

How easy and legal it is for governments to fake or construct outbreak and pandemic events

Katherine Watt and Jessica Hockett - May 18, 2026 discussion¹ - Transcript

Introduction

Katherine Watt: Hi. This is Katherine Watt, and I'm here with Jessica Hockett, and we're going to turn the cameras off in a few seconds. We are recording a joint presentation about constructed outbreaks and pandemic events and hoping that it will be useful to people.

By way of a little bit of introduction, first thing I'm going to answer is, what's with Jake and Elwood?

The reason is that we're both Gen-Xers who grew up with 1980s and 1990s comedy, like *Saturday Night Live* and *The Blues Brothers*. We both try to keep a sense of humor while we're working with very grim material. And that's actually not impossible to do, because there are a lot of really absurd elements to the material that we work with.

Jessica lives in the Chicago area where the Blues Brothers story takes place, and I live in central Pennsylvania.

The series of events that led to this video:

Early on in the COVID events, in 2020 and 2021, I was reading people on Twitter, including Jessica, under her Emma Woodhouse handle. I was reading her and other people until Twitter stopped letting people read unless they registered as platform users, and then I couldn't see anymore because I didn't want to register.

Later on, we were both publishing our work on Substack, and then within the last year or two, we started engaging in public dialogue on some of the subject matter that we each write about. Jessica proposed some questions to me, I replied to them, and then she responded, and then we published our discussions on our respective Substacks.

We both left Substack in late 2025. She left first. I had been planning to leave for a while, and then left a few weeks after she left. And after we were both off of Substack, Jessica initiated email correspondence with me and suggested meeting in Pittsburgh in person to compare notes, so we did that. We met in Pittsburgh for a couple days in January 2026.

Then a few weeks ago, as the quote-unquote "hantavirus" performances started, I emailed her to say, "Do you see any value to the two of us doing a joint video discussion about things that we learned after 2020 that might be of use to people who are navigating current events?" And she said, "Yes, let's do that."

So we drafted this joint presentation and recorded this discussion.

The format is basically a cross between a conversation between two colleagues and a tutorial. That's how we're setting it up.

Central area of agreement

We don't have the exact same views on all issues. Our **main shared position is that natural outbreak narratives pitted against gain-of-function and lab leak narratives present a false dichotomy** to skip the public past the more foundational issues of whether something, anything, new and deadly broke out, or emerged, and started spreading in late 2019/early 2020 **at all**.

¹ Video: YouTube - <https://www.youtube.com/@WoodHouse1976>; <https://www.youtube.com/watch?v=CIZ-Tq-dJZg>
Rumble - <https://rumble.com/user/kgwatt>; <https://rumble.com/v7a2xa8-katherine-watt-and-jessica-hockett-may-18-2026-discussion-on-constructed-ou.html>

That's the story that's told about what the coronavirus pandemic was.

And is such a phenomenon even physically possible? Has it ever happened before? Could it happen again?

Both of us have concluded, after following different paths, that **no outbreak or spread of anything other than false and fear-inducing information occurred in 2019 and 2020, for coronavirus.**

And it's not physically possible, in general, at all. So there's no need for anyone to be afraid of sudden outbreaks or spread events then or now.

Just putting that slightly differently, the **threat the governments publicized in 2020 was not a true physical threat. It was an illusion, projected mostly by means of staged photos, false scientific papers, false diagnostic testing, false infection and death data dashboards, and false news reports based on those false photos, papers, tests, and datasets.**

And the same methods are being used currently for hantavirus and other putative pathogens.

Understanding how those illusions are projected can help people navigate current events with less fear and more confidence.

So I sent a draft of that sort of overview to Jessica last night, and I said, *When we do the recording, I'm just going to throw it over to you and say, is that a fair assessment of what you see as our main area of agreement, or would you add anything or clarify anything?"*

Jessica?

Jessica Hockett: Hi, Katherine, thanks for inviting me to this conversation.

Katherine Watt: Oh, I should have said that way earlier, sorry.

Jessica Hockett: That's okay. This is, yes, that's more than a fair assessment. And our title of *How easy and legal it is for governments to fake and or construct outbreak and pandemic events*, I think is a good distillation of a conclusion that we both arrived at through different means.

I didn't know who you were until, I think, 2023 or so, or mid-2023, when somebody in a group that I was involved with for a time called PANDATA asked me if I knew who you were, and I think I had seen some articles or things that you'd written. Enough to see that, *okay, this is a serious person. She's from State College, Pennsylvania. I did some work with the school district there for a while. They were really good people. I'm just going to let her keep doing her thing, and I am focusing on my thing. But yes, she seems legitimate to me.*

For a while, that was the extent of my interaction with what you were doing, and I didn't see conflict between what we were doing. I was just focused on me. You know how that is, right? You can't focus on everything, but I've said for a while now, if you have people who are earnestly seeking the truth, there's a high likelihood that they're going to arrive at, maybe not the same, but similar conclusions, because that's how the truth, it is.

The truth is the truth, and it doesn't – . We haven't figured out everything, of course. Nobody has. But we've, right now, arrived at some very similar conclusions.

Goals

Katherine Watt: Right. The goals for this presentation are to offer some information to support at-home family preparation for resisting all of the onslaughts of pandemic-pathogen-spread fiction that has been coming at people and will continue to come at people.

There are different, sort of, varieties of that fiction. There's the science fiction. There's data fabrication and distortion and manipulation. There's unjust law. And then there are the government-corporate-media advertising campaigns, which is how they funnel the information out into the population so that people think there's something going on, think they understand what's going on.

And as Jessica has put it in some of her writing, *All it takes is a story, a test, and plenty of propaganda.*

Jessica Hockett: Yeah. It takes it takes a lot of planning, too, in my opinion. But insofar as getting people to believe, and to start to look at something, or to see something as a *spread event*, a fictional spread event, those are some of the key or the core elements.

In some ways, I'm – I don't know that I would say grateful for – but we can look at this event involving the hantavirus cruise, or the alleged “hantavirus outbreak” as an opportunity to point out to people these elements.

We have a story involving a cruise ship, of course, in a far-off place. It's not anywhere near the United States, right? Heaven forbid. It's somewhere else in another hemisphere. We have a test or testing that's involved. We have plenty of propaganda around it, including, maybe foremost, from mainstream legacy media.

We'll get back to the hantavirus cruise a little bit later on into this presentation, but even just last week, we have other events like the CIA “whistleblower” testimony. This past weekend, a new Ebola event, or newly-announced Ebola event in Congo and Uganda.

So I think part of our hope in this conversation is to point out some of the patterns that we see, and how you and I, or why you and I, when we hear about these events, we're able to just say, *This is this is fake. This is contrived. Do not pay attention to this.*

Intended Audience

We have, other than each other, besides each other in this conversation, we have an intended audience in mind with what we're presenting today. We're aiming for people, we hope that people who are trying to maintain some sense of composure amidst all of this, and amidst all that has happened in the past six years, and equanimity, and are trying to understand the world in general, and what's going on in a calm and reasonable way, and at least have some suspicion that the government is not batting a thousand, that the narratives that they present about things like COVID – and not just they, but corporations, media PR channels – about these kinds of events are not quite aligned with reality. That there is a gap between what's being presented in print, so to speak, and on the screen, and what is actually happening in the real world.

If you're somebody who enjoys being frightened of imaginary things, you really love horror movies, ghost stories, you take those things really seriously, [if] you like participatin in, or being a part of these kinds of scary events, this presentation may *not* be or you.

Although, maybe if you listen for a bit, you'll be intrigued and talked down off a ledge.

But the first group is who we're really intending to speak to.

Pre-2020 Preparation

Katherine Watt: We also wanted to provide some information about things that happened to each of us in our pre-2020 lives, or personality traits and characteristics that prepared us to be skeptical about the government-corporate-media panic-monger stories as those started coming out in 2020, and then to do the work that we've each done since then.

And I will say, I was not, at the beginning, as skeptical as I probably should have been. But I was skeptical enough to continue sort of going down the investigation paths that I went to that have made me much more skeptical and actually convinced that the government is intentionally lying and has planned and prepared to do this for a long time.

Jessica Hockett: I think that's a great point that you make, Katherine, and it's true of me, too. It's not that I would ever say that at the beginning of all this in March 2020, that I had everything figured out. I believed the government when they said there was something out there. I didn't believe it was what they were saying. [I believed] there was something.

I certainly didn't see things as planned. I don't think I started to think of it that way until even early 2023. Late 2022, I would say all the time to people, *No, I'm not a plandemic person.*

But it's really as a result of continuing to examine things and move forward that I've made, I think I've made some progress. But I definitely didn't have any—, everything figured out.

Jessica Hockett Background

So, a little bit about more about me, and then I'll flip it over to Katherine. She can give some more about her background.

I think people who know me would say that just by nature, I am a skeptical person. Some people might say I'm oppositional in my personality. My newborn baby picture is actually pretty funny. I have my eyes wide open, my mouth is wide open, and I have one of my fists, clenched. I should show that picture sometimes. But I was a born fighter, maybe, in some ways. Now, that doesn't mean I'm a lawbreaker, that I rebel against every single thing. But I'm definitely a born questioner, so there's the nature part of it.

But also the nurture aspect is that I had parents who did model being critical of things, even being critical of authority. Our family dynamics very much encouraged and favored debating issues very loudly with each other. My family, my dad was in restaurants, my mom was in healthcare, medical supply purchasing, later in her life, at least. My great, one of my grandpas, worked for NBC News Chicago. So I had experience and interactions with journalists and journalism. I knew from going to the news station that these journalists, who I respected, but they had on-camera personalities, and they had off-camera personalities. My other grandpa was in the entertainment business. He booked bands, actually, in the Chicago area. So, these industries, I'm not from great wealth or anything like that. Hard workers – hospitality, healthcare, front-facing, kind of service industries, in one sense – that I think shape the way that I see things.

I went to public school through 8th grade, but then a Christian high school that, non-denominational, but really emphasized the concept of worldview, and the idea that, *Look, not all Christians see things the same way, not all people in the world see the same way see things the same way, and even people who don't have or subscribe to a religion, they have a set of beliefs and assumptions that shape the way they filter things and information and ideas.* And engaging other people and understanding their worldview is really paramount to understanding where they're coming from.

I do have an academic background, a PhD from University of Virginia, and anybody who has academic training, it's not that you're necessarily smarter than anybody else, but you have been conditioned to hyper-focus and to deeply study a phenomenon. The joke is, you know less more and more about less and less until you know everything about nothing, and that's the definition of a PhD: you know a lot a lot about a little. So it's no surprise, really, that I've kind of stuck with the COVID event and aspects of it, because that's in my training.

