

***Transcript of 10 March 2025 episode #216 of Through the Looking Glass with Dennison Joyce (WIOX 91.3 FM)***

**Enhanced with links to related content or articles.**

**Dennison Joyce**

Hey, good morning everyone. How are you today? This is *Through the Looking Glass* here on WIOX Community Radio, where we are live and local in the Catskill Mountains here at 91.3 FM and MTC Cable Channel 20. And you can hear us everywhere at [WIOX.radio.org](http://WIOX.radio.org) on *Through the Looking Glass*. I'm your host, Dennison.

We have a marvelous guest today, somebody who really knows how to think outside the box, really a data cruncher, an independent thinker, independent researcher. She's got a PhD in educational theory. **[JAH Correction: educational psychology, gifted education]** She's from Chicago, and she began examining the deaths and the death curves at COVID and mathematically, statistically started to have some questions. And I think that's just brilliant because we were just told, *hey, spring 2020 New York City got hit hard with this virus and it was spreading and it was deadly and thank God a vaccine came and saved us all*, and that is the narrative that seems to rule the day. Some people say, well, we could have used alternative treatments like hydroxychloroquine, antibiotics, Ivermectin, etc, and we could have avoided the vaccine. We could have lessened the symptoms greatly for people and many more would have survived.

Jessica Hockett, our guest, comes from even a different school than that. And she says there just seems to be a lot of fraudulent data around New York City, Bergamo, Italy, and a few other locations. Jessica, welcome back to *Through the Looking Glass* here in WYOX.

**Jessica Hockett**

Thank you so much. I'm glad to be back.

**Dennison Joyce**

So let's just back up a minute. You can tell everyone why was New York a red flag to you and when did that begin to occur in your mind? I know that it was, talking about beginning of 2020, March and April, huge spike in deaths. Huge in New York City. A lot of people just assume yeah, yeah, people died. They don't realize what an outlier New York City was. Can you get into that whole pretext of your argument?

**Jessica Hockett**

Sure, absolutely. New York City spring 2020 is a massive outlier, almost without peer. There's a couple of exceptions in northern Italy, but I first started to really question what those numbers were, I would say in summer 2021. I just kept looking back at the graphs and the data and saying, okay, what in the world happened here? We see a base-to-peak increase of more than 700% in daily deaths, a huge event, [the equivalent of eight World Trade Center events in six weeks](#). The body management proposition is just incredible, especially when we don't really have pictures or videos to corroborate the extra 27,000 extra people that died in eleven weeks. And I think something that's really important is that we haven't really had a proper official investigation

into it or really any discussion about, *hey everyone, we had the biggest mass casualty event outside of a war in a U.S. city's history. Are we gonna talk about how that came about?* And as you said, the narrative was just, and it continues to this day. Andrew Cuomo was spouting it on Friday again: that ***New York City got hit harder by a coronavirus. They didn't know how to handle it, but they learned quickly and everybody else learned from New York's experience. The city took the hit and the virus just spread like wildfire.*** It was there and it was gone. That's something else that's so incredible about the [New York City spike](#) and [Bergamo, Italy](#) too, as you pointed out, where we had this massive rise and then this massive drop and return to baseline and it's like nothing ever happened for the rest of the year. I'm laughing. It's not funny. Extra people did die. I'm not saying otherwise, but it's prima facie absurd, and even my kids look at the spike and they're like, *that doesn't even look real, mom.* I'm like, I know exactly, is it? Is it real and how do we know?

### **Dennison Joyce**

Now Jessica, for people who can't see the graphs, because it's such a visual argument you're making, it's almost as if, if you pulled out a zoomed out on New York City for a full two-year period, say [20]19 into 2020. You see this spike, a line just shooting up of deaths in that six-week period, because time gets compressed when you zoom out on a graph like that. And it looks identical to 9/11. Just this flatline, spike, flatline. And that's what we saw with the virus. I don't think a lot of New Yorkers realize it. I think they thought deaths occurred all throughout the spring and less in the summer and maybe a little less in the fall. They don't realize how dramatic it was.

### **Jessica Hockett**

No, it actually looks like a compressed event, and a colleague and I have said that. Jonathan Engler and I have said that about New York City and Bergamo, that these curves look data engineered, and that one possibility is that [maybe] there were excess deaths that were occurring before the emergency period. There were deaths that occurred after and then they were pulled back into the spike. These spikes are a distortion, that they're manipulated and don't represent real-time events.

But you're right, similar to 9/11, although 9/11 was a single day. Most of that excess was a single day. And this is over a period of weeks. But when I ask people, when I show people the graph, I do this sometimes on Twitter and say, ***if you didn't know where this was, or what this was, what would you think happened here?*** And people say things like ***an earthquake or an aerial assault, bombs being dropped.*** Nobody says, "I think this was a spreading disease." But even people who do believe there was a sudden spreading deadly coronavirus, which I do not, even people who do have to look at the graph and say, "Okay, what happened here and why hasn't there been any real explanation for what went on in New York versus the rest of the United States? Or really the New York metro area, you could combine some of those other counties, especially in North Jersey, with this. But it truly is an outlier and we just get silence. Nobody's really looking into it.

