

Enhanced Transcript for The Nursing Home Narrative: Can Andrew Cuomo's "Nursing Home Policy" Be Blamed for the New York City Death Spike in the Spring of 2020?"

Presenter: Jessica Hockett, PhD | Host: Don Najita | 13 April 2026
<https://www.youtube.com/watch?v=4QqFnF7mbis&t=1714s>

Links to articles or videos related to what is being said have been added as footnotes. Presentations slides are embedded as images. Enhanced transcript published on 22 June 2026. Any minor transcription errors are unintentional.

@ min 2:16 - Don Najita (Host): Tonight's quote comes to us from Carl Sagan. And he writes, *"One of the saddest lessons of history is this. If we've been bamboozled long enough, we tend to reject any evidence of the bamboozle. We're no longer interested in finding out the truth. The bamboozle has captured us. It's simply too painful to acknowledge, even to ourselves, that we've been taken. Once you give a charlatan power over you, you almost never get it back."*

And, tonight on the webinar, Jessica Hockett: The Nursing Home Narrative.

Jessica Hockett holds a PhD from the University of Virginia and is an independent researcher focused on COVID events in early 2020, with an emphasis on the New York City death spike. She spent more than 20 years in K-12 education as a middle school teacher, online graduate instructor, and consultant to schools, agencies, and nonprofits. Her publications include numerous articles, reports, and other academic and scholarly works, and several books. You can find her on Twitter at Wood underscore House 76 and on Substack at woodhouse76.com. Actually, she's no longer on Substack, and you can just find...

Jessica Hockett (presenter): And I'm no longer on Twitter. I'm no longer on Twitter either.

Don: Okay. So just go to [Woodhouse76.com](https://www.woodhouse76.com).

Jessica: [Woodhouse76.com](https://www.woodhouse76.com), yeah.

Don: And with that, please welcome Dr. Jessica Hockett.

Jessica: Hi Don, how are you?

Don: Good. Welcome. Welcome back.

Jessica: Thank you so much.

Don: Yeah, so you've left social media, so to speak, to focus on your work.

Jessica: I have.

Don: Has that been healthy for you and helpful for you?

Jessica: It has. It's a quieter, it's a quieter life. I mean, I had a good run on Twitter in the COVID era. Six years, a hundred and ten thousand tweets. I archived the accounts and yeah. Substack, I've written at length about why I left Substack. I don't need to review that here. But yeah, it is, it is it is quieter without all the noise, that's for sure.

Don: Yeah. So it's been six years now. Have you, and you've been looking at, studying, this phenomena. It's hard to call it a pandemic in a strict sense. The thing that we call COVID, maybe it's almost like a boogeyman in a sense, but the thing we call COVID, you've been studying it for six years now. Has it changed your perspective about the data?

Jessica: That's a good question. I mean I first came onto the scene pretty quickly when things came down. I was always, I was never a lockdown skeptic. I was a lockdown, I was opposed to it. I was opposed to masks. I was opposed to all of it from the very beginning.

And over the six years, I came to a place where I was not necessarily in denial per se about something called COVID-19, but definitely didn't think that the world should be shut down over it, didn't think it was anything that was important for me and my family, to now I would say I am a COVID denier. There was no pandemic involving a sudden spreading novel death, respiratory pathogen. I'm on, I'm on that side, but it's as a result of study. I believe the event was planned but I didn't always think that.

So, the six years ago me and the now me, I'm almost 50 now, goodness gracious. But there are some differences. But I was always trying to find out what really was going on and opposed to mandates and the lockdowns and all of that, for sure. Vaccine mandates, all of that.

Don: So you were looking at the assertions that were being made as they came out and comparing it to what you could see in terms of data.

Jessica Yeah, absolutely. Living in Cook County, Chicago, Evanston at the time, now we're in the western suburbs, but right away I was looking at the Cook County Medical Examiner was entering the deaths in and where I was living in Evanston, I'm like, *Okay, let's see let's see what's going on. Let's see the average age. Let's see what the death, the death records say.* And just so much didn't add up about what the government was saying versus what we were seeing with our eyes and ears. It's like we were watching something on a screen that wasn't measuring up against reality. Huge disconnect there.

Don: The last time you were here with Jonathan Engler,¹ you looked at New York City and Bergamo, and the enormous, very tightly constrained spikes that happened in I think it's about eleven weeks, right? This really steep spike of deaths occurs and then it goes away. And one of the explanations we were given in the months following was, this was due to elderly deaths in care homes. It's supposedly Cuomo's policy having shuttled people into the care homes, brought infected, infection, or the pandemic to the care homes and resulted in a whole bunch of people

¹ <https://www.youtube.com/watch?v=W5DPVNe-n28&t=44s>

dying. That narrative was never really closely examined in terms of statistics or numbers or hard data, it seems.

Jessica: Yeah, I agree.² And probably about 20, later 2022, I started looking at that facet:³ the idea that okay, Cuomo's nursing home policy, which I'll say this right in the beginning of the presentation, I'll show some tweets actually. I used to support that idea too. And it wasn't just Cuomo. There were other blue state governors where it was like, *Look what they did. They all followed this policy. And then people were discharged into nursing homes from the hospital, they spread COVID everywhere and then everybody died.*

But when you look at the actual hard numbers, even to this day, which are the same, the state and the independent, so-called independent reports or the House Select Committee on the Coronavirus Report, they have not produced any new or substantiating numbers since, really, 2020 or early 2021. And for some reason this Nursing Home Narrative idea sticks as a primary explanation for what happened in New York and that inexplicable, I'll show it right at the beginning, but that inexplicable spike that was preceded just by a couple weeks to the one in Bergamo.⁴

I mean you might remember we had *this spreading virus from afar* tale, right? Where something – *Something wicked this way comes*⁵ – to invoke *Macbeth*, where we have this thing coming from Wuhan and it makes these stops, right, on cruise ships, then it stops over in Iran and kills seventeen regime officials, reportedly.⁶ Then it's in northern Italy and then *Oh my gosh, it hits New York*, and we all have to shut down, right? Chicago's hearing like *we have to shut down because we don't want to be New York*. It's just it's fas- it was a shock and awe campaign, I think, then, with some interesting parallels to 9/11. I'm not gonna really focus on those tonight, but you and I were chatting a little bit about that. Same kind of a screen-based phenomenon really, in a sense, in the coverage of it. Psychological components to it for sure.

Don: Yeah. Well, I'm gonna get out of your way and let you get into this critique of the narrative and examination of it. I hope everyone takes away something that opens their eyes, because I'm sure Jessica's gonna do that for us.

END INTRODUCTION

² My agreement here was with what I took to be the fact that it hasn't been challenged by officials or by hardly anyone who dissents from the government's COVID story. I've challenged "the nursing home narrative" over and over in presentations and in articles.

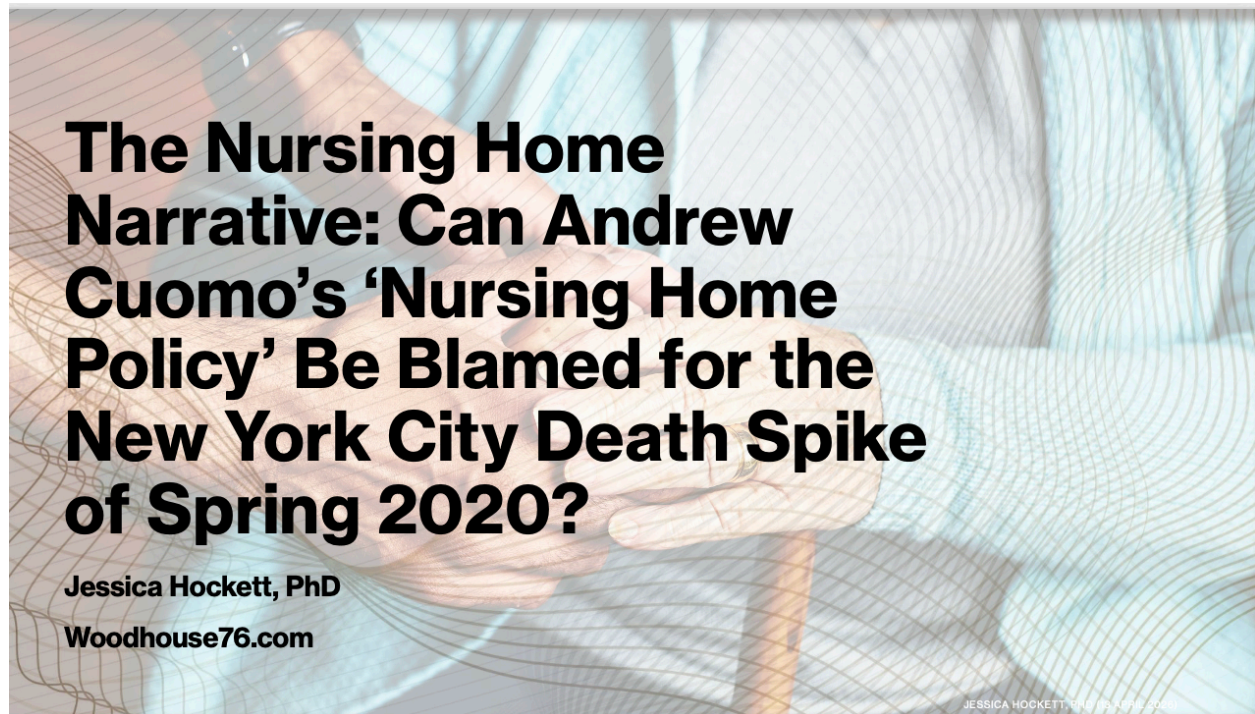
³ <https://woodhouse76.com/2022/09/23/reconcilable-differences/>

⁴ Visual here: <https://woodhouse76.com/2024/11/24/yes-we-believe-the-bergamo-italy-all-cause-death-curve-is-fraudulent/>

⁵ <https://woodhouse76.com/2025/03/23/something-wicked-this-way-comes/>

⁶ <https://woodhouse76.com/2024/07/16/the-time-a-coronavirus-hit-iran/>

BEGIN FORMAL PRESENTATION OF CONTENT




@10:13 - Jessica: Tonight, I'm gonna be unpacking just one aspect of the New York City event, but I do have tons of knowledge about the whole thing, so, and have hypotheses and know a lot about it. So people can ask more specific questions about other facets of the event after we go through this one piece about the nursing home policy.

I do want to give some disclaimers right up front. As we said, I was on Twitter for a long time. But I feel like it's incumbent upon me so that people don't shut off to say that I am not a fan of Andrew Cuomo. I believe the man is a criminal and belongs in jail and should not be still in the media, still running for New York City mayor like he did last year. It's just ridiculous. So please do not read any of what I'm going to say as some kind of apologetic for him or for any other COVID criminal who was holding elected office during that time.

And I'm just going to show some examples even of what I was saying early on: some things that I changed my mind about, some things that I didn't.

But here's me yelling at Governor Cuomo, even though he wasn't my governor. I had Pritzker, which wasn't and isn't much better, I'll tell you that, but I said to him [Cuomo], *You failed to protect the most vulnerable. Now you want everyone to pay for it by enforcing kabuki theater. Lift the mitigations.*

“Disclaimers”

 **Jessica A. Hockett** @Wood_House76 · Jun 14, 2020
@NYGovCuomo Can someone please take away this guy's Emmy Award already?


You failed to protect the most vulnerable, Governor—and now you want everyone to pay for it by enforcing COVID Kabuki Theatre.

Enough is enough. Focus on real crime, and let people get on with their lives

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[View on Twitter](#)

 **Jessica A. Hockett** @Wood_House76 · Nov 23, 2020
@LorenCharney There are many definitions of “actor”.

In this case, I'm thinking of **Cuomo's** ongoing pretense of being some kind of savior/COVID superhero—when in fact his policies killed far more nursing home residents than they saved


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 **Jessica A. Hockett** @Wood_House76 · Dec 31, 2020
@DrEvil2003 @Hold2LLC @PeteJWolf @CortesSteve @GovRonDeSantis @RonDeSantisFL @kylamb8 Will that be before or after **Cuomo** admits he killed a bunch of folks with his nursing home policy?

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 **Jessica A. Hockett** @Wood_House76 · Feb 27, 2021
@edokeefe @NYGovCuomo @nytimes Can someone please take away this guy's Emmy Award already?

Sheesh.

0 2


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 **Jessica A. Hockett** @Wood_House76 · Mar 14, 2021
@harysiegel The big blue state Govs all followed a similar script and took cues from one another.

After Newsom and **Cuomo** are gone, Pritzker, Wolf, Murphy, Whitmer et al need to go next

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 **Jessica A. Hockett** @Wood_House76 · Jan 14, 2021
@JaniceDean @NYGovCuomo What happened in NYC in the spring is the result of human intervention.

Data shows a cataclysmic event.

Nothing natural or organic about it

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I talk here about not thinking of him, pretending he was some kind of hero for when his policies killed tons of tons of people. I said that again here. You may remember that the governor won an Emmy for his press conferences, which really were truly theatrical and the stuff of acting, no question about it.⁷ But he did get that Emmy revoked later,⁸ but that was me calling for it kind of early on.

And I do recognize that it wasn't just Cuomo, that at the time or, politically, that it was kind of a Blue State versus Red State governors and there was this kind of *The Apprentice: Governor's Version* going on that was launched in 2020. And so I was kind of on that train for a while as well.

And this is something that I said kind of early-ish on, in January 2021, that I would say still holds true now, that *what happened in New York City was a result of human intervention. The data show a cataclysmic event and there's nothing natural or organic about it.*

⁷ <https://www.npr.org/sections/coronavirus-live-updates/2020/11/21/937445923/andrew-cuomo-to-receive-international-emmy-for-masterful-covid-19-briefings>

⁸ <https://www.nytimes.com/2021/08/24/nyregion/cuomo-emmy.html>



Jessica A. Hockett @Wood_House76 · Jan 14, 2021

@JaniceDean @NYGovCuomo What happened in NYC in the spring is the result of human intervention.

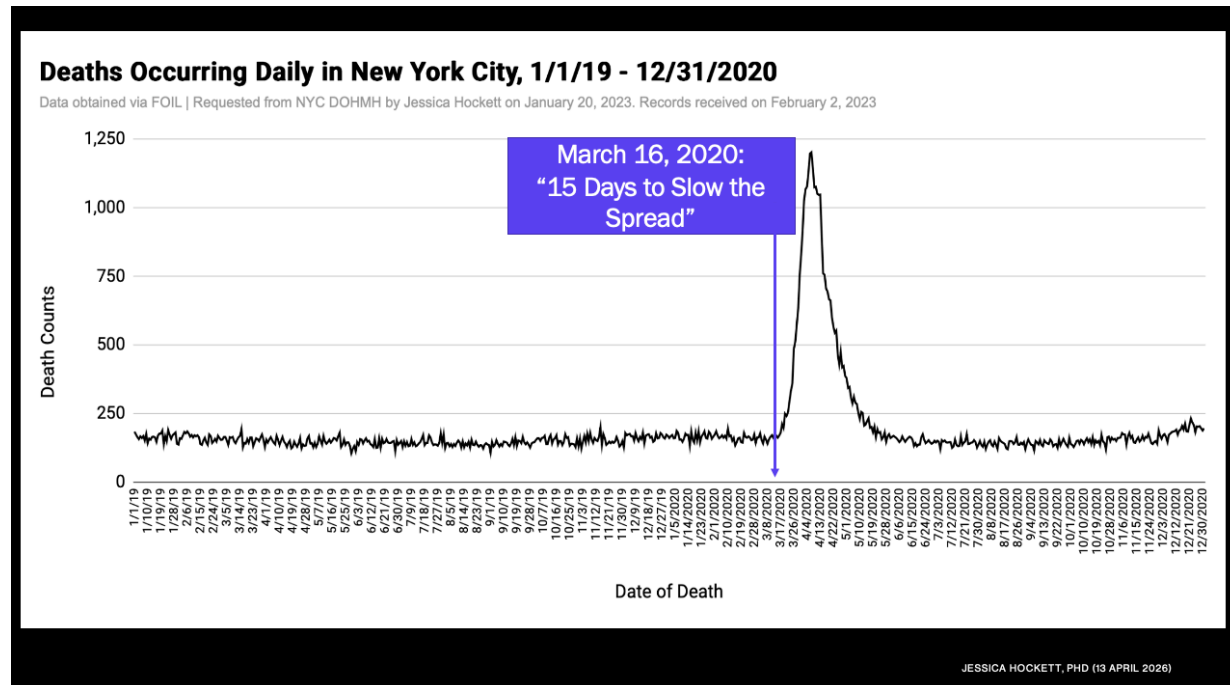
Data shows a cataclysmic event.

Nothing natural or organic about it

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Along those lines, if you've never seen the New York City death spike, it really is a sight to behold. This is using daily data. A lot of analysts will use weekly or monthly. I think it's really important to examine this and other events of early 2020 using daily increments because I think it makes it more obvious what was, what was actually going on and not going on.⁹

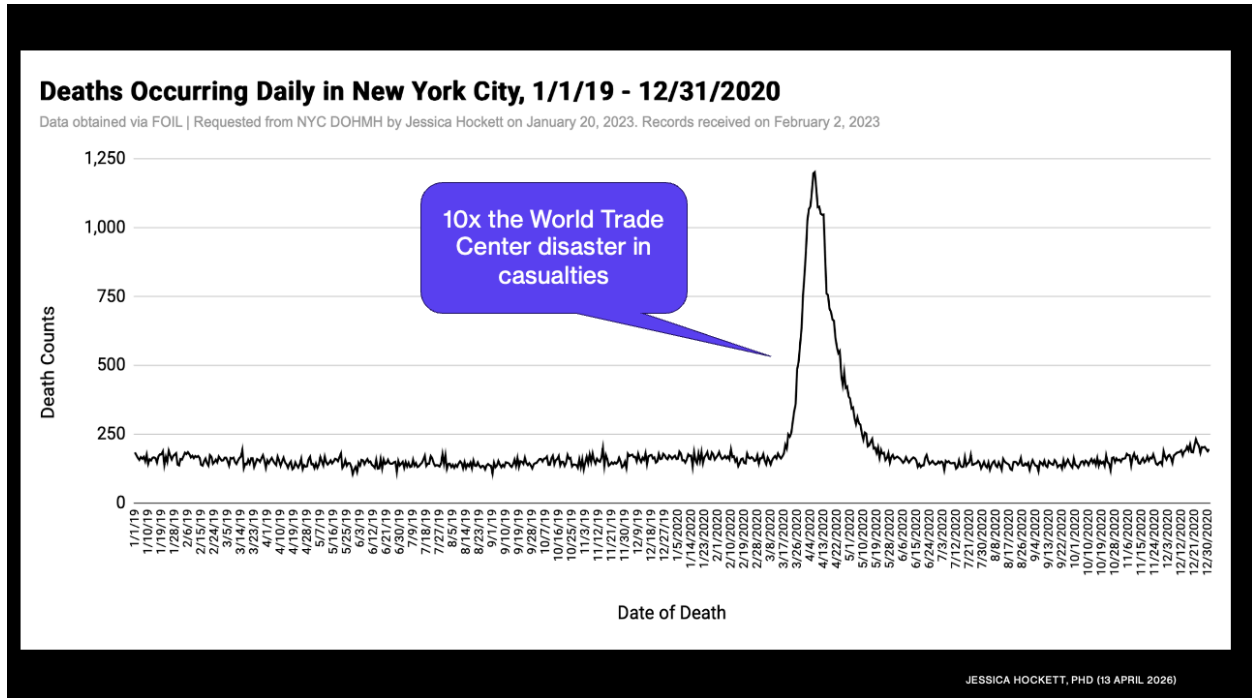


We have absolutely nothing going on in all-cause mortality, no “smoke signals” of any kind suggesting that there's some kind of creeping deadly virus making its way. And then we have the federal *15 days to slow the spread* proclamation¹⁰ and deaths shoot up, base to peak about 700%

⁹ 21 June 2026 note: Moreover, death occurs on (and is “measured in”) days. In event-analysis (versus actuarial analysis, for example), the smallest unit of measurement is best-suited to discerning the mechanics of what allegedly occurred.

¹⁰ <https://woodhouse76.com/2025/03/17/16-march-2020-15-days-to-slow-the-spread/>

increase. The biggest mass casualty event in New York City and probably in US history outside of a war. Ten times the number of casualties as in the World Trade Center, if you can believe that.



