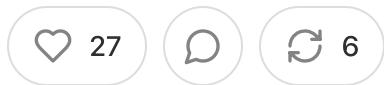


# The Probable COVID Deaths: Attempting to get the New York City Health Department to show what they did and how they did it with thousands of deaths reported in spring 2020

OCT 16, 2025



In the second week of April 2020, just after the peak of the biggest mass casualty event in New York City history, the health department announced it was adding 3,778 “probable coronavirus deaths” to the running COVID death toll.

This move instantly raised the total by ~50%, triggered other states following suit immediately, and set the precedent for the U.S. “confirmed + probable” reporting standard adopted later that spring. It also triggered a [reaction from President Donald Trump](#), who said the deaths were being added “just in case” heart attack victims “had the virus”.

A full explanation of why officials said this was done, and whether the actions taken stand up to scrutiny, is something I’m still sorting through alongside the other problems with a death spike I believe is a false presentation of reality.

Here I focus on my attempts to compel the agency responsible for reporting those deaths to explain where the probables “went”.

## What's a probable?

It's first important to understand that *probable* cases and deaths are not a COVID-Era phenomenon but something of a norm in epidemiology, public health surveillance, and disease/illness outbreaks.

A probable case of something is one that doesn't meet the standard of a confirmed case, but is classified as a case nonetheless for reporting purposes.

Dr. Kelly Frazier <sup>1</sup> worked in Ebola and Lassa fever outbreaks and explained “probable deaths” as those which lack a confirmatory test result:

“Often people die without testing before an outbreak is known or even expected. It’s only in retrospect that those cases were initial cases or sometimes later cases that never got tested.”

Her description fits the definition of a probable COVID-19 case published by the Council of State and Territorial Epidemiologists in April 2020. (Full document with clinical, epidemiological, and vital record criteria [here](#).) In practical terms, early on, a *probable* COVID case was one suspected of being a “case” for clinical or other reasons without a positive specimen to back it up.

#### A5. Case Classifications

*Confirmed:*

- Meets confirmatory laboratory evidence.

*Probable:*

- Meets clinical criteria AND epidemiologic evidence with no confirmatory laboratory testing performed for COVID-19.
- Meets presumptive laboratory evidence AND either clinical criteria OR epidemiologic evidence.
- Meets vital records criteria with no confirmatory laboratory testing performed for COVID-19.

It’s more obvious now than it was in 2020 that the introduction of “probable” COVID deaths worked hand-in-hand with the highly specious storyline that New York City had been caught unprepared for — and then “hit hard by” — a novel, disease-causing, spreading pathogen. Per the narrative, if only there had been *enough* tests, we would know for certain (rather than “probably”) that even more people had died *from* COVID than official numbers showed.

