Transcript: Conversation between Randall Bock & Norman Fenton on New York City Spring 2020 and Novel Coronaviruses

Excerpt from Epidemic Investigators, 13 November 2024 episode. Via Apple Podcast transcript. Fixes, format, and embedded links/references by J. Hockett

JESSICA HOCKETT

SEP 17, 2025

NOVEMBER 13, 2024

Norman Fenton's Fighting Goliath: COVID Narrative's Flawed Math

False Fact Fixed

▶ Resume

On the Excess Death Spike Events of Spring 2020, including New York City

Randall Bock to Norman Fenton [30:18]

> So, how does one eliminate the, say, seeming paradox of knowing what the, kind of, background probability is when you haven't tested yet?

Norman Fenton to Randall Bock:

> Yeah, because you've got that, yeah, that's a, of course, you've always got to have some understanding of the background probability. And how do you, and in the absence of a gold standard test, of course, you don't know. So there is an issue there.
>
> And that is a major problem because we really don't know whether there was a novel virus and how many people really had it. But what we do know is that the only real change in, apart from this incredible peak of excess deaths, because this is what you're

looking for is things like excess deaths here. And what we know is that the only time there was a real peak in excess deaths was right at the very beginning, but it was only in certain places.

And the question there is, whereas it was originally assumed that those excess deaths were being caused by the virus, it turns out that almost all of those excess deaths were almost certainly caused by the responses to the virus, not the virus itself. **And it happened in particular places, like Bergamo, Italy, London, and New York, in particular, where you had these really, really significant spikes in death in late March of 2020.** But in all cases, you had these similarly inappropriate responses to what was perceived to be the pandemic.

And they include things like ventilating, and intubating people who should not have been, for whom that should never have been done. It includes things like moving elderly sick patients out of hospitals into care homes, and then not giving them access to their families, who give them the, not just the moral support, but also the support, the medical support in many cases. They were just basically denied normal clinical support.

And possibly the most significant of all was denying people who had bacterial pneumonia, which incidentally is the most likely cause of death once you get something like a flu or a COVID-like virus. Denying them the standard treatment that you would normally give for bacterial pneumonia, which is antibiotics. They were denied that.

In the UK, they actually changed the guidelines to ensure that anybody who was COVID positive was not given antibiotics. And in addition to that, you had people put on these do not resuscitate orders if they were COVID positive. And that's why you got that massive spike.

Thereafter, the only time we start to see real excess deaths was after the vaccines were introduced.

Bock: Now, this is a fascinating point. I know from your book, the credits and whatnot, you engaged and co-wrote some of the chapters with Jessica Hockett and with Jonathan Engler. I've had them both on my show about a year ago.

And I'm not sure which chapter [in *Fighting Goliath*] is which. I'm not going to parse them. I could find out. But you have one chapter titled 'The Iatrogenesis Hypothesis'. And just for the non familiar with that term, people out there, iatros is a doctor in Greek, and iatrogenesis means something that's caused by physicians. So the hypothesis here is that a certain amount of this was physician caused.

And just as a side note, I'm a writer for Brownstone, and my most recent piece is about the opioid epidemic. And I'm not going to relate it in the way you might think here. But basically, the opioid epidemic grew out of a change in paradigm about how we thought about opiate issues.

And so there had been basically treating people sobriety, like with alcohol. You sober up, and you get about your life, you could talk about it, you could have issues. And in the 1960s, the methadone hypothesis came along, and that became "the paradigm for addiction as a disease, and it was medicalized.

They were kind of off to the race. They basically grew a hundredfold the number of opioid addicted humans in the United States, both numerically and as a rate. And so, but the point here is that happened in and from New York City.

New York City was a very different place from anywhere else in the United States. It was the largest in the 1960s, it was obviously the largest city in the US., and it had urban crime, and it was a port, and there was a heroin problem that didn't exist in, say, Lansing, Michigan or, you know, one of my other, they trotted out Omaha, whatever, Tallahassee, whatever.

There were principally opioid epidemics in LA., Chicago to a lesser extent, and New York City had a rate that was, I think, 25 times higher than the average in the United States. And my only point here is everything got seen through the prism of New York City, *The New York Times*, all the news, CBS, ABC, they all were headquartered in New York, in Rockefeller

University, and everything kind of took off to the races because they were dealing with a crime problem.

They had a New York City crime problem in the bad neighborhoods, and the answer, the cure was that these people were stealing stuff to give them the stuff for which they were stealing and to barter into drugs. So they're going to give them free drugs at that point, methadone, and that was going to solve the problem. Well, lo and behold, it incentivized the problem.

