

Wuhan, the Lab? No, the Other Wuhan Nobody Is Talking About: Opioid Trafficking Headquarters for Death and Destruction

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by [Jon Rappoport](#), [No More Fake News](#)

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This article takes off from the work of investigative reporter, Whitney Webb. Much of what I'm laying out here confirms her exposure of "the other Wuhan." Webb writes at Unlimited Hangout and The Last American Vagabond.

When I put together Webb's findings with my own COVID research, startling new dimensions of the false "pandemic" story come to light.

Who would have thought that, in less than a year, the image of the opioid drug, fentanyl, would undergo a face lift, enhancing it from "most destructive killer drug in the world" to "lifesaver in the treatment of COVID patients?"

And if this PR miracle is not a sufficient stunner, it just so happens that Opioid Central for illegally trafficking fentanyl to the planet is Wuhan, now the focus of claims that COVID was born in a lab there.

(Fake) pandemic transforms fentanyl into "vital COVID

medication.”

(Fake) pandemic starts in Wuhan.

Wuhan is the city where killer drug fentanyl is shipped out to dealers all over the world.

High-level operators, focusing on Wuhan, manage to obscure, from the broad public, the city’s global role in killing millions of people with opioids...by claiming a pandemic was born in Wuhan. “The ONLY thing you have to know about Wuhan is the virus broke out there.”

This has the earmarks of a highly successful cover story.

Here’s a prime illustration of fentanyl’s PR facelift:

NJ [New Jersey] Spotlight News, April 14, 2020, *“No Longer a Scourge, Fentanyl Is Now Most-Needed Drug in COVID-19 War.”*

“...fentanyl, one of the drugs given to patients so they can withstand the pain of having a breathing tube inserted, is in short supply along with a handful of other crucial drugs.”

“The first wave of critical shortages exposed by the coronavirus was medical masks and gowns. Then it was ventilators. Now, a handful of crucial drugs are in short supply in overrun ICUs throughout northern New Jersey and New York City, many of which are needed to use the ventilators.”

“At the top of the list is fentanyl, the deadly synthetic painkiller – 100 times more powerful than morphine – the very drug that has become public enemy No. 1 in the nation’s war on opioid addiction. Demand for fentanyl has doubled nationwide and shot up more than 500% in the New York/New Jersey metropolitan region, the current global epicenter of the pandemic.”

“Fentanyl may have been killing people in record numbers on the streets of New Jersey in recent years, but in our

hospitals, it is now saving lives.”

“Demand for fentanyl is followed by Propofol, a sedative also used with ventilators, according to Soumi Saha, Premier’s senior director of advocacy...Close behind those two is a new category of drugs to face shortages – neuromuscular blockers, which are also being used for ventilator patients because they keep them from involuntarily coughing on the healthcare worker inserting the vent tube.”

“During normal times, patients stay on ventilators for three or four days. Now, not only has the number of ventilated patients spiked, but the time they remain on the device is two to three weeks.”

I gave you an extended quote from that New Jersey article, because I’ll cover the real story behind ventilators later in this piece.

Right now, here are a few references pointing to Wuhan as Opioid Central.

City-journal.org, May 12, 2020, “*Wuhan’s other epidemic*,” Christopher F. Rufo: “...many don’t know that Wuhan is also the source of another deadly epidemic: America’s fentanyl overdoses... Over the past decade, Wuhan has emerged as the global headquarters for fentanyl production. The city’s chemical and pharmaceutical manufacturers hide production of the drug within their larger, licit manufacturing operations, then ship it abroad using deliberately mislabeled packaging, concealment techniques, and a complex network of forwarding addresses. According to a recent ABC News report, ‘huge amounts of these mail-order [fentanyl] components can be traced to a single, state-subsidized company in Wuhan.’”

The Atlantic, August 18, 2019, “*The Brazen Way a Chinese Company Pumped Fentanyl Ingredients Into the US*,” by Ben Westhoff: “According to Bryce Pardo, a fentanyl expert at the Rand Corporation, the two most commonly used fentanyl

precursors—think of them as ingredients—are chemicals called NPP and 4-ANPP. When I first started researching them, in early 2017, advertisements for the chemicals were all over the internet, from a wide variety of different companies. Later, I determined that the majority of those companies were under the Yuancheng [company] umbrella.”

“Posing as a buyer, I answered an online advertisement for fentanyl precursors and was put in touch with a Yuancheng salesman who called himself Sean. We arranged to meet at the company’s main office in Wuhan, in the Wuchang district, near a busy subway station in a blue-collar neighborhood...”

LA Times, April 24, 2020: “For drug traffickers interested in getting in on the fentanyl business, all roads once led to Wuhan.”

“The sprawling industrial city built along the Yangtze River in east-central China is known for its production of chemicals, including the ingredients needed to cook fentanyl and other powerful synthetic opioids.”

“Vendors there shipped huge quantities around the world. The biggest customers were Mexican drug cartels, which have embraced fentanyl in recent years because it is cheaper and easier to produce than heroin.”