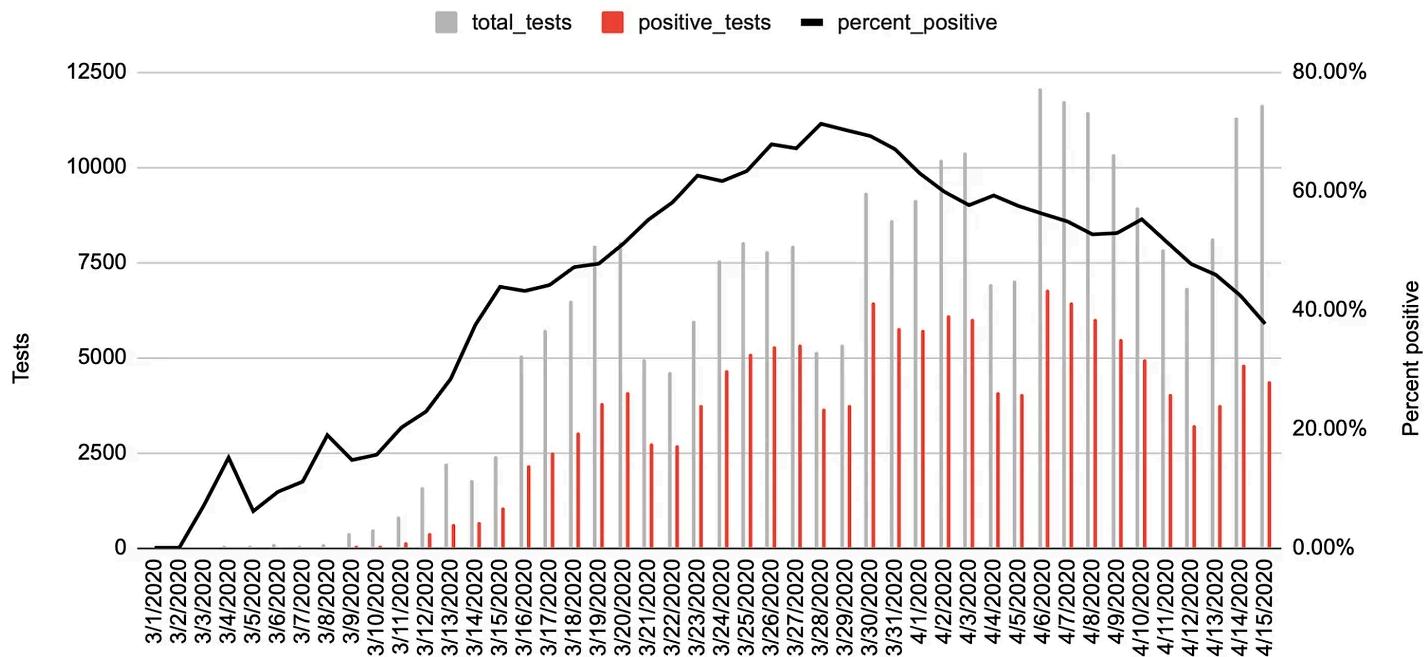
*No positive test* is not synonymous with *never tested*, however, and if one thing is clear from health department data, it’s that New York was giving thousands of tests a day right off the bat, <sup>2</sup> seeing a remarkably high percent positivity, and conducting repeat testing on hospital patients — including those with suspected COVID. <sup>3</sup>

Over 262,000 tests given with 143,000 positive results, for a cumulative positivity rate of 54.71% by 15 April 2020, is not only “enough,” it’s grounds for a federal

investigation.

## New York City: SARS-CoV-2 tests given daily, 3/1/20 - 4/15/20

<https://data.cityofnewyork.us/Health/DOHMH-Covid-19-Milestone-Data-Percent-of-NYC-resid/7434-7ua6> | Jessica Hockett, PhD



Nothing I say from this point forward should be taken to mean that I accept any deaths labeled “probable” or “confirmed COVID” as evidence of a new disease. There was no “outbreak” of a spreading SARS-related coronavirus in New York City in the spring of 2020, nor in [Bergamo](#) or anyplace else. What occurred instead was the rollout of a test, accompanied by an onslaught of propaganda and staged operations involving military and intelligence actors that together created the *appearance* of an outbreak.

## What happened to the probables? Freedom of Information request to NYC Department of Health

To probe the probable deaths further, I asked the New York City Department of Health and Mental Hygiene (DOH) for the following records, on 4 February 2025:

1. Dates of death for all NYC resident deaths initially recorded as “probable” COVID-19 deaths.
2. Dates of death for all deaths occurring in NYC initially recorded as “probable” COVID-19 deaths.

*Excel spreadsheet preferred. Please provide data as frequencies and use ‘0’ for dates on which no such deaths occurred.*

After multiple delays, the records access officer wrote on 16 July 2025:

Dear Ms. Hockett:

*My apologies for the delay. After consulting with staff in the Bureau of Vital Statistics, I have determined that the NYC Department of Health and Mental Hygiene does not have data responsive to this request.*

*Should you wish to contest this determination, you may submit a written appeal within 30 days of this message to:*

*Chari Anhouse*

*Records Access Appeals Officer and Associate General Counsel*

*Email: [recordsaccess@health.nyc.gov](mailto:recordsaccess@health.nyc.gov)*

*The notice of appeal should include the request control number, the date of this message, a description of the records that were the subject of the request, the specific legal grounds for your appeal, and the full name and email address of the original requester.*

*My apologies again for the delay.*

It can't possibly be true that the Department "does not have data responsive to this request," since the deaths appear in records that are already public. So, instead of filing an appeal, I submitted a new, more specific request using those records.

## **2020 Vital Statistics Report**

Based on observations I made in April 2023 (["The COVID Death Reckoning"](#)), I asked for dates of death for deaths originally counted as *probable COVID-19 deaths* on page 66 of the [city's 2020 Vital Statistics report](#), i.e., 5,405 deaths, 2,017 of which appear to have been counted in the finalized numbers as *COVID-19 deaths* under WHO ICD-10 guidelines, and the remaining 3,338 *Other deaths*.