My 20 years plus of education work and publications really did involve trying to change people's minds about things, like walking into a school district and saying, *Oh you're doing it this way. What about this way?* So persuading adults or engaging with adult learners was very much a part of what I did in my pre-2020 work.

Also, in the few years leading up to 2020, and people in Chicagoland in a certain niche will remember this, because I was public about it, but I was involved in a small way with the exposure of corruption in a church that my husband and I had attended for 11 years, Harvest Bible Chapel, that we left in 2017. People can look up the events around that. I'm not going to regale it here. A lot of people were involved, but I was publicly, assisting, I would say, some, a journalist and some other people former members of the church who were trying to expose what was going on.

I also was involved in speaking out against some things that were going on where we were living and had been living for a while at the time in Evanston, Illinois, which is, people would describe that as a very progressive suburb. We loved living there, actually. A lot of political and worldview differences in a place like Evanston. But the school district, with whom I had done some work with for a while, but they were adopting things that now people would see as very woke or very far left, insofar as ideology, and I spoke out about a lot of those things, because I didn't see them as things that a taxpayer-funded public school system should be condoning. So, coming into March 2020, and then me speaking out against what was going on, in the U.S. and around the world, that was part of what I was already doing.

Also interesting is that my youngest sister is a doctor. She lived in Togo, Africa for 11 years, and she experienced a Lassa fever outbreak in her rural hospital. She also worked in, I think, two different Ebola events in Africa. So, and we had kind of, not experienced them *with* her, but we were hearing about them as they were going on. And so, coming into 2020, my mindset was *well, this doesn't sound like it's Ebola, whatever this is*. And even though she and I see some things differently still around COVID, she was very helpful in making sense of some things that I hadn't heard of before, like PCR testing is a good example.

Final trait about myself that I'll point out. I don't have a lot of – you know, I'm a Protestant, Christian, Reformed theology background, attend a PCA [Presbyterian Church of America], but I don't really have a lot of what I would call sacred cows, in the sense that, I'll entertain speculative or serious discussion of almost anything at this point as being planned or constructed or a leveraged event. There are a few things I won't entertain for very long. I don't do Holocaust denialism. I don't do, *this single group of people of a certain ancestry are controlling the world or controlling things*. I don't entertain that. But I was I was taught that you can talk about anything. with anybody, no matter what. So, that's what I do and can continue to do, especially around the COVID event, sitting here in 2026.

Katherine, what about you, your background?

Katherine Watt Background

Katherine Watt: Temperamentally, I'm an introverted person, I'm an observant person. From a very young age I noticed anomalies and patterns. And I'm an analytical person; I like to understand the structures of things. If people are familiar with the Myers-Briggs test, I've taken that a few times, and I almost always come out as an INTP or an INTJ, but the INT part is pretty much always the same.

I was raised in a traditional Catholic family which had implications as far as formation of conscience, and being instilled with an understanding that there is a distinction between truth and error, and between right and wrong, and between justice and injustice. Objective truth as distinct from relativism.

And my dad, I don't have this on the slide, but my dad was an attorney, he was a bankruptcy lawyer. So he, I have reflected since he passed away, and when I thought about his career, that he tried to find a way to be a Catholic lawyer by serving low-income people, or people who were in difficulty financially. And there was definitely an element of him, like, sticking-it-to-the-corporate-man that was sort of predatory lending on low-income people, and trying to help them get out from the difficult situations they had gotten in so they could have a fresh start and build up their their families and their lives again.

In college, I studied philosophy and natural sciences. I went to Penn State, and my major was philosophy and my minor was Natural Sciences. Which, for the natural sciences minor, I took biology classes and chemistry classes, biochemistry, organic chemistry, physics.

Then after graduation – . I had always I'd been writing since elementary school, and because of my Catholic upbringing, I had been active in pro-life movement work, against abortion. And I continued that in college. I was in the Students for Life Club at Penn State, and I wrote essays in the school newspapers about abortion and life, protection of life issues.

Then I got my first job after college as a newspaper reporter, and I did that for a few years, learning how to do interviews, how to do research, how to do fact-checking. I had a very good editor at the first small-town newspaper that I worked at. One of his mantras for teaching his young reporters how to think about what they're doing is to come up with *useful, usable information*, and to present it clearly so people would have and be able to use it. Which I think is one of the basics of journalistic integrity. And I learned how to do investigation of corporate and government corruption.

I continued doing that even after I didn't work at newspapers anymore. When blogs sort of emerged in the mid-2000s, I started a blog, and I've pretty much consistently since then had at least one going at any given time until I closed the Substack.

Then the other thing that I've done professionally in my adult life is that I got a paralegal certificate in 2003, and I've worked for small law firms, most[ly] solo practitioners, on a bunch of different kinds of law. But the basic skill set is document review, legal research, assessing the evidence, constructing arguments, assembling supporting documents to support the arguments, and then doing legal writing. And I was very lucky to work with several lawyers who really saw value in my ability to analyze things and to do document review, and they let me do a lot of independent, mostly independent work on legal research and on legal writing. Even though I could not file documents, I did get to very holistically participate in preparing the things that the lawyers would then sign and submit.

Then [the] last thing I think is relevant is that I'm a daughter and a sister, and I'm married, so I'm a wife, and I'm a mother, and over the time from probably the late 90s up until just before 2020, I had observed the chronic health disorders across several generations of my family and friends, especially among my kids and their friends, and I had started started to wonder about vaccines as a potential contributor to those to those problems. So that, that was where I was at, on the eve of the COVID events.

Watt: Subjects of Investigation

Then we were going to talk about the different subjects that each of us investigate.

Mostly what I've done for the last few years is collect and then read law records. The primary types of those is statutes, which are the things passed by legislatures, and regulations, which are written and enacted by administrative agencies, but also other legal instruments, like treaties and contracts. Which, I have concluded, authorized the presentation of fabricated or distorted events and responses as real and proportional.

That's been done to create a false justification for public policy responses, and for joint government-corporate-media deployment of false devices – things like diagnostic tests; and false treatment and prevention protocols and products – things like masks, things like isolation, and those stupid *stand 6 feet apart* stickers on the floor, drugs, vaccines.

Then the other thing, other main area of investigation that I've been working on is collecting historical scientific and biomedical research documents, because those also, certain elements of them, or certain sub-disciplines, are sort of full of fabricated and distorted records, and that's a work in progress. That's what I've been working on since about February of this year.

Jessica Hockett: Can't believe you don't miss those stickers.

Katherine Watt: I still see them. I see them when I go places, and I just want to come with, a scraper and, ugh, get that off.

Jessica Hockett: I still see them, too, and they're triggering, actually.

Katherine Watt: Yes, they are.

Hockett: Subjects of Investigation

Jessica Hockett: Legitimately triggering. On my end, broadly speaking, what I've ended up investigating is that the collation and analysis of evidence on the statistical side regarding data, especially public data, data presented to the public with regard to infections and alleged spread, morbidity and mortality, that demonstrates how governments and corporations present fictional events that the laws that Katherine has researched are constructed to allow them to present.

I've also evaluated what I would call actors, witting and unwitting, and scenes and storylines that are conveyed through the events. A lot of what I've seen and done along these lines was not evident to me during the shock and awe campaign of 2020 and into 2021, but as I've been able to focus more on specific episodes and locations, especially in late 2019 and early 2020, the patterns in these things have become more and more apparent to me.

Then also, probably I spent a lot of time in 2024 and 2025 especially, starting to do this and evaluating not only the State, what I would call the State-sponsored narrative, but also various forms of permitted dissent. I'll talk more about this later, that protect core lies that the State is still telling, that the WHO and the governments that support it are telling, and that sideline what I would call off-limits or out-of-bounds views, especially with respect to spreading disease-causing viruses.

More recently, I've tried to think about this in military terms, because I think in the beginning of 2020 especially, and then running throughout, it's better to think of what we saw as an Offensive and a Counter-Offensive that were launched at the same time, that both protect the idea that there was something spreading around the world, and it was coming soon to a city near you.

The Counteroffensive some people may recognize as claims about *early treatment*. Again, I can talk more about that later, but I've come to see that as a Counter-Offensive, and just part of the same the same thing that doesn't cause people to question whether or not something was threatened at all.

Then we have No-Fly zones, which may be something like people who believe that there are there are no viruses, or viruses don't don't exist. I've come to see those No-Fly zones as sort of managed, allowed and managed as well.

These are ideas that I'm still still developing. But those are the main three, I would say, lines of investigation that I've delved into over the past six years. I didn't start out with these, but they've developed over time.

How Hockett and Watt work converges

Insofar as how my work and Katherine's work comes together, we've spent some time thinking through this. We compare notes. We have a better understanding than we used to, I think, of the things that we agree on, the things that we disagree on.

I think the phrase at the top here, we have *Two knowledge sets, but one target* captures how a lot of this fits together. On Katherine's side, she has examined law, U.S. law, especially in U.S. history with respect to those laws [and] done a lot insofar as vaccination programs and how that's developed over time. Her science background has allowed her to understand some things that are more difficult for me to understand because I don't have a, quote, "scientific background," but she's emphasized biology and chemistry and the medical

science, and has been poring through recently, I know you'll talk about this, Katherine, but some papers related to that.

Whereas consistent with my background, I've looked more at data, the public-facing data, or data that I've obtained through public records requests. I have a social science and psychology background insofar as research methods go, so I've emphasized that.

I've taken great interest in the operations, like what actually happened, how did the events get carried out, especially in specific locations, high-profile locations like New York and Bergamo, Italy. I have an interest in the financial aspect, and the fraud aspect, and how those things were pulled off, and I've tried to corroborate different evidence sources around that. And then I also have an interest in the media and the political theater, and I've been, in some ways, an unwitting part of some of the political theater, although I didn't know it at the time, so I have some first-hand experience with that.

We do have a shared, I don't consider myself a journalist, but I do recognize that I've undertaken activities, especially on Twitter and Substack, that are and were journalistic, insofar as documenting what was going on. I used to say that I treated or saw Twitter as a kind of a diary. At 110,000 tweets over 6 years before I removed my account, that is definitely a documentation of my thinking, pretty much.

Katherine Watt: Wow.

Jessica Hockett: I don't know what the rate is there, but yeah, it was, everything that I was thinking about what was going on was in full public view. And we, but we both have a respect, I think, for journalism and journalism and journalistic integrity. I think we both have a sense of the need to archive what's been done, or and what others have done.

