

[Viruses are not bombs: NYC 2020 Mystery \(Enhanced Transcript of Chris Waldburger & Jessica Hockett, 12 September 2023\)](#)

[December 3, 2025](#)

Jessica Hockett, PhD | Wood House 76

Chris Waldburger hosted me in a [Twitter Space](#) on 12 September 2023. At the time, we were both participants in PANDA, and Chris had previously seen my two-part presentation to the group, "[Toward a New York City Hypothesis](#)". The article Chris wrote following the Space can be found [here](#).

Selected visuals and related content are embedded in, or added as footnotes to, the enhanced transcript below.

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Viruses are not bombs: NYC 2020 mystery



Chris 

... Host

Viruses are not bombs: NYC 2020 Mystery | Transcript of Chris Waldburger hosting Jessica Hockett on a Twitter Space, 12 September 2023

<https://twitter.com/i/spaces/1MYxNgIPgMOKw/peek>

[Introductory pleasantries omitted]

[03:15] Chris Waldburger: I entitled this “Viruses are not bombs.” And I think I’ve been, I’ve been struck by, as many others have, by your insight into just how strange the numbers we get from New York City at the beginning of 2020, how strange those numbers are. How they don’t make sense, really. So, I wondered if I could start by, if you could explain why you’ve used that phrase: *Viruses are not bombs*. How does that fit in with [indiscernible] New York City 2020?

Jessica Hockett: Sure. Absolutely. The mass casualty event of spring 2020 has compelled me, perplexed me, fascinated me, really, ever since 2020. I live in the Chicagoland area. Was following the events in New York City very closely, following data very closely. And the numbers there, of casualties – per day, per week – just were *so* astronomical.

And we here had – really all around the U.S., probably around the world, New York City was used as this ‘example’. *Their hospitals are overwhelmed*, we were told. *The virus is hitting them really hard*. And so, *we have to lock down, your kids have to be out of school, your church has to be closed, in order to avoid ‘being’ New York City*. That was the narrative from early on. So, I just, I’ve always been intrigued by what actually happened there.

A lot of people, even fellow anti-mandate folks like myself, have sort of – I don’t know if I would say ‘hand-waved’ what happened in New York City away – but just like, *Oh they used ventilators and Remdesivir* or *Oh they panicked*. Right? Nobody ever seemed to *want* to look at, and try to dig into, what exactly happened.

I get it. We were all fighting mandates. I was trying to keep masks off my kids, get my kids back in school. You fight the fires that are right in front of you. But now that we’re past that time, in the past year or so, I’ve had an opportunity to really dig into data, submit public-records requests, revisit the records of the period, contemporaneous policies and accounts...and it just doesn’t add up.

One of the things that I looked at earlier on was, *Okay, if this virus really did ‘hit’ New York City harder, where would we see it?*¹ *In what **data** would we see it? Let’s look at all-cause mortality, let’s look at heart-disease deaths, let’s look at flu & pneumonia, let’s look at ambulance dispatch data, let’s look at 9-1-1 calls*. And I don’t see evidence of a slowly spreading, deadly virus in any of those data points.

And so, I’ve come to say “Viruses aren’t bombs” because I don’t see any instance in history, at least from a mortality standpoint, where there’s no sign of a pathogen in data anywhere, and then it just suddenly creates mass death, on a huge scale, as you would see if somewhere was hit by a bomb. Or an earthquake. Or some kind of other sudden event.

So that’s where that idea comes from, where if you look at New York City, if you look at Northern Italy and some of the provinces there, that’s the same case: where there’s nothing going on, of note, and then out of nowhere, the mortality skyrockets.

Another way of putting is if you were an alien from another planet – or somebody who had sequestered themselves from society for the past three years — and you showed them just the data, like you showed them just the graph, and you said, “What do you think happened here?”

they would not say “Oh, there was a flu-like virus.” They would guess these really sudden natural events, or non-natural events, that have nothing to do with disease.