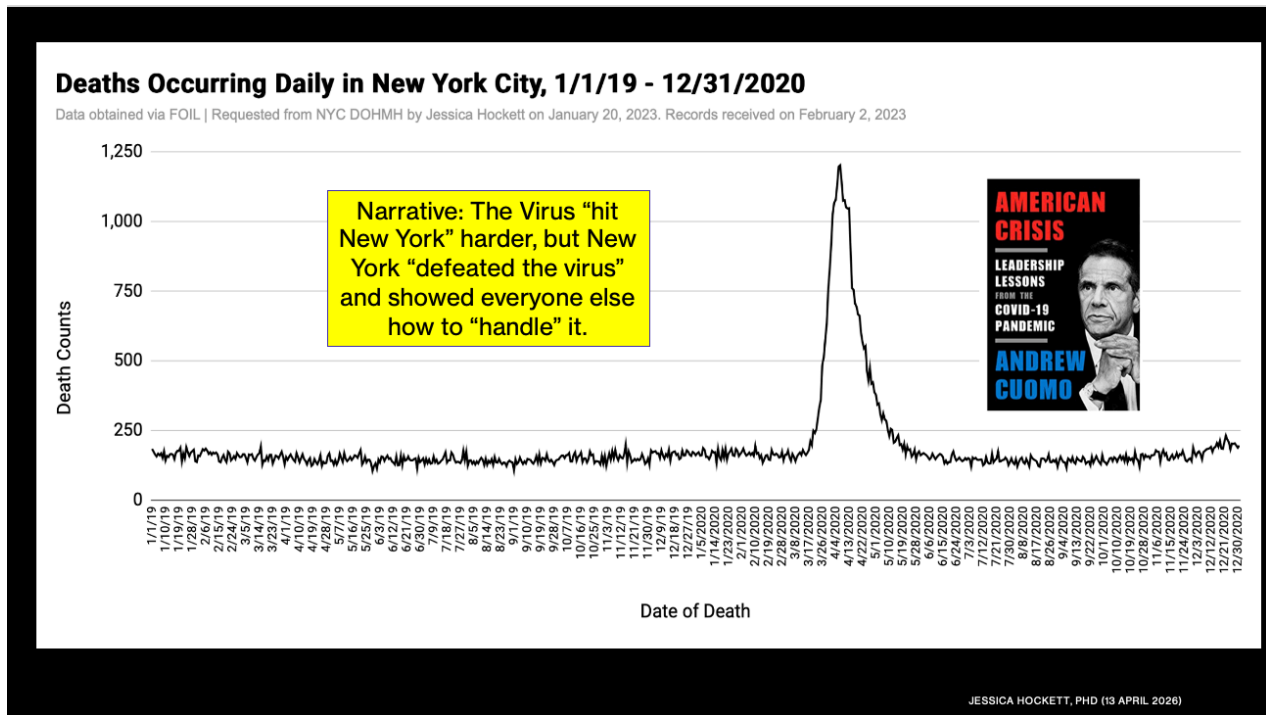
And maybe the only thing more shocking than this crazy rise is the fantastical drop by the end of May, and then we don't see anything else for the rest of 2020.

So even just *prima facie*, I think anybody looking at this, I've even shown children this. I mean not young children, right? But like teenagers, including my own children, and they're like *that doesn't even look real*. I'm like, *I know. It doesn't, does it?* And if you didn't know where it was or what time period it was, you might be like, *did a bomb go off?*¹¹ *What exactly happened there?* So it's always intrigued me and disturbed me.

But part of this broader narrative about New York has always been, and it was repeated by Cuomo and tons of other people: Donald Trump, Anthony Fauci, they're pretty much all on the same team when it comes to this. That we have *a virus that hit New York City harder, but New York defeated the virus and it showed everybody else how to how to handle it*.

It's completely absurd, but that overarching narrative really persists to this day and nobody has really been held accountable insofar as our officials go – federal, state, city – and explaining or having to explain what exactly happened here.

¹¹ <https://woodhouse76.com/2025/12/03/viruses-are-not-bombs-nyc-2020-mystery-transcript-of-chris-waldburger-jessica-hockett-12-september-2023/>



My own approach to studying the New York City event has been qualitative and quantitative, but on the quantitative or numerical side what I've tried to do is to review and attempt to reconcile official mortality databases, especially, or data sets, daily where available and obtain different kinds of data from city, state, or federal agencies through various kinds of requests.

Approach to Studying the NYC Event

- **[Numerical] Data Side:** Review and attempt to reconcile official mortality datasets (daily where available) and records obtained from city, state, and federal agencies through FOI requests.
- **Current Conclusion:** The NYC event curve and the 26K–27K excess-death estimate cannot be independently verified with available data. It is **unsubstantiated** and very likely a distortion in magnitude, timing, or both.

JESSICA HOCKETT, PHD (13 APRIL 2026)

I've run up against a lot of barriers in that effort. I won't go through that here since I'm just narrowly focused on one aspect of the event, but you can definitely read it on my, read it on my website.

And my current conclusion, it has been for a little bit, but is that the event curve itself cannot be independently verified with available data. There may be some fraudulent aspects to it. We may have kind of a data-engineered event, which wouldn't make, which wouldn't mean that there isn't excess death in the period of some kind, but there's a lot of reasons to believe that maybe that spike itself has been kind of “rigged” a bit to present an event that didn't happen quite that way in real time on the ground. It could be a distortion in magnitude, timing, or both.¹²

Tonight's Emphasis:

- The New York City death event cannot be blamed solely or primarily on Gov Cuomo's nursing home policy, per official data. (Official data **contradicts** the explanation.)
- Despite six years' worth of committees, multiple reports, and millions of dollars, there is **no comprehensive or reliable data on the number of nursing home residents that died in 2020**, or any single week in 2020, regardless of cause or setting of death, for NY state, New York City, or the U.S.
- The crimes committed during – and lies about – spring 2020+ are **worse** than alleged, but are being covered up by explanations and excuses which ultimately protect events in New York City (and beyond) from closer scrutiny.

JESSICA HOCKETT, PHD (13 APRIL 2026)

But the emphasis tonight is on that same canard of like, *well, yeah, it's because Cuomo allowed COVID-positive patients back into nursing homes*. In fact, official data not only call that explanation into question; they contradict it. And I hope I'm going to be able to show you that pretty clearly tonight.

There's been no shortage of theatrical committees and reports, tons of money spent on this Nursing Home Policy side, or explanation.

But despite all of that, there is no, still, no comprehensive or reliable data on the number of nursing home residents that died in 2020 or any single week in 2020, regardless of the cause, regardless of the setting of death. And this is actually true not only for New York City and New

¹² <https://woodhouse76.com/2024/04/15/the-f-word/>

York State but for the whole United States.¹³ We do not have data on how many nursing home residents die every year, let alone during the so-called pandemic. It's truly amazing.

And again, lest you think that I'm trying to excuse anything or minimize anything, I want to reiterate that the crimes committed during, and the lies about, spring 2020 and thereafter, when it comes to the COVID event, are actually, in my opinion, *worse* than alleged, but are being covered up by explanations and excuses that ultimately protect the events in New York City and beyond from closer scrutiny.

Like I said, there's been no shortage of reports that are either, or have either been focused around this nursing home policy and what exactly happened with nursing home residents, whether it's at the state, state level, or at the federal level, but none of them really give some new information and I'll show you why a little later.

Related Reports

1. **July 6, 2020 – Factors Associated with Nursing Home Infections and Fatalities in New York State During the COVID-19 Global Health Crisis** (New York State Department of Health). [Later revised]
2. **January 30, 2021 – Nursing Home Response to the COVID-19 Pandemic** (New York State Office of the Attorney General; revised version).
3. **November 22, 2021 – Impeachment Investigation Report to Judiciary Committee Chair Charles Lavine and the New York State Assembly Judiciary Committee** (prepared by Davis Polk & Wardwell LLP for the New York State Assembly Judiciary Committee).
4. **March 15, 2022 – Department of Health: Use, Collection, and Reporting of Infection Control Data** (New York State Office of the State Comptroller, Report 2020-S-55).
5. **June 2024 – New York State COVID-19 After Action Report** (prepared by The Olson Group, Ltd. under contract to the New York State Executive Chamber).
6. **September 9, 2024 – Staff Memorandum: Findings from the Select Subcommittee's Investigation into the Cuomo Administration's March 25 Directive admitting COVID-positive patients into Nursing Homes** (U.S. House Select Subcommittee on the Coronavirus Pandemic).

JESSICA HOCKETT, PHD (13 APRIL 2026)

But right up front, we should look at *what do I mean when I say, what do people mean when they say “the nursing home policy”?*

They're referring to a policy that was issued at the state level on March 25th, 2020, which happened to be the same day that the CARES Act was passed that, some of you may remember, gave a lot of money for funding the pandemic, so-called “pandemic response”.

And it also gave money to hospitals, I would call them incentives, anticipatory bribes, to hospitals for COVID patients and COVID patients who are on ventilators. It was issued under

¹³ <https://woodhouse76.com/2026/01/04/how-many-residents-of-u-s-nursing-homes-died-in-2020-we-still-dont-know-but-hhs-needs-to-find-out/>

the auspices that there was some kind of urgent need to expand hospital capacity in order to meet demand for patients with COVID-19 requiring acute care. This is kind of a separate topic, but there's not any data that shows that hospitals were overwhelmed. So again, this was all anticipatory and based on modeling and projections.

The policy itself did say that nursing homes must comply with it due to a “global health emergency”.



DATE: March 25, 2020
TO: Nursing Home Administrators, Directors of Nursing, and Hospital Discharge Planners
FROM: New York State Department of Health

Advisory: Hospital Discharges and Admissions to Nursing Homes

Please distribute immediately to:
Nursing Home Administrators, Directors of Nursing, Directors of Social Work, Hospital Discharge Planners

COVID-19 has been detected in multiple communities throughout New York State. There is an urgent need to expand hospital capacity in New York State to be able to meet the demand for patients with COVID-19 requiring acute care. As a result, this directive is being issued to clarify expectations for nursing homes (NHs) receiving residents returning from hospitalization and for NHs accepting new admissions.

Hospital discharge planning staff and NHs should carefully review this guidance with all staff directly involved in resident admission, transfer, and discharges.

During this global health emergency, all NHs must comply with the expedited receipt of residents returning from hospitals to NHs. Residents are deemed appropriate for return to a NH upon a determination by the hospital physician or designee that the resident is medically stable for return.

Hospital discharge planners must confirm to the NH, by telephone, that the resident is medically stable for discharge. Comprehensive discharge instructions must be provided by the hospital prior to the transport of a resident to the NH.

No resident shall be denied re-admission or admission to the NH solely based on a confirmed or suspected diagnosis of COVID-19. NHs are prohibited from requiring a hospitalized resident who is determined medically stable to be tested for COVID-19 prior to admission or readmission.

Information for healthcare providers on COVID-19 is readily available on the New York State Department of Health public website at <https://coronavirus.health.ny.gov/information-healthcare-providers>. As always, standard precautions must be maintained, and environmental cleaning made a priority, during this public health emergency.

Critical personal protective equipment (PPE) needs should be immediately communicated to your local Office of Emergency Management, with the appropriate information provided at the time of request. Requests **MUST** include:

- o Type and quantity of PPE by size;
- o Point of contact at the requesting facility or system;
- o Delivery location;
- o Date request is needed to be filled by; AND
- o Record of pending orders.

Thank you for your ongoing support and cooperation in responding to COVID-19. General questions or comments about this advisory can be sent to covidnursinghomeinfo@health.ny.gov.

Empire State Plaza, Corning Tower, Albany, NY 12237 | health.ny.gov

“The Policy”

- Issued March 25, 2020 (same day the CARES Act passed)
- Auspices: “Urgent need to expand hospital capacity...to meet demand for patients with COVID-19 requiring acute care”
- Nursing homes “must comply” due to “global health emergency”
- Discharged patients had to be “medically stable”
- “No resident shall be denied re-admission or admission to the NH solely based on a confirmed or suspected diagnosis of COVID-19.”
- NHs prohibited from requiring test.

JESSICA HOCKETT, PHD (13 APRIL 2026)

And part of what it spelled out was that patients discharged from hospitals had to be medically stable, to, excuse me, to nursing homes, so either for the first time or readmitted, that they had to be medically stable, and that no resident could be denied readmission or admission to the nursing home solely based on a confirmed or suspected diagnosis of COVID-19.

Put differently, nursing homes couldn't require that there be a negative test for SARS-CoV-2 in order to accept the patient. So that is “the” policy in a nutshell and the one that people mean when they're saying *this policy it killed a lot of people*. So there was a prohibition against testing.¹⁴

Now, in part of its defense, Cuomo and the Cuomo administration have always said that the policy (whoever actually wrote it, we don't know) but that it was based on federal guidance and they're actually not wrong. It *was* based on federal guidance, even though federal guidance didn't say exactly that.

¹⁴ Or rather, a prohibition against requiring a certain test result in order to be admitted/readmitted.

One of the earliest documents came from CMS, which is an agency within HHS, on March 9th.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

DATE: March 9, 2020

Ref: QSO-20-14-NH
Expired 3/28/2023

TO: State Survey Agency Directors

FROM: Director
Quality, Safety

When should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital?

SUBJECT: Guidance for:
(COVID-19) i

A nursing home can accept a resident diagnosed with COVID-19 and still under Transmission-Based Precautions for COVID-19 as long as the facility can follow CDC guidance for Transmission-Based Precautions. If a nursing home cannot, it must wait until these precautions are discontinued. CDC has released [Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19](#).

Information on the duration of infectivity is limited, and the interim guidance has been developed with available information from similar coronaviruses. CDC states that decisions to discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC guidance for further details).

And it phrased it this way: It said *a nursing home can accept a resident diagnosed with COVID-19, and still under transmission-based precautions for COVID-19, as long as the facility can follow CDC guidelines or guidance for transmission-based precautions at the time.*

That was revised or refined a few days later for something, to give some more specific language to it. *So yes, you can accept the COVID-positive patients. You don't have to transfer out COVID-positive residents just because you might not have an isolation room, isolating patients or, excuse me, residence was part of the protocols, which actually in and of itself is deadly, I would say, but that was part of the CMS guidance.*

And then there was other guidance from the CDC that came out on March 23rd or 24th, which again is what the Cuomo administration tends to invoke and say, *hey, this was what we were saying was consistent with federal guidance and we were trying to free up, make sure that hospital beds were freed up.* And then a little later into the spring period, CMS said more explicitly that a negative test was not required for discharge to a nursing home.

A little bit later I'm going to talk about why that actually does make a lot of sense, which again doesn't mean that I'm defending Cuomo per se, but it's kind of consistent with science or with things that we know about PCR testing.

Federal Guidance (spring 2020)

- **March 13:** CMS said nursing homes could accept COVID-positive hospital discharges if they could follow CDC precautions.
--Facilities **did not have to transfer out** COVID-positive residents solely for lack of an isolation room.
- **March 23–24:** Hospital discharge could occur **when clinically indicated**. (Hospital could send a COVID patient out **before** that isolation/precaution period had officially ended)
- **April 24:** CMS said a **negative test was not required** for discharge to a nursing home.

Sources: CMS QSO-20-14-NH (Mar. 13, 2020); CMS QSO-20-28-NH (Apr. 24, 2020); AHA summary of CDC discharge guidance (Mar. 24, 2020); CDC Stacks, *Discontinuation of transmission-based precautions and disposition of patients with COVID-19 in healthcare settings*

JESSICA HOCKETT, PHD (13 APRIL 2026)

But of those reports I showed earlier, that first one is the one—and I remember this in real time – it’s the first report that came out where people said, *look, Cuomo is trying to hide where nursing home residents died. He’s trying to hide how many actually died in the hospital.*

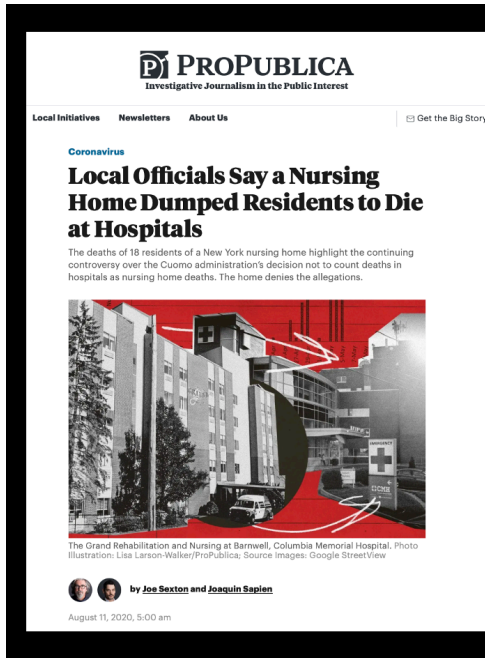
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5. **June 2024 – New York State COVID-19 After Action Report** (prepared by The Olson Group, Ltd. under contract to the New York State Executive Chamber).
6. **September 9, 2024 – Staff Memorandum: Findings from the Select Subcommittee’s Investigation into the Cuomo Administration’s March 25 Directive admitting COVID-positive patients into Nursing Homes** (U.S. House Select Subcommittee on the Coronavirus Pandemic).

JESSICA HOCKETT, PHD (13 APRIL 2026)

And pretty quickly there was a hearing at the state level. It was a virtual meeting at the time because we’re “still in a pandemic”. But on August, August 3rd, and *Pro Publica*, I recently

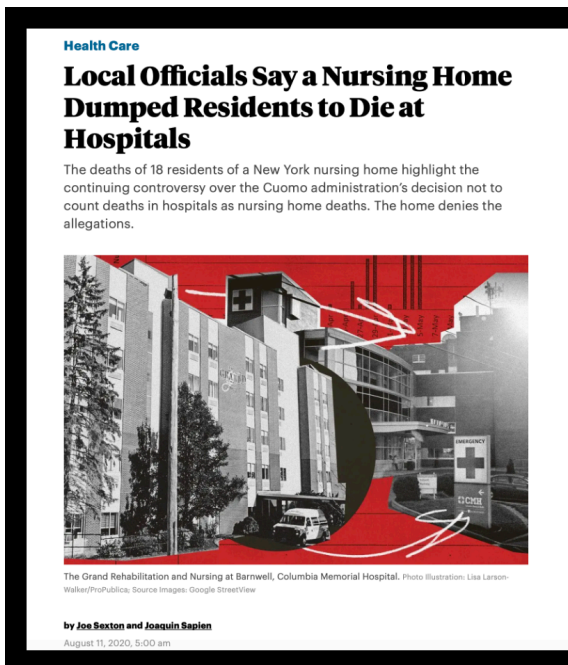
revisited this article in my files and *ProPublica* did actually a pretty interesting job, a pretty nice job of capturing what was being said at the time.¹⁵ And so I want to share a few things with you.



- **Virtual Joint Public Hearing on Residential Health Care Facilities and COVID-19.**
- **August 3, 2020.**

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New York State Senator Skoufis was the head of the committee that was questioning Howard Zucker, not Andrew Cuomo, but Howard Zucker, who was then the New York State Health Commissioner, about numbers that were being reported.



Sen Skoufis: "It's my opinion that your administration's definition truly misrepresents the scale of this crisis as a result. So let's try and get the full picture here and now: **How many of New York's nursing home residents died in hospitals?**"

Zucker insisted the state couldn't say because it **didn't yet have a fully accurate count.**

"You don't have a ballpark that you can give? So the total official number is about **6,500**. Are we talking with the hospital deaths: 8,000? 10,000? 15,000? What are we looking at?" Skoufis countered.

"I'm not prepared to give you a specific number. We are in the middle of a pandemic obviously, we always forget about that sometimes," Zucker said.

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¹⁵ <https://www.propublica.org/article/local-officials-say-a-nursing-home-dumped-residents-to-die-at-hospitals>

And Senator Skoufis said,

“It's my opinion that your administration's definition truly misrepresents the scale of this crisis as a result. So let's try to get the full picture here and now. How many of New York's nursing home residents died in hospitals?” Now the senator's talking about statewide, right? Not New York City only.

Zucker insisted the state couldn't say because it didn't have a fully accurate count.

“You don't have a ballpark, how many are we talking about here?”

Zucker says, “I'm not prepared to give you a specific number. We're in the middle of a pandemic and we always forget that.”


So, he deflects.

Pro Publica, the journalists also say or report that in the early weeks of the pandemic, the state had counted these deaths by attributing them to the nursing home, regardless of where they physically occurred. In April, as the death toll mounted, the administration basically said, we don't want to double count people if they're re-recorded that way.

Health Care

Local Officials Say a Nursing Home Dumped Residents to Die at Hospitals

The deaths of 18 residents of a New York nursing home highlight the continuing controversy over the Cuomo administration's decision not to count deaths in hospitals as nursing home deaths. The home denies the allegations.



The Grand Rehabilitation and Nursing at Barnwell, Columbia Memorial Hospital. Photo Illustration: Lisa Larson-Walker/ProPublica. Source Images: Google StreetView

by Joe Sexton and Joaquin Sapien
August 11, 2020, 5:00 am

In the early weeks of the pandemic, the state had counted these deaths by attributing them to the nursing home regardless of where they physically occurred. But in April — as the death toll related to nursing homes mushroomed, hitting as many as 250 deaths a day — that changed: The administration of Gov. Andrew Cuomo decided not to count residents who died of COVID-19 in hospitals as nursing home deaths, saying it feared that their deaths would be double-counted if they were recorded that way.

JESSICA HOCKETT, PHD (13 APRIL 2026)

Now, a few things are, that's actually a legitimate concern. The other thing to remember here in these times or just any times is that despite what we were seeing on the screen, despite what that scary dashboard from the Johns Hopkins University was reporting, real-time death reporting is not, it's not a possibility. It's impossible. And that's not only true in the United States but it's true

for other countries as well. So the idea that we have this technical sophistication in order to report deaths in real times, real time, is just a complete farce. We can't, we can't do it. Estimates are pretty, as close as we can get—or they can maybe get a feed of some kind from what hospitals are reporting, but it's just not possible.¹⁶

Specific to nursing homes, though, it's good to ask yourself, *well, what is normal? Where do nursing home residents in the United States usually die?*

What's "Normal"?

- Most nursing home residents die in the nursing home facility (~75%-80%).
- 5-40% of transfers from nursing homes to hospitals are inappropriate or due more harm than good to the resident**



*Allers, K., Bausewein, C., Mehnert, A., & van den Block, L. (2019). Hospitalizations of nursing home residents at the end of life. *BMC Palliative Care*, 18, Article 90. <https://doi.org/10.1186/s12904-019-0468-1> | Temkin-Greener, H., Zheng, N. T., Xing, J., & Mukamel, D. B. (2013). Site of death among nursing home residents in the United States: Changing patterns, 2003–2007. *Journal of the American Medical Directors Association*, 14(10), 741–748. <https://doi.org/10.1016/j.jamda.2013.06.006>

**Lemoyne, S. E., Herbots, H. H., De Blick, D., Remmen, R., Monsieurs, K. G., & Van Bogaert, P. (2019). "Appropriateness of transferring nursing home residents to emergency departments: A systematic review." *BMC Geriatrics*, 19, Article 17. <https://doi.org/10.1186/s12877-019-1028-z>

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As I said earlier, I haven't been able to find, there is no federal source that reports that, but there are some studies that give some pretty good figures. And it's, as we would expect, most nursing home residents die in the nursing home facilities. It's people on the edge of life, right? And so a lot of people maybe they will start in a certain part of even assisted living and gradually move into skilled nursing facilities, and then they end up passing away there.