### **Dennison Joyce**

Well, so if people assume well, *"Hey, come on, it's New York City, it's the biggest city, it's*

*probably the densest city in the U.S., it's got subways, it's an international city. I mean, wasn't it just primed to get hit?"*

### **Jessica Hockett**

I mean, the fact that we even *think* that, or that that narrative has been planted in our minds, is one reason to question it, right? Like this *spreading* coronavirus just happens to hit the densest, biggest city – most disaster-prepared city in the United States – it serves the spread narrative. But the other thing that I would say to that is well then why didn't it kill even more? Or why did it stop spreading? It just hit and then it was done? Is that what we're saying? Because the dramatic fall is really as incredulous as the dramatic rise. And some people will say, *well yeah, it just kind of burned through the city*. But it didn't really do that many other places.

Bergamo, Italy is another place where there was [an incredible event](#). The peak there was a few weeks before, and if you graph these two cities together, we call them, Jonathan and I call them twin peaks of data engineering because they really stand nearly alone as maybe examples of what authorities wanted us to think would happen if places were hit and had done nothing. Right? They were almost *exemplars*. Like *if your city doesn't lock down* or *if you don't take the virus seriously*, this is what can happen. And part of what we're saying is did it happen like that, as presented? Show us the names, release the death certificates, release the death record to at least substantiate this event. Then we can talk about what exactly happened. But at some point we can't just believe these numbers on a screen, because the government has every incentive not just to lie about causes of death but about death, to its advantage.

### **Dennison Joyce**

So two things here. One is so the New York City Department of Health or whichever department runs this dataset won't release the death certificates of people who died, the 27,000 extra deaths from I guess mid-March to just late April, early May. They're not releasing the death certificates.

### **Jessica Hockett**

Sure. Well death certificates and death records are not public and they're not subject to FOIA in the state of New York or the city of New York. An exception to that, which is really interesting, is the people who are buried on Hart Island. That database, cause of death is not in there, but those deaths are public. So you can see the date that somebody died, you can see their name, you can see where they died. So I'm not really sure what the rationale is – I know what the rationale is for releasing or publishing the names of people on Hart Island. It's because they're city burials. But I don't see how you would say those are going to be public, but we're not going to make public the names of the deaths of all these other people. There are states where you *can* FOIA lists of deaths. In Illinois you can do that, although you have to pay a fee.

So I believe the COVID event was a planned operation. I know not everybody believes that. And I didn't always believe that, by the way. But at some point, after looking at all of this, you just have to come to the point where you're like, *Okay, this was not an accident*.

But a planned operation, of course you would plan it in New York City for a lot of reasons, but one of them would be because you're not compelled to actually substantiate the event to the public, even with names, right? At least with the World Trade Center disaster we have names.

**Dennison Joyce**

Right, right.

**Jessica Hockett**

But this we don't.

**Dennison Joyce**

Right, exactly. And *The New York Times* featured stories on people who we lost in the towers and such. It was very public mourning for these folks. And with COVID it's like, *nothing to see here*, it seems. Like very, very different treatment of the dataset. It's very kind of hidden from us, isn't it?

**Jessica Hockett**

Yeah, it really is. Although *The New York Times* did do early on, you may remember this, they published this list, [they called it An Incalculable Loss](#). A hundred thousand Americans died of coronavirus, they were saying at the time. That list that they published across several pages and beginning with the front page was only a thousand names total. About 50,000-60,000 people in the United States die every week. And it wasn't just New Yorkers, of course, it was people all over the U.S. People from New York City, I think was just under a hundred names.

So isn't that interesting from a propaganda perspective? We had this, the equivalent of a war list. Remember the war lists that newspapers would publish during The Civil War? That's what they were acting like it was and giving the appearance, like I said, of a bomb going off and then printing all of these names. Something of an illusion really was created at the time.

And it's clearer to see when you're looking back at all of this than it was at the time because I would say that we, the general public, were sort of victims of a shock and awe campaign by our government, the governments around the world, the WHO, that's my perspective. But yeah, when you look back and we see a lot of *evidence of absence*. Dogs that didn't bark, things that we would expect to see either at the time or now or since that we simply do not see. Where are the lawsuits against New York City hospitals? I don't know of many. You would expect a lot of class action lawsuits and we just don't see anything of the kind. Or documentaries. We don't see any. Where's the documentary, the five-year commemorative documentary of this mass casualty event? Right? Interviews with doctors or with first responders reflecting on their experiences. Who moved the bodies? Let's have interviews with those people. We just don't see it.

**Dennison Joyce**

So okay, so the hospitals have, they're dealing with 27,000 extra deaths in eleven weeks and you say most of that's within a six-week span, right?

**Jessica Hockett**

The hospital toll is around, if you include emergency department, it's about 21,000-22,000 total. About 15,000-17,000 above normal. Okay. I'm doing this off the top of my head. But yeah, just a cataclysmic event for hospitals. Massive.

### **Dennison Joyce**

So you would think that the hospital would have to require extra staff come in, the morgues would be overwhelmed, the funeral homes would be overwhelmed, there would be articles on that. Maybe we'd see trucks lined up with bodies. We did see refrigerator trucks parked. I know there was one outside Elmhurst Hospital, though I don't know how utilized it was. So what do you say to people who say, you know, there were signs of panic in New York and trouble in New York, you're saying no, we would have seen a lot more and the data would have shown. Is that correct?