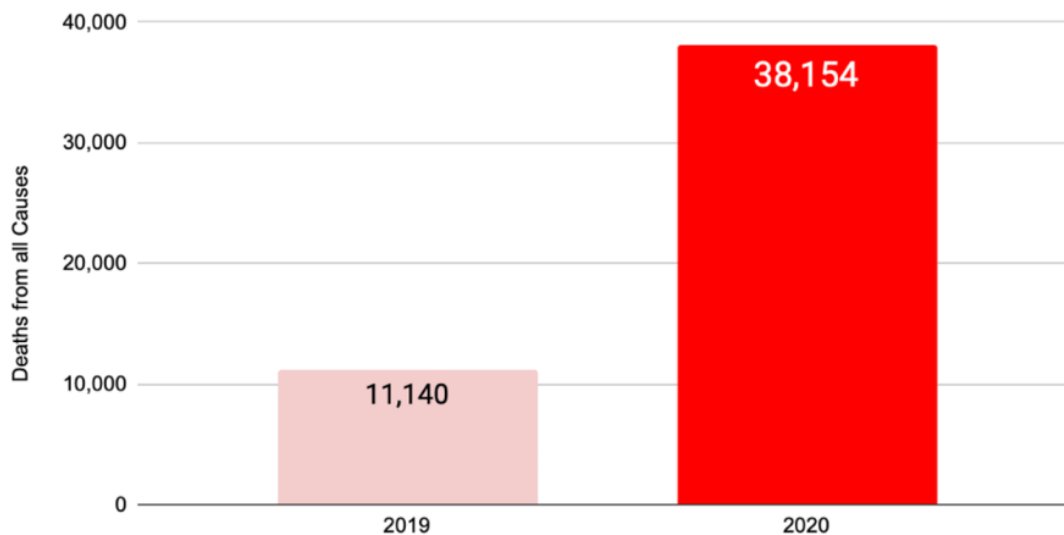
So that’s where that idea comes from: *Hey folks. Viruses aren’t bombs. It doesn’t work this way.*

CW: So, if I recall correctly, you put the number – is it around 27,000 excess deaths over a period of weeks?

JH: Yes. I don’t love the term ‘excess death’ even though I use it. I just say ‘raw-number increase’. Because ‘excess’ is modeled, and people can argue about what portion was excess and what should be within statistical variability and what we could expect, so I just say ‘increase’ compared to the previous year.

In that 11-week period, and I mark it from mid-March to the end of May, New York City saw (according to federal data), 27,000 additional deaths, so about 38,000 total, compared to 11,000 in the same period the year before.

New York City, Deaths from All Causes, Week 12-22: 2019-2020



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CW: We’ve just passed, yesterday was 9/11. And that was, how many was that? That was in New York. About 2,000...

JH: Yes, 9/11. I think the World Trade Center event casualty is like 2,700, I want to say. We could round it and say 3,000.

CW: So that's ten times the casualties.

JH: Yes.

