than-flu, gain-of-function virus [waited for a government decree](#) to create excess deaths?

Why did this deadly virus cause no mass death [in the Chinese city](#) where a lab leak is said to have originated at the Wuhan

Institute of Virology?

(2) This ostensible virus [did not migrate](#) from northern Italy to central or southern Italy, nor did it impact other parts of Europe. Instead, it improbably hopped, skipped, and jumped its way straight to a public hospital in Elmhurst—[in the Corona neighborhood of Queens, New York City, no less](#).

QUESTION: Was that a fluke or what?

(3) The “first wave” of Covid deaths in the US occurred almost exclusively in [nursing homes](#) and [hospitals](#), not in the general population.

QUESTIONS:

How is it possible that this virus was so demographically smart?

Why did it target those institutions—filled with ill, infirm, and elderly—so specifically and blanket them so completely?

Would not the high rate of deaths in hospitals and nursing homes have had anything to do with their application of dangerous protocols, their unilateral [do-not-resuscitate orders](#), and their apparently purposeful policies of [neglect](#)?

(4) During that reputed “first wave” the people impacted were mainly poor, and many were disabled.

QUESTION: How, pray tell, was this Frankenstein virus programmed to avoid upper middle class and wealthy people? How did it know to sidestep healthy and able people? Aren't the poor always more susceptible to disease? Do we need a viral event to explain this?

(5) During that initial wave, if we are to believe the “spreading pathogen” story, we must believe that this virus was geographically savvy. How was it that [certain counties and metro areas in certain states in the US](#) were impacted while

neighboring regions adjacent to these areas were not affected? Curiously, many of these Covid-affected counties in the US were right next to unaffected areas, including in the NYC metro region where the virus seemed unable to [cross rivers](#).

QUESTION: Was this gain-of-function hobgoblin designed to recognize [county, state, and national boundaries](#) and to stick to urban areas while leaving suburban and rural communities largely alone?

(6) Even after the “first wave,” the population groups that appeared to be exclusively targeted by this “bioweapon,” both in and out of institutions, were [the elderly and the sickly](#) and the disabled—people who are more susceptible to all types of afflictions.

QUESTION: Why did the supposedly novel virus jump over children and younger adults and able, healthy people?

(7) This lab-leaked daemonic entity killed many *more* victims in places where de facto police state [“emergency measures” were fiercest](#) and far *fewer* victims in contiguous jurisdictions where the countermeasures taken by authorities were much milder.

QUESTION: Why?

What each of these outlandish events illustrates is that [there was no global viral event](#). Instead, what we saw play out was that [radically different public health policies](#) and mandates in a handful of jurisdictions around the world produced radically different health results.

Thus, to ascribe this convergent set of circumstances to a lab-leaked daemon or pathogen of any genus strains credulity. What it should be attributed to is a coordinated [campaign orchestrated by powerful interests](#) and their collaborators in academia, in the medical industry, and in the media.

Origins of the lab-leak story

In the media, the lab-leak story [surfaced early on](#). It was quickly adopted and became an accepted narrative even amongst certain sectors of the “respectable” Covid “skeptics.” In fact, some “Establishment” Covid skeptics have built their reputations—and in some cases entire cottage industries—around the lab-leak mythology, even though this gain-of-function narrative strains credulity.

So-called Covid skeptics buying into aspects of the Covid myth creates a situation in which “dissident movement” resources are channeled into conferences and investigations where attention is fixed—and fixated—on esoteric explanations that ultimately prop up the overall pandemic narrative. If they were truly dissidents, they would be collaborating with truth-tellers to prove the demonstrable forensics of the fraud that defines the Covid enterprise.

The lab-leak theory reinforces the idea that “the virus” is a grave problem that needs to be solved rather than a fear-based control mechanism. It bolsters the notion that a “deadly” man-made, “novel” virus caused an “unprecedented medical emergency” for which a raft of invasive policies—including the worldwide suspension of basic civil liberties—would become justified.

To justify another round of lockdowns and to codify more draconian measures such as mandated vaccination in the future, all that will be needed is to reignite the fear of a bioweapon.

A further but related result of focusing on the “lab-leak” conjecture is that it shores up the “deadly novel virus suddenly appeared” narrative, which provides the rationale for the biosecurity complex to [siphon trillions from taxpayers](#) through the aptly named [“pandemic preparedness” industry](#).

Another consequence of accepting the lab-leak supposition is to distract attention from how the perception of a pandemic/mass panic was conjured with [staged Hollywood productions](#), [doomsday models](#), and the [meaningless PCR tests](#) that fraudulently manufactured cases and [spuriously attributed deaths](#) from other causes to Covid.