## NOTES TO SPECIAL SECTION: COVID-19 MORTALITY

Deaths—How NYC ascertained deaths during the COVID-19 pandemic: Comparison of two COVID-19 definitions

COVID-19 deaths reported on the DOHMH website	Confirmed* COVID-19 deaths in 2020	19,224
	Probable† COVID-19 deaths in 2020	5,405
	Other deaths	57,514
	<b>Total deaths</b>	<b>82,143</b>
COVID-19 deaths reported in this Summary	Deaths identified using ICD-10 guidelines:	21,241
	Other deaths	60,902
	<b>Total deaths</b>	<b>82,143</b>

\*Decedents who were PCR positive for COVID-19, had COVID-19 on the death certificate, or died within 60 days of their lab result, regardless of what was on the death certificate, excluding external causes of death.

†Decedents without a positive test for COVID-19 but with COVID-19 on the death certificate.

‡The underlying cause of death is U07.1, which is defined by the World Health Organization (WHO) as COVID-19.

Note: Number of deaths is as of the date when this report was produced.

With the beginning of the COVID-19 pandemic, the NYC Health Department implemented several measures to ensure complete ascertainment of COVID-19 deaths, as adequate nosology guidance did not exist, doctors did not necessarily know how to complete the cause of death section on the death certificate, and testing for the disease was extremely limited. To ensure the best possible ascertainment, the team worked very closely with the NYC DOHMH ICS/Surveillance Epidemiology team to monitor cases, including matching lab records of COVID-19 tests with the death registry. This allowed real-time reporting of COVID-19 deaths in a time when total deaths were increasing rapidly.

COVID-19 deaths in this Summary are defined by the International Classification of Diseases, 10<sup>th</sup> Revision (ICD-10): U07.1. This definition is different from surveillance data that were released daily on the NYC Department of Health and Mental Hygiene website. See the table above for the different definitions.

### Life Expectancy

Deaths in New York City are relatively stable from year to year with a small downward trend. As a result, the excess deaths in 2020 compared to 2019 are most likely due to COVID-19. Life expectancy in 2019 is used as a baseline to show the decrease of life expectancy caused by COVID-19 deaths.

I also requested records concerning a seemingly-abandoned data file in a DOH GitHub repository: <https://github.com/nychealth/coronavirus-data/blob/master/archive/probable-confirmed-dod.csv>

The data begin 11 March 2020, the day of the first official COVID death in New York City and run only through 11 November 2020, with the last update occurring on 13 December 2020. (Full history accessible [here](#); insights from readers welcome.)

Deaths are reported in three columns: confirmed, probable, and incomplete.

1	DATE_OF_DEATH	CONFIRMED_COUNT	PROBABLE_COUNT	INCOMPLETE
2	03/11/2020	1	0	
3	03/12/2020	0	0	
4	03/13/2020	0	0	
5	03/14/2020	2	1	
6	03/15/2020	5	0	
7	03/16/2020	8	1	
8	03/17/2020	8	3	
9	03/18/2020	20	4	
10	03/19/2020	24	3	
11	03/20/2020	47	3	
12	03/21/2020	44	6	

The 'incomplete' column shows 7,000 deaths total, reported in increments of 1,000 per day, from November 1st through November 7th.

233	10/28/2020	4	1	
234	10/29/2020	4	0	
235	10/30/2020	9	2	
236	10/31/2020	4	0	
237	11/01/2020	9	1	1000
238	11/02/2020	9	1	1000
239	11/03/2020	11	4	1000
240	11/04/2020	6	2	1000
241	11/05/2020	6	3	1000
242	11/06/2020	5	2	1000
243	11/07/2020	0	2	1000

The health department needs to explain what the incomplete numbers are, e.g., whether their presence means anything, why the file ends in early November (four days after the Presidential election on November 3rd), and whether and how these 7,000 “incompletes” are accounted for in the 2020 Vital Statistics report.

I attached a screenshot of page 66 from the Vital Stats report, a table showing the sum of the GitHub data, and a graph showing the plotted numbers to my final request (shown below).