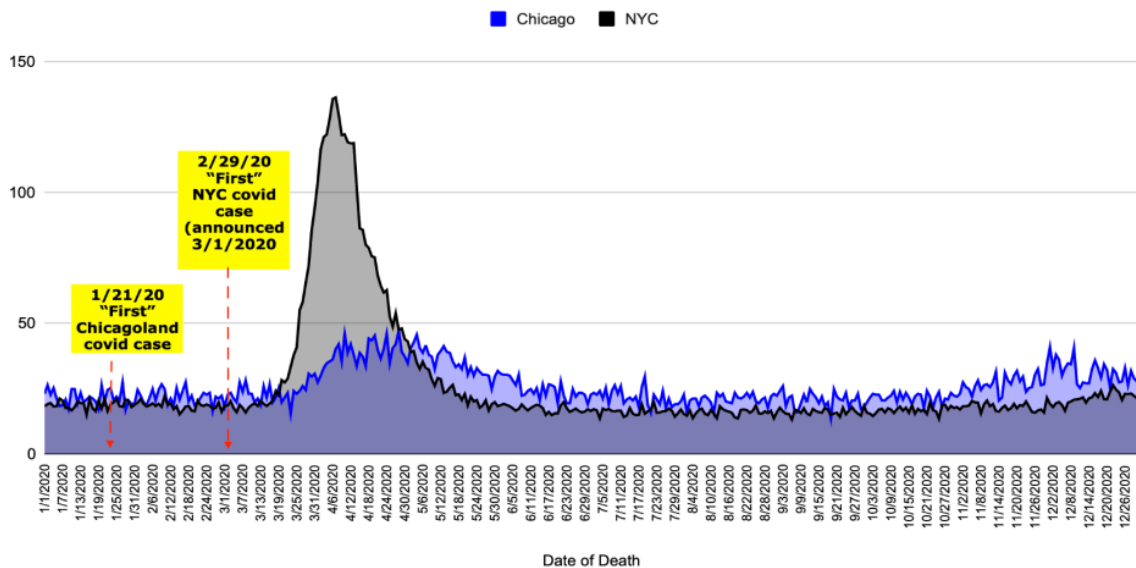
CW: And yet, like you say, even among skeptics like ourselves, there's not necessarily a great deal of investigative zeal to understand *why*. And obviously, I think you've mentioned, if you were you to compare it with a city like Chicago, which was also on lockdown at that time, a city like Chicago doesn't have the same mass casualty event that New York City has over that same, what they call 'the first wave.' Is that correct?

JH. Yeah, that's correct. Especially over the past few months I've tried to urge people to analyze (particularly spring 2020) by city rather than by country or by state. Because, you know – and New York is a good example; Illinois, where I live, is a good example. Like, the Chicagoland area is not downstate Illinois. It's not. It's very different. Different things were done and not done. And so, when you compare cities, I think you get a better apples-to-apples comparison.

New York versus Chicago in that time (I don't have the data right in front of me), New York, the scale of deaths per million, is massive.

New York City vs. Chicago, 2020 Daily Mortality Rate (Crude rate per million)

Sources: Daily ACM obtained via FOI requests to NYCDOHMH Vital Statistics & Illinois DPH | Population data from U.S. Census, 2021 estimates for April 1, 2020



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What's funny about that, too, from a 'spread' perspective, if you're somebody that believes there was sudden spread of a novel deadly pathogen in those months, Chicago announced its first cases in late January. A woman, a nurse, had *come back from Wuhan* [JH speaking sarcastically], right? And she had *flu-like symptoms and went to the doctor*.² The whole narrative we saw in many countries, just with different places.

So she came back, there were cases there. New York City didn't announce its first case until March 1st. *Healthcare worker coming back from Iran*. Right?³ Same kind of narrative. If you think *oh it was spreading*, shouldn't we have seen mortality rise in Chicago first? But we don't. We actually see Chicago's mortality rise after New York's, I think a couple weeks after – at least a week after – which I find fascinating. And it never gets anywhere close. Nobody does. Except Bergamo province in Italy, and a couple other provinces in Northern Italy, exceed New York. And those actually happened, quote, 'before New York'. The timing started before New York.⁴

So it just doesn't add up. And there's been no call – it's so strange to me, there's been no call to really investigate and get to the bottom of what really happened here. I find that strange. I find that really strange.

CW: Before I kind of ask you a few questions about that. What – during this time when we started getting exposed to all these scientific concepts which never really mattered to us before, but there's this one thing which is called Farr's law. Which is the curve goes up and then it goes down and that's how pandemics or epidemics work.

If someone said to you, *well New York's just crowded and that's how epidemics work. It's a sudden upward curve of disease and death, and then the curve goes down*. What would your response to that be?