Katherine is Catholic. I'm I'm Protestant. historically, there's some some tensions there, but we have found that we have a lot of the same, I think, orientations. I, too, believe in an objective truth. I'm pro-life. We have a lot of the similar ways of thinking about things along those lines, and respect for a higher law, even than earthly law.

So together, we might say that we've covered legal, scientific, historical, operational, financial, psychological, and media dimensions of the COVID event, which, we see it as a multifaceted event. It's not just a a scientific event or an event that should be covered or looked at [only] scientifically or by scientists.

And we both believe in trying to preserve the record, the record of work that we've done, respectively, and continue to try to work on, each in our own way, and also somewhat together as well now.

But identifying and exposing different contradictions and anomalies and patterns toward educating the public, if nothing else, and making sense of things ourselves so we can teach continue to teach our own children and satisfy the itches in our own own minds about what's happened and why.

[Watt - Work Subjects \(more detail\)](#)

Katherine Watt: Great. Okay, so this is just getting into one more level of detail of the work subjects that we do and have done. And as I said before, mine has been mostly legal and historical research. The first set of information that I worked with was original, by which I mean dating back to the 1800s, and then the ongoing absence of provisions of law that would require physico-chemical evidence, presentation, or quality assessment to support the claims that governments and their allies make about disease causation, about physical threats, and about response measures, in the context of what they call communicable disease outbreaks, communicable disease control programs, pandemics, and public health emergencies.

That's the first set, is the provisions of law that don't require any evidence to be presented.

Then the second piece of that is that there are provisions of law that, by the way they're written, authorize the legal promotion of fictitious threat stories and fictitious causation attribution. Sometimes I think of it as similar to framing someone for a crime that they didn't commit, but you plant evidence, or you fabricate evidence.

[There are] provisions of law that authorize promotion of fictitious response measures against those same fictitious threats, and the primary fictitious response measure is vaccination.

Then more recently, as I said earlier, I've been looking at the original, dating back to the 1800s, and then the ongoing construction of the scientific and biomedical mythology that underpins this communicable-disease-pathogen fiction that leads into the vaccination fiction.

I listed on this slide three of my main work products for the last few years.

The first one is called the [American Domestic Bioterrorism Program timeline](#). That's about 40 pages and I first published it in April of 2022, and then I updated it over time. It's really just a sort of bullet point version of the history of how the law structure was built up over time to make this system that allows the presentation of fictitious information as if it were true.

The second main work product is something, a series, called [Legal History of Biological Product Non-Regulation](#). I wrote that in collaboration with a woman named Lydia Hazel. We wrote it between, I want to say, May 2024 and February 2025. It ended up being a 5-part series that is collected into a book form, along with some other information, related to that subject. The series itself covered 1798, so when Edward Jenner said that he had developed a vaccine against smallpox/cowpox, up through 1972, which was when the constructed pretense of a regulatory system for vaccines and biological products was transferred from NIH to FDA. That's what that series covered.

Then the third work product is called the [St. Benedict Memo](#) (Sept. 2025), and I wrote that to provide litigation support for a [case in the Netherlands](#) that I'm involved in. Basically, you can understand the St. Benedict Memo as a fleshed-out version of the American Domestic Bioterrorism Program timeline, because the first one is sort of bullet points, and the St. Benedict memo is actually summaries of the legal provisions for most of the key laws passed between 1938 and 2006, along with some other material about international law.

Those are my main work products and the subjects, in a little bit more detail, that I've looked at.

Hockett - Work Subjects (more detail)

Jessica Hockett: On my end, I think one way that I've come to see my trajectory is that I started more local, and then expanded. In 2020-2021, my X [Twitter] timeline, and then, later on, my Substack articles were very much focused on, well, besides making sense of what was going on, but the testing programs, including the University of Illinois' saliva testing program.

They started a private company, I think in March 2020, and myself and an epidemiologist who was working for an oil company, through a series of events, we ended up looking into what was going on with that testing company, figuring out that U of I was lying about having an FDA EUA. We notified the FDA. That got some coverage by the *Chicago Tribune*, although they didn't say anything about me or my role in it. I wrote about that later.

But I was looking at and questioning things that were going on in Chicago and in Illinois, looking at – I've talked about this on a lot of podcasts, looking at cause of death attribution. In Cook County, where I was living at the time, the medical examiner's work is public, so pretty quickly, I was looking at, okay, *who is dying from COVID? What is COVID? Let's look line by line at some of the characteristics of these people*, and trying to, figure out, seeing accident deaths, or drug opioid deaths being labeled as COVID deaths, or having COVID as cause of death attribution.

I spent a lot of time with that, following flu surveillance data, especially in the 2020-2021 season. The flu season, technically, or historically, has been thought of as September through May. That's the main monitoring period, and so I was following that, along with a lot of other analysts on Twitter, to see what was going on with flu, why was the flu disappearing.

When the COVID vaccine came out, I spent a lot of time looking at and publishing some investigative work around what the city of Chicago and the state of Illinois were saying about vaccinated and unvaccinated cases and deaths and hospitalizations, the so-called *breakthrough data*. That was a term that the CDC gave it, in doing some things around that.

Then more into 2022 onward I was focusing more specifically on the New York City mass casualty event. That might be the thing that a lot of people who know my work associate me most closely with, and also events in Bergamo I looked at, starting, really in late 2024, more closely with a former colleague.

Then, the focus on, or being becoming more interested in the origins of SARS-CoV-2, maybe that was 2022, looking at or challenging that narrative of: *when did this thing start start to spread?* What, they -- *Okay, they say it came from China. Does that really work with the timeline?*

And interrogating the government explanations, both the lab leak, alleged lab leak, and the wet market hypotheses.

Coming to see COVID-19 as a multi-sided, cooperative, coordinated operation, that was more in 2024, 2025, looking at the different false dichotomies and false binaries of the COVID event. I've written some about that. I guess some people would say *controlled opposition* in the COVID-19 event, and different people's, I don't know what people would say, *health freedom*, or *contrarian*, or *COVID dissenters'* perspectives and analyzing those and seeing the similarities and differences between what different people were saying.

For my main work products – again, I think most people would associate me with the New York City Mass Casualty Event and some longer pieces or summaries that I've done around that. I am planning a longer article for publication in a journal around the New York City Mass Casualty Event. I will probably not, that probably won't happen until toward the end of this year, because it requires closer analysis of qualitative data in addition to quantitative data.

I was a contributor to chapters in a book by some statisticians in the UK, Norman Fenton and Martin Neil,² and I have plenty of individually and co-authored articles that I'm beginning to try to collate, and this is your example, Katherine, really, but collate into collections or booklets. Not necessarily because I think some publisher is going to take interest in them, but just for me and just to have things in sets that I can bind and keep for myself, and assess, and then hopefully, down the road, turn into other written products. So that's a sense of what I've done so far.

Five Things We Each Learned Since 2020

Katherine Watt: Okay, so we were we were talking about how to structure this presentation, and came up with the idea of just putting forward five things we have each learned since 2020 that we would have liked to have known before 2020, because it would have spared much suffering for us and for other people. But things that are useful and applicable things for people to know now, because the kind of phenomena of constructed events that we have learned about is not something that is no longer done. It's being done repeatedly, and it will be done for quite a while.

It is more effective when people participate in it as if it were true, and so it's less effective when people understand that it's not true, or how it is not true, or how it is distortive, and then can withhold their own participation from it. I kind of think about, I was thinking last night, the – my goal has become to see vaccination abolished. That was not something I had thought about ever before 2020, and it took me a while to get to that point, even over the last few years.

I don't think it's likely that's going to stop on the supply side, or on the recommendation side, or on the legal side, as far as what governments are going to continue to recommend that people do.

² 2024 - *Fighting Goliath: Exposing the flawed science and statistics behind the COVID-19 event*, Norman Fenton and Martin Neil

I do think it can stop on the demand side. People can stop going to get vaccinations, they can stop vaccinating their kids. So this is sort of aimed at that general goal, and helping people understand the presentation and the performances that are underpinning vaccination as a program.

Watt #5 - Cognitive interference and behavioral conditioning

One of the things that I've learned in the last few years I wish I had understood better is how much cognitive interference and behavioral conditioning actually go on in the societies in which we live. You can be born in a historical period where distinctions between truth and error are deliberately rendered ambiguous or obscured, and that interferes with your ability to make sense of the world.

You can also be born and grow up in a historical period when people in power promote or inculcate an unjustified trust and compliance with their illegitimate authority, because they mask it as legitimate authority.

The primary example of this is that what happened in COVID is presented by the government as: *a threat came along, or emerged, and we, the government, are protecting you from it, because our obligation as a government is to protect our population from threats.*

And it is true that their obligation as a government is to protect their population from threats. But the threat that they present as a threat is not actually a threat, and they are participants in constructing it or fabricating it for malicious purposes, not for benevolent or legitimate purposes.

So I found, I've learned, and I wish I had known earlier, that malicious -- or, I wish I'd known it more deeply. I had some suspicions before 2020, and there were things that I was skeptical about, and things I was resistant of, but I did not understand how comprehensive it is, and how long it's been going on. -- That malicious political actors do, in fact, impose cognitive blindness or impairment, and they do condition people behaviorally for malicious purposes: to demoralize people, to induce confusion, to induce despair, to weaken people physically, and to render them infertile, and to make their lives shorter and to increase suffering.

The 1800s to now, and arguably, this has always gone on, but the period in which I happen to live is, I think, dates back, structurally, to the 1800s, because that was a period in which there was the rise of the mass media for social communication, there was the rise of centralized scientific research funding and publishing systems, and that, those two things together, have enabled instantaneous, nowadays, worldwide distribution of false information so that people are chronically immersed in a false reality unless they work really hard, and persistently, to separate out what's true from what's false and not organize their lives around false information.

There are four societal institutions that actually should be doing things like fact-finding. One of them is scientific research. The second one is journalism. The third one is the courts, or the litigation system. And the fourth one is legislative hearings. What I learned since 2020 that I didn't know before is that all four of those institutions have been distorted or blocked, especially in the arena of disease causation, attribution, and response.

It is possible to ask God for help, to see the truth more clearly, and to thwart the conditioning, and to expose and dispel the errors, and to encourage other people to do those things. And He answers those prayers. He has answered those prayers. I began praying those prayers very early on in 2020, and He answered them.

Jessica Hockett: Amen.

Katherine Watt: You're next.

Jessica Hockett: Just to back that up from James, James 1, verse 5, "If any of you lacks wisdom, let him ask God, who gives generously to all without reproach, and it will be given to him" or her. So, Amen to that.

Katherine Watt: Amen to that.