We also get a sense from the research literature that a lot of transfers from nursing homes to hospitals are either inappropriate or they do more harm than good to the resident. Sometimes families urge a loved one to be transferred because they are, understandably, they want more to be done for a resident that maybe is in really, really fragile health, even the ambulance ride might be a problem for that for that resident. So we can understand that happening. But I think it's important to realize that when 2020 came down that certain things were known. It was known that these that transfers could be really harmful. That wasn't new information.


¹⁶ In addition, the city health commissioner's 10 April 2020 order appears to have "known" NYC's later death peak before it could have been counted, suggesting that the death curve may have been modeled or reconstructed rather than reported in real time. <https://woodhouse76.com/2026/01/22/discrepancy-and-impossible-timing-involving-death-numbers-cited-in-nyc-health-commissioners-10-april-2020-electronic-death-reporting-order/>

And so at this hearing back in back in summer 2020, and I've heard this from EMTs who have talked to me myself, or I've talked to one-on-one, electronically at least. There were reports of residents with DNRs being sent to hospitals for no good and no apparent reason, like people being dropped off near dead, just so that they wouldn't die in the facility.

Health Care

Local Officials Say a Nursing Home Dumped Residents to Die at Hospitals

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Residents with DNRs sent to hospitals for no good/apparent reason

- *[The nurse at Barnwell] didn't have detailed medical records for the patients, but she noted that all had arrived at the hospital with orders saying no extraordinary measures were to be taken to keep them alive. As a result, she and the Columbia County health director developed a theory: "For me," said Jack Mabb, the health director, "it appeared they were sending people to the hospital so they wouldn't die in the facility."*

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The other aspect of that, like I said, is the CARES Act with, we had hospitals being incentivized or kind of being paid differentially for those deaths. There weren't those kinds of incentives for nursing homes. So I think more investigation into that, like why that might have been happening needs to, needs to occur.

But in one sense, Cuomo couldn't really hide where people died because death certificates in the United States record the actual place of death. And like I said, there is no source that reports that irrespective of, or nursing home deaths irrespective of where they die.

Health Care

Local Officials Say a Nursing Home Dumped Residents to Die at Hospitals

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August 11, 2020, 5:00 am

Not mentioned

- CARES Act incentivized COVID hospitalizations and deaths
- Death “certificates” record actual place of death
- There is no state or federal source for nursing home/LTC resident deaths, regardless of place or cause of death.

JESSICA HOCKETT, PHD (13 APRIL 2026)

Some of you might remember this is kind of an infamous or notorious clip from early 2021 where Cuomo is talking about where people died. Let's take a listen. (Don, let me know if you can't hear this.)



Tom Elliott

@tomselliott · Follow

Cuomo on nursing home deaths: “Who cares [where they died]? They died!”



11:48 AM · Jan 29, 2021

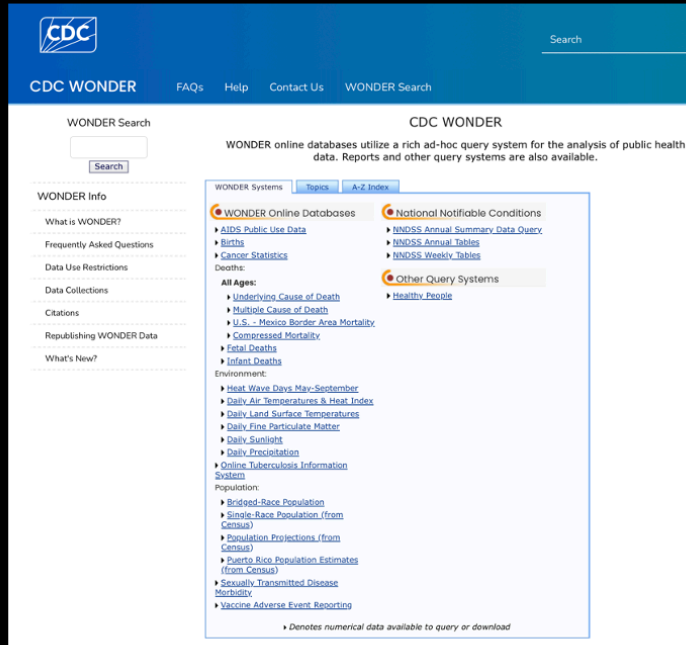


JESSICA HOCKETT, PHD (13 APRIL 2026)

Cuomo: A third of all deaths in this nation are from nursing homes. New York State, we're only by 28%, only. But we're below the national average in number of deaths in nursing homes. But who cares? 33, 28, died in a hospital, died in a nursing home. They died. And I dealt with the loss of my father The pain is so incredible and inexplicable and why and why and why? It's a tragedy. It's a tragedy. [Captured by <https://x.com/tomselliott/status/1355205562632441856>]

All right, we don't need to listen to that again. But yeah, that was him infamously saying, and then he was lambasted in the in the media and by people of his own party for saying, *who cares where people died, they died?*¹⁷

CDC WONDER federal data always shows where people where people died. You can't really keep that secret. And it's one reason people or analysts knew at the time, and I remember being part of this too, like, *well, we see in CDC WONDER what they're saying where people died. He needs to report where, who all died in the hospital or how many nursing home residents died in the hospital.*



CDC WONDER

- Federal warehouse for death record data
- Permits weekly, monthly, and yearly queries for place of death at the county level
- (Provisional “COVID” dashboard was launched in April 2020)

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Nursing home and long-term care facilities is only one of about seven places. You're gonna die somewhere, I'm gonna die somewhere. If somebody who's died, they have one of these kinds of places on their death certificate. So that can't, that can't be hidden.¹⁸

¹⁷ e.g., <https://www.washingtonpost.com/politics/2021/01/29/andrew-cuomos-bad-who-cares-answer-coronavirus-nursing-home-data/> | <https://spectrumlocalnews.com/nys/central-ny/ny-state-of-politics/2021/01/29/cuomo-on-nursing-home-deaths---everyone-did-the-best-they-could-->

¹⁸ But it could be “missing” or be falsified

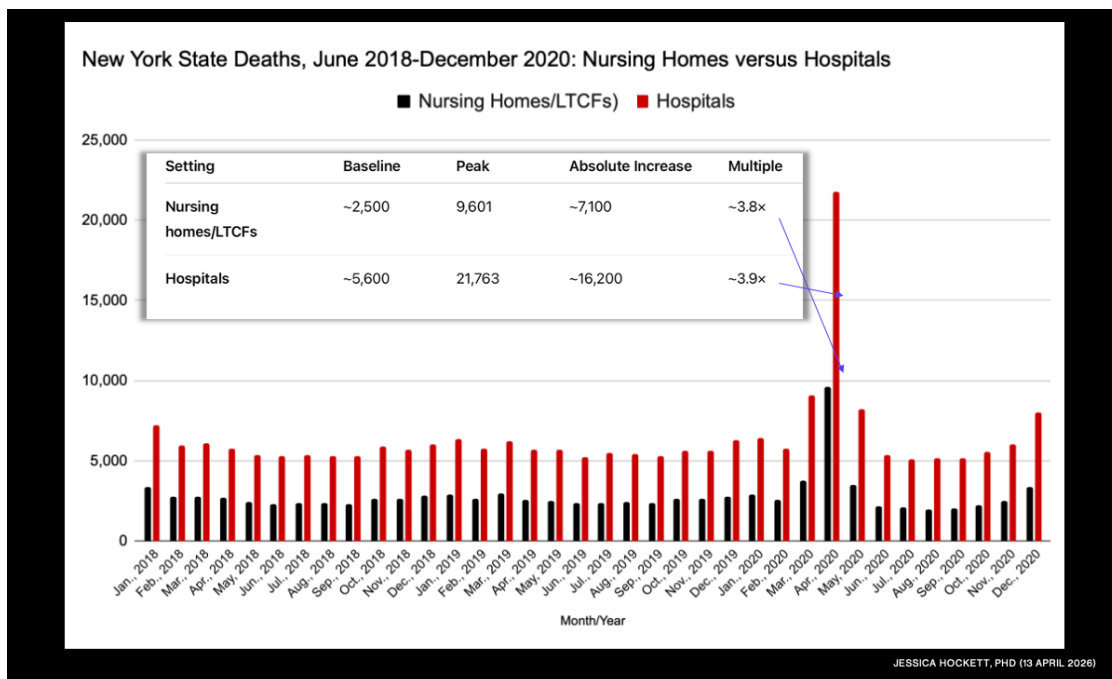
Place of Death (CDC WONDER)

- Medical Facility, inpatient
- Medical Facility, Outpatient/Emergency Department
- Medical Facility, Dead on Arrival
- Decedent's Home
- Hospice Facility
- Nursing Home/LTC Facility
- Other

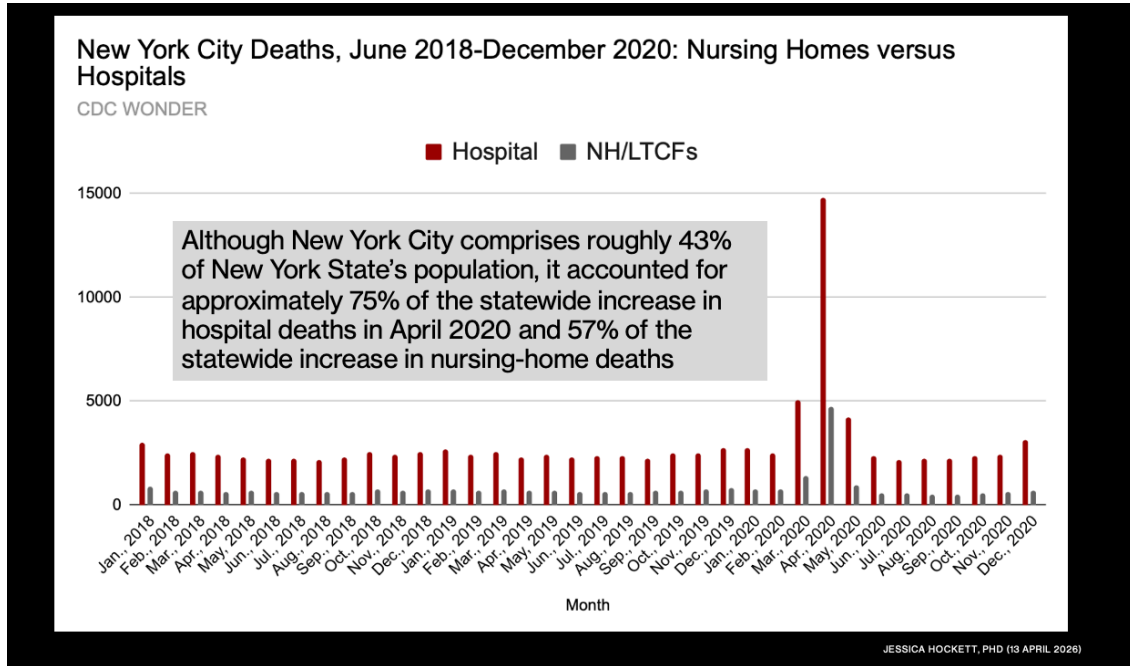
NY DOH and NYC DOH report these same categories

JESSICA HOCKETT, PHD (13 APRIL 2026)

So when we look at CDC WONDER federal data, we look at all of New York State for just hospitals and nursing homes, we do see an incredible event. Nothing going on in the months leading up to March 2020, and then we see deaths in nursing homes and hospitals shoot up and then way up before they go back down. We have 3.8, 3.9 times the normal from base to, an absolute increase, excuse me, with more deaths or more bodies to handle in hospitals than in nursing homes.

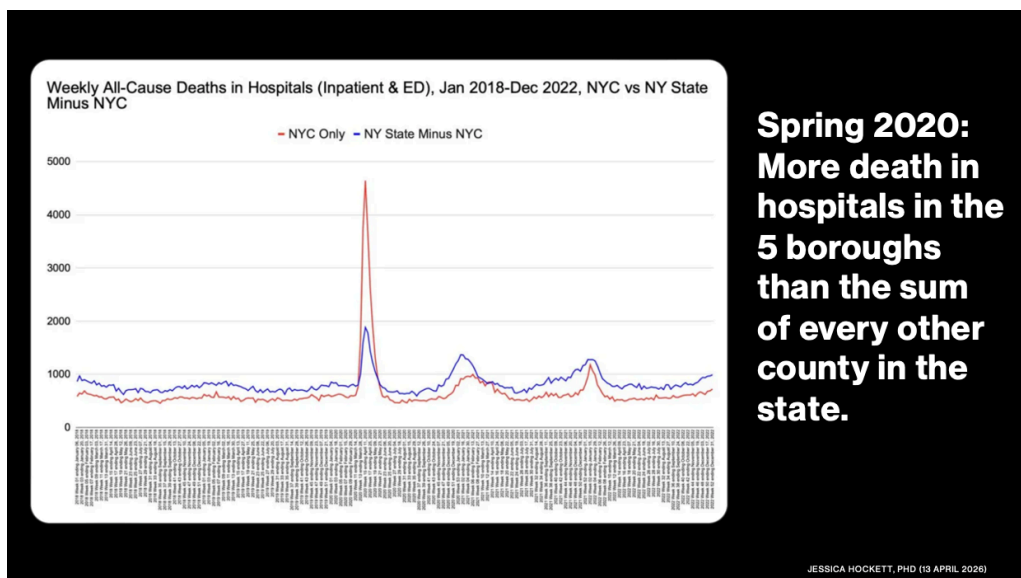


Specific to New York City, New York City comprises about 43% of New York State's population, and yet it accounted for 75% of the reported statewide increase in hospital deaths in April 2020 alone, and 57% of the statewide increase in nursing home deaths.



And so, this is widely acknowledged: “the bomb” so to speak, the “virus bomb” was largely in New York City and New York City Metro event.

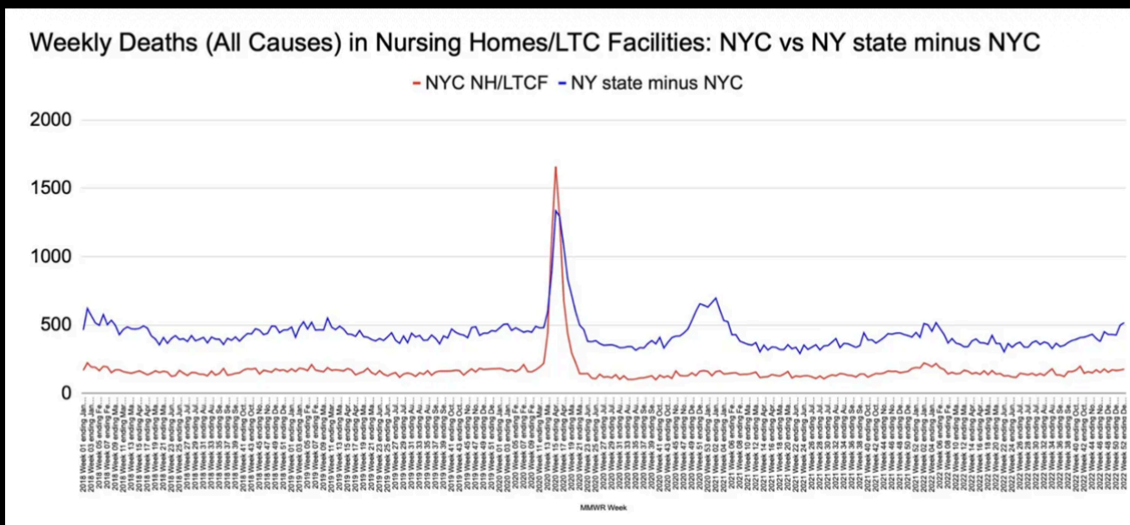
I think it's fascinating to look at this view. This is weekly all-cause deaths in hospitals, whether inpatient or emergency room, New York City only versus New York State *minus* New York City. And New York City is the five boroughs in this view.



We see the spring 2020 view and then we see kind of waves of excess thereafter that never get anywhere near the that spike again. But incredibly, there was more death in hospitals in the five boroughs than the sum of every other county in the state. And, to this day, there has been no call for an investigation of New York City hospitals and no report about what actually happened in those hospitals.

I think this view is fascinating. This is deaths in nursing homes and long-term care facilities, also from CDC WONDER. New York City versus New York State *minus* New York City.

What accounts for the late 2020/early 2021 differences in state vs city nursing homes?



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It's incredible to me that we have that spike in New York City. We also have one, in New York, New York State. But then nothing else happens in New York City nursing homes. for, twenty-one, twenty-two. I'm not sure what accounts for...if I, again, that idea that New York City learned something and they didn't teach the rest of the state. it really raises some questions about what was, what was actually going on in the city versus the state, but we don't have any legislators or anybody else who wants to look at that and reconcile it or explain it in some way.

I think when you look at the spring event period, so this would be weeks 20, excuse me, weeks 12 to 22 in spring 2020, and you see that just the raw numbers in New York City by place of death, it's pretty astounding that normally they see less than 5,000 deaths in hospital inpatient, for example, and they reported almost 20,000 in this period, which is the equivalent or near equivalent of every inpatient bed, losing that. Again, many, many times the World Trade Center disaster, but no inquiry.

We do see large percent increases, obviously, in nursing homes. We see a huge percent increase and a huge number of deaths at the decedent's home. That has also been underexplained and

under-ignored. [Correction: I meant “ignored” or “under-explored”.] But from a percent of total increase point of view, most of the death did occur in hospitals, not just in nursing homes. Most COVID-blamed deaths also occurred in hospitals, not in nursing homes.

Alarming increases in deaths in hospital, at home, *and* in nursing homes.

New York City, Weeks 12-22, 2020

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

CDC WONDER

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Most deaths listing COVID-19 as underlying cause were in hospitals.

New York City, Weeks 12-22, 2020

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

CDC WONDER

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The state's data set that they eventually came out with is called, it used to be called the HERDS data set. Now it has a different name, but it's the same data set. You can still access it. So the data I'm going to show you next comes from comes from there. Again, used to be called the HERDS data set.

The screenshot shows the website 'HEALTH.DATA.NY.GOV'. The main heading is 'NY State Source for "COVID-19" Nursing Home and Adult Care Facility Deaths'. Below the heading, there is a navigation bar with 'About', 'Data', and 'Related Content' tabs. The 'Data' tab is selected. The main content area displays the title 'New York State Statewide COVID-19 Nursing Home and Adult Care Facility Fatalities' with a 'Health' tag. The description states: 'This dataset includes the number of nursing home, or adult care facility-reported fatalities for residents with lab-confirmed COVID-19 disease that occurred at the facility, lab-confirmed COVID-19 disease that occurred outside of the facility, and COVID-19 presumed disease that occurred at the facility.' Metadata includes 'Last Updated: January 21, 2026' and 'Data Provided By: New York State Department of Health'. There are 'Actions' and 'Export' buttons. At the bottom right, it says 'JESSICA HOCKETT, PHD (13 APRIL 2026)'. Below the main content, there is a section titled 'About this Dataset'.

And this was gathered, this data was gathered from surveys that hospitals, nursing homes, and adult care facilities were required to complete daily. Hospitals began reporting for the survey in late March, and nursing homes and adult care facilities began reporting in April 2020. Fatalities that were said to be related to COVID-19 that occurred prior to the first survey entry for the facility are supposed to be included in the first week that was reported.

And this is really crucial: It says this in the dataset, I believe, but I had also confirmed it with State Department staff. It's never been verified for accuracy. Again, why there's not any plan to do that, I have no idea.

About the dataset...

- New York State Department of Health's Health Electronic Response Data System (HERDS).
- Hospitals, nursing homes, and adult care facilities were required to complete this survey daily.
- Hospitals began reporting for the survey in [late] March 2020, while Nursing Homes and Adult Care Facilities began reporting in April 2020.
- Fatalities "related" to COVID-19 that occurred prior to the first publication date are included.
- Data is reported by each facility and **was not verified for accuracy.**

Confirmed by NYS staffer via email

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But within this dataset we can see what are called *lab-confirmed positive COVID-19* fatalities that occurred in each nursing home facility. Per my correspondence with the state a couple years ago, these are deaths that involve a positive test before death, not necessarily after death. There's *presumed positive COVID-19 fatalities*. It was more of a clinical or *we suspect that COVID might be involved, but COVID might not necessarily be on the death certificates somewhere*. And then there's *lab-confirmed COVID fatalities outside of each facility* during that reporting week.

Definitions

- **Lab-Confirmed positive** COVID-19 fatalities that occurred **in each facility** during the reporting week

**Per Hockett correspondence with HDNY, these are deaths that involving a positive test before death, but not after death.*

- **Presumed positive** covid-19 fatalities that occurred **in each facility** during the reporting week.

+ Per Hockett correspondence with HDNY, the presumed classification is not linked to the death certificate.

- **Lab-Confirmed positive** covid-19 fatalities that occurred **outside of each facility** during the reporting week.

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This table shows that data for the spring period. It goes over into June 2nd, but that's okay. A couple days isn't really going to matter. But these are the numbers from the states the state's data. So total they say that New York City saw 3,200 or so in-facility COVID deaths, excuse me, and about 2,000 COVID-19 deaths out of facility that were nursing home residents.