JH: I guess one thing I think people don't realize about the mortality curve in New York is how *fast* – and I don't have the mathematical description of it right now – but how fast it goes up. Like the steepness of it is incredible.

Not only that: every age group, every adult age group, goes up at the same time.

Is that really what you would expect from spread? I don't think that you would expect that. You would maybe expect certain age groups to rise first. Especially for something that I think everybody agrees, at minimum, the IFR is really no more deadly than flu. Certainly not for younger adults.

I think that's the other thing that we see in New York that sets it apart from everywhere, including Northern Italy, is the younger adult deaths were way high – and *in the hospital*.⁵

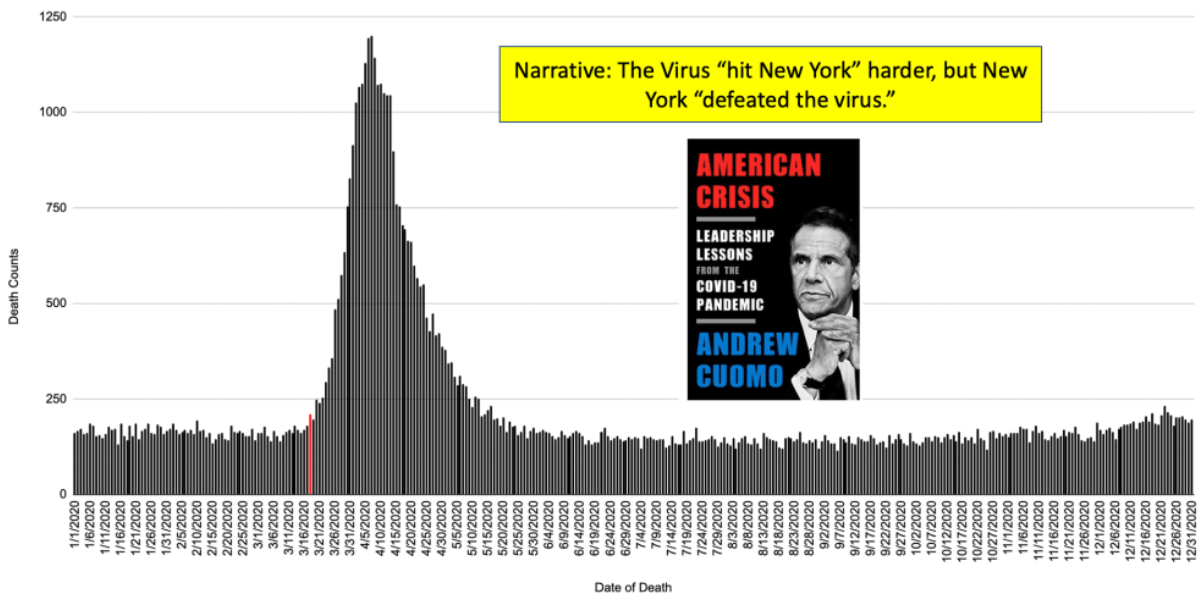
So I'm not talking about drug overdoses at home — not to minimize those, right? But right away, right from the get-go, in ages 25-45, we see something like a 300% increase in younger-adult deaths in the hospital that are attributed to COVID. That doesn't make sense to me whatsoever.

One more point about Farr's law: We see it go up, spike way up, right? And then it comes down. And then their mortality never gets anywhere close to that again. It drops to baseline, starts to creep up again toward the end of December, after the vaccine rollout, right?

And you may remember (or you may not) that the line in the U.S. was that *New York got hit harder but it defeated the virus*. And Governor Cuomo got an Emmy for his press conferences. He wrote a book. It was like New York was able to declare victory over the virus.

New York City, Daily All-Cause Mortality: 1/1/2020 - 12/31/2020

Source: Obtained via FOIL to Vital Statistics, NYCDOHMH



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If they figured out how to handle the virus, why didn't they tell L.A. hospitals that winter? That's when L.A. had a massive, really unbelievable spike – although still not anywhere close to New York's. Why didn't New York tell everybody how to handle the virus if they were so successful with it? You see what I'm saying?

