

**Jessica Hockett on Dennison Joyce's "Through the Looking Glass" (WIOX 91.1) Episode #257 | 20 April 2026 | <https://www.youtube.com/watch?v=GqPr7O6c-os>**

**Enhanced transcript by Jessica Hockett published 22 April 2026 on Woodhouse76.com includes corrections, comments, clarifications, and selective links to relevant content. Bold text used to emphasize certain points.**

**Dennison Joyce:**

Hey, good morning, everyone. How are you today? This is your host, Dennison, of *Through the Looking Glass*. We're here Mondays on WIOX Community Radio Catskills from nine to ten A.M., and we have always focused on guests whose narratives and information research is not always what you find in the mainstream media. And we found a brilliant example of that today.

Our guest, the returning guest, is Jessica Hockett from Chicago. Jessica is a PhD from the University of Virginia. She's an incredible independent researcher and journalist,\* and she has basically become Sherlock Holmes when we think about the COVID pandemic. [\*JH: *I do not consider myself a journalist but am not offended by the characterization.*]

Most of us just couldn't wait for it to end, move on with our lives, to put that behind us. That was awful, especially those in New York City. Not Jessica. Her kids were sent home, so she had to leave her work. Her husband works in restaurants. A lot of his work was shut down. So, she had time on her hands, and she said, *I'm gonna investigate what's going on here.*

And Jessica, I want you to tell us exactly what got the ball rolling for you, that you said I'm gonna do what most of us didn't want to do. You chased the data. You looked for things that didn't make sense instead of shaking your head like, huh, did masks really work? I mean I'm breathing through it. We never wore masks before for the flu. And she just kept digging, and she used Freedom of Information Act data requests from city health officials. They gave her a bunch of data early, and then they kind of didn't like what she was finding out. So they tried to cut her off, and she's been in a battle ever since.

I'm so grateful for the work she's done. She's really fought for all of us to get a better understanding of what that event was, what happened, especially in the early days of COVID. So Jessica, welcome back to *Through the Looking Glass*.

**Jessica Hockett:**

Thank you, Dennison, for having me on again. I think this is my third time. Third time's the charm. The first two times were fantastic, too. Thank you so much.

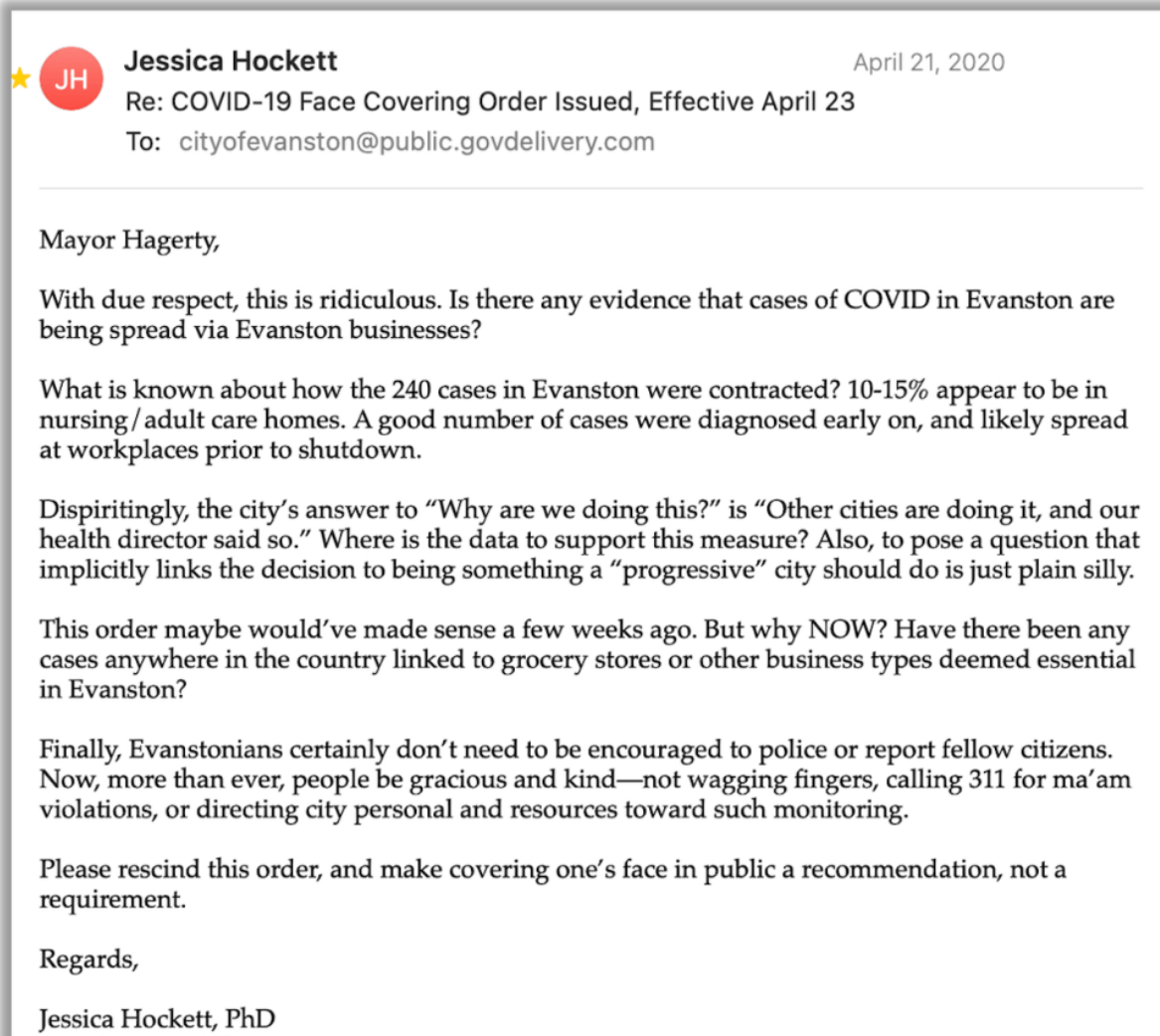
**Dennison Joyce:**

Yes, they were. And I wondered, maybe you could go back to that point. At what point when the lockdowns began did suddenly something hit you that said, *hmm, this doesn't feel right?*

**Jessica Hockett:**

Well, I have to say, none of us were "right" about everything from the beginning. Nobody saw through the whole scam right away. But I think family and friends could attest that right from the

very beginning, I was like, *this is not what they are saying that it is, and we should not be shutting down churches and schools*. I was not a lockdown “skeptic”. I was a lockdown resister. Same with masks. When a mask mandate went into effect, or was about to go into effect, where we were living at the time in Evanston, Illinois, I wrote to the mayor and said, no, we shouldn't be doing this. [JH: Artifact from 21 April 2020 below. Obviously, this was long before questioning whether anything novel had arrived or was suddenly spreading, etc.]