Hockett #5 - Foundations

Jessica Hockett: Number 5 for me, I'm labeling as Foundations. I don't know that I realized right away in 2020, although there's evidence that I started to pose critical questions along these lines, but I don't know that I quite grasped the concepts that underlie and drive key questions and issues surrounding so-called pandemic and disease events from legal, scientific, and medical and theological standpoints – that those really, for me anyway, involve *authority, sickness and wellness, and power and control*.

And I especially feel like if Christians, although this isn't only applicable to Christians, but I saw so many, or I felt like I saw a lot of failures in the church writ large, and actually across religious communities. This isn't just a Protestant thing, it's not just a Christian thing, but here was a complete and utter failure to ask key questions, and instead to just resort to fear, which Scripture tells us not to do. *Do not be afraid*, but people just abandoned reason for fear, or to quote *Lord of the Rings*, abandoned reason for madness. And it seems like they didn't come into 2020 with even the ability to ask key questions about these things that Scripture does really already answer for us in many different ways.

But again, you don't have to be somebody from a religious background, or have certain religious convictions to say, *Okay, who has authority over an individual's body – and in what circumstances?* There are parameters around that, and Katherine, as you found, there are laws that allow, in the U.S, that have allowed the government to go beyond the parameters that they should be going beyond, or beyond, I would say beyond the Script-- the bounds that are outlined in Scripture for government authority. Governing authorities should be deterrent to evil conduct. I would say within reason, they have, the responsibility to help protect us from threats, especially when it comes to other human beings, assaulting us, or putting our physical safety at risk, but their power is really limited, and it doesn't seem like people, even still, are really asking that key question of, *What are the limits of authority here? What can these different organizations, these different entities, my public health department, the WHO, what are they actually allowed to do, and how can we curb that, or in some cases, like the WHO, just get rid of it?*

The idea, and I had never really thought about this before 2020, but *What does it mean to be sick? What does it mean to be well?* When the government started to define sick as *You've tested positive on this test, and you don't have any symptoms, but you probably or may really have this thing*, I started to have more questions. When did not sick become sick? Or this idea of being not only asymptomatic, but pre-symptomatic. You're about to be sick, so you have to be quarantined. You can't go to work. You have to stay away from other people. Who decides? By what criteria?

Again, in Scripture this isn't really some-- it's not really something that's modeled by Jesus and the disciples, for sure, to stay away from sick people. I don't know that we're given a sense in Scripture that, we, that there's contagion, and that we have a responsibility to not make other people sick. The opposite is modeled. We go towards the sick. We care we care for the sick. So when the government is telling us the opposite, or saying, *No, you cannot, you can't meet together in your synagogue. You can't meet together in your church*, well, Scripture says, *Do not forsake the assembly of yourselves together, coming together*.

Does the state even have the authority or power to control the body and the movements of a sick individual? I do not think that we have grappled with that question as a country. My state has not. The people in my community have not. I'm not sure the people even in my church have thought about that question, or maybe, in some cases, don't even want to talk about it. Whence the presumption of the authority or power to do things to a certain individual who is sick?

So I wish I was asking or posing these questions in this way at the beginning of 2020. It really wasn't until, I have to credit Owen Strachan, Chris Hume – he's actually in Pennsylvania, not that far from you, Katherine. But some of these, those two men in particular helped me kind of think of ways to frame these issues, what I would call in my pre-2020 life *essential questions*, recursive questions, that I think we need to keep posing and keep raising as we as we process the COVID event and these other kind of fake disease spread events that we're still seeing advertised in the news.

Watt #4 - Ecology and Population

Katherine Watt: Another thing that I wish I had understood better before 2020 is that there's no good evidence for claims made by governments and supra-national coordinating government-type institutions like the United Nations, that there is a world population overshoot occurring, or that food and shelter scarcity in an absolute sense, or catastrophic climate disruption, are happening.

I'm not saying there are not food shortages in different places, or crop failures in different places. But the idea there is a fixed, known limit to the number of people that should be or can be supported by the Earth, and that is known, and that has to be prepared for, and managed, is false, and I did not understand that.

I, before 2020, I was involved quite a bit in the peak oil movement, which looked at it more from the resource-scarcity side than from the overpopulation side, or the climate disruption side, but it was the same general idea. And what I have since come to understand is that the sense of scarcity is very easy to orchestrate, and actual scarcity in specific regions is easy to orchestrate by disrupting transportation, or disrupting financial systems, or incentivizing different food production or food destruction behaviors, but I didn't understand that was being orchestrated in the way that I now believe that it is and that the evidence presented so far has been fabricated or distorted and published to advance a population manipulation and a power centralization agenda of malicious political actors.

I guess one of the main documents in that is that 1968 book by Paul Ehrlich called *Population Bomb* or *Population Explosion*³ that was then used to provide momentum for congressional investigations into overpopulation and how to manage overpopulation in the early 1970s⁴. And there was at least one prominent, well-respected economist named Colin Clark, who responded to the claims of population overshoot, with his own information about how does, statistical data-based, research-based, long-term sociological information about how fast do populations increase, when you look at their birth rates, when you look at the fertility per woman, and how does that relate to land use and food production. And I haven't looked at his work⁵ in great, great detail, but I've looked at it enough to understand that what he was doing was the same kind of fact-checking, and information collection counter-argument that is, that Jessica and I and other people are doing around disease outbreak and public health programs.

And then you said, do you want to talk about that you picked up a corroborating lesson learned?

Jessica Hockett: Yeah, and actually, let me mention one thing that just came to mind. We didn't talk about it beforehand, but this idea that, the Earth doesn't have enough, we're going to need to escape it, there's going to be shortages. This is planted a lot in Hollywood movies as well. One comes to mind, my family loves this movie, but *Interstellar*. And, *Interstellar*, part of the premise is, I think, isn't that the one at the beginning, where it's something has happened, there's been some kind of blight, and people need to leave Earth? Even the, Disney does this stuff all the time, too, even though I do like Disney, but *Wall-E*.

So just this idea that, Earth is going to be broken. Or is broken, it's over-crowded, there's not enough, there's going to be a worst-case scenario. We're going to have to escape, it's this doomsday, constantly, that justify, it actually informs, as you [pointed out in the Netherlands case](#), it informs the worldview of some of these people who have been at the helm, right?

Katherine Watt: Right.

Jessica Hockett: And it they may not claim to subscribe to a religion, but really, it constitutes a religion, and these people are at the helm and trying to direct what's going on. But yeah, along the demography of the population lines. I've come to distrust -- I'm not saying it's all fake -- but I've come to distrust the numbers that are put out there, insofar as population goes. I'm not really sure we can count the number of people on Earth.

³ 1968 - *The Population Bomb*, Paul R. Ehrlich

⁴ 1972 - *Population and the American Future*, John D. Rockefeller Commission on Population Growth and the American Future

⁵ 1967 - *Population Growth and Land Use* (1st edition 1967, 2nd edition 1977), Colin J. Clark

Now, I know that seems like a really obvious, *aha*. Like, *Well, no duh, Jessica, that's why they say population estimates*. But we've got people coming into, being born, people dying every day. I just, I remember the data games that were played, especially in 2021 and 2022 with the 2020 census in the United States, and this vaccinated/unvaccinated data. *Well, what really is the population of New York City? What is this subgroup? How many 15 to 44-year-olds are there?* And then it would affect the rates and whether, the government could claim whether the vaccine was working or not.

Even with so-called excess death, which is a modeled construct, but the idea that, *Well, we can expect this number of people to die*, or that *This data is really stable over time*. I don't, I've come to the conclusion that we really cannot trust it necessarily, and that there's too much that changes over time for us to look at some of this data as being dependable. Or just being able to be scared by it. I think that's – because that's really how it's used. It's always going to be imprecise, but it's weaponized against us.

Katherine Watt: And how useful it is for doing that.

Jessica Hockett: Yeah, and just putting the numbers on the screen. That's scary stuff.

Hockett #4 - Solution/Problem/Solution Cycle (Vaccine-Outbreak-Testing-Vaccine)

Number 4 for me is – and I, much like Katherine – I didn't question vaccines, vaccination, the so-called childhood immunization schedule. I did what I was told with my own children. I wasn't necessarily a vaccine advocate, I didn't talk about vaccines, and I knew there were people who were anti-vax, we'll talk about that a little bit later, and I didn't have any problem with people who decided not to get vaccines or to get them for their own children. I was kind of libertarian on that point.

But over the past 6 years, I've seen that there seems to be this cycle, especially when it comes to vaccination for adults, although the same is probably true with kids as well, of solution-problem-solution, where we have vaccines, then there's like an outbreak. *Oh, wait, the vaccine didn't work, or we had an outbreak because some people weren't vaccinated. Oh, look. We're not catching all the cases, now we have to test everybody in this, alleged measles outbreak, right? Or in this flu outbreak. Now we need a vaccine. Oh, look, we discovered a new strain. We need a strain for that vaccine.* [Correction: Vaccine for that strain, but possible vice-versa too.]. If you didn't see that, through the COVID era, the variants: *Now we need something that works for this*. It's just this vicious, ongoing cycle.

But as you've demonstrated through your work, Katherine, vaccines are not now, and really have never been what they're purported to be. Whether something called a vaccine is even possible, I think that question is very much up for debate.

My entry points for grasping a lot of these problems were different from yours but was from looking at the flu surveillance and the flu shot program and related studies. A lot of things that people were saying about the COVID shot I didn't see, and still don't see, how they're any less true for the flu shot. This thing changes every year. They say that it's targeted to a strain based on what was circulating in Australia. The whole thing just seems like hocus pocus to me. And reading, what's the one publication by Alfred Wallace?⁶ Do you know which one I'm talking about, Katherine, about smallpox?

It was a kind of an OG⁷ anti-vaxxer, highly-readable publication, where he's pointing out these games going on with cause of death attribution, and doctors not wanting to say that the smallpox vaccine was not working, and probably killed a child, and so they attribute the death to something else. It's fascinating. In a lot of ways, there's nothing new under the sun. You realize we are not the first generation to see the problems with this racket.

⁶ 1898 - *Vaccination a delusion: its penal enforcement a crime, proved by the official evidence in the reports of the Royal Commission*, Alfred Russel Wallace.

⁷ OG - original gangster, American idiom

Through studying different out, quote, "outbreak reports" particularly, I would direct people to the Kirkland Nursing Home Outbreak Report. There's one for DuPage County here that involves a local nursing home. You just, if you if you read these, even just from a qualitative perspective, you're like, *Okay, I think this is all contrived*. What they have here is they have somebody with some symptoms. They give them a test, or a test for the new thing. Then they test everybody else, whether they're sick or not, and then they call the thing an outbreak.