### **Jessica Hockett**

Yeah, that's part of what I'm saying. It is funny the way you put it. Like yeah, we saw signs of things, right? Like we saw these little images. We'll see some video of a couple bodies being moved into a truck outside a hospital. And I guess part of what I'm saying is wouldn't we expect to see *more* of that kind of thing?

In a city where every bodega cat has a TikTok account, wouldn't we expect citizens to have recorded things on their phones, just even out of curiosity, right? When bodies and things are being moved, for example. And we simply don't see that. In fact, there's a lot of on-the-street reporting at the time that was showing that nothing was happening. Right? That hospitals were not busy, that the city was pretty, pardon the pun, dead.

Regarding the trucks, I'm still working on some corroboration with that, but you might remember that with the FEMA trucks, the trucks that the federal government sent, [records that I obtained from FEMA showed that they were severely underused](#). About eighty-five trucks I think were sent and like twenty-two were deployed to locations for use as morgue storage. And I'm in the process of getting the rest of the records related to the other trucks that were reportedly sent out from New York City emergency management. So, at the end of the day we're gonna be able to calculate and corroborate, I hope, what these claims are. I'm really trying to follow the bodies as much as I can and cross-check these different records.

There was so much time, and I fell prey to this too, there was so much time spent on following COVID case data and COVID deaths and COVID hospitalizations, but you really have to look at various kinds of data, emergency calls, ambulance dispatches on a daily basis to start to get a sense of what is being claimed here and raise more questions about what actually occurred. We talked about hospitals, but there was a [massive out-of-hospital cardiac arrest event](#) in New York City, probably the biggest such event in the past hundred years for sure in data recording. There has been no real explanation for that. What happened? Why do we see this sudden rise in out-of-hospital cardiac arrest right when the federal government says [15 days to slow the spread?](#) That's incredible to me. Like somebody pulled a trigger.

### **Dennison Joyce**

Is that fear or do you think it's fear data, like people were terrified and people with weak hearts passed, or do you think it's constructed data?

### **Jessica Hockett**

Yeah, I think there's some of that. I've compared to the 9/11 period, when people were afraid at

that time too, right? Not just on the day but for weeks afterwards, that tension in the city, although a lot of people did leave the city as well. I don't think it was just fear-triggered.

If we go back and we think about that time frame, yes, there was fear, there was anxiety, but there was also a lot of entertainment. Right? There was a lot of rah-rah. *Let's, okay, it's just two weeks! Two weeks to slow the spread!* If it was fear, we would see similar events in other cities around the U.S., and we just really don't see it. We see a little bit of that in Detroit. But Chicago, for example, where I live, we do not see a massive cardiac arrest event in Chicago. So if it is fear, if that kind of cardiac arrest event can be triggered just by fear, it should be the object of study by New York officials, by the health department. There should be, by the fire department, more uncovering of **Wow, what were people so afraid of that it triggered this kind of out-of-hospital cardiac arrest event? And can fear do that? Can anxiety do that?** [JAH: Later article on the topic: <https://woodhouse76.com/2026/02/02/the-sound-of-sirens-new-york-city-and-london-spring-2020/>] And there's just no interest even in studying it, which is one reason that leads me to believe, or something that makes me think, that this data is engineered in some way, shape, or form.

### **Dennison Joyce**

Well, that's what I love about your thinking because people who are generally critical of the official story will say, "Well, you labeled gunshot victims as COVID deaths. Of course the numbers are going to be high. Motorcycle accident COVID deaths." So I assumed that was part of it. The other part of it I assumed was hospital protocols. If you're giving Remdesivir, or you're throwing people on ventilators right away, without even giving them oxygen first. Maybe they need a shot of steroids and some oxygen, and they can open up their lungs again, rather than just vent them, which is so, a last resort technique, and it was first choice option in many hospitals. So I assume that the numbers accelerated because of that. But what you're adding, I think is fascinating, is that maybe deaths that occurred before or after were shifted into that little time span to promote fear, or is it possible that some of these deaths listed are fake deaths?

### **Jessica Hockett**

Yeah, that is possible. I mean, I have [an article where I walk through the different techniques](#) that could have been used. My main claim [specific to fraud], and our claim about Bergamo too, is that what we see is a distortion in magnitude, timing, or both. It could include completely fabricated deaths, right? That would be easy, right? Just hit an extra zero. Or you inflate the hospital toll by 10,000. I think the hospital toll could be inflated by 10,000. You're basically paying off hospitals for a turn or two that they missed, if we think of it in kind of restaurant terms, right? Like the turnover that maybe hospitals missed. But I outline other techniques that could have been used. I'm *not* just saying they completely made this up and they're phantom deaths, but that definitely could be in the mix. Definitely.

### **Dennison Joyce**

Wow. So, all right, so I think what also supports your theory is that New York and maybe Bergamo were contrived in terms of their death spikes and numbers, which led to fear, massive fear all over the world because *Oh my god, we don't want to be the next New York, Bergamo, or Wuhan*. But if it starts in Wuhan and then we heard it went to Iran and then we heard it went to Bergamo in northern Italy, and then we heard it went to New York, it's almost like a tourist with

a visa traveling. If this virus is sweeping the globe, how come Paris, London, Brussels, Berlin, Moscow?