The Times article cites the pandemic as the reason for a decline in the fentanyl business. But lockdowns increased people’s desires for drugs. And of course, since economies have started loosening up, fentanyl trafficking operations are certainly booming again.

The highly successful cover story I described above...were there reasons for this cover, other than an attempt to conceal, from the broad public, Wuhan as the global center of opioid trafficking?

I can think of two other reasons. The first one I would introduce this way: "We're killing people in the streets with fentanyl, but that's not enough. We want to kill them in the hospitals, too."

Heavy hitters, intent on getting rid of the elderly on a wide scale, saw an opportunity. And now we come to the ventilator story.

There is no doubt that, globally speaking, there has been a mad and destructive rush to put people diagnosed with COVID on breathing ventilators.

To deploy these devices in hospitals requires intubation, which is painful and very disruptive. Patients must be sedated. They must be kept sedated, while they're hooked up to the breathing machines— for days and weeks.

Enter fentanyl and other opioids.

Since the whole story of the COVID virus was a fake from the get-go, some group would have to bear the burden of dying, in order to inflate death numbers; in order to make it appear that the "pandemic" was a fire sweeping through the world.

The group was and is the elderly, and in a series of articles on this gruesome subject a year ago, I left no doubt about the truth staring us in the face. (Note: CDC, May 14, 2021: "8 out of 10 COVID-19 deaths reported in the US have been in adults 65 years old and older.")

COVID is old people. Their premature deaths are forced. Their statistical numbers are gold for the planners of the operation. And this has nothing to do with a virus.

The Hill, (undated, late April 2020), reports on "data...gathered at Northwell Health, New York state's largest hospital system. The study, published in the Journal of the

American Medical Association (JAMA) examines 5,700 patients hospitalized with coronavirus infections in the New York City region, with final outcomes recorded for 2,634 patients. The average patient age was 63 years old... For the next oldest age group, ages 66 years and older, patients receiving mechanical [breathing] ventilation recorded a 97.2 percent mortality rate.”

97.2 percent of elderly patients put on breathing ventilators died.

Just in case other obvious strategies failed to produce premature death in the elderly, ventilators provided the method:

VENTILATORS PLUS SEDATION WITH OPIOIDS.

THE OPIOIDS CAUSE SUPPRESSION OF BREATHING AND DEATH.

OF COURSE, THAT SUPPRESSION OF BREATHING (“HYPOXIA”) IS CALLED A CARDINAL SYMPTOM OF COVID.

Don’t even think of saying, “Well, you see, those old people put on ventilators were already very sick and close to dying.” NO medical treatment that kills 97.2 percent of patients in a well-defined group is continued, unless there are orders mandating it. Unless there is insurance money to be saved. Unless the doctors are willing to follow orders and keep using the treatment, despite the results.

So yes, opioids were transformed, by a cover story, from a killer street drug to a “lifesaving treatment” for COVID—but at the deepest level, that meant murdering the elderly with the drugs.

The second reason for the cover story would have involved moving up the time table for launching the fake pandemic story in Wuhan.

Was there some sort of accident, in which the people of Wuhan were exposed to fentanyl, with deadly consequences? Desperately needing a phony cover-up explanation—was “THE VIRUS” story invoked?

I can only speculate about that possibility. However, China is famous for loose enforcement of safety regulations in factories, and it's possible that some sort of accident occurred, which blew fentanyl or its components through the city of Wuhan, killing people on the spot.

There are analogous recent incidents in China.

The Wikipedia page for the 2019 Xiangshui chemical plant explosion, which killed 78 people and injured 617, mentions other events as well:

“On 27 November 2007, an explosion occurred in one of the chemical factories in Chenjiagang Chemical Zone, with seven killed and around 50 injured...In the early morning of 11 February 2011, rumors of toxic chemical release and potential imminent explosions in the Chenjiagang Chemical Industry Park led over ten thousand residents to evacuate in panic from the towns of Chenjiagang and Shuanggang during which four people died and many were injured. On the afternoon of May 18 and again on July 26 in 2011, there were explosions at local factories.”

As I keep reminding readers, the whole “pandemic” is a covert op. Such operations always deploy cover stories, in order to hide what is really being done, how it's being done, and why.

Speaking of which, there are several major pharmaceutical companies who've faced heavy exposure for their roles in the opioid criminal trafficking business. For example, Purdue, and Johnson & Johnson. A third one is (Mossad-connected) Teva.

If you could offer Warren Buffet an ice cream cone with a truth-serum cherry on top, it would be interesting to ask him

whether the PR campaign to push opioids as life-saving COVID treatments helped stabilize his 42,789,295 shares of beleaguered Teva, worth \$412,916,000.

To connect one more dot (for now,) the Bill & Melinda Gates Foundation holds 50 million shares, worth \$11 billion, in Buffett's company, Berkshire Hathaway. It is the Gates Foundation's top investment.

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