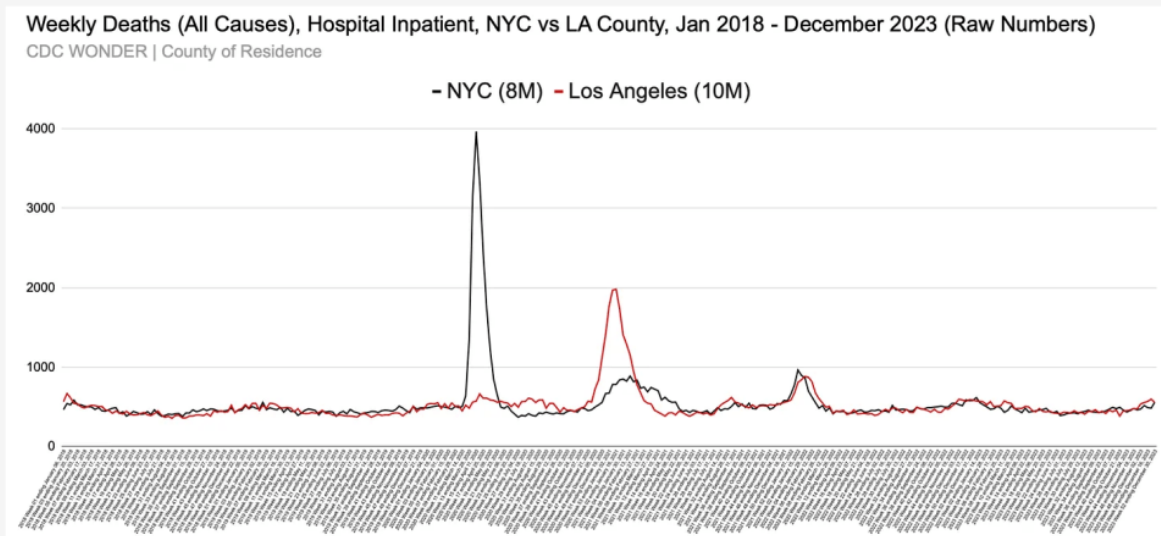


Figure from [“LOL La La Land”](#) (Hockett, J. 2025, March 8)

So, it’s not even just that spike. It’s that “*and it never happened like that again*“. Like the virus just *went away*. That’s just not consistent with the idea of spread. There’s 8.8 million people in New York. Why do we just see all the mortality packed into, really 20 days is when most of the mortality is? It doesn’t add up.

CW: I think I’ve seen you compare New York City during this time with the *Diamond Princess*. You know the amazing thing is that New York did worse, if you adjust for age, than a group of elderly passengers locked up in their cabins in the ship, which became kind of a live experiment.

JH: Yeah, I think that’s pretty amazing. Todd Kenyon of PANDA did [a nice analysis and a nice comparison](#) starting with that idea: That *Diamond Princess* is a self-contained, like a mini version of New York City. People are packed in. If that’s part of the idea with people saying *New York City is dense*. So is Tokyo, by the way, and they didn’t see what New York City saw.

I think the other thing to keep in mind with *Diamond Princess*, even if you don’t think of it as analogous to New York City, you can think of it as analogous to a nursing home. That’s something, another idea that we hear a lot: COVID-19 consumed nursing home residents.⁶ Well, then why didn’t it consume old, elderly, frail people on the *Diamond Princess*?

By the way, I don’t know if you know this, but everybody who died on the *Diamond Princess*, they died off the boat. It was *ex post facto*, weeks, in some cases, weeks afterward. And they died at a rate that you might expect from any group of people after cruise, given the age profile.

There’s only 12 months in a year, there’s only 365 days on which we can die. You figure you’re going on a really nice cruise, maybe toward the end of your life, right? We don’t see a rate of

death that exceeds what you would expect after any cruise. And cruise ships have morgues, by the way. There's a reason cruise ships have morgues. People die.