But perhaps the biggest problem with accepting and promoting the lab-leak theory is that it reifies the Big Lie that there ever was a “pandemic” caused by a “unique viral pathogen” in the spring of 2020. In so doing, the theory hides the crimes that were committed in the hospitals and nursing homes and provides cover for the criminals who designed and executed this [top-down operation](#).

Not only does the “pandemic” narrative serve to conceal the likelihood that this was a mass murder spree set off by policies [constructed](#), orchestrated, and [mandated](#) by identifiable individuals, it also serves as a smokescreen for the entire [“Covid Operation”](#) that [benefited the wealthy](#) while [steamrolling working people’s lives](#).

Is it possible that the gain-of-function virus story was manufactured to get the public to snap up and swallow the lab-leak bait?

And was this entire fish tale dropped into the Covid discourse to keep the public obsessing over the “origins” of the disease rather than focusing on the policy-induced slaughter of the last three-and-a-half years? (When we say “slaughter,” we do not mean from an actual disease, but, rather, from isolation, from toxic treatments like Remdesivir and mRNA injections, and from the murderous misuse of sedatives and ventilators.)

Without the existence of a SARS-CoV-2 bioweapon, everything else in the official narrative swirls down the toilet, including the contrived Covid-19 case definition, the dodgy non-diagnostic rt-PCR tests, the fake excuses given for

lockdowns and masks and social distancing, and the debate between whether the “novel virus” originated with a love match between a bat and a pangolin or from gain-of-function experiments at the Wuhan lab.

In other words, the establishment’s insistence on pushing the lab-leak theory serves to cover up the actual crimes that were committed on a massive scale and with impunity.

If it can be proven that [there was no pandemic](#), as we have posited in a previous article, and no evidence of a virus, where would we go from there?

We would have to come to terms with the reality that this was never about “a mismanaged pandemic,” as some “health freedom” celebrities have taken to calling it.

We would have to confront the fact that the only pandemic was one of violent government and medical assault against billions of people, of false attribution of a made-up disease on death certificates, and of intense propaganda using fraudulent tests and bogus “scientific” studies.

We would have to accept that what we are dealing with is the collaboration of despotic public and private elements to commit [criminal fraud and outright genocide](#).

We would have to hold the government (including intelligence agencies and the military), the health regulatory agencies, the hospitals and nursing homes, the pharmaceutical and biotechnology industries, and the media accountable for these crimes.

[The whole system](#) would be revealed as the corrupt house of cards it is.

In short, legitimizing the lab-leak theory is a backdoor way of legitimizing the false claim of a global pandemic.

Coda

Misdirection is a classic strategy used to divert attention from one subject and direct it to another. Getting people to ask all the wrong questions ensures they will be kept from seeking answers to the right questions. Asking the wrong questions also ensures they will always draw wrong conclusions.

Thus, we have a deceived public wrongly determining: “It was a manufactured new virus and a few bad actors.”

And we have the subversive actors, who purport to oppose the official Covid narrative, pretending to believe: “It was a bioweapon that needs to be contained next time.”

Those who subscribe to the manufactured “deadly man-made virus” story are understandably terrified and desperate for explanations and for heroes and for “bombshell reports” that will mitigate their fears.

They want some simplistic, reassuring answers that can explain it all away and let them go back to sleep.

They don't want to be overwhelmed by talk about a global cabal or conditional UBI or programmable CBDCs or digital IDs or mass surveillance rolled out across the world via an endless series of manufactured crises.

This entire issue needs to be confronted head-on in the health freedom movement. Some apparent health freedom advocates who have captured the attention of huge audiences are, wittingly or not, doing the bidding of the biosecurity state. By maintaining and heightening the fear factor of the gain-of-function bogeyman, these influencers are creating fertile ground for future psychological “terror” campaigns.

How can we stop these popular but either deluded or deceitful actors from inadvertently—or purposely—promoting fear?

Or, more realistically, how can we help the hangers-on of these perceived “heroes” to stop giving credence to their claims—to stop automatically deferring to their opinions and advice?

One way is to show people that when they uncritically accept any statement as fact, regardless of the insubstantiality of the claim and the evidence that refutes the claim, they are operating on a level of superficial emotional reaction, are incapable of thinking critically or evaluating ideas rationally, and can be easily duped.

Each time an individual comes to understand that all facets of the official narrative of “Covid” are a fiction, that there was no “[pandemic](#)” and no “novel virus” and no “lab leak,” the world moves a step further from the lies and a step closer to the truth.

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