So, I can say that I was a resister of the mandates and the government's Human Rights Heist from the very beginning. And that motivated me, just my resistance to, right away say, “What's going on here? Let's look at the [Cook County Medical Examiner's database](#).” That's public in Illinois and in my county. And I was looking at the individual deaths that were being attributed to COVID in some way, shape, or form. And I actually contacted a local journalist at the time in Evanston about some things that I was seeing, and he called me a COVID denier and he cut off my subscription. I haven't thought about that in a long time.

But yeah, right from the very beginning I was trying to dig. And it wasn't just me. A lot of people were, and a lot of people took to social media to try to make meaning of what exactly was happening. But things just weren't adding up. And yeah, you're right. Some people went back to their lives and have moved on, but there are things that I just can't let go because my brain still itches and I'm not satisfied.

**Dennison Joyce:**

Yeah, one thing happened to me too, which was I drove by, returning to the city, Elmhurst Hospital a couple of days after it's headlined in the news with huge lines and “ground zero”, and it was empty. Emergency room anyway. Didn't go into the hospital itself. Emergency room's empty. They're in the lines. So then I went and checked the hospital in my neighborhood, same thing. And I was like, okay, something's really wrong. And then on social media I saw Germany, other countries, people recording this as well. And it just said, *Okay, something's happening here that doesn't feel quite right.*

**Jessica Hockett:**

Right. Such a **huge gap between what we were seeing on the screen and what we were being told** at these various press conferences in New York, really nationally, we heard Governor Cuomo yelling about how [“We need the ventilators!”](#) and [“You pick the 26,000 people who are gonna die!”](#) And Elmhurst Hospital, we saw this, basically, *show [being projected to us on the screen.](#)*

But yeah, not just you, other people who were driving past Elmhurst or looking at the hospitals in their own communities, looking at these field hospitals that were being constructed, **there wasn't anything going on in real life. It's just amazing, the gap between reality and that projection.**

**Dennison Joyce:**

Well it's great that you're doing the work and you're examining and questioning and not just accepting as fact what we're told by our state officials, government officials. It reminds me of the Einstein quote, the great Albert: “The world is a dangerous place to live, but not because of the people who are evil, but because of the people who don't do anything about it.” And that's where you're coming in here to this story, is you've said, “Hey, this is wrong, and I want to find out exactly what happened.”

Now I know, just because it's a New York audience first, that you have about eight or eleven key points\* that just make the New York City event seem absurd. *\*[JH: Dennison is alluding to two articles: [Does New York City Make Any Sense?](#) and [Eleven Sets of Serious Problems with the New York City Spring 2020 Mass Casualty Event](#)]*

I know you've explained that the last time you were on the show, but I think it's worth hearing again, especially in this audience, if you could go over what were some of these strange outlying data points, the things that just didn't make sense in New York City.

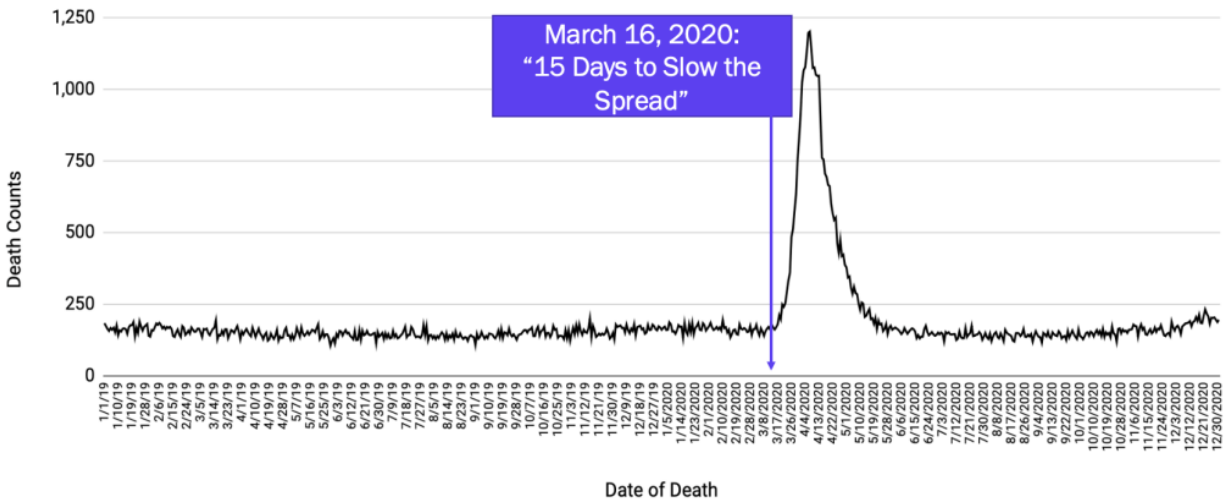
**Jessica Hockett:**

Yeah, sure. So New York City, New Yorkers, you experienced, reportedly, ten times the number

of casualties that were reported during the World Trade Center disaster. About 26,000/27,000 additional deaths are reported to have occurred in eleven weeks, most of it in six weeks. If you look at the graph of this event, the daily deaths occurring, it truly looks like a bomb went off, that you have day after day or week after week of, I think, eight or so 9/11-equivalent events, and it just looks incredible. It doesn't look real.