### **Jessica Hockett**

Well, London, I've [asked questions about London too](#), their base-to-peak rise is *pretty* significant. They had a significant out-of-hospital cardiac arrest event that began after *the U.S.* declared 15 days to slow the spread. I have questions about that. But to your point, we had this story. The U.S. is interesting because we have two coasts, right? Or two big coasts and we border these oceans. So we had the virus coming from one direction via [Iran](#), Italy, like you said, and then landing in New York. And then the other direction is China and then there was the Diamond Princess cruise ship. We had some U.S. military ships where there were apparently some reported outbreaks.

But then [we didn't get a virus bomb in Tokyo](#). We didn't get a virus bomb in LA. L.A. has something that looks like a virus bomb later in the year, December 2020, January 2021. I just [posted about that over the weekend](#), but no, LA is closer to China. So from a *spreading virus* perspective, I'm sorry, why isn't it spreading the other direction? And don't weather patterns move from, am I right about this?

### **Dennison Joyce**

Right. They move across the Pacific, across the U.S.

### **Jessica Hockett**

Right, they move across the Pacific. And certainly plenty of flights, if people are going to make that argument.

First case in the United States announced was on January 21st, and that was a legal permanent U.S. resident, Chinese descent, who had been in Wuhan for a couple months, reportedly, visiting family. And then he comes back, has some unremarkable symptoms, four days later walks into an outpatient facility and his samples are sent overnight to the CDC. Next day they say that this is the first case we have in the United States.

And yet we don't see a virus bomb go off in the Seattle area where he was. There's a little bit of excess, but not much. So again, when you start to compare these locations, not just on a country level, but on a more granular level in the cities – where the people are, where the most people are – you just come up with a nonsensical pattern that is not indicative of a spreading virus.

Nevermind that before governments around the world, prompted by the WHO, declared a pandemic, we don't see any excess death of any kind. Denis Rancourt has written a lot about that. A lot of people have. The synchronicity of the excess death should *alone* prompt people to say, what in the world was going on here? **If there was a “spreading deadly virus from Wuhan,” wouldn't it have shown up in different data in different ways before an announcement was made to shut the world down? I think that's a really practical question that a lot of people don't really want to answer.**

### **Dennison Joyce**

Right. Oh my god. Folks, we're listening to Jessica Hockett. She's an independent researcher, PhD, and she has some wonderful websites where you can read her articles, her numerous articles. Jessica, you want to tell people the best places to find your writings?

### **Jessica Hockett**

Yes, it's on Substack. You can just go on Substack and look up Woodhouse 76, but there is a dedicated domain. [JAH – WordPress. No longer on Substack.] It's [www.woodhouse76.com](http://www.woodhouse76.com) and people can go there, and I have a nice sorting system at the top and tabs and then an index that hopefully makes it easy for people to find things.

### **Dennison Joyce**

It's a tremendous website. It's got extensive graphs that really tell us a visual story that make, I think, what happened in New York City and Bergamo, Italy, look very strange, definitely outliers. Right? And I know you've mentioned Malcolm Gladwell's book, *Outliers*. How do you see New York and Bergamo as just incredible outliers? Which of course then begs the question, why?

### **Jessica Hockett**

Yeah, they're again, in timing and magnitude, they're incredible. I think when you study an outlier, I take the, similar to Gladwell actually, the approach that, in this case, exceptions prove the rules. That what we see in New York and in Bergamo, and don't see, **the fact that our officials and governments around the world got away with this suggests that they would have kept on applying those rules with each wave of excess death and that they wouldn't have just gotten away with what happened, or whatever didn't happen, in New York and Bergamo. They wouldn't have just gotten away with it there. They would have kept going.**

Unlike some people, I believe that all-cause mortality would have been accounted for first. I think some of the techniques that were used or some of the thinking that was applied would have been conceived and practiced-for years in advance. I don't think these things were mistakes. I don't think you can look at events like Bergamo and New York and all the propaganda around it, all of the, I call them “approved voices” out of New York. If you go back and you look at the things that were being written in *The New York Times*, these doctor diaries and things out of [Elmhurst Hospital](#), they're just ridiculous. They look like actors. I'm not saying these people *were* actors. I'm saying a lot of questions need to be asked about who some of these people were, when they were notified about their “part,” maybe that they were going to “play” in this [staging of a pandemic](#). **I believe the pandemic was staged. There was no sudden-spreading novel respiratory pathogen from Wuhan traversing the globe. It's an entirely staged event, unfortunately.** I didn't always think that.

### **Dennison Joyce**

It's interesting you've evolved in that direction from what you've uncovered data-wise that just didn't seem to support the other hypothesis, that there was a spreading pathogen that was deadly that we all had to hide from and somehow New York got slammed along with Bergamo, Italy. But the rest of the country saw what happened in New York and they learned and so they avoided tremendous casualties because of that. Supposedly that's the official theory. Jessica, it's

fascinating the work you're doing. Are you considered an outlier yourself in the academic world? When people hear your story do they say, "What are you talking about?"

### **Jessica Hockett**

I'm no longer in the academic world. I haven't been in my real job for five years. I stayed home and homeschooled my kids in the year of the Human Rights Heist; I call it the Global Human Rights Heist of 2020, and I've independently devoted time to this.