And I've come to wonder, especially with nursing homes, where, at least in Illinois, a lot of people are required to get, or [are] cajoled into getting the flu shot, you just wonder if these outbreaks are really a way of covering up shot failures and harms, and then justifying development and redevelopment of vaccines.

I don't see why anybody should be tested, while they have so-called, respiratory illness, or – we experience these symptoms; they're real symptoms -- but I don't see why a test is necessary at all. You don't need a test in order for the doctor to give you some advice or give you something to address a symptom.

And I think you and I both, Katherine, have seen how these disease surveillance systems are really surveillance – they're for control, but there's a fine line, or there's no real difference between surveilling disease and surveilling people. That's really what it comes down to. And this data is used to depict a fiction, right? Put these time series graphs together to make you think that you're looking at the behavior of a pathogen, but that's not the case at all.

Watt #3 - Science, especially biology, subdisciplines thereof

Katherine Watt: My third topic that I wish I had understood more, and I'm learning a lot more now, is about the science aspects, especially biology, and especially sub-disciplines of biology, like bacteriology, virology, immunology, and genetics [pathology, epidemiology, etc.]

I'm not great at articulating what I'm coming to understand, because I'm still fairly early in the process of taking it on board myself. But I think that it is true that the community of sub-visible organisms that live in and on living animals and humans is very large, it's very diverse, it's transient. Sometimes people talk about that as, it's moving through or across the surfaces of animals and humans.

It's symbiotic, meaning non-pathogenic. It's not harmful. The organisms are there doing things, much of which is not understood, but it's part of keeping us alive, and keeping us healthy, and keeping us in homeostasis. And the very diversity and ubiquity of those sub-visible organisms lends themselves to misuse, to provide false or constructed support for very simplistic, very mechanistic narratives about disease-causation and health.

As I've been studying this more the last few months – I had gotten into some of it in 2024 when I was working on the series with Lydia – but the more I read, the more I can see that over time, as methods and equipment improve for extraction and observation of biological material from animals and humans, and even from plants, it corroborates this. The more people are able to use better equipment and better materials and better methods to examine things more closely, the more complexity and diversity and ubiquity is visible, is observable. And that confounds or refutes those simple mechanistic explanations for health and disease causation.

I don't think there is any good evidence for putative pathogens, and that phrase, *putative pathogens*, is used a lot. It's important in a lot of these documents that they put the word *putative*, because it means *suggested*, or *imputed*, or *inferred*. It's just an attribution that they [subvisible organisms] have this quality of disease causation that there is no evidence for it. Things like bacteria and viruses, or complex biomolecules, or proteins. There's no good evidence that those things have a stable composition or that they have functional properties of virulence, meaning harmfulness, or transmissibility outside of a living organism. So, host-to-host transmission.

Homeostasis and health and disease, the cause of disease, the course of a disease, how a body goes about recovering from a disease and restoring health are irreducibly complex, multifactorial phenomena, and they're

embedded in one-directional time. And they're also unique to each complex organism, like each animal and each person goes through its own illness process. It's not the same for every single example of an animal or a person. Living creatures are alive, they're social. They're not input-output machinery, and they're not isolated.

I'm going to provide, in the next couple slides after this, a list of what I think of as the core scientific publications that can help people see how this deception or misrepresentation or misuse of evidence is carried out over time.

That's a very small subset of, there are hundreds and thousands of papers on these things, but these ones are cited as -- . Over time, each new generation or half-generation of scientists refers back to the ones that have happened already, and these are the publications that they generally refer to, and they're credited as forming the basis for stable and sole-factorial disease causation by putative pathogens. An example of this is Koch's postulates and the derivatives of that. These publications are also credited as forming the scientific basis for immunization.

They are full of unsupported assumptions. They're full of caveats and limitations. They're full of sections where they just, for no justifiable reason at all, discard counter-evidence. They're full of equivocations, they're full of ambiguities, and they often – many, many, many of them – acknowledge that the actual functioning of a living organism is too complex to make these claims as conclusory claims: This substance A being in this location B at this time C causes this disease D. For example, they say [paraphrasing] *That's really not a formula that works, because there's too many variables*, and then immediately after that, they say, *But in this case, we can say this pathogen causes this disease*. So they acknowledge it, and then they discard it at the same time, and build up this false scientific structure over time.

In addition to that, good evidence that is put together by careful scientists who have scientific integrity and acknowledge their limitations and admit to the ambiguities and the difficulties of trying to make a conclusory statement about a complex, living creature, their work is systematically suppressed.

Yes, here's the list.⁸ So this, I've put together the list, and I'm not going to read through it at all, but we are going to make a PDF of the slide deck, and so anyone who's listening to the discussion and then wants to go and look at some of these papers can pull the PDF and then go to the slides.

It's slides 19 and 20, and it runs from Jacob Henley in 1840 up through a group in 2006, that worked on Koch's postulates and infectious proteins. And over time, you can see it go down the size from bacteria early on and

⁸ 1840 – Jakob Henle - Von den Miasmen und Contagien [On miasmata and contagion];
1884, 1890 - Robert Koch - Die Aetiologie der Tuberculose [Etiology of tuberculosis](1884); Ueber bakteriologische Forschung [About bacteriological research] (1890)
1898 - Martinus Beijerinck – Concerning a *contagium vivum fluidum* [contagious living fluid] as cause of the spot disease of tobacco leaves.
1937 – Thomas Rivers - Viruses and Koch's Postulates
1955 – Johannes Ipsen, Harry Bowen – Effects of Routine Immunization of Children with Triple Vaccine (Diphtheria-Tetanus-Pertussis) - “attempt to apply serologic epidemiology to interpret the past performance [effectiveness] of programs of prophylactic immunization.”
1957 – Robert Huebner – Criteria for Etiologic Association of Prevalent Viruses with Prevalent Diseases: The Virologist's Dilemma
1965 – Austin Bradford Hill – The Environment and Disease: Association or Causation?
1976 - Alfred Evans - Causation and Disease: The Henle-Koch Postulates Revisited
1988 – Stanley Falkow - Molecular Koch's Postulates applied to Microbial Pathogenicity [attribution of causation via association of genes]
1996 – David Relman & David Fredricks - Sequence-Based Identification of Microbial Pathogens: a Reconsideration of Koch's Postulates [attribution of causation via association of nucleic acid sequences]
2001 et seq Stanley Plotkin - Immunologic correlates of protection induced by vaccination (2001); Vaccines: correlates of vaccine-induced immunity (2009); Vaccines: the Fourth Century (2009); Correlates of Protection Induced by Vaccination (2010)
2006 – Lary Walker, Harry LeVine, Mathias Jucker – Koch's Postulates and Infectious Proteins (Walker et al, 2006)

then to viruses – which Thomas Rivers published a paper about that in 1937. And then they have to keep going down. Once once there were better, equipment and methods for molecular analysis, Stanley Falkow put together some postulates for using those molecular structures to predict causation, or to attribute causation. Then sequence-based identification began to be used.

And then I have some stuff, one or two papers about the same use of ambiguous information on the vaccine and immunization side, which some of the key words that they use is *surrogates of protection, correlates of protection, association, causation*.

I also found it interesting, because as I said earlier about, *framing* of pathogens in the same way that a person who did not commit a crime can be framed for committing the crime by the planting of evidence, or the misrepresentation of evidence. Sometimes that language shows up, and it makes sense that it shows up, because what they are doing is a process of *guilt by association* or *incrimination* of a sub-visible organism, or a subunit of a microorganism.

There is no verifiable burden of proof, there is no verifiable evidentiary review procedures, and there's no feasibility of doing those things either.

So, the Stanley Plotkin papers are about those *correlates of protection* that they use this framework to say *vaccines do protect*, but because of the complexity and the all the other things, that is equally fictional.

Jessica Hockett: One quick add-on to what you're saying with regard to SARS-CoV-1 and SARS-CoV-2 in particular, because I've read a good number of those, the initial papers on each of those, I'll just say *entities*.

And it's funny, because the scientists and the academics that have written some of these papers, they're actually more cautious in their language than sometimes people give them credit for. Now, I'm not giving them a pass, but they – and you and I will have talked about this – where it's, it will say *associated with*. So it's the academics, because as an academic, you're taught to be cautious with your language, and not to overstate.

So it's funny, when you look at these earlier initial papers, it's these scientists, whether it's a group of Chinese scientists, or Dutch, or whatever, they're not actually saying there's a causal relationship here. They're admitting to this thing maybe being a bystander, or not necessarily causal. And the same is true with transmission. They don't actually know, but you have to read it really, really carefully.

And then these same papers just end up getting cited to where, now in the COVID era, I think we have 800[000] or 900,000 papers that need to be retracted. Scary thought, but we'll leave that up to Gen Z and posterity, maybe, to hopefully figure out.

Hockett #3 - Data Games

Number three, moving on, for me, is, anybody who was following, even in an armchair kind of a way, the data dashboards and the numbers in 2020 might remember that we were sort of all enlisted in this, it felt like a video game of watching the numbers and trying to figure out, *Where are people dying, and which state is doing better? Whose policies are working out?*

I got caught up in that, I would call it *case chasing*, early on as well. We were almost all fly-by-night epidemiologists, or thought we were and academic statisticians were right there as well. We were sort of all buying into the same assumptions that had been set up for us coming into 2020.

But one realization that I've had as a result of the past six years is that government and so-called governing agencies, or agencies that pretend to have authority, they do a lot of engaging in purposeful data construction and projection to convey illusions, advance these disease-spread narratives, and ultimately perpetuate the *Vaccine-Solution* cycle.

One of the best examples I can think of, or I became aware of, was the H1N1 scam, which H1N1, that initial, quote, *onset*, was in late spring of 2009. And when you look at the testing data, you can see, *Okay, all of a sudden, we have this new test for something called H1N1, and now it just appears out of nowhere at the end of*

a typical flu season. And then what you also see is [positive] tests for other subtypes of flu, all of a sudden magically reappear in May 2009 and over the summer. So you can see how these testing, it's like when they begin testing and when they stop testing, you can see these things appear and reappear.

It's to the point where you have to come to the point where you say, *Well, what is it exactly that we're looking at here? How is this data actually being collected?*

There was a lot of assumptions early on, and I think to this day, that the data being collected and reported by, [for example] Cook County, Illinois, is somehow comparable with data that's being collected in some other county, either in Illinois or across the United States. And we just have no reason to believe that these data sets are comparable, or that data has been gathered with any kind of consistency or integrity.