### 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



We have this huge dramatic rise that starts pretty much when the federal government says fifteen days to slow the spread, skyrockets, and then drops back down by the end of May or before the end of May, and then you have no excess death in New York City reported for the rest of the year. In the past I've called it, it's like a virus bomb was dropped on New York, but not on LA for some reason, even though LA is closer to China, closer to Wuhan, and it doesn't look like any kind of epidemiological event. And I'm not the only one who says that. Other researchers have said that too, over the past six years.

Two of the things that make New York such an outlier, even beyond events that are reported in northern Italy, are [the incredible number of young deaths](#), deaths among what I call working-age adults, among 25- to 54-year-olds. I think the increase is something like 200% or so. That has not been explained by officials. That has not been investigated.

Also what has not been investigated is a [very dramatic out-of-hospital cardiac arrest event](#) that, again, just doesn't look natural in any way, shape, or form. We would expect to see some more, maybe if fear was driving it, we would expect to see some more variation in the data. Instead, we see a very artificial-looking curve that goes up and then it comes right back down, and no investigation of that and no interest in it whatsoever.

You mentioned Elmhurst Hospital. Various data that I've put together and obtained from HHC and gotten from other sources shows **major discrepancies between sources**, and more importantly it shows that Elmhurst Hospital was not overwhelmed, that it did not experience this overwhelming number of patients. *[JH: In terms of [ED visits and patient intake](#).]*

So overall, New Yorkers should know that **there's a real disconnect between different data sources, and things like 'the nursing home policy'**. The nursing home residents, **even according to federal data and state data (which is in and of itself discrepant) [the nursing home policy cannot explain the total 38,000 deaths that are reported to have occurred](#), even by their own numbers**. At most it's about 20% of that total, and some portion of that is deaths that normally occur.

So all of these reasons that we've been given to explain the New York event, they're just not adding up, and it's so concerning that there is no investigation of an event that, again, is ten times the number of casualties that are reported to have occurred in the World Trade Center disaster. Really deeply disturbing.

Something else you're bringing to mind too is people have to remember that in 2020 and thereafter, even for a long period of time, maybe even a couple years in some places, third-party witnesses were not really allowed in hospitals or in nursing homes to a certain extent, especially in that first period. So we have an event or events in New York, and also to a lesser extent in Chicago and Detroit, New Orleans, where you don't have people's loved ones who saw what was going on. And I would say that simply by [removing third-party witnesses from the premises, you increase the likelihood of death and maltreatment](#).

#### **Dennison Joyce:**

A co-worker of mine, his daughter was working in a funeral home just out of school, first job. And I kept asking him, is she being overwhelmed? He goes, "No, it's kind of regular." And so I'm thinking, well, maybe it's just one funeral home, you know. But it might be, and you're indicating this, that that quote "27,000 extra deaths in that eleven-week period just beginning two days after they declared a lockdown." [JH: *Within days of the federal 15 days to slow the spread declaration on 16 March 2020.*] We didn't have any deaths before that from COVID, but suddenly when they made the declaration: *All right, everyone. Two weeks to stop the spread, stay home*. Boom, the deaths just shoot up.

People are so blown away by 27,000 deaths, people so afraid that they said this could kill anyone, not just the elderly, which normally influenza-like viruses attack, the elderly and the frail and the immunocompromised. But suddenly everyone, anyone, was a victim, and in all that fear, 27,000, I didn't give it a second look.

#### **Jessica Hockett:**

Yeah, and where are the names of these people, right? **Where are the names of all the people that died? Where is the documentary? You and I have talked about that before. Where's the documentary on this event? Can we hear from doctors and nurses who handled or witnessed the handling of these bodies inside hospitals?** We just don't hear it. In the moment or in those weeks, we had a lot of almost crisis-actor-type individuals saying, you know, [I'm overwhelmed](#) or [I'm really afraid that I'm not gonna see my kids again](#). Where are those doctors, and can they be interviewed? Can they be found even? Are they around? Can we interview some police officers, some fire department workers who can attest to this?

Recently – this is kind of new information; I haven't put it out there in written form yet – but I did finally get some morgue records from the office of the medical examiner. They're kind of a hot mess. I have to sort through them, but it's a daily survey that hospitals had to fill out and report how many bodies were held each day in their morgues and inside the body collection points, or the trucks that were sent to some of the hospitals.

**But here's what the important thing is – and the staffer highlighted it in the email to me – saying *these numbers have not been verified*. Nobody ever audited this data.** Same thing I heard from the state a couple years ago with an incomplete data set that they have for hospitals that they made hospitals fill out each day regarding occupancy and COVID numbers. They said this hasn't been verified. We just had hospitals do it at the time for the purpose of planning and deploying resources. So again, where is the “check” that this event occurred as depicted? When are we going to see some kind of audit? I don't think any of this is in the offing.

**I did recently file some [complaints with two federal-level entities](#). One is the Pandemic Response Accountability Committee and then the other one is the Office of the Inspector General for HHS regarding data on Elmhurst Hospital, requesting that they take a look at some of that and some other data that I obtained from HHC and some conflicts that are going on. I filed those in early February [2026] and I haven't heard anything yet.**

I also recently [presented some information on the \[New York\] nursing home data](#) to a state senator's staff, Skoufis, Senator Skoufis, and said, “Look,” to the staffer, went through a presentation and said, “Look, this isn't adding up. We still don't know how many nursing home residents died in this period.”

**And [we don't know that at the federal level](#), by the way. People may not know this, but there is no federal data source for how many nursing home residents died per year.** So my concern is that nursing home residents can be used to stage these kinds of events, and maybe have been in the past too, and we just don't have any answers, no accountability for anything really that happened during this quote *pandemic event*.