CW: I just discovered recently that there are people who retire to cruise ships. That's where they go to retire. They just live on a cruise ship. That's probably then where they're going to die.

JH: Another parallel to make, this is just coming to mind, this is something else people don't know about the *Diamond Princess*, is that there was no sudden illness outbreak during the voyage. There was not. The ship got back to port and then was quarantined there. But it's not like there was, like a norovirus outbreak, like you hear about on cruise ships and all these people were getting sick.

That is also the case for New York City. Looking at the casualties, we should be hearing about *millions* of people getting suddenly sick in that time, in March/April/May. And that's not something that you hear.

Even from New Yorkers that I talk to [they say] *I didn't really know anyone who was sick at that time*. They say *earlier in the flu season, yeah. But not at that time*.

So again, another example of things just don't really fit what we're told or what people assume.

CW: Hm. Yeah. I don't want to keep you too long, Jessica, but this leads to the question, what did it? Why was it worse in New York? Were Andrew Cuomo's press conferences deadly? What do you think did it?

JH: Well, most of the death – it's not just one thing – and I like to look at the mortality in terms of *where* people died. By that, I don't mean what borough they died in. I mean did they die at a hospital, as an inpatient? Did they die at a nursing home? Did they die at a hospice facility? Did they die at their personal home or someplace else? Our data here [in the U.S.] does give that of break down, that place of death.

So, it depends what *kind* of place of death we're talking about, but people assume the most death [in New York City] occurred in nursing home facilities. Even though there was a 200% increase, really bad increase, in nursing homes, nursing home facilities only account for 9% of all COVID-blamed deaths. About 20,000 deaths are attributed to COVID in New York City in that period and nursing homes are about 9%. Seventy-six percent (76%) of the deaths in that period blamed on COVID, as well as just the majority of the death and the excess death, occurred in hospitals.

New York City, Weeks 12-22, 2020					
Place of Death	2019 Deaths from All Causes	2020 Deaths from All Causes	All Cause Increase/Decrease (2019/2020)	2020, Deaths Listing Covid as Underlying Cause	% of total Covid Deaths
Hospital Inpatient	4,837	19,827	14,990	14,704	76.1%
Outpatient/Emergency Department	1,026	2,697	1,671	1,271	6.6%
Nursing Home/LTC Facility	1,762	6,642	4,880	1,797	9.3%
Hospice Facility	267	231	-36	57	0.3%
Decedent's Home	2,906	8,215	5,309	1,426	7.4%
Dead on Arrival (to Hospital)	122	139	17	25	0.1%
Other	220	403	183	43	0.2%
Totals	11,140	38,154	27,014	19,323	100.0%

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New York City, Weeks 12-22, 2020					
Place of Death	2019 Deaths from All Causes	2020 Deaths from All Causes	All Cause Increase/Decrease (2019/2020)	Percent Change from 2019	Percent of Total Increase/Decrease
Hospital Inpatient	4,837	19,827	14,990	310%	55.5%
Outpatient/Emergency Department	1,026	2,697	1,671	163%	6.2%
Nursing Home/LTC Facility	1,762	6,642	4,880	277%	18.1%
Hospice Facility	267	231	-36	-13%	-0.1%
Decedent's Home	2,906	8,215	5,309	183%	19.7%
Dead on Arrival (to Hospital)	122	139	17	14%	0.1%
Other	220	403	183	83%	0.7%
Totals	11,140	38,154	27,014	242%	100%

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Change in Relative Proportion for Place of Death in New York City, Weeks 12-22: 2019 vs 2020			
Place of Death	Percent of Total 2019 ACM	Percent of Total 2020 ACM	Change from 2019-2020
Hospital Inpatient	43.42%	51.97%	8.55%
Outpatient/Emergency Department	9.21%	7.07%	-2.14%
Nursing Home/LTC Facility	15.82%	17.41%	1.59%
Hospice Facility	2.40%	0.61%	-1.79%
Decedent's Home	26.09%	21.53%	-4.56%
Dead on Arrival (to Hospital)	1.10%	0.36%	-0.73%
Other	1.97%	1.06%	-0.92%

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There was also a massive rise in deaths at home, that's a separate topic, but why haven't hospitals been investigated?