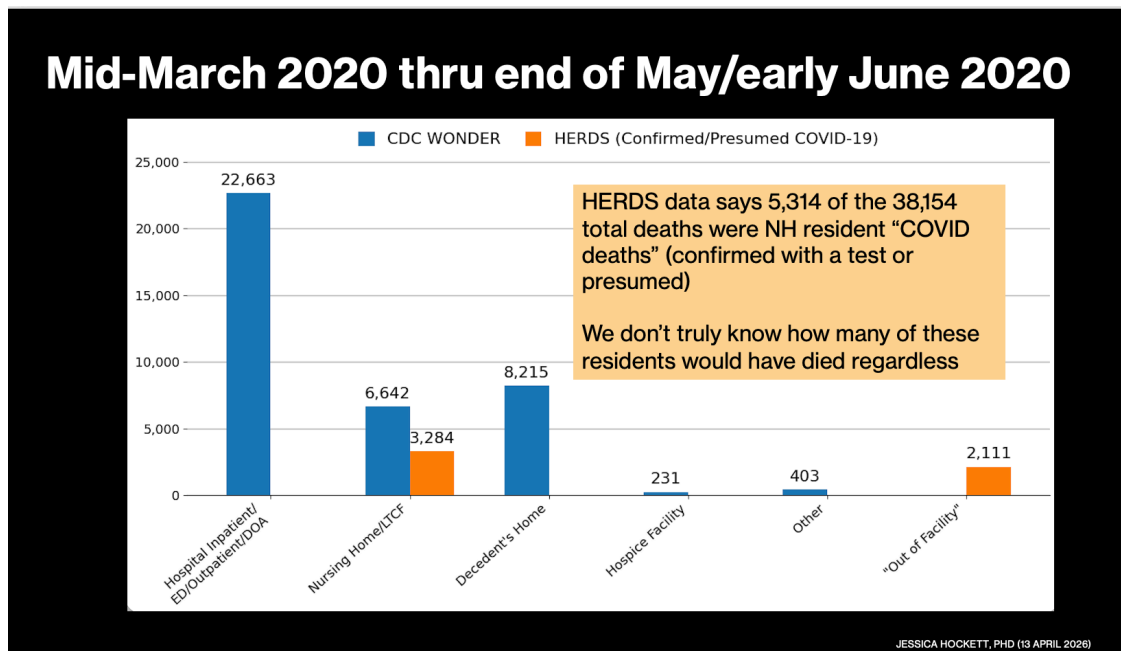
NYC nursing home COVID-19 deaths Confirmed = positive test for SARS-COV-2 prior to death

	Confirmed COVID-19 deaths in facility	Presumed COVID-19 in facility	Total In-Facility	Confirmed COVID-19 deaths out of facility
April 2020	941	1,739	2,680	1,590
May 2020	372	195	567	488
Week ending June 2, 2020	28	9	37	33
TOTAL (all periods above)	1,341	1,943	3,284	2,111

What about non-COVID deaths?
Hospital versus Personal Home versus Hospice Facility?

JESSICA HOCKETT, PHD (13 APRIL 2026)

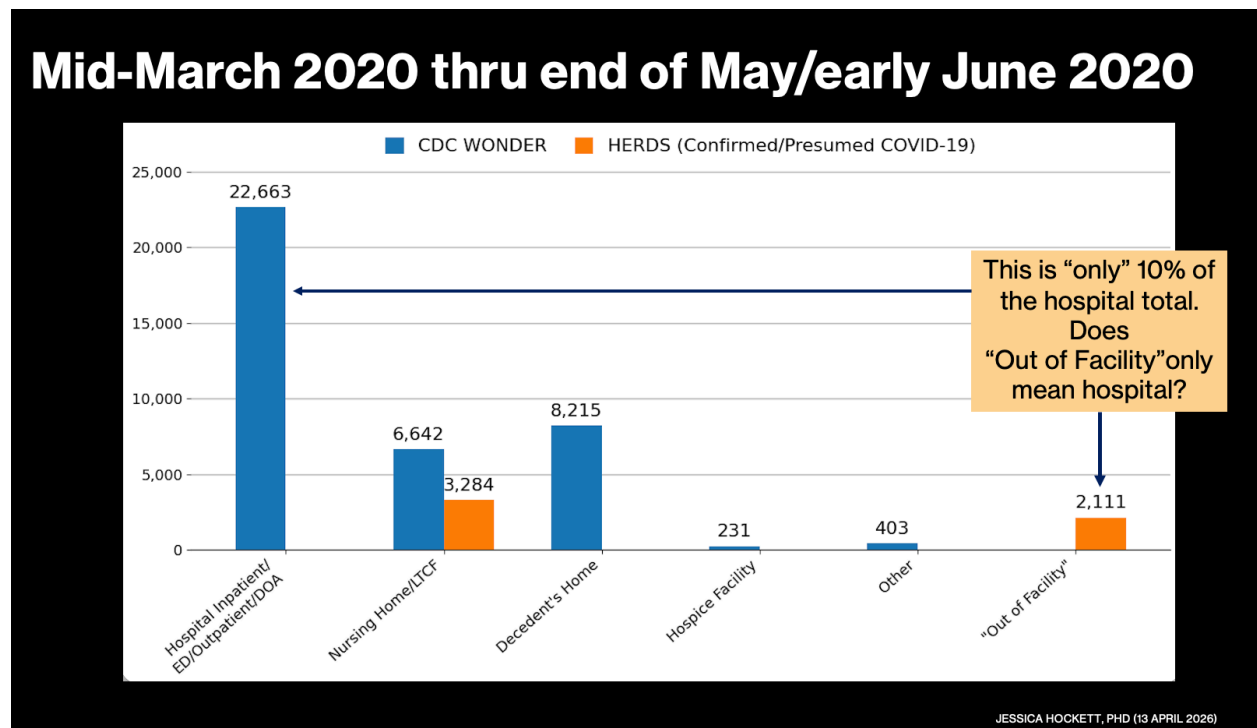
So when I look at this data, I say to myself, *Self, what about non-COVID deaths? And what about hospital versus personal home versus hospice facility? Where are those people?* If it's an out-of-facility death, does that necessarily mean at the hospital? Could there be some sort of shell games going on? So if we go back, and maybe **this is the critical chart or graph of the whole presentation**, but here's the data for all deaths.



In the time period from CDC WONDER, you can see them with the blue bars shown: 22,000 at hospitals and inpatient ED [emergency department], dead on arrival 6,000 or so, the nursing homes. Destiny's home was crazy. It was 8,200, hospice other didn't increase that much, which is sort of sort of interesting. But we have a number from the HERDS database that only account it accounts for half of the nursing home resident deaths. And then we have only, let me see if I have this on. I do. So, they say that 5,000 total, let me total it first. That 5,314 of the 38,000 deaths that occurred in the timeframe (again 27,000 or so over normal) were nursing home resident COVID deaths.

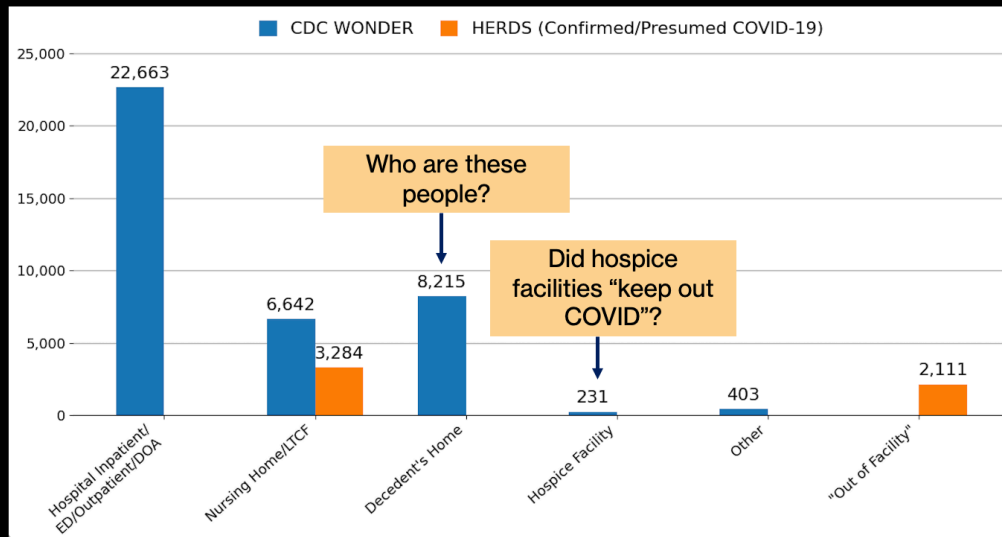
We don't know how many of those [nursing home resident deaths] were what I would call just normal. *How many of those people would have died regardless?* There's no sense. I know people think, *well, if it's a COVID death, those are people that wouldn't have died normally.* We have no idea of knowing that, statistically.

But what I find even more interesting is that 2,100 out of facility [deaths], even if we pretend that all of those deaths were in the hospital, that is still only 10% of the hospital total. And we have no idea if out-of-facility means only hospital.



Meanwhile, all those deaths at home, that huge increase in deaths at decedents' home, we don't know who those people are. Some of them could be nursing home residents or people who were in a nursing home.

Mid-March 2020 thru end of May/early June 2020



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In fact, I know one man, Daniel Arbeeny, who's on a lawsuit against Governor Cuomo. I'm friendly with him. I know that his father, he was able to get out of, I can't remember if he was in the hospital nursing home, then the hospital, and then came home or what the trajectory was. But he died at home. They were fortunate. They had 10 days with their dad at home and got to spend time with him before he died. But his death certificate says that he died at a personal home. It doesn't say that he died in the nursing home. So that's one example of that.

Or some of you know Janice Dean. She had filed, or she and her husband had filed a lawsuit against the governor as well over the death of her mother-in-law. Her mother-in-law was a nursing home resident but died in the, died in a hospital. I don't know if she [the mother-in-law] had COVID on the death certificate. I don't think that she did.

Some other problems besides we *literally* don't have the data to back up the idea that nursing home residents constitute the bulk of the New York City death spike; in fact, the data that's available *contradict* that claim. But in addition to that, there are some other problems with the whole *discharging to nursing homes created spread narrative* that regard timing, gaps in the data, and realities about testing.

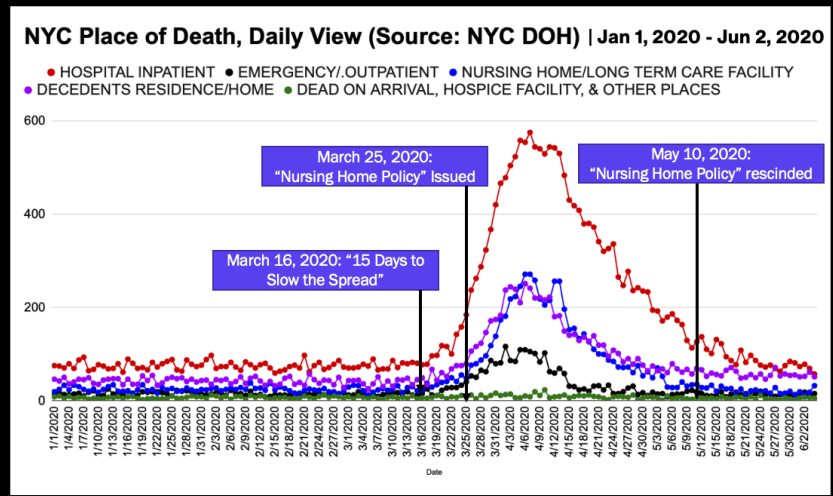
Problems with “discharging to nursing homes created spread”:

Timing
Data gap
Testing realities



First, I want to show you, this is daily deaths by place of death that I got via FOIA from the New York City Department of Health. A very granular look at what was going on. The timing simply does not allow for some kind of mechanism where we say, *okay, it started here and then it went to nursing homes and we saw nursing homes really rise.*

Daily view: near-synchronous rise in deaths by place/setting.



NYC all-cause mortality by place of death. Data obtained via FOIL. Requested from NYC DOHMH on 6/15/23 by Jessica Hockett. Records received on 7/26/23 | Values under 5 were censored and replaced with 3 in ED/Outpatient only


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We see a very bizarre event where, really, almost every place of death goes up after *15 days to slow the spread* is called. That is very, very strange in and of itself, irrespective of this irrespective of this nursing home policy issue, because we would expect maybe, maybe deaths in nursing homes to rise first if we think, *Well okay COVID got in there somehow first and then started to kill people on the edge of life.*

We might start, we might expect to see emergency department deaths go up before other places of death. Instead, we see this almost orchestrated event in concert. The nursing home policy was issued, like I said, the day the CARES Act was passed, and it was rescinded over here. But we don't have the mechanistic aspect here to say that this led to this, necessarily, because people were being discharged from here, at least not from the deaths standpoint.

In early 2021, *AP News* obtained data from the state.¹⁹ They also shared it from [correction: with] [Empire Center](#), which is a policy organization in New York State and the *New York Post*. And then it was a headline saying *Over 9,000 virus patients were sent into New York City nursing homes.*

The problem with that number, which people will cite over and over again, is that a) it's a statewide number and b) to my knowledge, it's never been reported in a time series. I mean, did that happen over the course of a whole year? Is 9,000 a lot? Is that a lot of people to be discharged into to nursing homes even in a normal year or month? I have no idea.



AP: Over 9,000 virus patients sent into NY nursing homes

1 of 4 | FILE - In this Sunday, Oct. 18, 2020 file photo, families of COVID-19 victims who passed away in New York nursing homes gather in front of the Public Hill Health Center in the Brooklyn borough of New York to demand New York State Gov. Andrew Cuomo... Read More

BY BERNARD CONDON AND JENNIFER PELTZ
Published 6:52 PM CDT, February 11, 2021

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Data obtained via FOIL by AP and shared with Empire Center and NY Post

6,327 new admissions 2,729 readmissions of existing residents

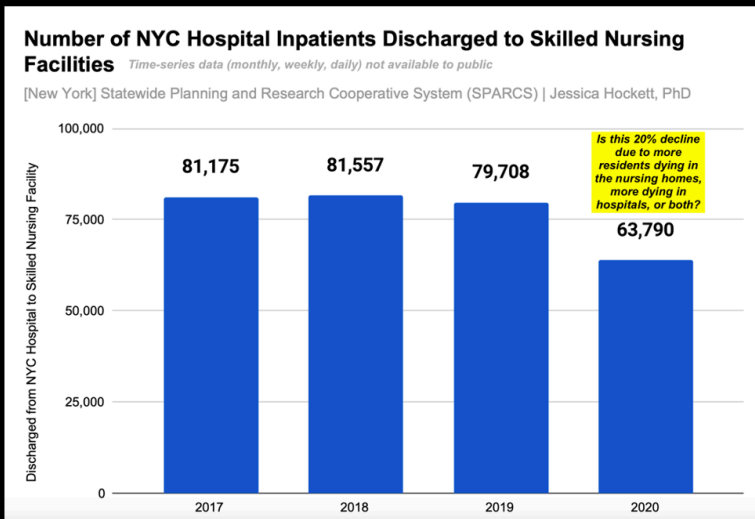
Statewide transfers divorced from timing, place, or a sense of what's normal

JESSICA HOCKETT, PHD (13 APRIL 2026)

¹⁹ <https://apnews.com/article/new-york-andrew-cuomo-us-news-coronavirus-pandemic-nursing-homes-512cae0abb55a55f375b3192f2cdd6b5>

So I tried to seek out data that would give me some sense of that. And this is a couple years old now, but it is from 2020 and the years prior from the SPARCS database And I found that when I looked or sorted the data by the number of discharges from hospitals into skilled nursing facilities -- so these are people discharged alive. They're not dead. They're discharged alive to a skilled nurse nursing facility.

Discharges from NYC Hospitals to Skilled Nursing Facilities Went DOWN in 2020



- Decrease is the rough equivalent of the hospital inpatient excess
- Challenges the claim that sending “COVID+ patients into nursing homes spread a deadly coronavirus
- Deaths that occurred in nursing homes can be explained by other sudden changes to standard of care

We actually see in 2020 a precipitous *drop* in the number of discharges, 20%, and almost by the equivalent of the hospital inpatient increase, which I find really interesting.

But time-series data is needed in order to see the mechanism of what was going on here, but even just in and of itself, it challenges that claim about COVID positive patients being sent into nursing homes and spreading a deadly coronavirus. I think, again, I've got no doubts that a ton of nursing home residents died, but we actually don't need a coronavirus to explain how those people could have and did die.

About the tests themselves, if some you know anything about PCR testing, and I have to confess I didn't when March 2020 rolled around, but I learned about it real quick. I also have a sister who's a doctor, so she explained some things to me, and there's all kinds of issues with this testing, especially as a diagnostic.²⁰

²⁰ See <https://woodhouse76.com/2025/03/31/pcr-little-more-than-dark-arts/> for questions about what, exactly, is being measured.

About the tests...



- PCR testing is highly sensitive and may detect non-infectious “viral material”
- New York deployed a state-specific PCR test with unusually high reported positivity in NYC (often 60–70%)
- PCR positivity can persist after active infection, particularly among older adults*
- Positive tests triggered care protocols (e.g., isolation) that altered standard practice and carried known risks

*Howard-Jones, A. R., Maddocks, S., Basile, K., Dwyer, D. E., Branley, J., & Kok, J. (2021). Prolonged PCR positivity in elderly patients infected with SARS-CoV-2. *Pathology*, 53(7), 914–916. <https://doi.org/10.1016/j.pathol.2021.08.004>

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But most people would agree at least with this: that it's highly sensitive. It may detect non-infectious viral material, kind of remnants, if you will. People disagree about what viruses are and if they cause disease and all of that but those arguments aside, they are [the tests] highly sensitive. New York itself, it had its own test early on, and the cycle threshold or the cutoff was very high. I think it was 45, if I'm not mistaken.²¹

New York City, inexplicably, this still has not been addressed by officials. They had a 60 to 70% PCR positivity in those in those initial weeks, twice what Chicago had.²² That's an incredible rate that doesn't make any sense whatsoever.

So given even those two realities at the time, plus the fact that PCR positivity can persist long after active infection, particularly among older adults, according to some studies.²³ There's no reason even to have a policy that says *you need to test negative in order to be discharged*, or *you have to prove that you're negative*. There's false positives; there's false negatives.

So the policy in and of itself, or that idea that you can't “reject” somebody on the basis of PCR positivity, I think makes a lot of sense and pretending otherwise, I think, is just feeding this spread story.

²¹ The Wadsworth SARS-CoV-2 RT-PCR panel ran 45 cycles and used a positivity/control threshold of Ct < 40.0, with patient positivity requiring both SARS-CoV-2 targets, N1 and N2, to be positive. Related materials: <https://www.fda.gov/media/135847/download> <https://www.fda.gov/media/135661/download> https://www.wadsworth.org/sites/default/files/WebDoc/validation_procedure_SARS_CoV-2b.pdf

²² <https://woodhouse76.com/2026/01/09/can-anyone-satisfactorily-address-this-question-about-new-york-city-versus-chicago-testing-for-sars-cov-2-in-spring-2020/>

²³ e.g., Howard-Jones, A. R., Maddocks, S., Basile, K., Dwyer, D. E., Branley, J., & Kok, J. (2021). Prolonged PCR positivity in elderly patients infected with SARS-CoV-2. *Pathology*, 53(7), 914-916 <https://doi.org/10.1016/j.pathol.2021.08.004>

Now it is the case, I would say, sadly, that positive tests triggered care protocols not only in nursing homes but in hospitals that altered standard practice and carried known risk and killed people. So PCR tests were deadly in a lot of different ways.

I didn't know this until a couple years ago, but this idea that *people were discharged from hospitals into nursing homes and it created spread* is not just a US thing.

Not just a
U.S.
Narrative

This was a narrative in Ireland, it's a narrative in England, in Italy. Spain has some similar narratives going on with regard to nursing homes that, actually England has a little bit of this too, or the UK does too, that, *well no, we didn't, we should have sent people, nursing home residents, into care homes, but we didn't. Or we only sent those with private insurance.*²⁴ So it's really interesting to look at sort of globally what the story at the time and even thereafter was around what the heck happened with nursing home residents.²⁵

One order in New York that requires a lot closer scrutiny and doesn't get any is actually an order that was issued on May, March, excuse me, 23rd that pertains more to hospitals than it does to nursing homes.²⁶

²⁴ <https://www.rte.ie/news/coronavirus/2020/0525/1140462-nursing-homes/>
<https://www.belfasttelegraph.co.uk/news/uk/questions-for-johnson-over-claims-care-homes-were-pandemic-afterthought/a/113992074.html> <https://link.springer.com/article/10.1007/s41999-020-00415-x>
<https://elpais.com/espana/madrid/2020-06-10/los-mayores-con-seguro-privado-pudieron-ser-trasladados-de-residencias-a-hospitales-en-madrid.html%20madrid.html>

²⁵ Regarding the UK, see also <https://woodhouse76.com/2025/02/25/place-of-democide-differences-in-uk-vs-us-reacting-to-mike-yeadons-impression/>

²⁶ https://www.governor.ny.gov/sites/default/files/atoms/files/EO_202.10.pdf

Cuomo Administration's March 23, 2020 Executive Order 202.10 requires closer scrutiny



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In summary, this executive order, it centralized hospital control under the health commissioner, the state health commissioner. All kinds of normal rules were suspended. All kinds of requirements around licensing and staffing were suspended. It said that hospitals had to increase their capacity by 50%, which is an impossibility, by the way. I mean think about that kind of an order for restaurants. It just, you can't, you can't do it. And hospitals didn't do it. Even the official incomplete and problematic dataset around that shows that it didn't, that it didn't happen and that the numbers that were shown on paper, so to speak, were inflated by the field hospitals and temporary facilities, which infamously went underused.