#### **Dennison Joyce:**

So let's get a little deeper into that because I think that's fascinating. So some of the deaths in nursing homes, they haven't produced the numbers to us. Right? And death records are usually pretty well kept, and yet you can't get access to a lot of data that would be simple. It's probably on a chart or a graph they could just hit send, attach, and send to you.

#### **Jessica Hockett:**

Well, maybe. Maybe. Let me clarify one point there. **Again, [even at the federal level](#), and I don't think at any state, they don't report, or we can't get access to how many total nursing home residents even die per week.**

Here's why: Not all nursing home residents die in the hospital. Most do, but some do not.\*\*\*

**\*\*\*[JH: IMPORTANT CORRECTION: - I did NOT mean to say that most Nursing Home residents normally die in hospitals. I meant to say the OPPOSITE. Per related studies, the**

*lion's share of NH residents in a given year in the U.S. die in nursing homes. All other Wood House 76 articles surrounding this issue, and my presentation [to Sen Skoufis's chief of staff](#), state this clearly. My misstatement in this interview with Dennison Joyce was inadvertent.]*

And so I've had correspondence with HHS staff around this and around a report that was issued in June 2021 where it's like, *hey, wait a minute, you're not really saying how many of these nursing home residents died in the hospital*. It could be that a huge portion of excess death in hospitals during these COVID waves is nursing home residents. But there's no way for us to check that.

So again, if a lot of elderly or frail people are the ones that were dying, it sort of suggests that people in the community were not the ones that were dying and that we may not really have a “spreading virus” event. We may have people on the edge of life being used to sort of pretend that something is going on that's not actually going on.

**Dennison Joyce:**

So would that be an increase in elderly deaths during that period due to protocols, due to manipulation of data, due to what?

**Jessica Hockett:**

Yeah, sure. It's probably, in my opinion, it's a combination. [JH – I have written about and presented on the factors/potential factors numerous times since 2022. The first “formal” presentation to others re: factors was [“Toward a New York City Hypothesis, Part 1”](#)]

But at minimum, the word *iatrogenic*, which is *death by medical misadventure*, so to speak. But all you would have to do, really, is test people for something that you say is new and then have protocols that you're giving to – and we know that this happened to a certain extent anyway, just by policy documents that are already out there – but say, *hey, here's what you do when somebody is positive for this new thing. You put them on a ventilator, which requires heavy sedatives*. We know that people were left alone for long periods of time. We know that any number of things happened during these periods, not just in spring of 2020 but thereafter as well.

So it's very – you don't have to do much for somebody on the edge of life to go over the edge and die.

I think people think, for New York especially, people think that some kind of “justice” has been served, or that some data has been released. “Oh, Cuomo was trying to hide this and this and that.” And yeah, there were shenanigans that were going on. But I guess I would emphasize that **the data is still being hidden, and it's being hidden by the state and the federal government**. We still don't have – the numbers that they were saying are being hidden, are still being hidden.

**Dennison Joyce:**

Well, you know, the fact that they're fighting you for this information, they don't want you to get it essentially, and others as well, as much as they can, isn't really a good look, is it? It doesn't build trust in public health.

And then when you hear about the nurses, I had Ken McCarthy on, who wrote a book last year, *What the Nurses Saw*. And some of these nurses said the protocols are killing the patients. And they're not working at the very least. I don't know if it's deliberate, but every time I go to complain, or anyone who complains about it, is fired. So what does that say? Just like anyone who's asking for data is pushed aside, delayed, obscured, say *we'll get it back to you*, and they don't. They're obfuscating.

**Jessica Hockett:**

Yeah, absolutely. [JH: *This was agreement with the points about obfuscation and people being killed by maltreatment and non-treatment. I own and have read McCarthy's book and have a certain perspective on it as an artifact that I hope to write or speak more about in the future. I do not want to build trust in public health. See views expressed in [this piece](#).*]

People have said to me with New York, they're like, "Well are you saying that people are keeping a secret, that that number of people didn't really die and everybody's under some kind of gag order?" People could be under gag orders for sure. But no, what I'm saying is **no single person saw anything – unlike the World Trade Center collapsing or being destroyed – no single person saw anything that could have resulted in that, and people were not allowed inside of hospitals.**

Hospitals themselves did a lot of "rearranging" and kind of shutting off different parts and relocating of staff to different jobs and different positions than they normally have. We know that there was military, reportedly, inside of New York City hospitals. There isn't, to my knowledge, any kind of report around federal military action inside of hospitals. So, [who could have handled bodies in a short period of time](#)? Uh, military. So where is the report on what they did and how they did it?

Some of these questions are basic and very uncomfortable questions that I know a lot of people don't want to go back to and think about. I have concerns – AI has been around a while. It's not a new thing. **Increasingly I sort of have concerns that if evidence is produced that this event occurred, that things could be generated by AI.** You could just generate a list of names. I mean how easy would this be then, for the government to say sometime, at some point in the near future, "Well here, we'll give you this," or try to prove that something happened. Well, now I'm not so sure that this isn't artificial.

**Dennison Joyce:**

Have you been tempted to ask Grok or ChatGPT or whatever these questions?

**Jessica Hockett:**

You know, I have from time to time "tested it" or used an AI to say, "Is this plausible, is this feasible?" You know, it's biased towards the user, so I can't, I don't rely on it for that kind of thing. I'll give it scenarios sometimes, especially with the body management. **At the end of the day, the burden isn't on me or on AI or the hive mind. The burden is on those who made the claim. Government has every incentive to lie, not just about the causes of death, but about death.**

It's crazy that with New York and some other places, we have the biggest mass-casualty event outside of a war, right, and no basic proof of it.

You remember, or New Yorkers probably remember that [Incalculable Loss feature in The New York Times on May 24, 2020](#). Do you remember this? Where they published, it was like a war list of names. *A hundred thousand Americans are dead*. Well, the New Yorkers should know that only 96 94\* [correction] of the names – it was a thousand names that were printed. Well, first of all, 50,000-60,000 people a week die in the United States anyway. And the normal for New York City per day is 125 to 180. **The total number of New York City residents on that list was 96 94. So, it was like printing less than a day's worth of normal death on there. So again, things that were presented as evidence, casting the illusion of something that happened, really were not. At all.** And *The New York Times* should know that. Does the *New York Times* know that?