Here's another point about hospitals, I just checked this the other day: Their peak hospital census for all patients in all beds in that period was about 20,000 beds occupied. Guess how many hospital-inpatient deaths there were from all causes in that period? Almost 20,000.²

So, New York City is saying that they lost the equivalent of their peak hospital inpatient census in eleven weeks. *That...*that's unbelievable. That is *many* times more than 9/11. So why has

there been no call for an investigation into what happened hospitals? And just like with nursing homes, we had no third-party witnesses in there. Third-party witnesses were banned during that time. Where's the investigation?

CW: When did Trump send in the ship?

JH: Good question. The ships were not sent in until April. And that's true with the [activation of] the field hospitals as well. Also, we had this – I call them 'the travel cadre' – of doctors and nurses that were called in by various agencies. They all came in from mid-April onward. Some of the 'early treatment' doctors that said they were in New York City at the time, they're right, I'm not saying that they're lying, but they came in after the peak.

I've wondered *why were those people called in?* Were they called in to verify that something was going on? Was it part of optics? Certainly, the ships being sent [to New York and L.A.], was that part of optics? Samaritan's Purse, that charity, that organization, had that tent right in Central Park. I know of somebody that was there as a healthcare worker. Why was that set up? What was that really about? More questions than answers, in some cases, on some of these things.⁸

CW: If you look at, when I watched your [presentation for PANDA](#), it seems pretty clear to me – I mean, I could be wrong – that this curve *really* kicks off as the lockdowns begin, as the kind of media panic kicked in. Would it be fair to say that's where the answer lies, and we just need to work out why New York had suffered from it more than other cities that had similar lockdowns and applied similar measures?

JH: Yeah, I think the all-cause mortality, if you look at daily all-cause mortality, which I obtained from the Bureau of Vital Statistics in New York City, the mortality doesn't really start to rise until March 18th. Even that, some people would say, is within some statistical variation but it's definitely after the city is shutting down and measures are being taken. Mass testing began in the beginning of March, right? And the pathogen or the virus had been named and newly detected in January or February [2020].

So why is it that we don't see any death, that we don't see this pathogen showing up anywhere until quote 'lockdown' measures are taken. And what is it that New York City hospitals, in particular, were doing that yielded the numbers that we see? So yeah, I think what you said is fair.

CW: Then, looking ahead to the future, it's about looking at what was happening in Northern Italy, comparing it to New York, getting a hold perhaps of, actually getting more data surrounding victims and trying to work out what killed all these people *if*, in fact, the death statistics are correct.

JH: Right. Inevitably, everybody who starts looking at the data or reacting to what I'm showing, inevitably, people will ask, "Okay, are we sure that these deaths occurred?" Are we sure that these deaths aren't faked? Are we sure that the number of people that's alleged to have died on each day *actually* died on those days, right? Versus maybe death certificates or classifications that were re-done and put into the curve? And I think that's possible.

So, one thing that we have from Chicago, for example, I can go into [a public database](#) and I can see every death that occurred, in 2020. They're all there. No names, but they're all there.² Line by line by line.

We don't have any such thing for New York. New York does not allow death certificates to be subject to freedom of information requests. There have been a couple efforts by journalists to document the names, the victims of COVID. There's a paper called *The City*, in New York. I think for this period, the spring period, they were able to document about 1,600 deaths. The names of the people in this period who are buried on Hart Island, which is an island in New York City where unclaimed bodies are buried. It's city burials. Those names are public. But those sources together, at most, don't even account for 10% of the deaths that are alleged to have occurred during this time.¹⁰

I'm not saying the death curve *is* fake.¹¹ It's pretty unbelievable, I'll tell you that. But I would like to see – you know, first things first: New York, can you provide *some proof* of this event? Then we can move forward and say, “What the heck happened here?”