EO 202.10

- Centralized hospital control under the Health Commissioner
- Suspended normal care, licensing, oversight, and documentation rules
- “Forced” rapid capacity expansion (50% - not achieved and inflated with field hospitals/temp facilities)
- Allowed emergency staffing with minimal qualification
- Permitted ambulances to operate outside their normal territories
- Shielded providers and institutions from liability
- Reduced transparency through recordkeeping waivers
- Allowed redesignation of hospice beds as inpatient beds
- Enabled state (and federal?) takeover of hospitals

Few/no third-party witnesses

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The order also allowed emergency staffing with not a lot of qualifications. There were some things related to ambulances and liability shields. It also, I think this is really interesting and doesn't get covered a lot: it allowed redesignation of hospice beds as inpatient beds. That's fascinating because hospice facility deaths did not go up. And I think the New York City Vital Statistics report for 2020 says something like there were only 50 COVID deaths in hospice facilities for the whole year. [Correction: Per the city's report, there were only 15 COVID-19 deaths in New York City hospice facilities in 2020.]²⁷

So again: *we were struck by a coronavirus bomb, but we were able to keep it out of hospice.* It just, it doesn't make any sense. *But* if hospice facility beds were redesignated, then we may be looking at a hospital toll that isn't, is a little bit artificial in that sense.

We also know that, and this, the order enabled it, but that military were in hospitals in New York City. In other places as well. But in this time, we had federal, we had Army in at least certain hospitals.²⁸ And we do not hear a lot about that. I've talked to some New York City doctors who were in facilities at that time, published one write-up of one doctor's report of what he saw.²⁹ He confirmed that military came in, that there were, like he called them, I think, *secret COVID wards* where military was taking care of things. But we don't get a lot of reports about that or accountability about what exactly happened.

And I think really importantly (this is true with hospice and hospitals and nursing homes) we had the removal pretty much of third-party witnesses, because people were shut out.³⁰ There are people who never saw their deceased loved one because the loved one was shipped off for cremation or what have you and people were made to feel afraid. So that's another factor that's in the mix.

At the federal level—thank you, Don, for posting this article on the Entwine site.³¹ This [chart] is from a longer article and some, includes some emails that I sent to HHS. But we don't have this data on a federal level either. And when I examined a June 2021 report that came out and some numbers that were given in there, those numbers do suggest that a really high number of nursing home residents died in hospitals, but that is being under-reported and the truth not coming out about that.

(I'm gonna skip that one [slide] for now.)³²

²⁷ p. 60, <https://www.nyc.gov/assets/doh/downloads/pdf/vs/2020sum.pdf>

²⁸ I should have said "Navy," not "Army," as "naval health officers" is what [Pietro referred to](#) and the USS Comfort, which brought personnel deployed into the city, is a naval vessel. Per a press release issued by Mayor DeBlasio's office, "the federal government sent 291 military medical personnel to be dispatched to NYC Health+ Hospitals" on 4 April 2020 <https://web.archive.org/web/20231229152342/https://www.nyc.gov/office-of-the-mayor/news/226-20/as-city-fights-covid-19-mayor-de-blasio-new-yorkers-personnel-ventilators-personal> Per a press release issued by Mayor DeBlasio's office, "the federal government sent 291 military medical personnel to be dispatched to NYC Health+ Hospitals" on 4 April 2020 <https://web.archive.org/web/20231229152342/https://www.nyc.gov/office-of-the-mayor/news/226-20/as-city-fights-covid-19-mayor-de-blasio-new-yorkers-personnel-ventilators-personal>

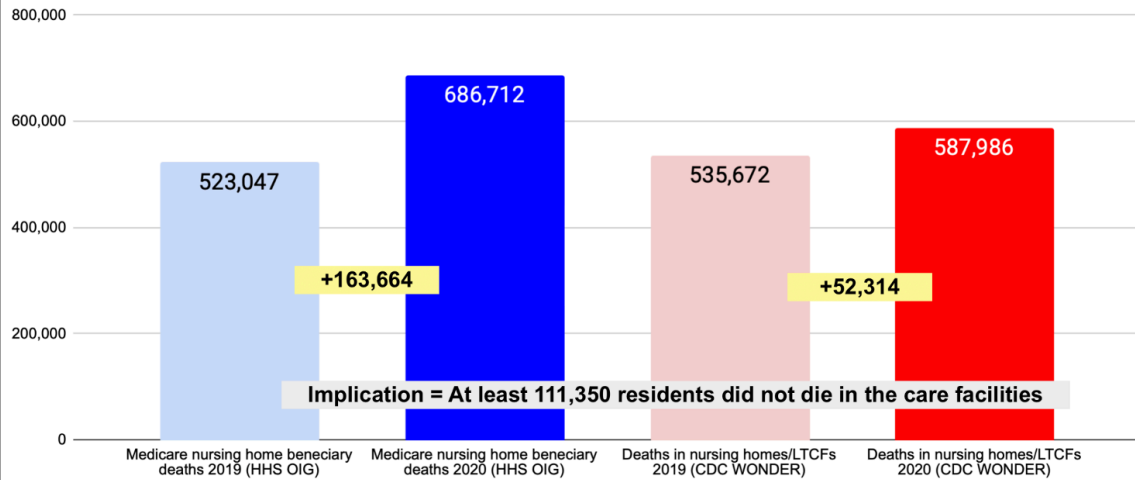
²⁹ <https://woodhouse76.com/2023/12/14/new-york-covid-19-hospital-frontline-the-silent-witness/>

³⁰ Related essay: <https://woodhouse76.com/2025/06/29/deadly-medicine-and-missing-witnesses/>

³¹ <https://woodhouse76.com/2026/01/04/how-many-residents-of-u-s-nursing-homes-died-in-2020-we-still-dont-know-but-hhs-needs-to-find-out/>

³² Shown and explained in article linked above in footnote 20

Comparison between nursing home residents deaths in 2019 and 2020 reported by HHS OIG and CDC WONDER



Nursing home resident deaths reported in COVID-19 Had a Devastating Impact on Medicare Beneficiaries in Nursing Homes During 2020 versus deaths in nursing homes/long-term care facilities reported in CDC WONDER, 2019 and 2020.

JESSICA HOCKETT, PHD (13 APRIL 2026)

If you look at U.S. deaths by place of death, if you look at 2020 versus the average from 2017 to 2019, we see that we had really more of an increase in what I would call non-institutional places of death than in institutional places of death. We don't have federal data to support this portrait of uncontrolled infectious outbreak ripping through nursing homes. We simply don't.

U.S. Deaths by Place of Death (2017–2019 Average vs. 2020)

Source: CDC WONDER

Place of Death	2017–2019 Avg.	2020	Absolute Change	Percent Change
Medical Facility – Total (incl. Dead on Arrival)	1,005,192	1,235,978	+230,786	+23.0%
Inpatient	817,106	1,023,837	+206,731	+25.3%
Outpatient or ER	178,044	202,468	+24,424	+13.7%
Dead on Arrival	10,042	9,673	-369	-3.7%
Decedent's Home	887,411	1,127,967	+240,556	+27.1%
Hospice Facility	221,716	204,671	-17,045	-7.7%
Nursing Home / Long-Term Care	539,514	587,986	+48,472	+9.0%
Other places	181,457	226,479	+45,022	+24.8%
Institutional places of death	1,766,422	2,028,635	+262,213	+14.8%
Non-institutional places of death	1,068,868	1,354,446	+285,578	+26.7%

This is NOT a portrait consistent with an uncontrolled infectious outbreak "ripping through" nursing homes.

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But why should we care about any of this, at this time, at all, six years later?

Why Care?

- Nursing-home residents are an easy population to use in creating the appearance of an attack from a silent-spreading disease. (Existing hospital patients, hospice facility patients, and other “precipice” populations likewise.)
- The prevailing story assumes nursing homes were the problem, while hospitals did everything possible and merely received patients when it was already “too late.” Official data suggest the **opposite** narrative warrants interrogation.

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Well, for me, something I've realized is that – well, first of all, I believe the pandemic was staged. I said that earlier on, but nursing home residents and people in hospitals who are on the edge of life and are, they're going to die, right? Hospitals are a place where people die. They're an easy population to use to create the appearance of an attack from a silent spreading disease.³³ All you need is a new sequence of something, a new test that purportedly tests for that thing.

You test people, you tell healthcare workers that *when people test positive, they have this new thing*, and that *whatever symptoms they have are attributable to the new thing*, and then *these are all the things you have to do in response*.³⁴ *You have to isolate them. You have to put them on a ventilator.* We could go through a litany of things.

So if these people were used to create the appearance of something that wasn't, that could be done at any time. So we need to find out what actually occurred and what the order of events were.

The prevailing story, what's happened is that nursing homes are taking the hit. And I understand why. And it's not that nursing homes did the right thing or that people weren't afraid and there was[n't] all kinds of stuff that went on. But what's assumed, I think, in the United States and in other countries too, is that hospitals did everything that they could, and they merely received patients when it was too late. Right? But the data say that the *opposite* narrative warrants investigation, and at the very least, hospitals need to be investigated as well.³⁵

³³ <https://woodhouse76.com/2024/03/30/the-allegory-of-the-damaged-ship/>

³⁴ Process described here: <https://woodhouse76.com/2025/02/12/pandemic-casualty-event-101/>

³⁵ Also discussed in this presentation: <https://woodhouse76.com/2023/11/29/new-york-city-spring-2020-follow-the-money-nobodys-talking-john-khademi-jessica-hockett-video-and-enhanced-transcript/>

A couple years ago, I don't have the audio for this.³⁶ It was just, it was so disgusting to me at the time. But there's Andrew Cuomo sitting there with Bill Maher on *The Bill Maher Show*. And they were talking about the nursing home policy. Cuomo's giving his excuses. But Bill Maher said, *People died in a lot of nursing homes simply because the people who take care of the people in nursing homes are poor. And poor people get COVID.*



I mean, seriously? Like, regardless of whether or what you believe or what I believe or have come to conclude about COVID-19, I think we can do better than *poor people get COVID*. There's a lot of problems with that kind of explanation.

³⁶ Segment here: https://youtu.be/QQApZhXLcic?si=Y0KyUvu9_AF7lzGF&t=399

What is needed

- Complete hospital datasets with sufficient historical baselines
- County-level time-series data showing dates and places of death for nursing home and long-term care residents, regardless of cause
- Ambulance transfer and hospital discharge data documenting resident movement into and out of hospitals
- Independent substantiation of the New York City death curve and total mortality estimates
- Independent review or audit of hospital & hospice patient and NH resident records

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So we need some specific things. We need some specific records. These are just a few of the things. We need people still interested in this event. Unlike 9/11, we don't have a list of names of people who purportedly died in this event, in the New York City event, despite the fact that it's tons more people. There's no interest. There's no, where's the documentary about what happened? We don't know. Where are doctors testifying to what occurred in an authentic way and how many bodies were handled in these cataclysms? We just don't have it.

And if you're American especially you might remember this: Like, the New York City event and the purported mortality figures were, they were central to policy decisions and to substantiating the WHO's pandemic declaration and the fact that we were in some kind of public health emergency.

We need key records in order to independently verify what the heck happened so that we can have an accurate historical record and keep this kind of thing, or this Human Rights Heist, I call it, from being pulled off again.

Summary: NYC

- New York City's spring 2020 mortality figures were central to state, national, and international policy decisions
- Those figures continue to be cited as evidence of an unprecedented public-health emergency
- Key records needed to independently verify the timing, magnitude, and location of deaths have not been publicly released
- Establishing an accurate and verifiable historical record is essential for accountability and public trust

JESSICA HOCKETT, PHD (13 APRIL 2026)

Thanks very much.

Don, I'd love to take any questions or maybe from you first or clarifying points. I have extra slides I can pull up if I need to answer questions.

END FORMAL/PLANNED PRESENTATION OF CONTENT.

BEGIN DISCUSSION and ADDITIONAL POINTS & CONTENT

@55:09 - Don: Terrific. Thank you so much, Jessica.

Jessica: Sure.

Don: Oh man, the last time we had you scheduled to go on and give us a talk, I think we were gonna compare Bergamo and New York City. But this, the question of the nursing home deaths came up in a discussion we had in lieu of the presentation. We kinda got together and we were just discussing, you had written an article on the eleven sort of biggest problems with the official narrative.³⁷ And one of the perspectives that was put forth was saying that the nursing home death story accounts for the death spike, can be demonstrated to account for the death spike. And you do such a terrific job here of just absolutely destroying that as a possibility. So many more

³⁷ https://www.academia.edu/145696728/Eleven_Sets_of_Serious_Problems_with_the_New_York_City_Mass_Casualty_Event_of_Spring_2020

people died in the hospital rather than nursing home.³⁸ And that's like, I guess the bit, the number one takeaway. Right?

Jessica: Right. Right. And that the state has only said that 2,000 of the 22,000 total are—or they've only confirmed that. So then it raises the question of *who's everybody else then?*

Don: Yeah. Exactly.

Jessica: And we don't know if that's –2,000 could be the number that norm of nursing home residents who normally die in hospitals in that time period. Do you see what I'm saying?

Don: Right. I mean, one of the big things that I think many of your analyses show is that CDC WONDER is saying one thing. And this is the, I think it is the database a lot of people are turning to. But then the state data shows something radically different.

Jessica: Sure.

Don: Like a complete, there's a mismatch there. They don't even seem close. When you when you look at the, it's about 15,000 or so hospital deaths in New York City, right?

Jessica: Excess? Yeah. Yeah, fifteen, sixteen. With emergency department, sixteen and the extra. That's a lot of bodies. It's a lot. Not to be crude, but it's a ton of bodies.

Don: Yeah. Yeah, whether or not that could actually be handled by the system, is a question, for sure. But even with that number, in comparison to the nursing home, that's, which, what was it's around 5,000, a little under 5,000, according to CDC WONDER?

Jessica: I know, this is. I've been showing this same chart. This is New York City residents. It's a little different if you look by county of occurrence. I mean, after a while you just get tired of comparing all the different numbers because they don't all say the same thing.³⁹ So this is the one that I've, I always go back to. It's the clearest to me.

³⁹ Two examples of the never-ending shell games: <https://woodhouse76.com/2025/09/04/ex-cdc-director-tom-frieden-and-new-york-citys-mass-casualty-event-what-he-and-the-wall-street-journal-got-wrong/> | <https://woodhouse76.com/2023/04/18/the-covid-death-reckoning/>

Most deaths listing COVID-19 as underlying cause were in hospitals.

New York City, Weeks 12-22, 2020					
Place of Death	2019 Deaths from All Causes	2020 Deaths from All Causes	All Cause Increase/Decrease (2019/2020)	2020, Deaths Listing Covid as Underlying Cause	% of total Covid Deaths
Hospital Inpatient	4,837	19,827	14,990	14,704	76.1%
Outpatient/Emergency Department	1,026	2,697	1,671	1,271	6.6%
Nursing Home/LTC Facility	1,762	6,642	4,880	1,797	9.3%
Hospice Facility	267	231	-36	57	0.3%
Decedent's Home	2,906	8,215	5,309	1,426	7.4%
Dead on Arrival (to Hospital)	122	139	17	25	0.1%
Other	220	403	183	43	0.2%
Totals	11,140	38,154	27014	19,323	100.0%

CDC WONDER

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Don: About 4,800 all-cause and about 15,000 increase.

Jessica: Yeah.

Don: If we just take those numbers just assuming that maybe the COVID diagnosis is sketchy. Like sometimes people really have COVID, if there is such a thing, sometimes they don't. Sometimes the PCR is giving you a false positive. Sometimes they're just marking it on the death certificate because the doctor diagnosed it without a test.

Regardless, you have these numbers of deaths, 15,000 and almost 5,000, comparing hospital and nursing home. You said at one point that some of those nursing home deaths may have been transferred back to the hospital, because they need more care or, for whatever reason the nursing home cannot provide the care at end of life. If they went back to the hospital and they died in the hospital, we have no way of knowing if that's actually what happened though, because we don't have that granular level of data. Is that correct?

Jessica: You mean people who went back, so people who entered the hospital for whatever reason, then went to a nursing home and then came back, the readmission to the hospital?

Don: Or they were already at the nursing home and were sent back to the hospital.

Jessica: Again?

Don: And died or- no. Like say they were in the nursing home to begin with.

Jessica: Oh sure. Yeah, we have no idea. Well, the state says it's 2,000 people. They say 2,000, 2,100, New York City nursing home residents died with confirmed COVID in the hospital. But they don't say how many total nursing home residents died, irrespective of place of death. Or how many nursing home residents without COVID died in the hospital. Do you see what I'm saying?

Don: Yeah, I do. It's just seems like these numbers are almost, uh, meaningless in a sense.

Jessica: Yeah, right. Well, yeah, I mean and insofar as explanations, and you've heard me, you've read stuff that I've written. It's not that there's a shortage of things that were going on that could lead to death. And so when I, when I've said in the past, that *it's a mass casualty event without explanation*, I mean without, like without *official* explanation and without substantiation.

And part of my fraud claim or hypothesis isn't that – I mean you could have 27,000 extra people dying over the course of the year. Like this is such a – most of this event is in four to six weeks. It's incredible. Like World Trade Center disaster after World Trade Center disaster after- I mean, it's it's crazy.⁴⁰ So we just, it needs to be explained [by officials] and the fact that there's no *interest* in it is very strange to me.

Don: It's such a weird anomalous historical thing. You would think everybody would want to study it.

Jessica: Yeah. That's not what I've found.

Don: I know, I know. What happened?

Jessica: There's omerta. I mean, I joke, and some, so people have said to me, *Well are you saying that eight million people are keeping a secret?*

No, I'm not saying eight million people are keeping a secret. I'm saying no single, it was a closed system event and no single person witnessed anything that could have resulted in an extra 27,000. As controversial as 9/11 is – and, you know, you can debate all day with people about how the buildings came down, who was involved –

Don: There's a list of names.

Jessica: There's a list of names. And some people would tell me *fewer people died. No, more people died.* Right? So there's that controversy. But there's a cataclysm that we believe could have killed 2,800 people. But with this, nobody saw anything that could've killed 27,000 extra people. In the timeframe. In the timeframe.

Don: I think it's interesting from the standpoint that we've, along the four or five years following this event, we've had certain narratives pop up in the consciousness, in the public consciousness,

⁴⁰ <https://woodhouse76.com/2024/03/19/new-york-city-says-it-experienced-the-equivalent-of-eight-world-trade-center-disasters-in-46-days/>

for whatever reason. I think because they're promoted, but one is the nursing home narrative.⁴¹ Another one is a bunch of these deaths are due to remdesivir and maybe misapplication of the ventilators, which is probably true.

Jessica: The Remdesivir, I'll address those really briefly. The problem with the ventilator—because I've written articles on that one too.⁴² The problem with the ventilator thing isn't that people didn't die on ventilators. They did. It's that we don't have the data to see the *turnover* and how many people were on ventilators. I've posited that perhaps the ventilators, I mean the drugs that they use to put you on a ventilator are enough to kill, to kill somebody.

The challenge with Remdesivir is that there were some New York City hospitals that were trialing it under compassionate use, but it wasn't enough people, and it didn't get EUA'd by the FDA until early May. So, it's like it's after the fact.⁴³ After the fact.

Don: Yeah, I think my point is, you know, it's not that these explanations don't have plausibility or some evidence that — people actually did die under these circumstances. There's the neglect aspect, there's all these things that — yes, there's demonstrable evidence that it happened, but at what scale? Like what how *many* of these people died from Remdesivir or from the intubation drugs or... When you add those up, does it account for this crazy spike, right? That's the question you keep asking and none of the narrative explanations seem to add up.

Yeah. Well and we, Jonathan Engler and I did an article where we showed the Imperial College models and we superimposed Bergamo and New York City spikes over it, and they look the same!⁴⁴ So you're like, *okay, maybe a model, you know, reality couldn't keep up with the model and so what happened is they ended up engineering reality to present an impossible event.* So could there have been more excess before the event?

I've posited *maybe it was a worse flu season. Maybe it was.* I mean that has implications not just for New York City's curve but around the world, but — or more happened after the fact. Or there's more random variation in the data is what we would expect. But it doesn't look like this on the front end. That could be. So yeah, it's not that there wasn't excess or that we can't come up with some explanations, but the speed and the scale and the timing is just crazy. Unprecedented.

Don: Yeah. In a way it reminds me of the kind of mental trap that we're often painted into, into a corner, so to speak. Like everything's on a seesaw. It's either black or it's white or it's red or it's blue. It's gotta be this explanation and if that's not true then it must be the other one. And in this case, it's like it's almost better not to draw a conclusion in a sense because the data is so contradictory and pointing us in different directions that it's — the question is more how come we don't have the data and how come nobody wants to ask the questions about the data?

⁴¹ “The nursing home narrative” was part of reported events in the U.S. (and in other countries, in similar or different forms) in spring 2020. As explained in the presentation, The New York Nursing Home Narrative involving “the policy” and numbers reportedly being hidden by the Cuomo administration was a focus beginning in summer 2020.

⁴² e.g., <https://woodhouse76.com/2022/10/07/april-was-the-cruellest-month/> <https://woodhouse76.com/2023/06/02/a-very-long-open-letter-to-will-jones-of-the-daily-sceptic-regarding-ventilator-and-iatrogenic-deaths-in-new-york-city/>

⁴³ On 10 June 2026, the X account operated in the name of Andrew Bridgen [claimed](#) the U.S. “used Remdesivir instead of Midazolam to create the first wave of “Covid deaths”. This claim is both unfounded and mis-directive.

⁴⁴ <https://woodhouse76.com/2025/05/06/is-the-bergamo-2020-death-curve-more-modeled-than-measured/>

Jessica: Sure. Well, one uncomfortable answer to that question, and I would say this is true, I don't know who all is in the audience, but of like, *okay, so why isn't, (by and large) why isn't like "Health Freedom" interested in this event?* I mean I've gotten pushback from Toby Rogers, I'll just say.⁴⁵ I mean, it's public. I mean, I wrote about it. And I think it's because in some sense that there are a lot of people well, they don't want to look at it. I'm not speaking to Toby Rogers per se with this point. But you know they believe that a bioweapon was unleashed and in New York or they believe that there was a poisoning. And I address all theories, but I think people are kind of, in a way, benefiting from this event from being real. I think that's what it is.

Or you are really on the "Early Treatment" side. And so if maybe, if New York kind of shows that it was a staged, contrived event, and that the whole pandemic is a sham, well that hurts people who...

Don: Sure.