### **Dennison Joyce:**

Folks, if you just checked in, we're listening to Jessica Hockett. Jessica's a PhD from the University of Virginia. She's an independent researcher and journalist, and she has covered remarkably well and doggedly so the data around the COVID-19 event and what really happened, especially in New York City, Chicago, other places as well, [Bergamo, Italy](#). But she's really looked at the death count. And does it make sense? And what do we do with all the bodies, for example?

But before we get there, Jessica, I just wanted to point out, if a virus is coming, it affects some people and then it multiplies, affects more and then more. You would expect a gradual typical Bell curve with a flattish top that's kind of roundish and then gradually comes down and tails off at the end. And we don't see that. What we see is, as you say, like a bomb went off. If you look at the year, it's pretty much flat line, little up and down, little up and down near the bottom, and then psh! it shoots up like the Empire State Building. And it psh! shoots right down.

### **Jessica Hockett:**

Yeah, and I think going to the point about what would you expect, even outside of death, I think you would expect, or people might say, “Well, we might see the data or we might see an unusual flu season.” Now this is a question that's up for debate and consideration: *Was it a bad flu season? Was it shaping up to be a bad flu season?* It depends on what dimensions or on what data you look at.

If you look at influenza-like illness, visits to the emergency departments or outpatient, if you look at positive flu tests, to the extent that these variables really mean anything and reflect reality themselves, it wasn't shaping up to be, according to official data, it wasn't shaping up to be, necessarily, an unusual flu season, and definitely not on the mortality side – again, according to official data.

But you would expect to see in death, or death of any kind – and I've looked at [different causes and kinds of death](#) – you would expect to see some kind of a “smoke signal,” so to speak. You'd expect to see a gradual something in deaths of the elderly or deaths inside nursing homes. Or like a creeping up, right? And again, you don't see it. And this is not only true in New York City, but

all around the world, that until actions are taken, until testing is deployed, mass testing is deployed, and there's an announcement, you don't see any signs.

So whether or not there was – **I don't believe there was a novel risk-additive pathogen transmitting from person to person from a point source, be it from Wuhan, China, or anyplace else. But even people who do have to be able to answer the question of why this thing was allegedly 'spreading' but not showing up in official data anywhere until actions were taken, as though this thing waited in some kind of polite fashion. Or as though our officials had the *prescience* to predict the exact moment when it would strike.** Like it's preparing for a hurricane, like you're seeing a hurricane in the offing and saying *we're getting ready for it*. That makes no sense.

Or you said last time we talked, as though this virus had a passport, right? And was going from country to country. Or we saw cruise ships, and then it's in Iran, and then it's in Bergamo and Madrid, and then it lands in New York. It's just preposterous.

**Dennison Joyce:**

Well it's interesting also because we always talk about the Asian flu\* because the trade winds bring the air from west to east. And yet this virus seemingly traveled the reverse way. \*[JH: For a review of Asian flu story elements see <https://woodhouse76.com/2024/10/15/re-run-an-october-1957-bbc-story-about-the-asian-flu-vaccine-has-some-familiar-elements/>]

**Jessica Hockett:**

Right. Right. Nothing in San Francisco, nothing in LA until the latter, the very end of 2020.

And yeah, you might remember that we were told, “We'll lock down,” and then there was a battle between whether we should lock down or not lock down and then wait for herd immunity.

But no, in reality, both of the options, or the options that we were sort of presented with in early 2020, they both served this *there's a novel spreading virus coming soon to a city near you*. *Something wicked this way comes*. Right? So **early treatment versus ventilate, they're both still protecting, to this day I would say, they're both protecting what I see as the core lie about spread that was never, ever substantiated.**

**Dennison Joyce:**

Well the other anomaly, as you mentioned is the places that were hit early, New York especially, Chicago, Detroit, New Orleans. Then New Orleans is completely different climate at that time of year. It certainly wouldn't seem like their average flu season. And I know a lot of people travel to New Orleans, but a lot of people travel to Chicago and New York too. And a lot of New Yorkers from New York City travel outside the city and come back in, and yet we didn't see high levels of virus deaths, quote unquote, outside really the main part of New York.

**Jessica Hockett:**

Well, what about Disney World [in Orlando, Florida]? At the time you might remember that the explanation for New Orleans was Mardi Gras. That Mardi Gras had gone on and so people got sick at Mardi Gras and then we saw early spread because of Mardi Gras. Well, I can tell you I've

been to Disney World many, many times. There were people all over the world that descend on Disney World every day. It can get pretty crowded in Disney World on Main Street with the fireworks at night, right? So it just doesn't, if we're gonna do the climate thing, why not Disney World [Orlando]?

**In my overall hypothesis, because I think these events were simulated and I think the pandemic event is constructed and I think was planned, what is the advantage, or why New Orleans? Maybe that's the better question. [Why New Orleans?](#)** Well, New Orleans hospitals had [experience with disaster medicine protocols and disaster medicine activation](#) with Hurricane Katrina. And so for me, when I look at these different cities all over the world, why New York and not Tokyo? There are some pretty interesting explanations that it doesn't take a lot of thought to come up with about why certain cities were selected.

You [can't have a virus bomb go off in Tokyo](#) because Tokyo is on an island. Japan is islands.