But to your question, even among people who dissent from the official government narrative, yeah, I would say I'm an outlier. Me and a few other people are an outlier even from the dissenters. Because we say things like, hey, lab leak, wet market, it doesn't matter. That's a false binary. It was neither. We think that an agent, so to speak, that was already out there or is already in human beings was just co-opted and used as a decoy. We don't believe there was something suddenly spreading. So that's different even from a lot of people who dissent. Or like you were saying in your intro, with Ivermectin and hydroxychloroquine, early treatment. We see early treatment as simply a form of permitted dissent. Almost, I guess some people would say counter-op, like a controlled -- I don't love the term *controlled opposition*.

### **Dennison Joyce**

Yes, exactly. Or limited hangout. We'll allow you to hang out with this critique but no further.

### **Jessica Hockett**

Yeah, exactly. And people might remember right from the very beginning, we were presented with these [false dichotomies](#), *lab leak/wet market*, *sedate and ventilate* or *early treatment*. It's like, well, it's neither because there's nothing new. The WHO is lying. There is no new cause of death. There was no causative relationship ever demonstrated medically, scientifically, between this purportedly novel agent and a new disease. It just lies front-to-back and every which way. So yeah, we're outside the dissent. Dissenting Dissenters.

### **Dennison Joyce**

It's really interesting because if you look at 9/11, right after the event occurred you had these, now people assume they're actors, but these folks just jumped on camera for the news crew while the towers are still smoking, they haven't fallen or they just fell. And they're saying, "*Well, I saw two planes and they both came in and it caused tremendous damage and jet fuel is extremely flammable and it's melted the steel and that's why the buildings collapsed.*" And this is someone who's a bystander down below describing the engineering aspects of the collapse. And a lot of people have looked back at him and say, this is staged, the same with a few others that were interviewed on national TV. I know in the Kennedy assassination, Dan Rather gets, one of a few people gets to witness the Zapruder film that was locked away, the filming of the twenty-two seconds of Kennedy being shot six times, and they hide it. But he's allowed to see it and then he goes on, he's the leading news anchor of the day. He comes on television and says, "Oh, he was clearly shot from behind, his head shot forward. When you look at the film, it's the complete opposite. So you can see that they get their story out there first, kind of a controlled-opposition narrative in a sense. And it seems like maybe some of those doctors who spoke out early on about, "Oh it's just so overwhelming, this virus!" maybe they were staged as well.

### Jessica Hockett

Yeah, or co-opted. Again, I'm not saying those people weren't doctors, but if you expect during a, the best way to think of it is during a war, [when there's a war](#), **anybody who doesn't think that government is directing media in multiple ways just needs to wake up**. That does happen and that's happened for I would say well over a hundred and fifty years. I mean in the United States you can see where media gets directed, right? Or the press gets directed. So yeah, I think anybody who thinks that some of these doctors that were elevated at the time, right, in mainstream and I would say alternative media as well, **anybody who thinks that that wasn't being controlled or that there isn't a script that was being followed need to go back and listen to the patterns and what people are saying**.

One of the craziest things about New York, especially, and this makes it a real outlier, even distinct from Bergamo, is we have young people dying. [Young people are at risk](#). And funny enough, that message came from the federal government. We all got those, or a lot of us got these *15 days to slow the spread* cards. Do you remember getting that postcard in the mail? I got one. And on this postcard it said that young and healthy people are at risk. Why the U.S. government was telling people that, for weeks, I have no idea, but that theme was coming out of New York, and it's in the data in New York. Massive rise in young deaths in New York during that period. Again, no investigation. Why is that?

But to your original point, yes, these controlled messages during these crisis periods, when you go back and start to ask questions about them, it gets really uncomfortable. **At least with 9/11, what was that, 2,800 people, I think, reported to be killed. (I actually think the toll might be higher than that, honestly.) But 2,800 people. You look at the cataclysm of those buildings falling, however you believe they came down. Okay, we could just lay that aside for a second. They came down, nobody's in denial about that. So they come down and the toll makes sense. Right? But TEN TIMES that reportedly happened in eleven weeks in New York City and we don't have any evidence to corroborate it of any kind. Like what is that? I don't understand.**

### Dennison Joyce

Well let's go to young people because if a virus is coming in you expect it to, like a flu-type of virus, typically it's the elderly and the weak and the frail who go first. It just overwhelms them with all the other things elderly people have to deal with and health issues. We're just not as strong as we are in our 20s, 30s, and 40s. There's just no doubt about that. So how would you explain young people dying from a kind of a flu-type of pathogen?

### Jessica Hockett

Yeah, I have no idea. And it's funny because people say, "Well maybe it was drugs, right?" Well, the deaths aren't blamed on drugs. The young deaths that are blamed on overdoses, I don't have the percentage in front of me, but it's pretty small. Most of the young death toll is in hospitals *and* blamed on the spreading coronavirus or it has COVID-19 on the death certificate. So I don't understand that, but what corroborates it is these Approved Voices coming out of New York, these Approved Doctor Voices saying, "We're seeing young people, young people are coming into the hospital and not being able to breathe. This affects everyone." So I'm not sure why more people don't have questions about that. But the federal government was saying at the time,

actually. I'm looking at the postcard right now: *Even if you are young or otherwise healthy, you are at risk and your activities can increase the risk for others. It is critical that you do your part to slow the spread of the coronavirus. That was from the Trump administration's 15 Days to Slow the Spread, Coronavirus Guidelines for America. Why was the Trump administration telling people that? That's crazy.*

### **Dennison Joyce**

That just heightened the fear to everyone because you felt like, “Okay, there's this magic bullet going around that could hit any of us. It's not just the weak and the old.” And that justified the lockdowns as well, dude.