So these different kinds of data sets that we're looking at, they're presented to us, but they can't necessarily be independently verified. It's all a, like, *Trust us bro* kind of a tactic that's going on. They're very easily distorted, definitionally unsound, especially when you're looking across longer time periods. You don't know that things are being defined the same way.

Actually, a really good example of this is emergency department data in 2020 and thereafter. We had the onset of telehealth services, aggressively, people being encouraged to use telehealth. Now, we could argue back and forth about whether that's a good thing or a bad thing, but that a lot of people were using telehealth, or calls that normally would have been to emergency services or people would have just shown up at the ER are being handled by telehealth, well that's something that you need to know or be aware of when you're looking at emergency department data.

So definitions change, or you're looking at datasets where variables are not the same across time, across place, or even within a place. Or they're presented to us in a manner that's divorced from context. We saw that with mortality data. *100,000 people have died from coronavirus*, the *New York Times* was saying at the end of May 2020, without any sense of the fact that 50,000 to 60,000 people die a week in the United States. So we just get these big, scary numbers, and people don't know how to make make sense of them.

I've also found that we have data sets, not only from New York, but tons of places, where there's no baseline available, or you have datasets that start the day the CARES Act is passed, and then the agency or organization will tell you that they don't have the data to give you beforehand, so you can't see what was happening before the data started to be collected.

There's also, I especially saw this with the flu program, but there are so many social [and] psychological influences on what people do. Just the news is telling people something, and then that influences whether they go get a shot, [or] they go get tested for flu, and those things aren't readily acknowledged by people when they're presenting or interpreting the data.

So, the bottom line for me on this score that I had no idea of coming into 2020 is that this public health data is really used to control what we think about disease threats, how we behave, and how we see other human beings.

And these things, I've also realized, have been studied for a long time, coming up to 2020, including by military, including by the CDC and other health agencies. They know how people will respond, and they knew what they needed to do coming into 2020 to get people to do or not do things. Lots of data games being played.

Watt #2 - Law

Katherine Watt: Number two for me, things I wish I had known more about before 2020, but I know much more about now, is that the law, the law section, the subject I've written the most about.

There is good evidence that civil administrators and legislators and lawyers and judges have known since the 1800s that there is no good scientific evidence supporting claims about the composition of putative pathogens, about their stability, about their sole-cause, disease-causation characteristics, about their

transmissibility characteristics. And that evidence takes the form of laws and legal instruments, especially statutes and especially regulations that are written entirely without provisions requiring presentation or assessment of physical evidence to support those claims, those scientific and biomedical claims. The claims that they make, incriminating the alleged pathogenic threat, don't ever have to be supported by presentation or assessment of evidence.

You can see that in the court cases. The main one that people talk about is Jacobson, in Massachusetts [1905]. I guess it's *Jacobson versus Massachusetts*.⁹ There's a big section right at the beginning where, in the Supreme Court ruling on that subject, where they talk about how Jacobson, who was the man who did not want to take a vaccine and was trying to object to the Massachusetts Department of Health program, trying to lay out, *This is the evidence I would like to present to challenge the basic scientific medical claims that are being made*. And the Supreme Court saying, *No, that's all irrelevant. It doesn't have to be presented, so we're not going to review it*. Which is clear evidence of intent to make it impossible for people to understand the scientific non-integrity of what was being done.

And then the other -- one piece is that the laws do not require presentation of evidence about pathogens -- and the laws also do not require presentation of evidence or assessment of evidence quality to support the claims that are made about immunizations and vaccines, about their disease-control effectiveness.

So those, those are the main legal things that, once you understand that it was intentional, and careful, and comprehensive to make the laws structured in a way to prevent evidentiary review, you understand a lot about what the actual goal of these laws and what the actual goal of these surveillance programs and isolation and quarantine programs and vaccination programs is actually about, which is malevolent, not protective, not benevolent.

Hockett #2 - Taxonomy and nomenclature

Jessica Hockett: My number 2 regards taxonomy and nomenclature. Any discipline or area of study has explicit or implicit taxonomy that organizes the body of knowledge. Any academic knows that. Names or names that are assigned, classification systems, and names that are used to discuss things.

Something I've learned, I'd heard some of these terms before, but something I've learned about events like COVID-19 is that there are terms, there is nomenclature for talking about some of the, I guess *phenomenon* that we've witnessed from a political standpoint or information management standpoint.

I think some of these terms were, have been weaponized, or the first ones I'm going to show have been weaponized, and maybe need to change, or we need to graduate or take back the language.

The first set of terms is going to be familiar to a wide swath of people, and that's these ideas of *misinformation* and *disinformation*. Now, these terms are not new with the COVID era. *Misinformation* goes back, I think, to the 1500s in the English language, at least, and can be loosely defined, or broadly defined, as false information. Intent isn't required. It's just incorrect.

Disinformation is associated with the Cold War era, and sometimes with intelligence agencies as an intentional enterprise. False information knowingly or deliberately spread.

A lot of us experienced this on social media and elsewhere, where government and other parties used these terms, *COVID misinformation* or *COVID disinformation*, to effectively recode disputed claims, interpretation, dissent, counter-narratives – all of that as information hazards. You were putting the public at risk if you said certain things about COVID-19, or if you questioned the state-sponsored narrative, and those hazards, or you as a hazard, are an enemy to public health. You're treated as someone, or the information is treated as that which requires monitoring and correction, and flagging, suppression, removal, removing people, for example, from social media, or just preventing you from being able to speak it at all.

⁹ *Jacobson v. Commonwealth of Massachusetts*, 197 U.S. 11 (1905)

Misinformation and *disinformation* aren't constitutional terms. They're not legal terms, so far as I know, in the United States. You can correct me if I'm wrong. Katherine. But really, there's just information. Information that has shown to be true, information that has shown to be false, information that's contested, opinions, facts, perspectives. These are more realistic, I think, and honest ways of talking about it, rather than saying, *COVID misinformation* or *disinformation about disease*.

Unfortunately, I don't think on the other side, so to speak, of the main events of COVID, I don't think that we're away from these kinds of terms being weaponized by media and others, but we need to make some more progress on that front.

Terminology that Katherine and I have discussed between ourselves is those terms of *anti-vax* and *anti-vaxxer*. Now, these terms are accurate. People who historically, or now, are against vaccination for themselves or for others, that's correct. They are against it.

But they are pejorative terms and are terms that are used to characterize efforts and individuals who reject government and pharma-medical establishment claims about vaccines and vaccinations. They're used to label, to the point where we see, I'll just say people in COVID-dissident land, say, *Well, I'm not an anti-vaxxer. I'm a vaccine skeptic*. And that's fine. [If] *vaccine skeptic* really describes where you are, you shouldn't assign a label or own a label to yourself and your beliefs that you don't agree with. But it's interesting to watch people around the vaccine conversation or say, *Well, the COVID shot is really bad, but everything else is fine*.

So a few weeks ago, Katherine had offered the term *vaccine abolitionist* or *vaccine abolition*. And I think this term has a lot of potential moving forward, because it's a proactive term, a term of ownership, that names a principled effort to protect and free society & posterity – so, the future – from certain institutions and industries, messages, products, different acts of deceit and aggression that we've seen and experienced from vaccination beyond efforts to simply resist mandates.

Now, wanting to get rid of mandates, I think, is a good thing, but it's not quite the same, and doesn't require the same strategies or mindset as vaccine abolition, or saying, *I want to get rid of vaccines*.

Katherine, do you have anything to add on just that point before I go on with vaccine abolitionists, since that was your term, and we've kind of tried to flesh it out a bit together?

Katherine Watt: No. I mean it also came a little bit out of trying to use the expression *vaccine hostility*. To also frame it as, it's an active, carefully thought-out position that a person takes. It's not just a reflex. It's not something that they do because they're ignorant. It's something they do, or it's a position that they hold because they have informed themselves and have found that this thing that is presented to them as a good thing is actually not a good thing at all, and therefore should not be accepted.

Jessica Hockett: Yeah, and you're basically saying, *I don't think it should be presented as an option to anyone*. So [people say] *Well, informed consent, people should be being informed*. Well, I guess a vaccine abolitionist, or I, which I would include myself in this now, is to say, *No, I don't -- if you were really informed* – actually, this is something Mike Yeadon said that I'm building off of – but *No, if you were actually informed about what the product was, there is no such thing as informed consent*. It's not even ethical to offer you the product in the circumstance. So yeah, that's a different, not everybody, I guess, has to adopt that position, or not everybody will, but it is a different position saying a *vaccine skeptic*, I would say.

Katherine Watt: Right.

Jessica Hockett: A couple other terms that a lot of us have been exposed to over the past 6 years that are terms of, they are more pejorative terms, I think, that require clarification of some kind are, one, the term *conspiracy theory*.

Now, according to my investigation of this term, it's not actually a term invented, so to speak, by the CIA or the intelligence community. The use dates back to the 1860s and 1880s. But in general, a *conspiracy theory* is an explanation for something that happens, to covert or more clandestine or secret coordination among

interested actors. And, in effect, when someone or something is called a – *Well, that's a conspiracy theory, or You're a conspiracy theorist*, in practical terms, what that does is it relegates whatever the explanation is for whatever event we're talking about to spaces outside mainstream or even permitted dissent discourse: *Well, you're just a conspiracy theorist*.

Really, for me, there's just theories, right? And if you don't have a theory about what COVID-19, for example, was actually about, or you don't think there was conspiracy, or maybe collusion is a better, more palatable term for some people. But if you don't think there was some kind of cover-up involved, you're probably in the minority. I think most people can say, *Well, Governor Cuomo tried to cover up how many nursing home residents died*. Or they'll say, *Well, the government, was not really telling the truth about vaccines*. So I think there's more of a spectrum of belief around how conspiracies or collusion is carried out, than maybe people are ready at this point to admit.

Another term that was, that's been a lot that was a little newer to me coming into to 2020 is *limited hangout*. There are different definitions of this term, too. It has, some of its roots in the Watergate era, but, a definition that, Katherine and I constructed is that a limited hangout is *A deceptive managed disclosure that attempts to function as a revelatory admission, but ignores fundamental questions, distracts from underlying issues, and protects or firewalls core lies from scrutiny, and ultimately keeps the full truth at bay*.

One of the best examples of this in a very recent memory is the CIA whistleblower testimony of James Erdman. I wrote about that on my site, woodhouse76.com. But what we have is, he is saying something – I don't have the exact wording in front of me, but he gives a testimony where he says, *Well, the Anthony Fauci or CIA scientists, they tried to cover up the possibility that SARS-CoV-2 might, came from a lab, or might have come from a lab*.