Australia, New Zealand, they didn't report any excess death [in spring 2020]. In fact, I think New Zealand reported *negative* excess in spring 2020. Your island nations and states, from a spreading-virus perspective, you want to make it seem like the islands can keep the virus out by shutting down and cutting off travel.\*

*[JH: Additional points related to what I said above - New Zealand is an example of a country whose data presents a “problem” for the lockdowns kill mantra because it “locked down hard” in spring 2020 but reported no “excess”. Pandemicists could argue that it’s not the act of “locking down” which is deadly; it’s what you do or don’t do during lockdown. Regarding the necessity of island nations and states needing to be exemplars of “keeping the virus out,” in October 2024, Oxford epidemiologist [Sunetra Gupta expressed the belief](#) that viruses can be kept out of islands and proposed using people on islands to trial vaccines during the “next pandemic”.]*

So I think the more we start to think about things in a sociopolitical way and what would have been the advantage and disadvantage – as you know I'm an out-of-the-box thinker – but we might start to get some answers with regard to strategy because **sooner or later we're going to have more and more people look at this question, and serious analysts and scholars as well as average people, and say, what is the evidence that this event was *planned and implemented versus something that was reacted to and responded to and they just messed up in the way that they responded?***

#### **Dennison Joyce:**

This is brilliant, Jessica. Thank you so much for that response. Now the military, you brought up the military earlier, and you made me think because obviously [the Navy brought this big hospital ship](#) and everyone's like, thank God. Wasn't used. The [Javits Center transformed into an emergency hospital](#) in a sense. Empty. They even [put tents up in Central Park](#), you know, vague visual effects. Empty. So, what was that? Was that all show then? Was that a reason, then, to bring the military into the city? Like what's going on here?

**Jessica Hockett:**

Yeah, so I think a couple things around that. I hope to put an article about this out pretty soon, next couple weeks, but you might remember that Cuomo gave this order about increasing hospital capacity by 50%, right? Like, “Everybody's gotta increase their capacity 50%!” Now just the idea that hospitals could do that is ridiculous.

**Dennison Joyce:**

They've been throwing beds away for years now.

**Jessica Hockett**

And just, you know, you think about a restaurant being able to “*increase your capacity by 50%*” That's quite a bit. And baseline capacity in New York City is about 20,000 beds. So that would mean 10,000 more beds that they're adding.

Well, even the state's own data set, which has problems, it's incomplete, but even according to their own garbage data, that never happened. It never happened. It could not have happened. And these facilities that you were talking about, they – in the dataset anyway, on paper – they inflated the capacity. Most of the capacity increase that's shown on paper is these temporary facilities.

So you have to kind of wonder about The Show of it, right? New York City reports losing the equivalent, or rough equivalent, of every inpatient bed: 20,000. Twenty thousand inpatients died. There's about 20,000 beds. [JH: ~15K above normal for the timeframe.] So you're like, well wait a minute, were these facilities added because there was like a contrived projection of people that were going to die?

But the other thing about motive – and New York was not the only place that put up these hospitals, these temporary facilities. We did it in Chicago, this [\\$80 million McCormick Center](#) construction effort, all over the world, these different facilities were put up. So to me the benefits from the government side is **that they're really running, in effect, a military practice exercise, right? It's like a drill that they're running.** And so they can say, or maybe people would say to themselves, “Well, good thing that they did that because now, well, it could have been so much worse,” right? And “the government was so prepared”. I think that gives them a pass. But you have to ask yourself if all that was going on in that spring around the world, especially where military action was involved, not just in the United States but in other countries as well, is it like we're doing a practice activity?

That's, I think, pretty scary because all they had to do was tell us that something was going on. The world, not every country, I'm using a little bit of hyperbole here, but **that they shut everything down just by telling us that something was happening. There weren't bombs dropped anywhere, right? We didn't have like ground assaults or an invasion or missiles or anything like that. So, I think they got better than a war, better than they could have gotten from a World War III. I think of it as a World War III because they impacted our lives, arguably in an instant, and certainly an instant faster than even in many places with World War II, just for example.** [JH: Same idea expressed [here](#)]

And everybody seems okay with that. Not everybody, right? But it's like nobody wants to go back and ask what really happened and what that was really about.

**Dennison Joyce:**

No, and that's why you're so important to us, Jessica. Absolutely, 100%. And every time I read your emails, I mean we gotta talk about your website because it's brilliant with the articles and the data you've collected, the charts, interviews. I mean it's fabulous. Maybe you could just quickly tell the viewers where they can find your writing before we continue.

**Jessica Hockett:**

Sure. I used to be on Substack. I pulled my material off there for reasons that people can read about on my website. But I'm still at Woodhouse76.com. I'm working on upgrading it. Right now it looks very basic, and it is very basic because I was focusing on, still am focusing on, getting my content over there. So it should be better organized, and I'm working with someone on a better template, within the next couple of months. But yeah, Woodhouse76.com.

And if I could add just one more thing to what we were just talking about. With the vaccine, the COVID shot, I know there is a lot of good advocacy around making sure that the government tells the truth about the shots and how it wasn't necessary and it harmed people in more ways than one. Moral injury, if nothing else. The government presented people with a choice in many cases about, or employers did: *you either get the jab or you lose your job.*

**Dennison Joyce:**

My wife and I lost our jobs.

**Jessica Hockett:**

That's horrifying. It's absolutely horrifying. But what people sometimes forget is that these early events of 2020, or the fact that the government told us that there was a spreading virus, and events like New York, it was used to convince people that they needed a shot.

**I don't know anybody who got the COVID shot who didn't do so out of fear of some kind, right? Fear of getting sick, fear of getting somebody else sick, fear of losing their job, fear of losing something or not being able to do something. So without these early events, arguably, they were used to justify the deployment of a vaccine.** Just another thing to keep in mind.

**Dennison Joyce:**

And also once again we see deception involved because we were told, *This doesn't end until we get the vaccine. We gotta get this vaccine. Oh my God, Warp Speed, let's make this quick. We gotta save everybody.* When it comes out, eight months later we realize it's not working, right? People who have had the vaccine are getting COVID. We also realized that they told us, okay, once that happens the virus will stop. It didn't stop. You get the vaccine, you won't kill grandma. No, you can kill grandma because it still spreads. And we were told you don't have to wear the mask once you get a vaccine. You can travel, and a lot of people felt good about that. And then no, you gotta keep the mask on. You gotta stay locked down.

And people felt like once again this was two weeks, and now the vaccine was gonna save us, and now that's not even working, and the lockdown extended a whole another year. It just, when you go back it gets me angry, upset, and that's why I'm really grateful that you're digging in because ultimately we should find out who's culpable for this and they should pay for it to prevent this from happening again.