Jessica: So that's why I think it's just easier to not talk about or to say, *Well, the real problem was the COVID shot.* And yeah, the COVID shot is a problem, but that, this event was used to *justify* the COVID shot.

Don: Yeah, it's, I mean we saw the same thing happen with say, 9/11, where people decried the Patriot Act after the fact. But they didn't ask the question of *how did the Patriot Act come into being?* How did it, you know, get put in front of lawmakers in the middle of the night, this massive bill that was somehow written in by magical production? You can't even read it and then it gets signed, and the Bill of Rights is in shreds after that.

Jessica: Well, we could say the same thing about the CARES Act. That was very speedy and very expeditious. And then if you read the CARES Act, especially – I had to focus on the education portions at one time, and, in 2022 or 2023. And I was reading it and I'm like, *oh, they never intended for this to be two weeks.* So people who think that there was any kind of, *it was only going to be two weeks.* No, no. It was never going to be two weeks. Not according to what's in the CARES Act. Like, they were planning for the long haul. They were planning for the long haul, so. Sadly.

Don: So the correlation between the dates of these sort of announcements and policies coming into effect and then ending is really marked, you know, with the graph you have on the screen here, the *15 days to slow the spread*, and then it just shoots up. And then, like you said, with the CARES Act exactly coinciding with, it's just, and then the declaration ends for the CARES Act, the signal goes away...

Jessica: Right, so but I mean people have said to me, yeah, like why, it's almost more dramatic and more perplexing that there's nothing that happens in a city of eight million people for the rest of the year. And so the official narrative is that *because New York is dense, it burned through.*

⁴⁵ <https://woodhouse76.com/category/toby-rogers/>

And that's what pandemic projections had said about New York, by the way. And pandemic projections said that 27,000 people would die.⁴⁶

I mean, are we – I mean, hello? But what about Tokyo? What about Mexico City? I mean, so for so for every, like we can...

Don: Hong Kong.

Jessica: Hong Kong. I mean so, *well it's because they, it's because they did the right thing.* Right? *They did they did the right thing.* Japan is islands.⁴⁷ Australia. New Zealand. I have questions about Australia and New Zealand's data from spring 2020. They saw *negative excess* So people, you know, and I've been this person too: *Lockdowns are inherently deadly!* Oh really? What was going on in New Zealand? Not in New Zealand. And Australia. Or Germany. Can we talk about Germany?

Don: Yeah, no. Exactly.

Jessica: So yeah, you can, I mean you can do that all, you can do that all day, even within the United States. It was only a few places in the spring. You only need certain counties.⁴⁸ You need New York City, New York City Metro. There was Chicago, Detroit, not LA. What was going on in LA? It's closer to China. It's crazy.

Don: I'll go out on a limb here, but if you flew some planes into a building, and the building collapsed and you capture it on TV and it looks like something you've seen in a movie before, your brain goes, *Oh, that's plausible. Yeah, I've seen that before. I've even seen that in video games, or I've seen that on a, you know, in a fantasy movie or a thriller. So yeah, I believe it. Because the narrative matches up with my expectation.*⁴⁹

Jessica: Sure. *I saw it in [Contagion](#).*

Don: But if you have a little bit of training and you ask a different question, looking at data, let's say. Like, for example, the tallest building in the world, the steel frame building, never has collapsed in history before that day. And the nature of the rubble is not consistent with dynamite or planted explosives. Building turned into powder. You can see it in the videos. It turns into dust. That's not consistent with explosives. That's not even consistent with controlled demolition. What happened? I don't know, but I know that the narrative is not true.

⁴⁶ https://www.nyc.gov/html/ocme/downloads/pdf/pandemic_influenza_surge_plan.pdf

⁴⁷ <https://woodhouse76.com/2025/01/03/japan-2020-do-the-right-thing/>

⁴⁸ It only took 11 counties to get a 50,000 death increase — the rough equivalent of one week of deaths that normally occur in the U.S. See footnote 3 and table in <https://woodhouse76.com/2024/03/30/the-allegory-of-the-damaged-ship/>

⁴⁹ Related to what Don is saying here, my father's "non-experience" with 9/11 on the screen, on the day is a testament to how powerful the "real time" projection truly is. <https://woodhouse76.com/2024/06/24/what-my-dads-september-11th-has-taught-me-about-americans-covid-19/>

Jessica: Sure.⁵⁰

Don: In this way, what accounts for this massive spike in eleven weeks, most of it in, like, maybe seven weeks?

Jessica Yeah, six/seven, yep.

Don: This *really* tight little window. It does look like a bomb goes off and there is still no explanation.

Jessica: Yeah. Or “the” explanation of the House, what was that House Select Committee, Coronavirus Committee was “nursing home policy”.⁵¹ Well, I mean that's clearly not –

Don: It's not enough.

Jessica: It's not enough. Even if it's partially true, it's not enough. It's not enough. So yeah I agree.

Don: And even if you were to take all of the possible narratives and stack them together, maybe you could come up with this number but there's no data to substantiate it.⁵²

Jessica: Well and if, so, let's say it's real. We should still be learning from it. There should still be accountability. There should still be an investigation of hospitals. I had a friend who, she works for one of the local hospitals and a couple of years ago she's like, I can't remember what she said the percentage was, but she's like, if even one hospital sees a percent increase in death, I think it was like 10%, it triggers an automatic investigation. I think what's happening here is that everything is under cover of *emergency*, right?

And so that's been my persistent question is, what was the emergency?⁵³ Was there a public health emergency? I mean, can't we at least ask *that*?

But, you know, we have a lot of legislators who were in power at the time. And then, I'm not trying to get super political with Trump or whatever. People can think what they want, but the new boss is the same as the old boss, so there's no accountability incentive. So how long are we gonna have to wait? I mean the poor 9/11 truthers and scholars have been waiting a long time.

Don: Yeah, for sure.

⁵⁰ I have no informed opinion about the how the World Trade Center buildings were destroyed. Here, I am agreeing with Don's point that the official narrative is not true.

⁵¹ <https://oversight.house.gov/release/hearing-wrap-up-andrew-cuomo-held-publicly-accountable-for-nursing-home-disaster-by-covid-select/>

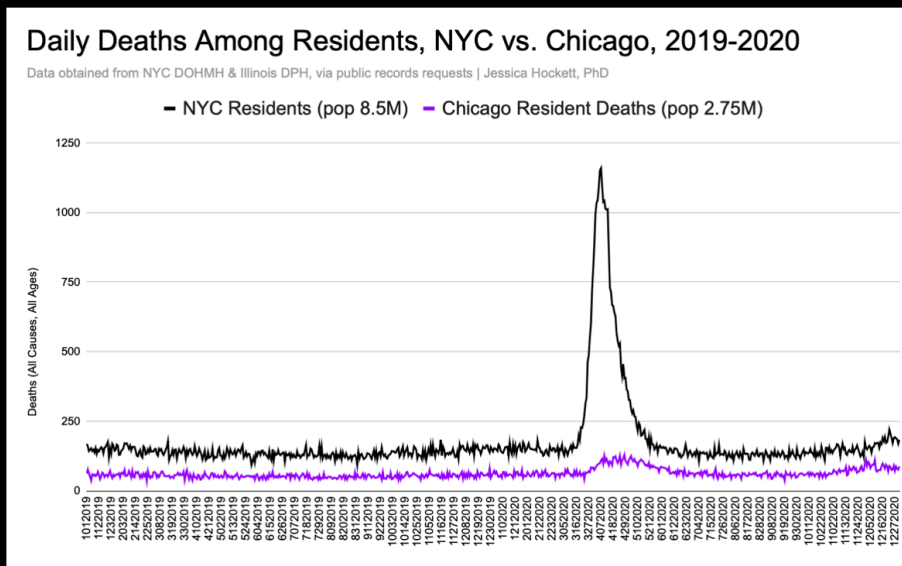
⁵² Correct. This was my approach, as articulated in “[Toward a New York City Hypothesis](#),” where I engaged in outlining possible known or potential factors by place of death. It's the failure of daily data, and data/records of various kinds, to permit independent verification, whether due to discrepancies, conflict, incompleteness, unexpected anomalies, and similar features, that is the problem.

⁵³ <https://woodhouse76.com/2023/10/03/the-emergency/>

Jessica: I don't want that to be us! I just don't, but [inaudible] I'm resigned. I'm resigned to it.

Don: You would think though that if you were to just compare Chicago, which you're very familiar with, and New York City, that the discrepancy in the results of the policy and the response would alone trigger an investigation. How come New York City did so poorly?

New York City vs. Chicago

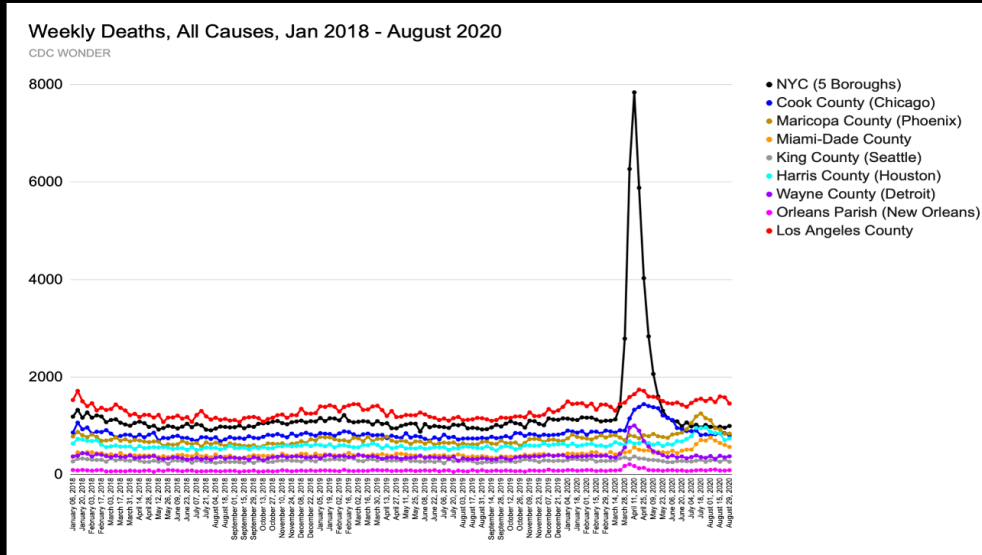


JESSICA HOCKETT, PHD (13 APRIL 2026)

Jessica: I mean, here's New York versus other U.S. Metro.⁵⁴ I mean this is, it's not population adjusted, but you see the same, it doesn't even matter if you population adjust it. This is just showing base to peak.

⁵⁴ Graph from <https://pandata.org/does-new-york-city-2020-make-any-sense/>

New York vs. Other U.S. Metro



<https://pandata.org/does-new-york-city-2020-make-any-sense/>

JESSICA HOCKETT, PHD (13 APRIL 2026)

I mean, you know, LA hardly saw any increase in the spring, but then did later, like in December.⁵⁵ They saw a weird spike there. But again, why is the virus waiting?

It doesn't, it doesn't – the spread narrative doesn't work. It doesn't work. New Orleans actually preceded, their event preceded New York of the timing by a week.⁵⁶ But like, okay, why New Orleans and not Orlando? People fly in from all over the world to Orlando to go to Disney World. Have you ever stood on Main Street in Magic Kingdom for the fireworks show? There's a lot of freaking people. You know?

So, it just, why this place, but not this place, you know? Denis Rancourt and his colleagues, I know, have kind of shown some things, creatively, with airplane travel and they're just like, *no this doesn't work*. Like nothing's going on in San Francisco yet here's the number of flights from Wuhan that were that were going on.

Or Chicago. Chicago announced the second case in the United States on January 24th. But then New York, their all-cause mortality doesn't start to rise until, I think, a little bit after New York's. (I should say “our” not “their.”) And then New York didn't announce a patient until March 1st. A healthcare worker coming back from Iran. Coming back from Iran.⁵⁷

Don: Yeah, that was a patient from Iran.

Jessica: Yeah. Lotta weirdness.

⁵⁵ <https://woodhouse76.com/2025/03/08/lol-la-la-land/>

⁵⁶ <https://woodhouse76.com/2025/02/14/new-orleans-vs-new-york/>

⁵⁷ <https://woodhouse76.com/2024/07/16/the-time-a-coronavirus-hit-iran/>

Don: The first [U.S.] patient was actually in Washington.

Jessica: Right, in Seattle. Snohomish County...

Don: We have all this sort of weird distribution early on that doesn't match...

Jessica: ...a legal permanent resident of the United States who had been in Wuhan since November [2019] visiting family and he's never been heard from again.

Don: Yeah.

Jessica: Can Tucker Carlson please interview the Snohomish Man? The first "survivor" of COVID? I mean, do you see what I'm saying? Nobody cares.

Don: No. It's true. It's almost like Bigfoot or something. There's a question in the chat.

Questioner in Chat [Don reading]: I live in New York City. We're constantly blamed. We were constantly blaming Cuomo for the spike in nursing home deaths. But we don't remember Cuomo ever pushing back. He could have pushed back and said, *No, I didn't make these arrangements in nursing homes*. But now five years later he's running again for mayor and nobody seemed to care about his disastrous policy. I'm beginning to think nobody reads the news. Did he reply to the criticism of the policy, do you know?

Jessica: Not really. I mean he defended himself and then when he had like this pre-recorded testimony before his testimony to the House Select Committee. I wrote a little bit about it.⁵⁸ I'm just like *nothing is gonna happen here, nothing's gonna change*. And in my opinion, it's because everybody's protecting what happened in New York. And he was kind of a script reader and an impro- I just call him a middle manager. Now that doesn't mean that he's not to blame for things. He's still accountable as a human being. I mean some evil things have happened, but I think the reasonable explanation is that like he did what he was supposed to do.

Yeah and you're right, he hasn't really pushed back.⁵⁹ And even when he was removed, or impeached, was he formally impeached or, what happened, or did he end up resigning, it was over sexual harassment. I mean so this is like Al Capone being indicted for property tax fraud.

⁵⁸ <https://woodhouse76.com/2024/09/09/andrew-cuomos-testimony-tomorrow/> and <https://woodhouse76.com/2024/09/21/cuomo-the-select-committee-nothing-new-and-still-waiting-for-answers-to-critical-questions-about-the-nyc-death-spike/>

⁵⁹ We don't know who wrote the policy, but as I showed during the formal presentation, the policy about not denying admission or re-admission to nursing homes on the basis of a SARS-CoV-2 test result was rooted in and consistent with federal guidance – and makes sense insofar as not using a test result to hold people hostage in a hospital. Cuomo *has* referred to federal guidance repeatedly when defending himself, and he is not wrong. "The policy" was also endorsed, and [reportedly urged by the Greater New York Area Hospital Association](#). But my position is that the state's own data, plus other realities about testing (even from an "official narrative" perspective") leave no real basis to claim that the policy people cite as "the nursing home policy" was itself responsible for "disastrous" outcomes. It *is* reasonable to say that unnecessary transfers between hospitals and nursing homes were themselves part of a disaster, whether strategically implemented or "reactive".

It's, and I'm in Illinois, so corrupt politicians are sort of the norm. Where people don't really get nailed for what they're actually guilty for. But he, was it last year? Or 2024? I almost pulled it up and I forgot. There was there was a little bit of a Trump-Cuomo bromance going on with Trump being like, *Yeah, New York did so much better than Florida and don't forget...*⁶⁰ I mean now that was all political, but it's like, *wait a minute here*. But again, Donald Trump's from New York. I mean, where's Donald Trump's interest in what happened in New York? He's not—right? But yeah, the commenter is exactly right. And it's astute. Like there's not really ever been pushback from Cuomo. He's just protected. He's protected. Omerta.

Don: Especially when you combine your experience, that perception of Cuomo, plus your experience with looking for data from New York agencies, either through freedom of information or just like public requests. And can you say a little bit about your experience there? Like, trying to get data.

Jessica: Sure, I mean New York City Health and Hospital, that's the public hospital association. I have gotten *some* records from them, but they stall, they stall. They won't give me certain data. They won't give me baseline so that I can see the baseline that happened. I mean Elmhurst Hospital, the New Yorker in the session will remember, maybe a lot of people remember that, The Elmhurst Hospital show, I call it, was like, *We need ventilators!* Colleen Smith is, you know, reporting live from Elmhurst Hospital. And then Donald Trump is on the White House lawn saying, *Queens! Corona! My neighborhood! Freezer trucks!*⁶¹ Right? So there's all of these theatrics that were going on that's just, it's not substantiated by people's experiences. Or here's another question for New Yorkers, and actually I ask New Yorkers this all the time: Do you anyone who became suddenly sick? Right? Or with the poisoning theories.⁶² *Like, well there was a poison or something that was disseminated in the in the subway.*

Don: Toxin. Toxin.

Jessica: Toxin, whatever. Well I, actually, I could defend supercharged fentanyl with the data, with some of the data. Like that there was some kind of release or some kind of contamination involving fentanyl.⁶³ I think that's kind of an interesting thought. Or vaping agents, remember the whole vaping thing? That could be in the mix.

But I think if something was released in the subway, there's 700 miles of subway line in New York City. I was just there a couple weeks ago and just reminded of how, you know, it's so sprawling. And yes, people are close together. But then why don't we hear more reports about New Yorkers getting sick? Every New Yorker has a smartphone. I mean bodega cats have TikTok channels. Do know what I'm saying? Like, where's the footage? Instead, we get footage showing the opposite. There's nothing going on.

⁶⁰ <https://www.nytimes.com/2023/06/01/us/politics/trump-desantis-cuomo-covid-florida.html>

⁶¹ <https://woodhouse76.com/2024/10/07/13-deaths-in-a-day-the-apocalyptic-coronavirus-surge-at-elmhurst-hospital/>
⁶² Views of Sasha Latypova on a poisoning in New York City addressed here <https://woodhouse76.com/2025/04/22/the-possibility-of-a-poisoning-event-in-new-york-city/> and here <https://woodhouse76.com/2025/08/03/what-unusual-illness-occurred-in-new-york-city-in-spring-2020-and-could-it-have-been-caused-by-sprayed-chemicals/>

⁶³ Discussed here: <https://woodhouse76.com/2024/03/11/did-strategic-chemical-poisoning-orders-to-ems-trigger-new-york-citys-spring-2020-home-death-event/>

Don: Yeah, it's true...

Jessica: There's an evidence of absence. Dogs that didn't bark.⁶⁴ That's really what we have. So I think more New Yorkers need to do that thinking. I mean, we had ambulance sirens. The data corroborates that. More ambulances being sent out. So that means more people were calling. We have a *massive* cardiac arrest event at home that we didn't have in Chicago,⁶⁵ but we have in London.⁶⁶ And Detroit and Paris. Isn't that – that's a whole other topic.

So yeah, there's just, even if, sometimes I've gotten accused of *well, your main thing is fraud, that the whole thing's fraudulent*. It's like, no, that's not what I lead with. It's just that, after so long you have to say, and people say, my husband said it to me in like 2022. He's like, *I don't think it's real. Like, is it real? How do you even know?* And when it can't be independently verified in any appreciable way, then that is when you have to ask, “Okay. Now the burden's on them. The burden is on the people who are making the claim.” Privatizing death records should not be a thing. And it's not in all states, but it is in New York. So, if you want to pull something off, well, where are you going to choose?

Don: It's the best state to do it in.

Jessica: Right, and it's, and you and I have talked about this before. It's in disaster movies, right?⁶⁷ It's seared into our – the UN is there. I mean it's seared into our consciousness as this place that is under attack or it's subject to attack.

Don: Yeah.

Jessica: Right? That's why people believe it.

Don: Crisis always happens in New York.

Jessica. It's always! And then we all, Americans know this. Like there's a crisis in New York, so we all have to worry about it. The media is there. The financial centers are there. So it's not, I mean, I heard Martin Kulldorff once say that, he was explaining New York City by *international travel and random chance*.⁶⁸ Well, I mean, come on. Random chance has a certain meaning statistically. New York City didn't get hit randomly, so...

Don: You queried Department of Health in New York City. You also, I think, asked the fire department for records. Is that...

Jessica: I did. I was looking for ambulance transfers.

⁶⁴ Also explained in <https://woodhouse76.com/2024/12/16/new-york-city-spring-2020-an-unsubstantiated-mass-casualty-event-that-appears-fraudulent-and-staged/>

⁶⁵ Referring to deaths, shown later in discussion

⁶⁶ Rachael T. Fothergill et al., “Out-of-Hospital Cardiac Arrest in London during the COVID-19 Pandemic,” *Resuscitation Plus* 5 (2021): 100066. <https://doi.org/10.1016/j.resplu.2020.100066>

⁶⁷ e.g., <https://woodhouse76.com/2024/02/19/a-quiet-place/>

⁶⁸ <https://odysee.com/@Corona-Investigative-Committee:5/s198en-1:b> (50 minutes, 10 seconds; 29 March 2024)

Don: Did they reply to you?

Jessica: Yeah, they closed my transfer [correction: request] suddenly.⁶⁹ Later on, they told, they asked me to send them a list of nursing homes. I did. Then they said that I didn't. I mean it was just like this runaround. I also asked the FDNY chief medical officer, he's on a study related to EMS calls, and then I think he is also on another one related to the cardiac arrest event. And I asked, I mean really you should be able to ask researchers for data, especially public data, and get it right away, without question.

Don: Yeah. Taxpayer-funded.

Jessica: But he's like, he said, "At this time we cannot provide this".⁷⁰ I'm like, what? So yeah, I do, and there's a lot of other examples, but you feel like people are hiding things. I've talked to a New York City detective.

Don: We've been told this is not to be shared.

Jessica: Exactly, or just "stay away from it". I mean I've been, I've been warned. I've been told by various people, "stay away, stay away from it." And "nobody wants to touch it, Jessica." I've been told that by fellow "health freedom" people, so it's interesting. Some happened there – or didn't. Or didn't. And that's, or just not to the scale. So.