**To:** recordsaccess <[recordsaccess@health.nyc.gov](mailto:recordsaccess@health.nyc.gov)>  
**Subject:** [EXTERNAL] Records request

Pursuant to FOIL, please provide the following records;

- 1) Dates of death for deaths originally counted as “probable COVID deaths” in 2020. See page 66 of vital statistics report:<https://www.nyc.gov/assets/doh/downloads/pdf/vs/2020sum.pdf> - i.e., the 5,405 deaths, 2,017 of which appear to have been counted in the finalized numbers as COVID-19 deaths under ICD-10 guidelines and the remaining 3,338 Other deaths.
- 2) Records explaining the definitions for each column in this DOHMH GitHub, ie., confirmed, probable and incomplete. <https://github.com/nychealth/coronavirus-data/blob/master/archive/probable-confirmed-dod.csv> the data run only through Nov 11, 2020, the last update was 13 December 2020, and entries in the “incomplete” column total 7,000. See graph and table attached.
- 3) Records explaining where the 7,000 “Incompletes” in the “incomplete” column in the file above went in the final Vital Statistics report for 2020.

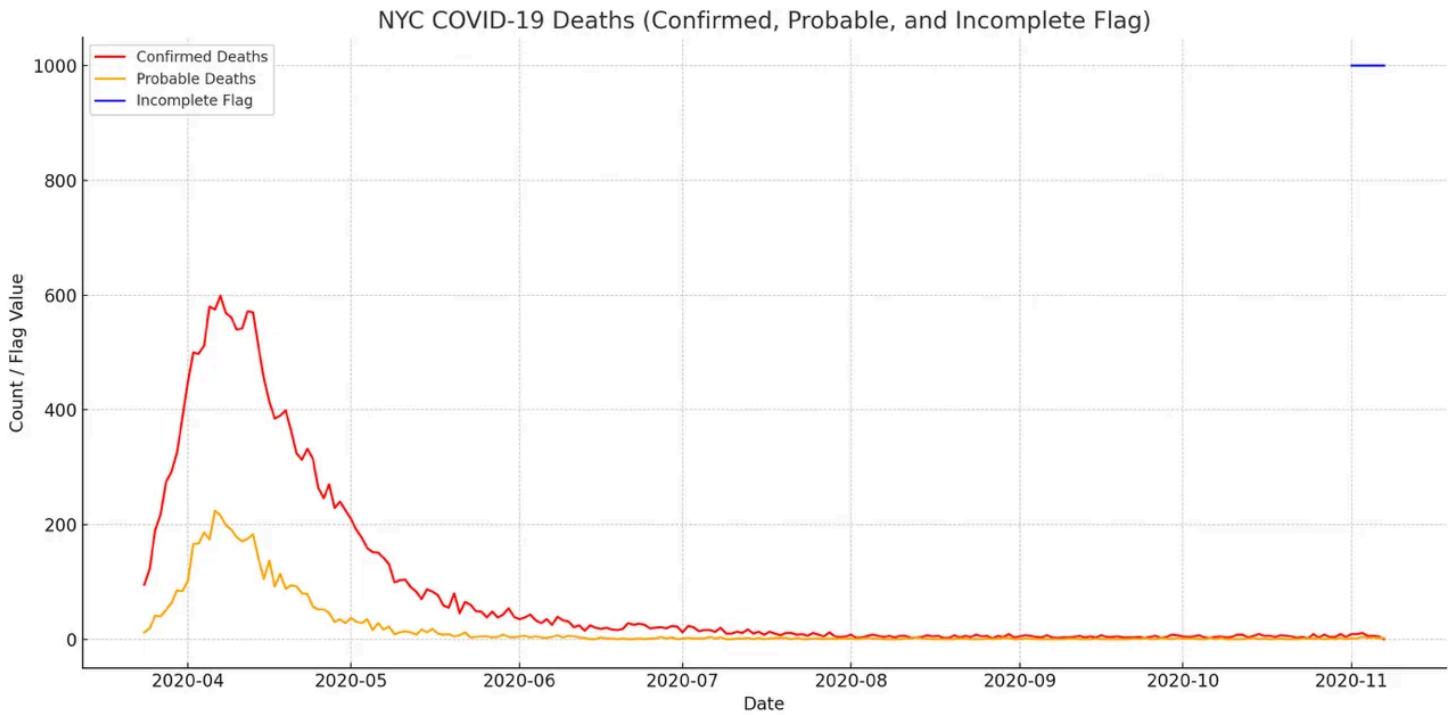
Regards,

Jessica

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## NYC COVID-19 Yearly Totals