Well, whether or not that's the case, or I would say even if that's the case, so what? It doesn't do anything to advance our understanding and, ultimately, it protects what I see as a core lie, and I think you do too, Katherine, is that nothing was suddenly spreading it at all. So, there's no admission. We have a core lie that's being a core claim that's being protected, and we're not really getting any closer to the truth, but mainstream media and alternative media, COVID dissidents, are writing about this. They're saying, *Look, we're getting closer to justice, we're getting closer to the full truth*, when really no such thing is happening.

Another way that or another term, it's not quite a limited hangout, but some of these things that keep on happening, I think of them as *functional squirrels*. If you've seen the Disney movie *Up* with Doug the dog, or you have a dog at home, there's the gimmick or the recurring theme of Doug being distracted by a squirrel. *Oh, squirrel*, right in the middle of him, paying attention to something else, and that's what a lot of these events do, this political theater keeps on giving us these little kernels as distractions, but we're not making forward progress.

I think we'll come to the place pretty soon, if we're not coming to it already (or I hope we do) where people are more willing and able to talk about COVID-19 and characterize it as not as, or not only, a purported biological event, but as a sociopolitical event.

And there is vocabulary for talking about the kind of event that COVID-19 is, or that I think it most definitely is. One of those terms is a *false flag*, or a false flag event, and that's an event that's carried out with covert intentions by some group, usually involving government, but not always, that is designed, ultimately, to deceive or mislead. It appears to be one thing, but it's actually another thing. And two examples of this would be the sinking of the *USS Maine* that served as an excuse for the Spanish-American War, and many people would say the attack on Pearl Harbor.

I've used the term repeatedly, a *staged event*. I've referred to the COVID pandemic as staged, and the New York City event, and events in Bergamo. Diamond Princess Cruise Ship, a staged event. The way that I've defined that is very general, is that *an event that is set up and presented in the moment, or after the fact, to look like something other than what it actually was*.

Peter Dale Scott, some people might know him, but he came up with the term of a *structural deep event*. That's something that's used in propaganda studies or among political theorists that's familiar. I'm paraphrasing a little bit here, but that's *a mysterious or high-impact event, either instigated or just simply exploited, that might involve a law-breaking or violence, intelligence networks, hidden actors that disrupts the social order and is used or triggered or exploited to advance some major political or economic agenda*. So, some people would say the JFK assassination is an example. 9-11 is probably the best example in recent memory, simply because it's an event that ushered in a lot of sudden changes all at once, especially when it comes to security, or it acted as the pretext, some would say, for different security measures.

Another term used sometimes is *State Crime Against Democracy*, SCAD for short. And that's defined, loosely, as *an illegal or anti-democratic actions or inactions by public officials and or state-connected actor intended to subvert democratic processes, popular sovereignty, and elude public accountability of any kind*. Watergate and the Iran-Contra affair would be a couple examples of those.

Recently, a couple months ago, I heard Piers Robinson, who is the director of the International Center for 9-11 Justice, I heard him use the term *constructed event*. He used it in an interview, mentioned it to me in an email. He didn't put a definition out there, but he said there's people who are looking at COVID-19 as a constructed event. And I shared that term with Katherine, too, and we both like a lot of things about that framing. Specific to COVID-19, I would say that *COVID-19 was or is a constructed event that involves staging the sudden spread of a novel, risk-additive, disease-causing pathogen from a point source using simulated activities, actors, performances, and scripts*.

Now, when I say simulated, I don't mean, entirely fake. My husband's [comment to me is] *people are going to think that you're talking about putting on a Broadway show*, and that's not quite it. Real people were involved, real people were killed. More people than normally would die. Absolutely. But we have an event that was presented to us as one thing, but is actually other things, and probably more than one thing.

Katherine and I have a working definition that we've drafted for a constructed event. Right now, we're saying that it's *an event that occurs* – so it's not it's not that nothing happens, so it's not quite a pseudo-event, it's an actual event that occurs – *but whose publicly assigned cause is false or misleading. Government, media, and allied institutions of various kinds attribute the event to one agent or force or process, so like a spreading pathogen, while concealing, obscuring, or protecting causes, whether those causes are actual, or alleged, or presumed, and also protecting the actors or actual mechanisms involved*.

The goal of a constructed event is both immediate and then ongoing compliance and conformity. You're trying to induce people to accept an official or state-sponsored explanation, support or tolerate the prescribed response, or even excuse a response as understandable, or *We just didn't know, They did the best they could*, right? Things that we've heard. And refrain from resisting, and, really, stop asking questions about the event, maybe for fear of being called a denier of some kind or another.

Ultimately, a constructed event produces a managed understanding of what happened, who or what is to blame, and what must now be done.

So the management of that understanding, I would say, is ongoing and has not stopped. I would even say that the COVID-19 event has not stopped, and that the operation is still live, as some people say. That maybe is up for debate, but that's the way that I'm seeing it now. Anything to add on to that one, Katherine?

Katherine Watt: No, I would agree that it's still ongoing though.

Watt #1 - Journalism and Advertising

So this is my last my last thing that I wish I had understood more about, that I do understand more about now, and it's the general topic of journalism and advertising, talking about broadcast media, digital media, and print media.

What I've learned is that there's no good evidence to support the belief that public health officers and other government and corporate officers, who are often described as *official sources*, or to believe that editors and journalists and advertisers function with obligations to uphold ethical integrity standards. There's no evidence they're legally or financially incentivized to verify scientific and biomedical claims that are presented to public viewers and readers.

The sources and the reporters and the advertisers and the editors have no obligation to assess the truth or falsity of the factual claims that they're putting forward. They have no obligation to refrain from presenting false information, or to only present true information. The evidence supports the conclusion that they're legally and financially incentivized to present demonstrably false and distorted information as if it were true, and to suppress true information.

I may have put this one as my number 1 one, because I writing has been the main way in which I've interacted with the world since I was very young, and I had a 5th grade teacher who was encouraging of that skill that I seemed to have. So words are incredibly important to me. I am extremely upset when words are misused, and when information is, lying. I'm extremely distressed by lying, and I'm distressed by it, especially when it takes the form of the written word and the misuse of the meanings of words.

I do understand, the meanings of words can change over time, and especially in the scientific fields, and especially in biology. As more information becomes known, and different generations of researchers are looking at it, they do rename particles and molecules and processes in different ways, and I can see that there is a non-malicious element to that, but there is also a malicious element to it. There is there's the misuse of word definitions in order to deceive and in order to obscure.

Knowing that can help me and other people interpret the flow of words as it comes out through these broadcast and digital and print media, and as the official sources say what they say, to understand they do not see themselves as having an obligation to uphold ethical integrity and only say true things, and they don't actually have such obligations because of these laws that I have found that allow the presentation of the public health event, or the public health emergency, or the communicable disease outbreak to be put forward into the public domain without any physical supporting evidence.

Hockett #1 - Controlled Opposition/Narrative Management

Jessica Hockett: And my number one is an outgrowth of my experiences over the past six years. It's actually a hard one to talk about, so I probably won't take too long, because I don't know that I'm ready to fully talk or write about this yet, and my experiences with it.

But it's, ideas around the concept of *controlled opposition*, which is a term that is generally attributed to something that [Vladimir Ilyich] Lenin allegedly said: *The best way to control the opposition is to lead it ourselves*. And I think the way I would just define that, in a broad way, is just any kind of dissent, well, at any point in time, around any issue, but certainly during a constructed event, but dissent that is permitted by those in power, and ultimately allowed, or at times elevated, by I'll just say cooperative, maybe, or forces, or forces that are finding mutual benefit to allowing different kinds of dissent that *seems* to contradict the state-sponsored narrative, but doesn't actually threaten it in any meaningful way.

I'm thinking of this all, too, in terms of *Narrative Management*, or just *Information Control*. Some people say censorship, but I would just say, information is controlled, and information in the digital realm, in some ways is easier to control because it's because it's digital.

If you're someone who, like me, like Katherine – although I'm not speaking for your experiences at all here, Katherine – but if you're somebody who has any kind of skill, and you're courageous, and you speak out, you put pen to paper, so to speak, and you put words into the ethersphere, and you have your name name behind it, it is near impossible for you to “escape” (this is going to sound dramatic) but escape being nannied, or escape attention, right?

I could point to each, to things [in] 2020, 2021, 2020, all the way through 2025, maybe even now, but ways that I was – I'll just say my dissent was managed, stewarded, minded in various ways. You don't always realize that it's happening, you don't always realize who's involved and what all is involved. But what you're saying is either an asset (and I don't mean to dichotomize it) but at any given time, it's an asset to a certain group of people, and it's a threat to a certain group of people, and you don't always know who those people are.

The way that information has been, and narratives have been managed, during the COVID event is very complex. It's very, it's multifaceted, it takes a lot of different forms, and it is exercised by many sides.

There are more than two sides. There's, I've experienced all of these things. There's the use of small groups, or I would even say *cells* of people, networks, organizations, the way that petitions have been used, various broadcasts, podcasts, there's a lot more I could write about that someday.

But seeing an operation like this as simply, *what the government is saying versus what this horde of dissidents is saying*, it's a lot more complex than that. And things that are not being said are as important, if not more important, than the things that are being said, so I'll leave it at that for now.

How does what we've learned apply to the "hantavirus outbreak"

We're going to start to finish up here, but how does what we've learned apply to this latest, the hantavirus outbreak, or even the Ebola event? How do we know, or what have we learned, or what kind of skills, maybe, have we acquired, or do we think we've acquired, that allow us to take a look at something like this that's reported, and just say, *No. To call BS¹⁰* on it, to put it in a colloquial fashion.

I'll share some things that I noticed right away, and then Katherine's going to share, give her take on it.

With this particular event, right away, for me, I could see that it involved, what I think of as a familiar, time-tested motif of a ship. And this goes way back, Katherine's written about the quarantine law in the U.S, but the idea that – well, let me say this first: nations or countries or locations have some control over, and should have some control, over the people and the goods that are coming into their country, and that are leaving their country. That has always been the case, and it's what makes the ship perfect, or just easy to exploit, for these disease or outbreak events. It's a slow transportation mode, it's easier to control and draw attention to than, say, planes and airports. We just, we've got too many planes and too many airports to use a plane for this kind of event. You've got a captive group. You have international and domestic laws, even if they're unjust, they govern quarantine, so it's easy to pull this kind of thing off.