**Jessica Hockett:**

Yeah, absolutely. And I know people have different views on the WHO, or they have different views on who the perpetrators were, especially among those of us who say *no, this was a planned event of some kind*. But I think there's some good questions and hard questions to be asked about who, practically speaking, should be held accountable and how exactly that's going to happen.

We have a lot of U.S. senators, for example, who were in office when this got pulled off. I don't know that any U.S. senator is being held accountable in any way, shape, or form for what they did or didn't do. And in my view that includes Rand Paul and Ron Johnson and senators who some health-freedom people see as sort of on our side.\* I don't know that they have incentive to truly get to the bottom of this. And I just keep seeing a lot of theatrics around pseudo-accountability. Nothing has changed in my state as a result of COVID-19. I don't know about New York, but nothing has changed here or happened that would prevent this from happening again.

*[\*JH – I misspoke when I said “our side” in the sense that I am not part of a health freedom group or movement, and I don’t support “health freedom” as a construct because we are born free from the unconstitutional and immoral restrictions, mandates, and violations that have been presented to us [since the late 1700s](#) as necessary and effective and good.]*

**Dennison Joyce:**

No, the public health officials still say a lot of COVID policies are still in effect. They haven't removed them from the books. And no one has said, *hey, we're sorry, we overreacted, we shouldn't have locked down. That was not helpful in the long run*. I mean, even if a lockdown would have helped, it was too late at that point. The virus has been around for months. You lock down instantly when you first find a new pathogen.\*

*\*[JH: Theoretically, yes, per the Official Narrative and some Counter Narratives – but nothing about the notion is scientifically or morally defensible. Lockdown, quarantine, isolation...these concepts feed the beast because they are rooted in lies and deceptions and fear. ["Lockdown" appears nowhere in federal communicable disease codes.](#)]*

But I want to move on to sort of the betrayal by the state. It harkens me back to Salem witches because no one could tell who was a witch. It was kind of led actually by Harvard professors at the time. They were the intellectual machinery behind this, the judges in Salem. And they could tell if someone was a witch, and the proof that they were a witch or not was very dubious. So once you were accused, it was hard to disprove.

And it reminds me of the PCR test. The PCR tests, we're told this tells us if you have the virus. I tested positive once. I couldn't go into work. I felt fine. I felt one hundred percent fine. No symptoms. But turns out no symptom is a symptom. And it's just like, I mean, with global warming fear, like the polar bear was a poster child all through the nineties, early 2000s. Come to find there were 6,000 polar bears in 1970 and we have 32,000 now. They're not endangered at all. We can't see polar bears from where we live, so okay. Just like the witches, just like the PCR, they're giving us something and they're telling us what it means and we have to act accordingly.

**Jessica Hockett:**

Sure. Well, a PCR test is not anything that I had ever heard about or heard of until 2020. I do have a sister who's an MD, so she was explaining some of the technologies or what it's purported to do. So I started to come to some understanding, I think, alongside a lot of other people, of what these are. And my background is in education. I know a lot about educational testing and measurement. And so some of the takeaways for me about PCR testing pretty early on was, *okay, this test should not be used as a diagnostic really for anything. It seems to be picking up a lot of different things. And it's not reliable. It's not a binary kind of a tool. There's a continuum of results, so to speak.* I'm kind of making this simple. But there's a lot of mis-measurement that can go on with it.

**What is it actually measuring?** I think, is a question that's still up for grabs. What is it detecting and how should it be used? In educational assessment we would say that a principle is *intended use by intended users*. And so, to me, **these PCR tests, they were used to cast or project the illusion of spread. And they might have some utility or some esoteric utility outside of diagnosing illness, but they were misused and continue to be misused.**

Something people don't realize is that PCR tests were used with influenza before Operation COVID commenced. So even though they came into more of the public consciousness during 2020 and thereafter, it was already being used. **The bottom line with PCR testing for me is don't get tested. Do not get tested. We need to end that and end this kind of testing for illnesses, because they're using it as a weapon.**

**Dennison Joyce:**

You're right, because after the two months of death count, death count, death count, the death counts had kind of disappeared, right? So all of a sudden, cases, cases, and that was PCR-driven. And that kept the lockdown going, unfortunately.

**Jessica Hockett:**

Right. Well, also, there are some great, or I have to go back to some of this work and kind of put it out there again or re-up it, but universities, for example, the University of Illinois, but other universities as well, you might remember that they were testing their students and requiring testing. University of Illinois created a saliva testing company, a privately held company, and they collected really all this data from the students and they retained, I don't know what ended up happening to it, but they were pretty proud of the fact that they were collecting data, DNA signatures I think they called it at one point, from student saliva samples **So you have to wonder if a lot of this PCR testing was really aimed at collecting data for other projects, other science, that it was like an excuse almost for accomplishing some other kinds of ends**

**related to genomics. And without people's consent, without people's knowledge that that was going on.**

*\*[JH – U of I president Tim Killeen [said viral signatures in response to questions from a state senator in August 2022.](https://rumble.com/v33dxtt-jessica-hockett-wood-house-76-2020-nyc-covid-statistics-gigaohm-biological-.html)] Jonathan Couey and I discussed this issue in July 2023 on his program GigaOhm Biological, beginning at minute 11:00: <https://rumble.com/v33dxtt-jessica-hockett-wood-house-76-2020-nyc-covid-statistics-gigaohm-biological-.html>]*

So I think with a lot of these things it's *Mission Accomplished*. I know some people have been writing about – David Bell, I don't know if you know who he is, but he used to work for the WHO. He's a fellow at Brownstone Institute. He and some colleagues [recently wrote an article](#) basically suggesting about what the WHO needs to do better next time, like for the Next Pandemic.