	CATEGORY	TOTAL_FOR_YEAR	
1	CONFIRMED_COUNT	19073.0	
2	PROBABLE_COUNT	4627.0	
3	INCOMPLETE	7000.0	

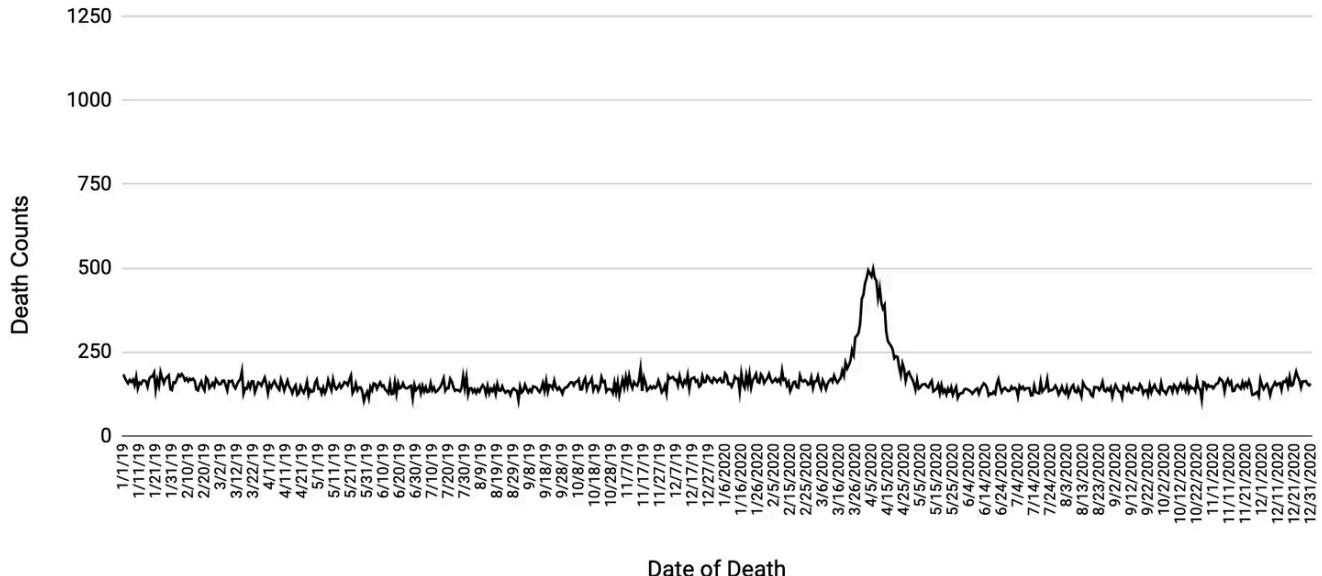


## Coincidence or coordination?

At the risk of making too much of “the 7,000”, which could simply be an artifact of system-generated “placeholders,” it’s worth noting that the non-COVID excess reported during the death spike was between 6,500 - 6,800, depending on source (city or federal), and the number of deaths associated with [receiving FEMA COVID-19 funeral assistance](#) is just over 7,000.

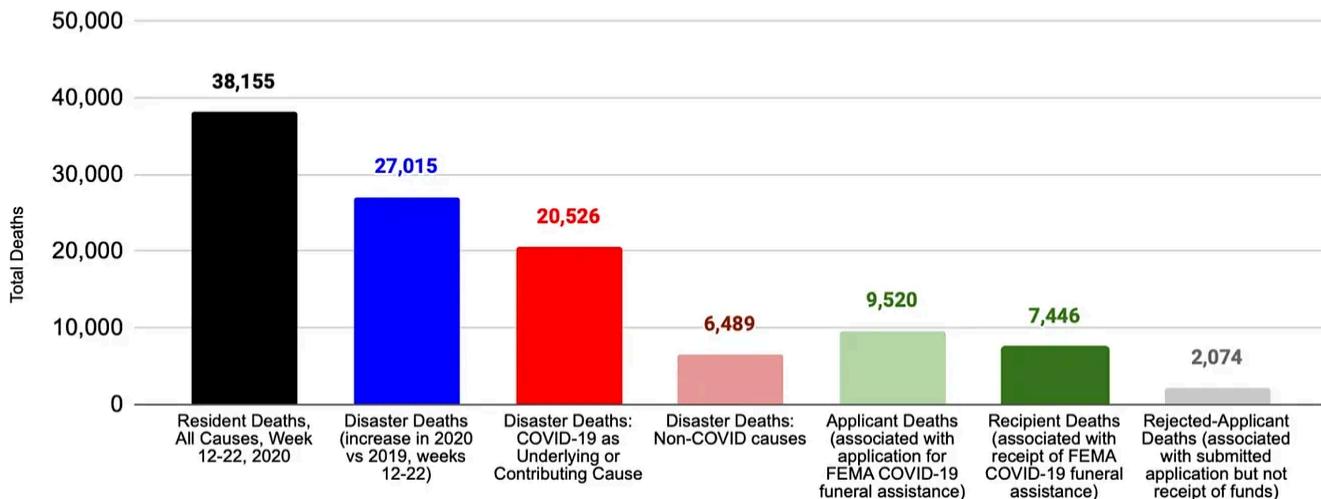
### Non-COVID Deaths Occurring Daily in New York City, 1/1/19 - 12/31/2020