And then we have this idea of that, *Oh, look, there's a virus, or There's a pathogen, and It's somewhere else. It's in this far-off land, and it's going to be coming to you.* And people might remember with COVID, we had similar kind of events with the *Diamond Princess* and the *Grand Princess*, or the military ship, the *USS Roosevelt*, with purported outbreaks that were going on. In all three of these cases, you really didn't have a rash of illness that came before the deployment of mass testing with the population of people on those vessels.

And that's true with the hantavirus situation, too. It's, *We have somebody who died, and then his wife died a little bit later, and then we decide to test. And we decide to test for something.* Well, decisions had to be made about what to test for, about what kind of specimen to take that suit that test. Again, we don't have a rash of

¹⁰ BS - bullshit, American slang

illness that preceded that testing decision. And right away, legacy, what I would call elite media, like the *New York Times*, *Wall Street Journal*, they were paying attention to this.

Now, I'm not saying that when the *Wall Street Journal* pays attention to something that you need to take it seriously, but I do take it seriously from the point of view of, *Okay, they're covering this. What should we infer from the fact that the Wall Street Journal, which is aimed at investors and the elite, why are they why are they covering it?* I think that's a sign that we're trying to, there's an attempt to distract and distort.

I also had listened to the first and some subsequent press conferences that the WHO gave, because they were involved at the very beginning, because hantavirus is what's called a *notifiable disease*. And I noticed just right in that first press conference, where it's like, *Well, it's not transmissible, except the Andean strain. That one is known to be transmissible between humans.*

So I just took a little note to self and said, *Okay, well, we already know what's going to happen with this. They're going to later say that it was the Andean strain.*

And, of course, that's what we're hearing. You also, in these press conferences, there's this sense of *mystery*. There's some *knowns*, and there's some *unknowns*. There's some *certainties*, and there's some *uncertainty*.

It's all of this baiting that goes on, where you know you're being hooked into this alleged mystery, and then you have reporters present. They don't really ask the questions that good reporters would ask. They're approved. Right? We know that they're asking soft questions because the people answering the questions are not uncomfortable in any way, shape, or form. They're not ruffled in any way by the kinds of questions that are being asked.

So, those are some of the things that I noticed right away with the hantavirus situation that alerted that we're looking at another, well, constructed event, at minimum. Oh, actually, one more thing, and then I thought this was after you, Katherine, but I'll just say that there's this:

I subscribe to *The Telegraph* in the UK, which is one of their main propaganda mainstream machines over there. And in one of their stories about the hantavirus, they show this map. And that labeling there that says **This is a setup**. That's my characterization, because you can see what they're trying to do: *There's this ship, and then these people who are on the ship with this virus, they're being repatriated to this country, these different countries around the world, including maybe yours.*

So we have a spread narrative being seeded right here, just visually, by a major, major paper. This is no accident, of course, but it's just one of the kinds of things that people should look for when they're evaluating an event like this.

Katherine Watt: So my alarm bells were a little bit more general than Jessica's. I kind of look at it that between 2020 and 2025, I gained knowledge that a playbook or script had been constructed or written and had already been used very methodically by malicious political actors for many decades. So I learned how to recognize the pattern and recognize key elements of the script.

As a result, *any* announcement of an outbreak of a putative communicable disease, or the emergence of a putative pathogen, or the development of a putative immunization, for me, is an announcement that another performance of the same old play is being presented by the government officers, or by the journalists, or by the advertisers, or the corporate officers, or by the World Health Organization, or the Gates Foundation. All that group that is, and has for a long time, worked together to mount these performances.

The one thing I guess I would add that I didn't have on the slide, but what Jessica said reminded me of it, is that the putative pathogens and putative diseases that lend themselves most readily to this process of deception are the ones where it's an association between a large group of biological molecules or organisms and a large constellation of symptoms in which it's, for example, respiratory syndrome, where the symptoms are fever, headache, runny nose, cough.

Which, if you go back to that list of people who have written about, or scientists who have published papers going back to the 1840s, they often will state right out, *This pathogen that we think is causal is associated with many, many, many different constellations of symptoms*, and *This particular disease that we've decided to classify as a single disease is also associated with many, many different kinds of biological molecules and organisms*.

So, teasing apart and trying to say *one pathogen-one disease*, is a false activity, an activity that's very prone to malicious use for deceptive purposes. And the hantavirus falls in that category of, you can say anything you want about whether someone's experiencing those symptoms. You don't know, you can't say in any conclusive evidence-supported way what the single cause of it was, or may have been, or what the course of the disease is going to be until they recover.

Jessica Hockett: Right, right. And people, that's another telltale sign, that people should look [for]. *Well, what are the symptoms of hantavirus?* They sound very familiar. They sound like any number of other things. It's almost laughable.

Recommendations for outbreak-theatre response

So we have a list here of recommendations for how we would say that people should respond to *outbreak theater*.

The first thing is just to not be afraid, because they're trying to get us to be to be afraid. Actually, my hairdresser last week said to me, *Have you heard about the hantavirus cruise?* I said, *Yeah, it's another hoax, just don't don't even pay attention to it*. But she's like, *Okay, good, good*. Our propensity is to be afraid, right, and to follow these things that they're telling us to be afraid of. So that's number one: don't be afraid.

Don't participate in the theater (read, listen, or watch) the, what we're calling advertisements, performances, reports, or reviews, by taking them seriously.

The way we see it, you have at least three options, and these are options that I often have to weigh for myself in deciding how and even whether to respond, both in my personal or private life, and then as I write publicly.

[1] You can ignore it, just don't give it airtime. Starve the beast.

[2] You can make fun of it. I've seen some pretty hilarious Hantavirus Cruise memes that friends have sent me that I really do appreciate. So deride it.

[3] Or you can try to educate others about what's going on. And so with hantavirus, I decided to write a couple articles about it, just to point out the absurdity.

With the Ebola, constructed Ebola event that's going on, I started to write something this weekend. I'm like, *You know what? No, I don't even know that I want to give this one airtime*. I just want to ignore it. So, there's not necessarily a right or wrong for, it's going to be different for each person, but not taking them seriously, I think, is the key.

Don't isolate, don't change your routines, don't avoid special events or travel plans, because of something that they tell you is out there: *Oh, the bird flu is circulating*. Do not let that govern what you do.

This is a hard one for me: Don't get into fights about outbreak theater with family and friends. I've tried to learn what, which events to avoid discussing with family and friends. We went out with some friends this weekend, and actually it wasn't even the hantavirus thing, it was 9-11. We kind of started talking about it, and I said to my one friend who used to be a pilot, I'm like, *So, 9-11, is that is that something that you're okay with talking about?* And he's like, *No not really*. I'm like, *Okay fine*. We just moved on to a different topic. So, keeping things light and trying to respect people's boundaries, I think is I think is a good thing.

Don't mask. Don't take the tests, you don't you don't need these diagnostic tests. They're using them just to report this, this data, which ultimately gets used to conduct the theater. Contact tracing, any other kind of surveillance.

Buying into what they're telling you about a certain drug or vaccine that you need in order to treat or prevent these things is something that you should avoid.

When you get sick, do what people have always done. Rest, plenty of fluids, get a hug, be patient, and let it run its course. Ginger ale and crackers, that's my kids, what they always want. I don't know about what your kids wanted, Katherine, but ginger ale and crackers makes everybody feel better for some reason. I don't know why that is. Anything else to emphasize or add?

Katherine Watt: No, well, I was going to say, I think I'm the one that put in, don't get into fights about outbreak theater, and I do think that's useful to, because I try very much not to get into fights, or even to bring it up.

Jessica Hockett: Yeah.

Katherine Watt: And then in the next slide, we're going to say something about well, why might --? I'll just go there. One of the things the system is designed to do is to make it harder for people to discuss things carefully with other people, and to realize that many people are seeing the same absurd, nonsensical, foundationless things from different vantage points.

If you do see opportunities to talk about it with people in a way that's not going to go past their boundaries, or put your yourself in a triggered, overwhelmed state of mind, then I do think it's good, and both of us have said this, to discuss things carefully with other people, because it is the way that humans make sense of being social creatures who live in societies and are trying to navigate them.

While you're discussing them, if you do get opportunities, which is rare and difficult to find those opportunities, understand that the information that's being provided by the government and by the corporations, the drug companies, and by the media sources is often, most of it, on these topics, absurd, nonsensical, and foundationless.

It's also absurd on other topics, we're just, this is the topic that I focus on. I'm also skeptical of what they say about everything now, but this is this is the one in which I have the most detail about how what they're saying is absurd.

Jessica Hockett: Well, and then you can use from a learning perspective, then you use and you transfer it to new situations that you're encountered with, or past events that you look back at, right? That's what you're able to do after you've you've seen it once, and okay, now *fool me once, shame on me, fool me twice*. Or, excuse me, *shame on you, and then shame on me*.

You can find our work if you're watching or listening to this, there's two places where we, or one place for each person where we house our work. I'm at [Woodhouse 76.com](http://Woodhouse76.com). I'm still working on transferring my content from Substack on to that and to organizing it, first in a way that makes sense to me. Confession: I first organize things in a way where I can find them, and then hopefully index them in a way where other people can find them. I think there's something like 450 or 500 articles or so that I have there, and then Katherine, you are at?

Katherine Watt: I am at bailiwicknewsarchives.wordpress.com. That's a site that I had actually set up before. I founded the Bailiwick News site originally on WordPress in 2016, and I was doing mostly local investigative reporting in the county where I live, and then I converted it to talk about and write about COVID events in 2020. Then I shifted over to Substack in 2021, and now my stuff is back archived at WordPress.

My material is in the form of collected PDF collections of things. There are some collections that are just chronological, like by year, and that's much more voluminous, and then I've separated out by topic for subject area, collections that are probably easier to read and understand because they're focused on particular subtopics. Yeah, so that's where my work is.

Jessica Hockett: And then this conversation, we have recorded it, and it will be posted on, I have a YouTube, a very small YouTube channel¹¹, where I just keep stuff from the past for archival purposes. That address is right there, and then Katherine, you're on Rumble¹², so we'll post it on both places, and then notify the readers of our respective publications, where they can find that.

All right. Well, thank you so much for inviting me to this conversation. I found it really useful for *us*.

Katherine Watt: Yes, it was definitely useful. Thank you for saying, *Yeah, let's do this*.

Jessica Hockett: Yeah, let's do this. And we hope other people will find it useful, too. They can listen to it on high speed if they need to get through it faster. And, hopefully we'll have a transcript or something, too, at least a rough one that we can share with people.

Katherine Watt: Okay. Sounds good. Thanks.

- END -

¹¹ Woodhouse76 on YouTube - <https://www.youtube.com/@WoodHouse1976>

¹² Katherine Watt on Rumble - <https://rumble.com/user/kgwatt>