Don: The importance of asking the question is so, it seems so plain though. I mean we all, everyone lived through what happened and you can see the significance of this big spike and how it rippled through *everything*. Through the media, through our consciousness, through the policy, through the vax the so-called vaccines, through the lockdown. It all starts at this spike. And no one wants to look at it.

Jessica: Italy maybe first, some Americans would say. But I would say that Italy was used, I mean, I think everything the whole, the whole thing is staged, but I think Italy was used to PSYOP other countries, right?⁷¹ Because I don't know that Americans necessarily believe, you know, if something's going on in China, well whatever.⁷²

Don: Like China, Iran, those people...you know, but when it comes to New York City..

Jessica: Yeah, right. Exactly. And Italy. People love Italians. Right? We love Italy. So if something's going on in Italy, then we have to take it seriously. I guess the other thing that I

⁶⁹ <https://woodhouse76.com/wp-content/uploads/2025/12/fdny-suddenly-closes.pdf>

⁷⁰ <https://woodhouse76.com/2024/02/08/at-this-time-we-cannot-provide-this/>

⁷¹ I've expressed this idea a number of times. One example is in this presentation with John Khademi, during Q&A <https://woodhouse76.com/2023/11/29/new-york-city-spring-2020-follow-the-money-nobodys-talking-john-khademi-jessica-hockett-video-and-enhanced-transcript/>

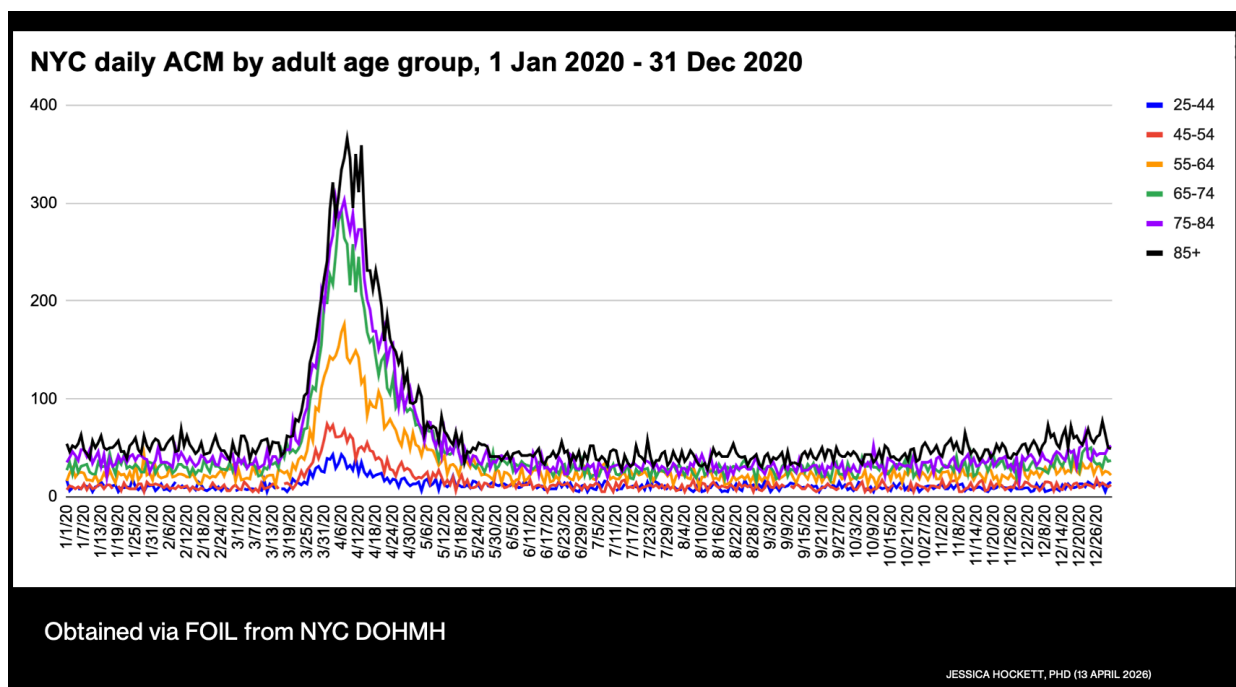
⁷² We don't know what was happening in China, and it's very plausible that – with or without China's coordination, participation, or cooperation – the China narratives are part of the broader psychological operation <https://woodhouse76.com/2025/04/15/january-2020-the-china-is-lying-about-coronavirus-cases-and-deaths-and-china-is-locking-down-psy-ops/>

didn't bring up that I know you and I have talked before about and I've written about but is the spike in young deaths. I mean here we have, it's the same this is the just 2020.

Don: Yeah, do you want to share that?

[FILLER TALK REMOVED]

Jessica: So I mean this is, and actually I just got this data. I usually use weekly data for it, from WONDER, but I got this from New York City Department of Health. This is daily. But again, nothing is going on. You would expect to see some kind of signal or like a slow, slower or more, variation or something, a “building”. A building of something in age groups that were said to be more susceptible.

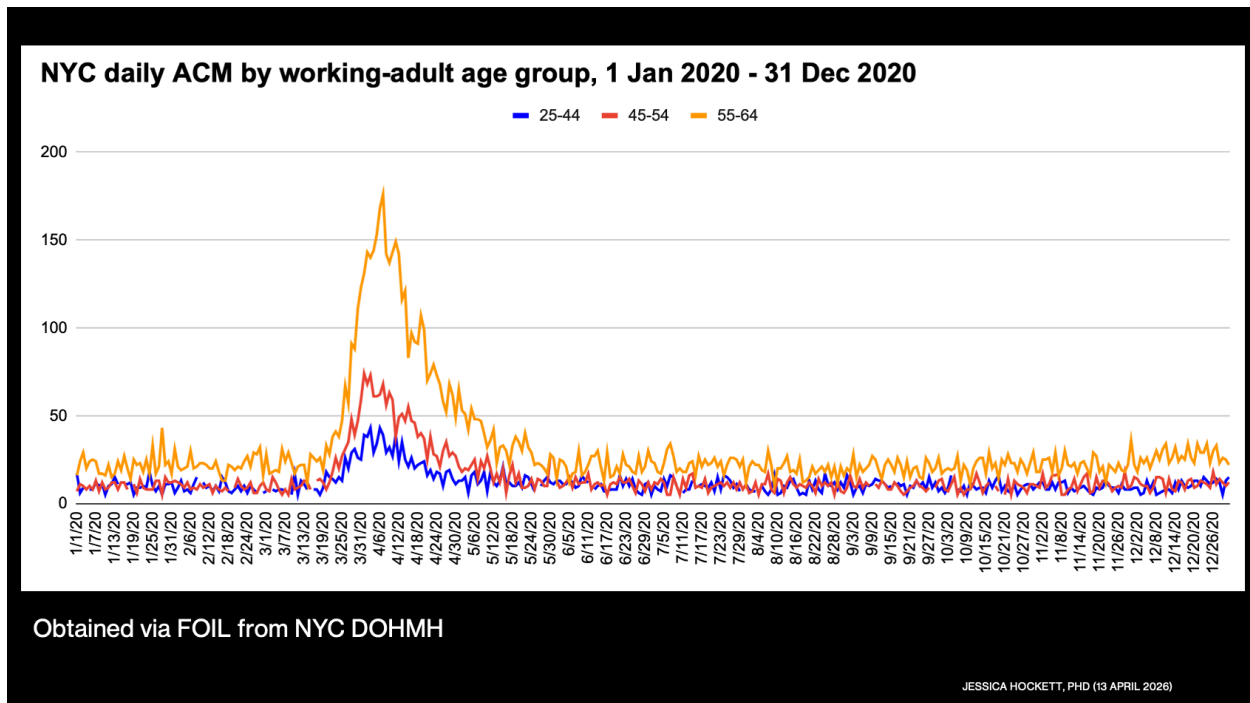


Don: So this was the point that when we had our discussion in lieu of your talk, when you couldn't make it, this was one of the points that I raised with the group was that you have this rise in mortality across *all* age groups within the same time window. That is *weird*.

Jessica: It's so weird.

Don: And it's counter-narrative because the narrative says, *oh, elderly are more susceptible, immunocompromised are more susceptible*. So you should see more distribution in certain age groups. Like groups, like the 25-to 44-year-olds and the 45- to 54-year-olds, they, why is that rising at the same time?

Jessica: Or even 55- to six-, I mean, this is all-cause, but it doesn't even matter. I mean this is *only* the younger groups shown.



And obviously the raw numbers are lower because they're lower anyway, right? They're always going to be lower. What's interesting too is that the 25 to 44 goes down before the other age groups. But so do emergency department deaths, go down before other places. So it's interesting.

It's not, I've looked at cause. It's not, it's not primarily drug overdose. People are like, *oh it's opioid*. Not according to the CDC. There was some rise in New York City and opioid deaths, but not a lot, actually. Not as much as you might expect. A lot of it's COVID, and a lot, or COVID-blamed, excuse me, and a lot of it's in hospitals. So why are young people dying in hospitals?

And some people have said to me, *well, because there's a lot of metabolically unfit people in New York*. More so than in Chicago? I mean that just doesn't...or Atlanta? I'm just trying to like go through, like, how does that...or Mississippi? How does that work?

Don: Some of it could be, the over-diagnosis or marking of cases as COVID.

Jessica: Sure. I mean, or I've gone through...uh, prisoner populations. Homeless populations, Mental health, right? Mental health wards, that tends to be, in certain kinds of hospitals, tends to be younger. So, but this is scary and what colleagues and I had found is that there's no other city that looks like this in the younger age groups in the time period. People talk a lot about “died suddenly” and young deaths with the shot. I'm like, *can we talk about New York?*

Don: This is before the shot. Yeah.

Jessica: Right. People say the shot, and I'm like, no. No, no. It can't, it can't possibly be the shot. [Clarification: the COVID shot] Here's the raw numbers in the time frame. So again, normal

would be for 25-to-44-year-olds in New York, a city of eight million people, but still, 500, but I mean it went up over 150%. Like that's not a small, that's not a small number.

Age group	Mar. 15–May 30, 2019 total	Mar. 15–May 30, 2020 total	% increase, 2020 vs. 2019
25–44	554	1,409	154.3%
45–54	713	2,285	220.5%
55–64	1,503	5,179	244.6%
65–74	2,056	8,037	290.9%
75–84	2,695	9,256	243.5%
85+	3,464	10,884	214.2%
Total	10,985	37,050	237.2%

Source: NYC DOHMH.

JESSICA HOCKETT, PHD (13 APRIL 2026)

Don: It's not the less than a fraction of a percent that they said for that age group.

Jessica: No. No, plus, you know, I don't have it, I don't have the chart right here, but speaking of World Trade Center, World Trade Center disaster is skewed younger, right? Because it's working, it was working adults and people who are at the office by nine o'clock or whatever. But the toll, I mean, so this would be...right, so this is more than double. I mean, we're not too far off of what the World Trade Center casualty. Now that was a single day. But still, when you think about that and that there's been no accountability for this, that's...I mean, at least with 9/11 we had a sham commission report, right? Within, what was that, a year? I mean, we've had sham reports with this event too, but they've been so narrow. They've been *so* narrow.

Don: I think this particular distribution of deaths is worth examining because I don't, it really doesn't match with any kind of viral disease distribution, and certainly not all at the same time like that in such a tight time window.

Jessica: No, what it does what it does match though, it's funny because the reports out of Italy and China initially were like, *hey, it's not, it's primarily the old, the older*. Well, then we see, the WHO, starting in March, started saying, *young people are at risk too*. I don't know if people remember that some of us got these postcards in the mail, like war leaflets or something about the, you know, that were the president's coronavirus guidelines issued on *15 days to slow the*

*spread. And part of what was on that postcard was even if you are young or otherwise healthy, you are at risk and your activities can increase the risk for others.*⁷³

THE PRESIDENT'S CORONAVIRUS GUIDELINES FOR AMERICA

DO YOUR PART TO SLOW THE SPREAD OF THE CORONAVIRUS

Even if you are young, or otherwise healthy, you are at risk and your activities can increase the risk for others. It is critical that you do your part to slow the spread of the coronavirus.

I mean, so why, so what I see is a sudden “switch” to “young and healthy too”. Now, you could say from a propaganda perspective that they had to start saying that to get people to buy into two weeks. You know? Like *you have to do your you have to do your part. You're at risk and you can spread it to others.*

But what, once you take “spread” out of the equation, like what, that's an interesting thought experiment for people too. What if, what if nothing, I'm not saying *no viruses* or the *viruses don't exist* thing. What if something wasn't suddenly spreading? Emerging from a point source in Wuhan or wherever and traveling around the world. Like that's the story that we're getting. I mean, it's possible that, the whatever they co-opted or whatever they “found” was already out there and had been for a long time, you know? So I think that's worth considering.

But yeah, I mean this is on my site. This message was, came in March and people were saying it. Scott Gottlieb, *Wall Street Journal*, “young people” — Jessica Rose saying “young people are getting it”.⁷⁴

⁷³ <https://woodhouse76.com/2025/03/17/16-march-2020-15-days-to-slow-the-spread/>

⁷⁴ <https://woodhouse76.com/2024/06/01/message-the-young-and-healthy-are-at-risk-from-covid-19/>



Scott Gottlieb, MD  

@ScottGottliebMD

WSJ on #COVID19: "With the onslaught has come a surprise for many health-care workers: Far more young people than they expected are falling very ill. According to data by..New York City...56% of confirmed cases of coronavirus in the city...involved patients under the age of 50."

11:24 AM · Mar 20, 2020

March 21, 2020

- **Jessica Rose:** "It's not just about getting it and recovering. It's not just about 'young people aren't getting it'. **That's not true. Young people are getting it.** It's, okay maybe the elderly have a higher chance of having a worse pathology and/or dying but it's not exclusive to any group. **That's being shown by the statistics coming out of Italy, Iran. The United States is right behind them, Europe.**"

I mean, I got all kinds of things here, and it was the loudest out of New York. I say it's part of the New York City script at the federal level, this is what we were being told. So I don't know if other countries were as loudly, but we were. Suddenly. So. Weird. Very weird indeed.

Don: Very weird. And the opposite of that prevailing narrative, which was it was elderly that was at risk.

Jessica: Sure. Right. Right.

Don: Hmm. Still, you know, every time we look at this, there's just still more questions. It's like an unsatisfying itch that's deep below the skin that you can't scratch.

Jessica: Yeah, I mean if anybody has, yeah, in New York ...or I mean I did a few weeks ago, at the end of January, I did present to Senator Skoufis's chief of staff.⁷⁵ He wasn't there, but. And I've filed, not quite related to this, but I have filed complaints with two federal entities regarding the H and H [Health and Hospitals] data for Elmhurst Hospital and some discrepancies I haven't heard back.⁷⁶ So I know people had a lot of hopes for the new administration and HHS and I

⁷⁵ <https://woodhouse76.com/2026/01/30/the-new-york-nursing-home-scapegoat-and-hospital-black-box/>

⁷⁶ <https://woodhouse76.com/2026/02/03/complaint-against-new-york-city-health-hospitals-filed-with-prac-and-hhs-oig-submission-date-3-february-2026/>

haven't really seen a lot coming out of that regarding the truth about early 2020, that's for sure. So, sad to say. Sad to say.

Don: Well, let's open it up and see if anybody has other questions.

Jessica: Comments?

Don: One of the comments in the chat says, the CDC has admitted that it faked 99% of the deaths to get people to take vaccines. Another comment says, once you believe in the pandemic, you don't need an explanation. You will accept any explanation that offers a way out. Let's see....

What do you think about, so what's your perspective on the treatments that were offered that were sort of the off, the off-label drugs like Ivermectin and...

Jessica: Yeah, good question. I've written a little bit about that.⁷⁷ I haven't seen any study, this is kind of a joke but kind of not. With ivermectin, I'm like, okay, I haven't seen any, where is the randomized controlled trial around ivermectin versus chicken soup in a warm hug? Like where is that? It's, and it's not, I'm not a pharmaceutical expert. I don't, that's not an arena, I can't, nobody can be an expert on everything in this.

But the problem with the early treatment “regime” is that it substantiates that there was, it doesn't question whether there was a sudden spreading novel respiratory virus causing a new disease that came on the scene, so, I reject that premise. But Ivermectin could still be, or other drugs could, treatments, could still be beneficial for a lot of reasons. But I just I don't think it necessarily means that there was something new.

And anything is better than, uh, euthanasia. Anything is better than *maltreatment*. I mean, again, we're six years past, so I hope, I know people died. It is serious. But like, after a certain amount of time you have to have a little bit of levity about it and be like: *Look, people were, tested positive and then they protocols were applied. They killed them. So, oh they should have been given ivermectin!* They should have not gone to the hospital. I mean the most dangerous place in New York City was a hospital, right? So I mean if you didn't test, you increased your chances of living – from whatever.

But so that's kind of the challenge that I see with the early treatment, that it, that whole regime was launched at the same, and my contention is that the core lie is that there was something suddenly spreading. They had to get you to believe that something was spreading and coming to a city near you in order to get you to believe in “two weeks” and then the war was won. When we when we said “okay” to two weeks, that was it. That was it.

Don: There also there seemed to be some arguments being made that the films of people's lungs that were presenting at hospitals, had that ground-glass opacity, what was called ground glass opacity. White patches in the scans, basically. But there was a difference of opinion, it seemed, that some people seemed to believe that certain this was this meant it was COVID, and others felt that it was representative of what is often seen in pneumonia and deep lung infection.

⁷⁷ <https://woodhouse76.com/2024/12/22/what-do-i-think-about-ivermectin-and-hcq/>

Jessica: Yeah, we, I wrote a piece about that on with colleagues about whether there's unique, like a unique etiology of COVID, specific to COVID.⁷⁸ And then, we said no after reviewing literature. But we also, we also interviewed, in our interview of a New York City frontline doctor who was a radiologist.⁷⁹ We asked him about that.

Don: Oh, so that's his field.

Jessica: Yeah. And he was, he said no, that it didn't necessarily have unique signatures. So I mean people can read that if they want. But yeah, I think there's a lot of things that come back on those reads that are like eh...eh...

I mean, speaking of Snohomish Man from early on, the guy was admitted to the hospital with unremarkable symptoms and he developed *hospital-acquired* pneumonia. It's right there in the *New England Journal of Medicine* report.⁸⁰ People should read it. It's ridiculous. And he was given Remdesivir, by the way. I mean, and then walked out alive and he's never been heard from again. I mean, who was he? Who did he work for? I don't, you know. Bill Gates? I don't know. Bill Gates is in that area.

So it, yeah, there's just so many things that don't add up. But you're right, the ground glass opacities. Also, the original Chinese name for the virus isolate was Wuhan Seafood Market Pneumonia and then the Chinese's original, Chinese CDC original name was novel virus, pneumonia, or something like that.⁸¹ ⁸² It was linked to pneumonia really early on. Do you remember that? But then that kind of went away. And then we had people like Peter McCullough and others, right in *The Wall Street Journal*, I think, in April 2020, saying it's a vascular disease.⁸³ And yeah, I've wondered if that was sort of because of the New York City cardiac arrest event that people started saying that. The WHO's name is "coronavirus disease 2019"? What does that mean?⁸⁴

Don: Say more, if you can, about, I mean I'm familiar with it, but for the audience. Can you say more about that cardiovascular event in New York City?

Jessica: Yeah. Let me, um...

⁷⁸ <https://wherearethenumbers.substack.com/p/a-closer-look-at-spikeopathy-as-the>

⁷⁹ <https://woodhouse76.com/2023/12/14/new-york-covid-19-hospital-frontline-the-silent-witness/>

⁸⁰ <https://www.nejm.org/doi/full/10.1056/NEJMoa2001191>

⁸¹ On 5 January 2020, a Genetic sequence for "Wuhan seafood market pneumonia" virus isolate "Wuhan- Hu-1" was submitted to the Department of Zoonoses, National Institute of Communicable Disease Control and Prevention, Chinese Center for Disease Control and Prevention, in Beijing, China by Yong-Zhen Zhang of Fudan University.

<https://www.ncbi.nlm.nih.gov/nuccore/MN908947.1> As far as I can tell, the Wuhan-Hu-1 sequence, later GenBank MN908947, was submitted to INSDC/GenBank on 5 January 2020, but doesn't appear to have been publicly available there until about 12/13 January. Holmes's [Virological](#) post, dated 10 January and timestamped 11 January, said the sequence had been deposited in GenBank and "will be released as soon as possible," with a later update noting its availability.

⁸² Novel Coronavirus-Infected Pneumonia (NCIP) <https://weekly.chinacdc.cn/en/article/doi/10.46234/ccdcw2020.017>

⁸³ <https://woodhouse76.com/2024/05/23/peter-mccullough-is-a-pandemicist-and-an-example-of-what-the-dual-sided-government-operation-wanted-americans-to-hear-in-2020/>

⁸⁴ <https://woodhouse76.com/2024/07/20/the-sars-cov-2-name-game-long-read/> | <https://woodhouse76.com/2024/11/14/covid-19-did-not-come-from-a-lab/>

Don: Because there's a *surprising* number of cardiovascular-related death on that spike.

Jessica: It's insane. Yeah, it's insane.

Don: I mean, for exactly what you were saying: that we were told this is a *respiratory* disease and there's this massive cardiac signal.

Jessica: And not in Chicago.

Don: Yeah, right. In New York.

Jessica: That's what I always go back to. And it was, again, simultaneous to a similar event in London. Yeah. So, you know, could the ambulance sirens have caused people to go into cardiac arrest?⁸⁵ I don't, I don't know.

Don: Or was it the diagnosis that was applied or...it's hard to know.

Jessica I'm trying to think of where that is. I think somebody has her hand raised. Let me, while I try to pull that up, if somebody wants to. Jean Tobin

Don: Hey Jean. You want to unmute and ask your question?