Well, first of all, I don't think – we need to look at if pandemics are a thing at all. But the assumption that he and others have is that the WHO failed. **I don't know that I think the WHO failed. I think in order to assess whether they failed, you have to say, what were the goals of this operation? The way I see it, it's mission accomplished. I don't know. What failed? Do you know, Dennison? I don't know. They proved that they could get people to obey. They proved that they could deploy a shot. It's done.**

**Dennison Joyce:**

Well, the vaccine passport in New York City to me, that was a tell. To me, it was like, okay, are they trying to give us all these digital IDs and make us China, and this is the first step via a health crisis? You know, we're here to protect you. We need you all to get on this database. I couldn't get a cup of coffee in New York City.

**Jessica Hockett:**

Yeah. We had it too. My husband, he didn't get the COVID shot and, technically speaking, he couldn't go into the restaurants that he helped run. I mean as a patron. Isn't that ridiculous? And even though in Chicago there were at least one or two lawsuits that were brought against it, they ended up being dropped for other reasons. I think that happened in New York too. It's not like there was any kind of a court decision that rendered these vaccine passports unusable in the future. So again, when it comes to accountability or prevention from this happening again, I don't see that anything has occurred that does prevent it from happening again. *[JH – And nothing has been done to curb facial recognition policies in New York City like those that have been in effect at Radio City Music Hall and other venues since 2018.]*

**Dennison Joyce:**

Exactly. Now, last thing I wanted to point out. This study, Canadian report, over five hundred pages. It came out in March of 2024. They looked at a hundred and twenty-five countries, including thirty-five percent of the global population, so roughly 2.7 billion people. And they looked for variations in all-cause mortality rates during the COVID period, 2020 to 2023. They found that they were absolutely incompatible with a viral respiratory disease as the primary cause of death.

And they had three primary causes of death they list during the COVID period. One is biological stress, which could include psychological stress, and they felt that that would probably affect low-income people the most, especially when people were told, go home, you're not working anymore. If you weren't essential, you were screwed. The Zoom class still got their checks and the quote essential workers still had to go in, but there were a whole host of workers sent home without pay.

Then the second factor they said is non-COVID vaccine medical interventions, i.e. mechanical interventions, venting or denial of treatment with antibiotics.

And the last cause of the increased deaths during the pandemic, they say, is the COVID vaccine injection rollouts. They conclude in the study that public health establishments and its agents fundamentally caused all the excess mortality in the COVID period.

And I've heard Denis Rancourt say this was basically the real killer here, is people killing people, especially the elderly, by what hospitals were told to do to them. And he says just confining someone to a bed can be deadly. It can be deadly for people who are very vulnerable.

What are your thoughts on that? I hadn't come across that study before I had you on last time.

**Jessica Hockett:**

Sure. Yeah, I think Dr. Rancourt and his colleagues took many, many pages to describe what is already evident and had been shown by many other people in fewer pages, but I appreciate all contributions and appreciate their work. I don't disagree with the bottom lines of that study. [JH: *Correction - I do disagree that the harms of the COVID shot can be divorced from other harms and that the contents and harms of different kinds vaccines are necessarily distinguishable from one another. I also disagree with other interpretations in the paper that are not its "bottom lines".*] I need to go back to it and react to it with some, what I would call "refinements".

We agree that the excess death waves that are reported are wholly inconsistent with what would be expected from and cannot be attributed to a spreading pathogen. [JH: *I should have said, "what we have been told would/should be expected from a spreading pathogen."*]

The factors that they've identified are among the factors that I've identified. I do not think sudden withdrawal of antibiotics contributed substantially, if at all, to the spring 2020 death peaks because the peaks are too fast. And in fact, in New York, the [data that is reported on antibiotic use contradicts the antibiotic hypothesis](#).

The key question for me isn't whether the excess deaths are iatrogenic in some way, shape, or form and attributed to multiple factors. It's whether we should be relying on government data as reliable and stable and something that we should trust. That's the key distinction between those Canadian researchers and the way that I see things. I don't think we should accept *necessarily as true*, or should at least say that *reports are based on official data*, but not pretend like they're telling us the truth with these numbers. That's the key distinction.

**Dennison Joyce:**

So, Jessica, we've come near the top of the hour again, and I'm just so grateful when you come on here. You make a lot of sense of what seemed confusing and frightening. It's still frightening. But you help really break it down. So I want people to actually know where to get your work. Can you repeat your website again and also your [YouTube channel](#) because you've got great stuff there as well?

**Jessica Hockett:**

Oh yeah, I did start uploading some things. I've never used YouTube. Like how does this work? But I'm at Woodhouse76.com, and then what is the YouTube channel? How do you say a YouTube channel? Just to show how attached to Twitter I was forever. So I think it's @Woodhouse1976 is the [YouTube channel](#). I've just been uploading episodes or interviews or different presentations that I've done.

Actually, the webinar I did last week for an organization centered around Cuomo's nursing home policy, that should be available within the coming weeks. I'll put that out or put out a link to it. But I try to walk through, kind of step by step, why the nursing home policy cannot be, is not responsible for the majority of the death in the New York City death event, according to official data. Always have that qualifier there.

**Dennison Joyce:**

Oh, Jessica, I know also you can go to YouTube and just in search hit Jessica Hockett and you get a lot of great stuff as well.

**Jessica Hockett:**

Oh okay. Okay.

**Dennison Joyce:**

So if people don't remember your tagline there. Jessica, thank you so much. Gosh, you're dogged and you're smart, and I'm so grateful you're on this. We really need people going back there and examining exactly what happened so we can prevent the unnecessary deeds from taking place again.

**Jessica Hockett:**

Thanks so much for having me. Good to talk with you.

**Dennison Joyce:**

Pleasure. And I hope there's a book coming out at some point, as daunting as that sounds.

**Jessica Hockett:**

Yeah, I would love it. I wrote books in my past. But yeah, I hope to put something out at some point.

**Dennison Joyce:**

Great. Jessica Hockett, two T's. Love you. Thanks so much, Jessica.

**Jessica Hockett:**  
Thanks. Bye-bye.

**Dennison Joyce:**  
All right, all the best.