### **Jessica Hockett**

Yeah, exactly. And it also helped placate the Zoom class, I would call it, the Zoom professional class. “*Okay, look, everybody's at risk for this, including you, including your grandma. You can spread it to your grandma. We're gonna lock down for two weeks. We're gonna send you checks. Don't worry, you're gonna be able to work from home, unless you're essential, then you still go to work,*” right? But they had to, I think in America especially, they had to say, it's a lie, but they had to say that young people were at risk in order for people to say, “*Okay, I concede to this illegal mass quarantine of healthy people.*” Right? But there's been no apology for it. Nobody has revisited that messaging and it shouldn't matter if you're a Trump supporter, that's fine. That doesn't bother me and I'm not anti-Trump per se. But this happened under his administration and he's from New York, by the way. I mean that kind of goes without saying. But why isn't he interested in what happened in his hometown? People should ask him. A reporter should ask him.

### **Dennison Joyce**

Absolutely. So I'm gonna be devil's advocate a bit. I'm gonna be one of the listeners who's having trouble taking your theory full on. If death dates were shifted, okay, so if people died say in February or very early March and they were kind of squeezed in, and maybe even after late April, but they were squeezed into that huge spike when deaths were just going up and up and it was terrifying the nation, Cuomo would come on and announce how many deaths again that day. Is there evidence to support that they could have shifted dates or evidence that suggests that they possibly could have, like hospital admissions, emergency room visits?

### **Jessica Hockett**

Yes, there is. It's hard to explain without showing the graphs, but there's a couple of different signals regarding that.

One is that there is a mismatch, although the correlation breaks, so to speak, between hospital admissions for respiratory symptoms and deaths from respiratory disease in January 2020. The correlation from previous years breaks where you're like, “Wait a minute, admissions were higher, but the deaths were lower than in 2017, 2018,” which was considered a severe flu season or a bad flu season. So that's one sort of indication.

Another indication, I haven't put this data out yet, is that there was a rise, and it was actually over a couple of years, but there was a rise in New York in bodies that were not cremated or buried, but were disposed of in another way that are classified under “other,” which I think is interesting.

I need to investigate that more. But there was a rise in a certain kind of disposition that is questionable, I would say.

The other piece is from New York City Health and Hospitals data. There's a discrepancy between data reported in a research study and data that I obtained from the city. And the data from the research study, and the researcher won't respond to additional questions, suggests that the death event in New York City Health and Hospitals started earlier, that it started a couple weeks earlier than the official data show. There's a few other things like that.

Insofar as after the event, we have some kinds of deaths that do stay elevated, like the cardiac arrests at home or outside the hospital. That data stays elevated. All-cause doesn't rise. So it's sort of interesting when you start to look at the curves under the curve, almost like there was data engineering with – you can't account for everything. So some of these little, I call them fraud-sick signals, data out of Elmhurst Hospital, there's some bed occupancy discrepancies I've written about. Again, some of these are kind of complicated to describe without having the graphs right in front of you, but there's conflicting data and conflicting datasets between what the city has given me at different time periods and what they've published publicly. So these sort of anomalies and discrepancies, they all add up to okay, somebody's messing around here.

One final thing I'll say about HHC or H+H, I think people call it in New York. I have asked them for a lot of different data and one of the patterns in the data that they deny me, they'll say, “Well, yeah, we have that data from 2019, 2018,” for example, because I ask for things on a long timeline. So they'll say, “Well, we have it, but basically they say it's locked up in a legacy system and we can't give it to you because we'd have to crack the code or we have to do something and that constitutes creating a new record.” [JAH: See complaints filed and related analyses: <https://woodhouse76.com/2026/02/03/complaint-against-new-york-city-health-hospitals-filed-with-prac-and-hhs-oig-submission-date-3-february-2026/>]

Well, they're lying. That's not what the law says. How you choose to retain the data has got nothing to do with the requester. The requester is requesting it. It exists. You have to give it to me. And they're not. They're keeping it locked up in a black box. Are the feds keeping it locked up in a black box? I don't know, but there's only so many explanations for this pattern of recalcitrance, I would call it.

**Dennison Joyce**

Right, or concealment of evidence, really.

**Jessica Hockett**

Sure, right. Yeah, exactly. Long delays to requests for stuff. [NYPD has not ever gotten back to me](#). I have a request into them that's over a year old, just very basic. Daily number of DOAs, calls to which detectives were dispatched to a DOA. They don't respond to it. So that's a bad sign. That's a bad sign.

**Dennison Joyce**

Very bad sign. Oh my god.

**Jessica Hockett**

Sorry, New York, it's a bad sign.

**Dennison Joyce**

So there's so much. Go ahead. What's the role of the PCR in kind of keeping the pandemic going?