Data obtained via FOIL | Requested from NYC DOHMH by Jessica Hockett on January 20, 2023. Records received on February 2, 2023



## New York City Spring 2020 Disaster Event: All Deaths, Disaster Deaths, & FEMA Funeral Assistance Applicant/Recipient Deaths

Sources: CDC WONDER | FEMA | Jessica Hockett, PhD



Alongside a range of other [serious problems](#) involving the spring 2020 death spike, the probables shell game and 7,000 “incompletes” look every bit like a model was being applied to COVID death reporting. <sup>4</sup>

In the “[The F Word](#)”<sup>5</sup> I said I believe a data-engineered all-cause curve would involve forethought but proposed an alternative too:

I could also envision a scenario where the ScaryModels flashed on screens as Harbingers of Doom set a bar that couldn’t be reached. Allow me to explain:

Despite what public officials, the CNN news crawler, and Johns Hopkins University implied, real-time death reporting isn’t possible, simply due to how deaths are processed.<sup>15</sup> It’s possible various dashboards were too generous in their real-time reporting, and there was a genuine “Uh oh” moment on the part of officials when reality wasn’t able to keep up with or “realize” the models’ predictions. Rather than admit an error, steps were taken to cover it up by manipulating data to make deaths — and possibly other data like ambulance dispatches — “fit” the event which models had fed into reporting systems.

The history of the GitHub file at the center of my FOI request to the health department contains entries suggesting that data were being altered or moved: “restoring probable confirmed dod [day of death]” and “fix problem with probable-confirmed dod.” These appear to reflect attempts to reconcile or sustain reported death counts,

some portion of which may not have occurred within the stated timeframe, let alone resulted from a novel illness the WHO called COVID-19.



The screenshot shows a GitHub commit history for a file named 'probable-confirmed-dod.csv'. The commits are as follows:

- o Commits on May 19, 2020
  - Fix problem with probable-confirmed-dod.csv 
  - mmontesanonyc authored on May 19, 2020
  - 5/19 data update 
  - mmontesanonyc committed on May 19, 2020
- o Commits on May 18, 2020
  - Restoring probable-confirmed-dod.csv 
  - mmontesanonyc authored on May 18, 2020
- o End of commit history for this file

The department of health records officer said I can expect a response to my request by mid-November.

Probably.

**All Wood House 76 articles related to the New York City Mass Casualty Event of Spring 2020.**

Sting - It's Probably Me (Official Music Video)



- 1 My sister
- 2 For comparison, the 2019-2020 flu-test season peak in NYC was ~2,000/test per day.
- 3 See pages 8-9, Centers for Disease Control and Prevention. (2020, April 6). *Clinical Laboratory COVID-19 response call transcript*[PDF].  
[https://www.cdc.gov/locs/preparedlabs/documents/covid-19-response-calls/04\\_06\\_2020\\_transcript.pdf](https://www.cdc.gov/locs/preparedlabs/documents/covid-19-response-calls/04_06_2020_transcript.pdf)
- 4 Thomas Verduyn used different data sources but came to a similar conclusion in "[The Dashboard that Ruled the World](#)", albeit about deaths attributed to COVID per se, whereas I am looking at the probables as a signal that the all-cause mortality curve is manipulated.
- 5 As well as earlier and more simply in "[Where is the Proof that Over 37,000 People Died in New York City in 11 Weeks?](#)" (8 September 2023)

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