Jean Tobin: Okay. I just wanted to say I came into this later, so you may have mentioned this, but as soon as the whole situation started in Italy, in northern Italy, I already knew that there were *a lot* of pharmaceutical companies based in northern Italy. And a lot more were based there since the financial crisis of 2008, which was a worldwide thing. And Italy suffered a lot in that crisis and one of the ways they boosted their employment was to have these pharmaceutical companies locate in northern Italy. So, when I heard, because I knew from the beginning that this thing was, I mean, I call it a scam. I think there was a virus and so on, but the whole thing was completely overblown in about fifteen different ways.

But when I heard them talking about northern Italy, I said, "Well, that makes a lot of sense to me because of all those pharmaceutical companies that are based in northern Italy, and they have control of the governments because of all the money they're bringing in." And I thought, and certainly New York City is just always ripe for a psychological operation. I live on Long Island in New York, so because of the high concentration of people, the density, the density of the population, it's very easy to do psyops here. And of course a lot of medical hospitals and et cetera, et cetera.

Jessica: Yeah. Yeah, I mean the density and tension. And not even necessarily the density because of the spread thing, but I mean the density, there's more people so there can be more tension. I mean there's a lot of benefits to there being more people. We were just there two weeks ago. It's like, *oh yeah, New York's so great, it's got so much energy*. But yeah, it doesn't take much to all of a sudden, send people into like a "fight or flight".

⁸⁵ Discussed in <https://woodhouse76.com/2026/02/02/the-sound-of-sirens-new-york-city-and-london-spring-2020/>

Jean Tobin: Right. Right.

Jessica: I don't think. But yeah, I didn't know that specifically about Northern Italy.⁸⁶ There are reports about, they're kind of weird, but there's some reports about Midazolam shipments from Germany into northern Italy.⁸⁷ I mean, it's funny because it's hard to separate what reports are like part of the PSYOP, right? Like if it's being said at the time, contemporaneously, you're like, *okay, this is something that they wanted us to hear*. So, we have to probe it, and it's misdirection in some way, shape, or form. But yeah, that's it, that's interesting about the pharmaceutical companies. I don't think I knew that.⁸⁸

Jean Tobin: Yeah, it would be easier in other words, it would it's much easier to create a PSYOP when you have powerful people that are – a few, a few powerful people, not a lot, that are part of the PSYOP. Yeah.

Jessica: Yeah.

Don: There's been a similar argument made about Boston too, and Massachusetts, because Massachusetts I think is like maybe second or third after New York City in terms of number of deaths in the spring. It's a little higher.

Jessica: It depends how you do it. But yeah, it's not. I mean Boston has – yeah. Yeah.

Don: The number of pharmaceutical companies that are centered in and around Boston is probably on par with northern Italy. Moderna's there, obviously. Pfizer is there.

Jessica: Plus, Harvard. Elites. I mean so...

Don: Harvard. All of the medical schools.

Jessica: Right, exactly. MIT.

Don: But in terms of, their incentivization of key a few key places along the lines of what Jean was suggesting, it's plausible.

Jessica: I mean what's crazy about northern Italy too, and the Lombardy provinces, I mean so you have you have stuff going on, ostensibly, in Lombardy, like Bergamo, which it's funny, Bergamo is right in the center.⁸⁹ So it's like the literal epicenter. It's geographically in the center of Lombardy. I mean, come on.

⁸⁷ <https://sanityunleashed.substack.com/p/german-manufacturers-products-contaminated>

⁸⁸ There are also apparently potential whistleblowers in Lombardy, per Tom Jefferson <https://woodhouse76.com/2025/05/07/the-lombardy-saga-whistleblowers/>

⁸⁹ All Wood House 76 articles related to the Bergamo event in Northern Italy here: <https://woodhouse76.com/bergamo-death-spike/>

But then nothing's going on in Venice. Nothing's going on in Rome.⁹⁰ I mean that doesn't, that doesn't, I mean from a spread perspective, right? That doesn't make sense. That's why for me, that's, I think, again, that's the core lie, that nothing was suddenly spreading. Something could be out there already, but suddenly spreading, you would just see, just you would see it distribute in a different way.

Don: You would think Rome would be one of the worst places.

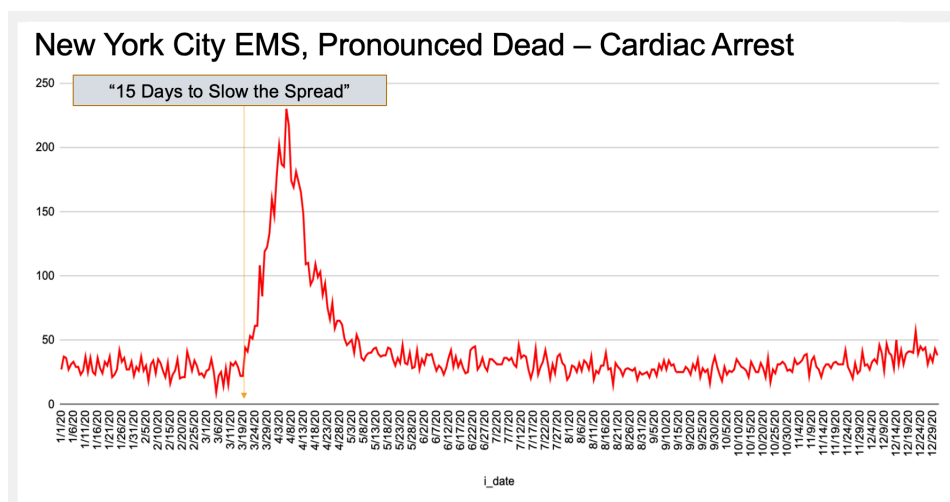
Jessica: You would think.

Don: One of the comments in the chat says, *I honor you for questioning the narrative. I sat back and watched and gave them two weeks to prove their narrative because there was not a history of everyone being shut down prior to and when they said they wanted to continue with the shutdown I knew there's a PSYOP happening. I couldn't imagine so many people being a part of it around the world.*

Jessica: Yeah. I mean, I think a lot of people are like, *okay, two weeks and then we'll see what happens.* Right. And yeah, only in retrospect is it like, okay, we shouldn't have even, have given them two weeks, but it sounded kind of fun in some ways. I mean for some. Right?

Like, *okay, I get two weeks.* I still have friends that say that. *Well, it wasn't so bad. I got, I didn't have to go to work. We were doing our thing.* And people who were still getting paid, and so I think people thought it was a nice break from their daily lives. I mean, some people say that there was like mass panic set in at that time. I'm like, eh... There was fear. I get it. But those first weeks were very rah-rah. I remember. Healthcare heroes, remember all that? Broadway stars doing their recordings. It was like a war effort. It was it was like, *Yay! We're going to war against the virus.* Part of what I remember anyway.

Don: Yeah. Oh, so you brought up the cardiac arrest.

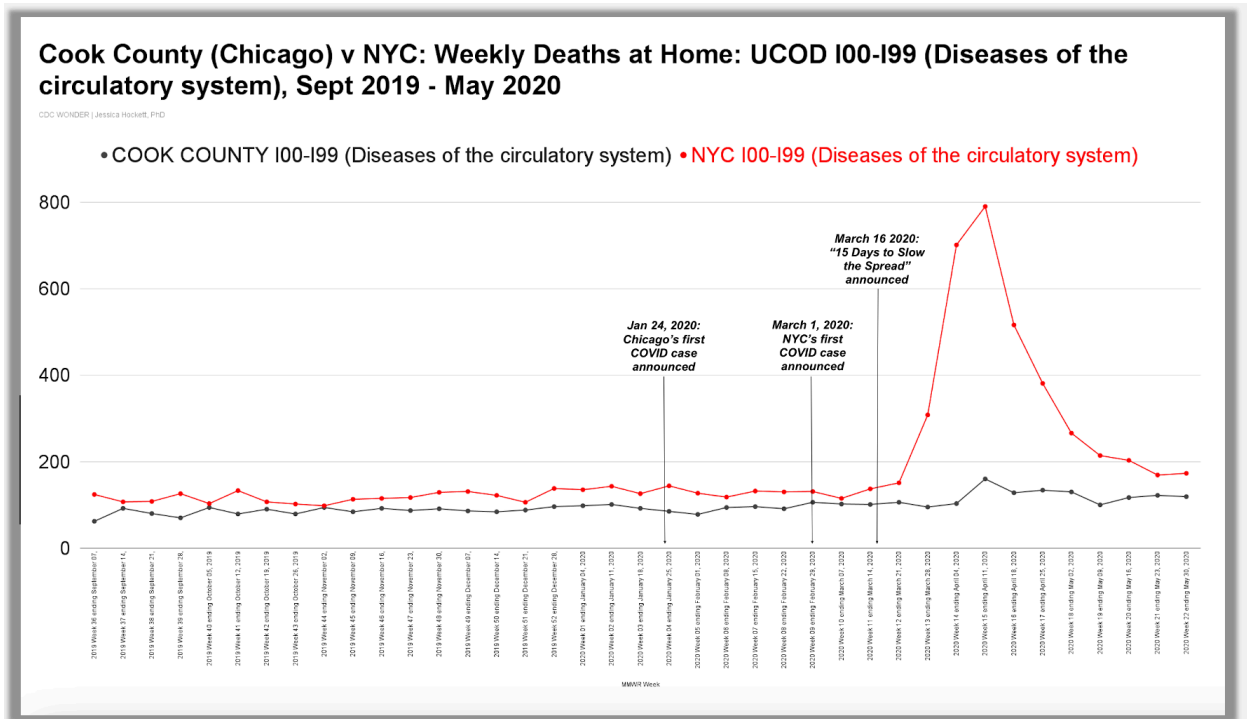


⁹⁰ See Figure 2 in <https://woodhouse76.com/2025/04/06/john-ioannidis-is-wrong-about-the-bergamo-and-new-york-city-spring-2020-death-spikes/>

Jessica: I mean, come on. What in the world? And it does it does stay a little elevated for the rest of the year. But I think insofar as a poisoning hypothesis would go, or if a poisoning of some kind would explain this, even something like drugs. My challenge is that I think a poisoning would have more random variation in there, not rise like a curve.⁹¹

So if you match, I don't know if I have it in here, but there what I think were what I think were deadly orders given to EMS about what to do and what not to do. But I, so that could help explain this, but I don't know that it would look like that curve. That's my challenge. But calls and dispatches did go up.

And then, Chicago, this is from WONDER, but this is weekly deaths at home, circulatory, of various kinds. So it starts in September 2020 [mis-speak: September 2019], the graph does, and then goes through May 2020.



The black [line] is Chicago, Cook County, actually. And then the red is New York City, five boroughs. Again, we don't need a population-adjust here. It's showing each city relative to itself. Chicago had a case first.

But I think this is where the *COVID is a vascular disease* came from. I really do. But I'm not saying I think that's real. I don't know. I don't know if it is. Jean, do you have another question or point?

⁹¹ For related points about expected curve characteristics, see <https://woodhouse76.com/2026/02/08/absence-of-expected-stochasticity-is-grounds-for-suspecting-data-fraud-and-demanding-proof-comparing-bergamo-and-new-york-spring-2020-to-milan-1630-and-other-high-casualty-curves/>

Jean Tobin: Yeah, my other point was I don't know if you already brought this up, but in New York, most of the people that died were in a poor socioeconomic area. In other words, these hospitals in very economically challenged areas where they didn't have people like family or whatever that support in the wealthier hospitals you didn't have the same large number of people passing. Did you? I don't know. I again I came late, but I just wanted to make that point.

Jessica: Sure. So I have two, a couple things about that. I do somewhere, I'm not gonna be able to find it right now, but I do have a graph because I did get data, death data from H and H [public hospitals]. And so H and H versus everybody else really isn't that different. I mean if we're just going with public hospital.⁹²

The other thing that's really interesting, there's a study, I can't remember the authors, but that compares Chicago versus New York in this in this time frame, and they found that a lot of the, I want to say COVID hospitalizations and deaths, were among working-class Hispanics and Chicago was like poor Black.⁹³ Which didn't, which didn't, like that was sort of a mis- it didn't really make sense. But early on the narrative was like *it's poor people*.

I don't know if you were here for the Bill, did you see the Bill Maher? What I mean Bill Maher was still saying that in 2023. He was saying people died in a lot of nursing homes simply because the people who take care of the people in the nursing homes are poor And poor people get COVID. So that was like part of the justification for a lot of a lot of things, especially in big cities. Like it's an “equity” thing. It's a “*we have to protect poor people*” thing. And so it's appealing to people's like virtue and guilting people. I think that's the problem kind of I have with that narrative. But with the hospitals I haven't found necessarily that, at least the public hospitals versus everybody else, is a greater proportion.

Yeah, it was a show. Yeah, I mean that's, it's in a working-class...I know where it is. It's in Elmhurst so it yeah, it's just it's really interesting. Go ahead, Jean, you gonna say again?

Jean Tobin: I brought that up I just remember actually reading stats about it. I don't have all the stats at the top of my head. But I didn't mean that poor people get COVID. I'm not taking that angle at all. I just mean that if you're gonna do a PSY-OP, the PSY-OP the place you would choose would be a hospital in the place of a poor a poor area. And certainly there are these concentrated poor areas in New York. And I read stats about it many years ago that, I don't have 'em at my fingertips, but I they certainly seem to be valid. And whereas in the, because we have some fantastic hospitals in New York, wealthy all of that, and there were much less people dying in those in those hospitals.⁹⁴

Jessica: Yeah, I'd have to I'd have to look back at the vital stats report again on that too. I mean, you may remember tons of, I personally know a good number of Manhattan, Manhattanites who left. I mean like a lot of rich people left for that and didn't come back until the end of the end of

⁹² See figure 6 in <https://woodhouse76.com/2024/05/13/daily-deaths-all-causes-in-new-york-city-public-hospitals-jan-1-dec-31-2020/>

⁹³ Maroko, A. R., Nash, D., & Pavilonis, B. T. (2020). COVID-19 and inequity: A comparative spatial analysis of New York City and Chicago hot spots. *Journal of Urban Health*, 97(4), 461–470. <https://doi.org/10.1007/s11524-020-00468-0>

⁹⁴ I am not able to find a study that substantiates this finding. If readers locate one, I am happy to review it.

the year. So you ask them, like, *what was going on during spring 2020?* They're like, *I don't know, I wasn't here.* So, if everybody left over is maybe, or at least not a multi-multi-millionaire, that's maybe gonna change the scene too. There were ambulance transfers that went on [between hospitals].

Part of my bigger hypothesis is, it's kind of scary, but I think the Feds ran a drill. Like they ran a simulation. They ran – with real people – but they ran like a chemical attack plan. Or my sister who's worked in Ebola outbreaks, she's like, *It's like they ran a disaster medicine plan, regardless of whether there **was** anything.*⁹⁵ They just kind of went through the -- and they had done a lot of simulations in New York City hospitals.⁹⁶ A lot. I mean you could even say that the 2014 Ebola scare was like a proof-of-concept exercise, right? Or the 2009 H1N1 drill. I would call that a drill too, but yeah, speaking from a planned activity perspective there, but I think it's gonna be years before we really get to more people maybe seriously studying this event from different angles, like not just the data angle, but was it planned? Was it not?

But I think the New York City event deserves to be studied in its own right, even separate and apart from everything else that happened.

Don: It certainly seems to be the most glaring example of distortion.

Jessica: Yeah.

Don: It's almost, it's just screaming.

Jessica: I think people excuse stuff because it's New York too. So there's that.

Or, my mom said to me, “How do you *more* people didn't die, and they're not lying?” Or like more people didn't die in the late, late part of the year? The non-COVID excess only lasted six weeks and you don't see any non-COVID excess for the rest of the year.⁹⁷ That's weird. And there was a lot going on in New York. I mean there was, if we think the mitigations themselves or the shutdown themselves are deadly, irrespective of what's going on in hospitals and nursing homes, there was a lot of civil unrest that summer, for various reasons. So really? There was no, or we don't see in the daily data any kind of like other spikes going on? It's kind of surprising to me, you know. It's a big city. It's a big city.

Don: I wouldn't be surprised if many of the statistics that people refer to have been manipulated or juiced or just be completely false. We see this all the time with how many shots, *the shots have saved so many lives*, if, *so many people would have died from COVID*. And most of these numbers are not true. They're based on facts.

⁹⁵ Paraphrased from what I reported here: <https://woodhouse76.com/2025/03/04/follow-up-on-informed-assent-more-signs-that-spring-2020-was-not-what-it-seemed-to-be/>

⁹⁶ Example: <https://woodhouse76.com/2024/09/23/nyc-health-hospitals-kings-county-sars-pandemic-response-simulation/>

⁹⁷ See Figure 2: <https://pandata.org/does-new-york-city-2020-make-any-sense/>

Jessica: Yeah, I mean people accept that there's data manipulation or representation [*sic*: misrepresentation] when it comes to the shots, but then they still kind of fall back on “but the all-cause mortality must be true”.

And my contention is that if they're lying about, what makes you think that any of this data isn't manipulated? It's only on a screen and they're not backing it up. Or I've said, March 2020, it's like the equivalent of World War III because they shut the whole world down. I mean, I'm being a little hyperbolic, not every country actually shut down, but you know they apparently shut the whole country down. No bombs, right? No aerial assaults. No ground troops.⁹⁸

Now we did see military activities going on, but all they had to do was tell us that something was coming. I mean, huge success. Huge. Or people say, *Oh the WHO failed*. Absolutely not. I mean it depends. It depends. It depends what you think the goals were. I think I think Operation COVID was a *huge* success. A huge success. I hate to say that, but I just there's no accountability. There's no truth. There's no nothing. So, I don't know.

Again, I'm looking to the 9/11 scholars for my inspiration. Stay the course. Stay the course.

Don: Twenty-five years. Twenty-five years, Jessica.

Don: There's a question in the chat that I wanted to see if you wanted to address. Any thoughts on Bryan Ardis' venom theory, with regard to-

Jessica: I don't know it. I don't know it.

Don: He's of the opinion that there's research indicating that the spike protein, as well as components in the injections, contain snake peptides or peptides derived from snake venom and that they're, you know, and some of the symptomatology and adverse effects mirror snake venom.

Jessica: So, I think, let me say this, because I'm not an expert on the contents of the shot, but I have a view similar to Katherine Watt's. She's a U.S., she's a paralegal and has done a lot. She's from Pennsylvania. Her work's on [Bailiwick News, on WordPress](#). She left Substack too and put her, archived her work on WordPress.

And she's looked at all the U.S. biologics laws.⁹⁹ ¹⁰⁰ And as a result of conversing with her and looking at her work, I think she's right. (Sorry, Katherine, if I get this wrong.) But I don't think we can ever know or have ever known what's in any single vial of any vaccine of any kind.

⁹⁸ <https://woodhouse76.com/2025/03/15/stay-home-save-lives/>

⁹⁹ Main biologics law book:

<https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/10/legal-history-of-biological-product-non-regulation-october-2025.pdf>

¹⁰⁰ Video overview and transcript:

https://rumble.com/v6skan9-overview-of-biological-product-non-regulation-history.html?e9s=src_v1_upp

<https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2026/01/2025.04.21-legal-history-of-biological-product-non-regulation-video-tutorial-transcript.pdf>

They're, it's completely unregulated. It's not stable. There's no evidence that what's in this vial and what's this in this vial are the same, even if they're purportedly for the same thing. Or, I know she doesn't make a distinction between like flu shot, COVID shot, polio shot, whatever it is. We don't, we don't know. We can't link this stuff to anything. All this – well, batches, this, that, she's like, it's all, we don't know. Reject all of it. It's all poison. It's all, you don't, you don't need it. It's all poison.

So that's, I've kind of taken that view too as a as a result of looking at the flu shot is what I was doing early on through data. Like, this thing changes every year? What? How do we know? We match strains based on the southern hemisphere? What?

Right, so I think a lot of this, and PCR testing was used with flu too.¹⁰¹ A lot of things that were going on with COVID were going on with flu. People just didn't know. They just didn't know.

Don: I mean in some ways the mythology that we have about like lots and lot numbers and consistency and testing, in some ways we believe it because we've been told this for a long time. But how many people have actually done the diligence of going to see if these things are actually being carefully regulated and tracked? In the case of the COVID injectables, there is no record.

Jessica: No.

Don: The closest thing we have is some people testing leftover vials that people have donated or sourced together and, you know, maybe you can make claims about the thing that you tested, but you can't really make claims about the entire lot or about the entire series of injectables because we could be looking at dozens of different formulations –

Jessica Hockett: Or the stability of what's inside

Don: ...dozens of conditions of the product. Degraded, not degraded, stored properly, not stored properly.

Jessica: Exactly.

Don: Manufactured improperly with contaminants. I mean there's so many possibilities.

Jessica: I mean just say, my generation was taught to say no to drugs. So just say no. They say that program was not effective. It was for me. I've never taken at least an illicit drug at any point in my life. So I think if you just say no, you don't get tested. I think that's the solution is you starve the beast. You don't wait around for an NIH director or HHS director or CDC or FDA. You don't wait for them. They're not, they're not doing anything, so just say no. Just say no.¹⁰²

Don: Do not comply, as they say.

¹⁰¹ was and is

¹⁰² <https://woodhouse76.com/2025/05/22/contempt-civil-disobedience-and-calling-the-governments-bluffs-about-public-health-emergencies-threats/>

Jessica: Do not comply. Exactly. Exactly.

Don: Well, if anybody wants to ask another question on camera or on recording, they can do so now. Otherwise, I'll stop the recording and Jessica's been gracious enough to say that she'd answer more questions off recording. So, give it one last call. Anybody?

Before we stop the recording, Jessica, I want to say thank you so much for you coming out here and joining us with the webinar.

Jessica: Thank *you*.

Don: It's always a pleasure. We learned so much, and it's great fun too, because you I think you have a great authenticity to your investigation that we need more of.

Jessica: Thanks. Thanks for having me.

END ENHANCED TRANSCRIPT