**Jessica Hockett**

Great questions. Yeah, well, keeping it going, well started it, launched the whole thing. Really, you come up with a test. We've written a lot about that lately. The Corman-Drosten protocol out of, well I would say basically out of Germany. The gold standard PCR test that the WHO approved, kind of signed off on in mid-January. And so you have this oversensitive test. We think it's basically just picking up not just one thing, it's picking up all kinds of things, all kinds of coronaviruses, maybe flu, who knows. But it's picking up stuff, run it very high with what are called cycle thresholds. And so you need this test. You need a story and a test.

So we have the story, locked down. You need a test and you start by, I would say that in New York they started by testing people already in the hospital. And so you test people, they come back positive, you told doctors, "Okay, whatever people have, if they test positive for this new thing, they have the new thing. And then this is what you have to do for this new thing. There's no treatments. If they're in the hospital..." This is what happens, right? So without that test, I would say you can't really have a staged pandemic. And they ran this exercise before in 2003 with SARS, 2009 and even more so with H1N1, and then 2020 was, I would say, more successful at that. But I have interviewed doctors and nurses, a good number of them, and it's funny because you ask them before March 2020, right, *before your hospital got these new tests, stopped really testing for flu, started testing for this new thing, were you seeing people showing up to the hospital with hard-to-treat pneumonia, for example? Were you seeing them show up with these other conditions on the laundry list of things that we're supposed to associate with COVID?* And without exception, they say no. No, we weren't seeing that. Was it a really bad flu season? I'll ask. Well no. No, it wasn't. So it's easy to see in retrospect how the PCR test was used to psyop healthcare workers and make them think that there was something new. They definitely weren't seeing anything new before the advent of the test.

**Dennison Joyce**

Well, I tested positive once and I had no symptoms. And I was like, "What's going on?"

**Jessica Hockett**

Congratulations. That's a symptom. Not having any symptoms is a symptom. Did you know that?

**Dennison Joyce**

It's darned if you do, darned if you don't. It does seem like if you wanted to psyop a population, it's the perfect way to do it. Right? We have the test that tells you whether you're ill. Not whether your body tells you you're ill, which has always been — doctors look at symptoms. What are your symptoms? Now they're saying *you don't need symptoms. You need our test.*

**Jessica Hockett**

Yeah, *you need to know which virus you have.* And I go back to that too, there was never a

causal, if somebody can point me to something, be my guest, but **there was never a causal relationship demonstrated between this singular newly announced agent and this set of symptoms, and the set of symptoms isn't unique.** Colleagues and I have written about that too. [[here](#) and [here](#)] There's nothing, we don't see when you review the medical literature and you look into all of the claims, we're not seeing that this COVID-19 is anything unique. It's just a collection of things put under a label and then there was a test associated with it.

And back to what you said about car accident victims and different examples of people, drug overdoses, that were classified as COVID deaths, yes, I'm not minimizing that. That did happen. I was reporting on that, and a lot of people were, in May 2020 just by looking at the [Chicago medical examiner's work](#) as public, unlike the New York City medical examiner's work. It's public. And I'm like, *oh, this guy died of a drug overdose and COVID-19 is also on his death certificate* because they were testing everyone. They were testing everyone and applying a generous definition and creating the illusion. **I think that's one way to think about it, that the launch of these tests created the illusion of a sudden spreading pathogen. Right. But without the test, they would not have been able to do it.**

### **Dennison Joyce**

And I've read stories where people go in for hip replacement and they're tested six times daily for COVID and on the second day, oh my god, you've got COVID. And like what? And then you're pushed into this treatment protocol that's frightening.

### **Jessica Hockett**

Well and there's a study out, people should read this and read all the footnotes and all of the supplementary materials, but there's [a study out of Northwell Health System](#) about the testing, I think it was published in April 2020, and it reports testing patterns from the Northwell hospitals, which is in New York, New York City metro. And they basically say in there, yeah, people that were already in the hospital were tested. And they also make a comment about basically that this was already widespread. Like whatever is being tested, that the virus, that the prevalence of it or the positivity rates that were coming back were so high, which is unusual as well, but one of their conclusions or statements that they made was basically **this was already out there.**

**So for people who aren't quite processing or buying what I'm selling here, that's fine. But you still need to be able to explain the fact that the prevalence was high, it was already out there, but no excess death was occurring.** And one possible explanation for that, and not saying it's the only explanation, but one possible explanation, even for people who believe there was a spreading virus, is that there's data fraud. Right? And that there was, well, maybe okay, so let's go with what you're saying. Maybe there was a spreading virus. Right? And it was causing excess death. Well, could they have pushed that death forward, and some of it at least, and they're lying about when excess was occurring, and that's a consideration.

### **Dennison Joyce**

Well there's a tell. I mean what really tipped me on to your theory was when you look at the death spike in New York and you realize that deaths are kind of steady into early March and it's with the day the pandemic's declared, political statement, that the death curve starts spiking up.

**Jessica Hockett**

Isn't that amazing how viruses know to wait for permission in order to start doing damage? And you remember too, the CARES Act. Right. And some people say it was set into motion in July 2019, but it was set into motion in March at least and then hospitals are being incentivized, I would call it anticipatory bribes, to participate in a live exercise simulation, basically, especially in New York. And they get payoff as of March 25th, or that's when it was passed and then signed into law on the 27th, right? And then we're hearing about a cataclysm at Elmhurst Hospital right then. I mean isn't that amazing timing? That's amazing.