I'm doing both of those things at the same time. I'm not going to sit around and wait for them to do the right thing. But I would like to see some public pressure around this *because* this was the event that was used to show the world that this virus was really deadly and a pandemic emergency was upon us. Right? But we've been offered no proof that this actually occurred, so that's what I would like to see.

CW: Yeah, and I think the media significance – the *Diamond Princess* was very significant – but the media significance, I mean, I was in South Africa and people in South Africa were talking about Andrew Cuomo and his “brave leadership”. We were watching the press conferences all the way in Africa. So, it was really, really significant in shaping that narrative and getting toward this [indiscernible] of what really happened.

Thanks so much for your time, Jessica.

JH: You're welcome.

CW: I don't want to keep you for too much longer. I'm sorry I wasn't very good marketing this on Twitter. But I am going to, we have been recording this, so I'm going to share it on Substack and [indiscernible] on Twitter listening to this. [ChrisWaldburger.substack.com](https://www.substack.com/@chriswaldburger)...

This recording, this conversation will then be an introduction for some of my readers into this whole big New York question, which I think really just provides such a stark reminder that things were not as they seemed. That so much of the story was some kind of manufactured event. That's not to say that people didn't die. That's not to say that there wasn't a reality of victims and so forth, but we don't know the whole truth. And something terrible was generated during this time.

But thank you so much, Jessica. And I hope you have a great one...wish you all the best.

JH: Thank you so much, Chris. Take care.

1. [“Where was Covid? I keep looking for stealth Covid in NYC before lockdowns, to no avail.”](#) Hockett, J. (2022, September 19). ↵
2. For other details, see [“Questioning the first known person-to-person transmission of SARS-CoV-2”](#) (Hockett, J., 2022, August 24) ↵
3. Iran played a curious role in early episodes leading up to the New York spike: [“The Time a coronavirus hit Iran”](#) (Hockett, J., 2024, July 17) ↵
4. Shown in [“Three Cities, Same Virus?”](#) (Hockett, J., 2023, October 10) ↵
5. Age-group synchronicity and younger COVID death data shown in [“Does New York City make any sense?”](#) (Verduyn, Hockett, Engler, Kenyon, & Neil, 2022, November 1) ↵
6. ...and yet “the virus” didn’t consume nursing home residents either. [“If it’s so deadly, then why wasn’t it deadly? A Los Angeles County nursing home serology study raises fundamental questions about SARS-CoV-2.”](#) (Hockett, J., 2025, March 11) ↵
7. Roughly 15,000 inpatients above normal for the timeframe. Does not include patients who died in the emergency department. ↵
8. I have since hypothesized that the New York event was, in part, a simulation using real patients that doubled as a drill or “systems-testing” exercise for a war. See [“New York City spring 2020: An unsubstantiated mass casualty event that appears fraudulent and staged.”](#) (Hockett, J., 2024, December 16) ↵
9. All there as far as I know. ↵
10. Explicated in [“FEMA COVID-19 funeral Assistance data fails to substantiate the New York City death spike”](#) (Hockett, J., 2024, June 4). ↵
11. A few days prior to this conversation, I outlined general fraud mechanisms in [“Where is the proof that over 37,000 people died in New York City in eleven weeks?”](#) (2023, September 4) which I elaborated further in [“The F Word”](#) (2024, April 15) . ↵

Hockett, J. (2025, December 3). [“Viruses are not bombs: NYC 2020 mystery: Transcript of Chris Waldburger & Jessica Hockett, 12 September 2023.”](#) *Wood House 76*. ([Twitter Space](#))