**Dennison Joyce**

It's crazy, I know. Now listen, I can't let you get away without asking this because there are people who listen that some of them might say, "God, she's on to something here." The day the pandemic's declared, the death spike rises, the death spike's so enormous and so fast, and only in New York City really do we see that kind of spike— [Correction of Dennison: My contention about the hinge point is that the rise begins after "15 days to slow the spread" – 16 March 2020. The WHO Pandemic Declaration was 11 March 2020.]

**Jessica Hockett**

Yeah, metro too. I mean New York City metro. I focus on the five boroughs.

**Dennison Joyce**

—exaggerated and hyped up. The numbers were hyped up to create the fear so that we would continue to lock down, we would continue to abide by government policies, we would all take the vaccine, and maybe this was a plan. Someone might say, *okay, if they did that, which is a crime, what's the motive?*

**Jessica Hockett**

Great question. So [I have written about motive](#). People can see this on my [site]. One motive that I think was in the mix that other people don't say, I mean a lot of people say that a motive was to launch the mRNA platform, and that the goal was vaccination, that the goal was to launch a digital ID or to control our movements and have passports related to vaccination, right? That in order to participate in daily life you needed to get a vaccination.

**Dennison Joyce**

Which happened in New York City.

**Jessica Hockett**

[Right](#), and Chicago. So if nothing else but that, there were proof-of-concept exercises that were launched, right? I mean the governments of the world proved that they could get people to do certain things.

But I also think that in the U.S., so I can only really speak to the U.S. on this, I believe that the U.S. was hiding mortality problems that had been occurring, not only with things like drug overdoses and fentanyl, which was already on the rise from 2015, I think those deaths might be more than they're saying. But I think that there were a lot of problems with the flu shots, and I think that the flu surveillance program in the U.S. and elsewhere was being used – if you look at

the data, you're like, [why are they increasing flu testing in the past six years leading up to the pandemic?](#) Why are they, it looks like they're searching for something. What are they trying to do? And so I believe the flu shot was creating compounding cumulative mortality problems that were being blamed on Alzheimer's, that were being blamed on some other things.

And part of what was done was to off-ramp the flu shot, egg-based platforms or flu shot technologies, or hide the fact that the flu shot is bad news, and then displace the blame on this new thing. **And even now, COVID shot mandates in the United States have largely gone away, largely, but flu shot mandates have not.** And nobody really asks questions about the flu shot, but it's [a seasonal shot that millions of Americans are required to get](#). I have a neighbor who's required to get it and he's a healthcare administrator. He's not even with patients at all. Military has been required to get the flu shot for years and years.

So again, I'm not saying that's the only motive and I am with people who say there was maybe a looming financial crisis and pharma needed more money. I think that it's more than one thing, but **in the U.S. especially I have questions about what we were trying to hide. I think some things that we were trying to hide, or maybe that other governments in the world were trying to hide about mortality and morbidity,** are in the mix and need to be looked at.

### **Dennison Joyce**

Interesting. Oh my God, Jessica, you have done such a dive. Now last question, we only have a couple of minutes. Jay Bhattacharya, who was one of the authors of the Great Barrington Declaration and for a time was a hero to many because he was saying, "Look, these lockdowns are doing much more harm than they're doing good. We've never locked down the healthy. We've always just isolated the vulnerable and the weak. And so this was a huge mistake." You've been having a back and forth with him and a little bit of disagreement, and I understand he blocked you on Twitter. What was the argument about?

### **Jessica Hockett**

Woah, that's a good question. Actually, Jay Bhattacharya and I kind of used to "know: each other or be friendly. And in 2023, I'd have to look at the timeline, but I started questioning some things that he had said in the past about mask mandates that I hadn't realized that he said, and I was asking him questions about that. And he felt, probably still feels, like I was issuing a purity test and I'm like, "No, I'm just wondering how you think about this now."

I did sign the Great Barrington Declaration when it came out, but now I regret signing it, because you do what you do at the time. [JAH: I later learned [there is no record of me signing](#).] But I have some serious concerns about what the Great Barrington Declaration implies. [Focused protection is basically a lockdown for the elderly](#). I don't believe that that should be done ever. I don't believe that there was a pandemic at all and myself and colleagues have faced some resistance from him to debating that. He can have a different point of view, but the impression that I have gotten from him, and yes, like you said, I've been blocked by him, is that [we can't even discuss that question](#). Was there a pandemic? How do we know? Why do we say so? I say no, you say yes. That seems like a pretty critical question. And now you're the NIH director and there's the presumption of a pandemic. Well not everybody agrees with that. And a lot of people who disagree who are more prominent, so to speak, are outside the U.S. Yeah, that's kind of an

uncomfortable reality, but we don't have a lot of dissenters in the U.S. who challenge that. The exception would be people who say viruses don't exist or they – and I have a lot of questions about viruses too, by the way – but the people who say, “Hey look: viruses as they –”

[The audio file I was provided cuts off at 1 hr exactly. Two articles that speak to my perspective on viruses: <https://woodhouse76.com/2025/04/07/views-on-the-things-called-viruses-including-sars-cov-2/> and <https://woodhouse76.com/2025/05/12/is-there-any-possible-way-for-sars-cov-2-and-or-covid-19-to-have-a-lab-origin-and-origins-distinct-from-one-another/>]

All “origins” articles are on this page: <https://woodhouse76.com/origins-episodes/>