My only point here is that New York City is not the United States. I grew up in New York City, and I love the place at times in certain ways. But what happened here is kind of a New York City problem.

It happened in polyglot Queens, which has, I think, on Earth, the single highest density of disparate languages in use. I think for like the ancient Babel, it's like 430 different dialects in Queens. And so people don't necessarily communicate with each other, but they do spend time in the elevators and subways, which don't exist in these other cities I mentioned.

And so you had a situation where people don't know each other, they don't communicate well with each other necessarily, and then they're in very close quarters on a random basis, and the disease might spread in certain ways that it wouldn't spread in other places where there's kind of a greater social kind of knowledge, social library of each other's behaviors.

Anyway, so to segueing into Jessica Hockett's theory, I don't think that's the whole explanation for COVID-19, etc., but I'm wondering where you stand on the map.

Fenton: Are you saying that because of that incredible diversity there, that that explains why COVID appeared to be more deadly in New York? I didn't quite get that.

Bock: Okay, so I haven't worked this theory fully through yet. My feeling is that people...

Fenton: I know Jessica Hockett and Jonathan Engler certainly wouldn't agree with you there. I mean, they would say that —

Bock: Well, I think what happened in Queens is that it's a high-density place. So if you have a respiratory illness, it's going to pass quickly. I think there's a lack of communication between people in elevators and subways and whatnot, and they might not necessarily have kind of the social integrity that you might have on an island, where people are, you know, the Faroe Islands, where people are kind of all in this together. I think people have, you know, much more of a kind of a family unit. They might be looking out for each other, but not necessarily for their neighbors, per se. I don't think it has the neighborliness that it did at certain points.

Right now, it's a very immigrant heavy place, and people haven't quite absorbed into the social fabric. So, I think there might have been a higher spread with people not necessarily understanding the situation, not getting the news directly about communicability or about the right things to do regarding personal hygiene, whatnot. It might have been a higher spread rate early on.

And I think there's also the possibility that people can be more swayed by government, you know, kind of panegyrics of hysteria, and they bought into this, and they might have flooded the hospitals and whatnot at a higher rate because that's what they do. They didn't have the kind of sophistication, say, that if it happened in Bloomsbury, London or something like that. I don't know."

Fenton: Yeah, okay. Well, I think, yeah, I think that you've certainly hit on something there, the kind of the fact that simply by this incredible fear propaganda, that actually makes people more susceptible to illness and more susceptible to doing things which could, which would otherwise not endanger them, okay? Doing things which would endanger them, which they otherwise wouldn't have done, okay?

Including, I mean, I think just going to hosp- in that period, just going to a hospital, and then being test - you know, being — having to be tested was itself, you know, puts yourself on the road to a pathway which you didn't need to be on, and might have ended in unnecessary death for some of these people, so.

I mean, I —the analogy I gave about this is that sort of a personal, so a very personal thing, how — how that fear propaganda, or just a, a fear hysteria can really have physical impact on

you. I mean, I— sorry, I give you the, story I give. It's true, I was actually obsessed with that science fiction as a kid. And I had this obsession that the, that the race of disgusting aliens was gonna come and land on earth and sort of kill us all at some point.

And for some reason, maybe I'd seen some films, I was only very, very young but I'd seen some films whereby it was always the case that it started with this, sort of a whirling sound, which I associated with these sort of, whatever, flying saucers landing before the aliens were going to come and kill us.

But it was a particular sound, a particular whirling sound. And every so often, usually at night or early morning, when I was in my bed, I would hear what I thought was that whirling sound. It was probably some cars or whatever, some lorry or truck outside.

I actually, when that happened, I felt physically sick, right? I felt physically sick, and sometimes I actually was sick, right? That's how that fear, completely irrational fear, can get that physical reaction.

And I think that people were physically, physically disoriented. They were made physically ill, many people, simply by that incredible propaganda. And it was one of the most incredible fear propaganda campaigns that has ever been unleashed on the human race.

Bock: Yeah, I'm with you on that. It's crazy.

On Coronaviruses/SARS-CoV-2

Randall Bock [53:40]: One of my sadnesses is that this was a SARS, it was a coronavirus. And, you know, I'm old enough to remember when *coronavirus* was merely just the second most commonly named cause of the common cold.

And so coronaviruses have been around as long as humans have been around. They probably infect every other mammal or whatever in one form or another as coronavirus. And they're nothingburgers. They're common colds, and they pass from person to person.

And I think there's been a fair amount of conflation of and inflation, in a sense, of the numbers with background coronavirus. And one of my articles is *Daily Sceptic*, which is about Omicron, and it's two full years ago, and is a time to stop calling Omicron COVID-19, because it's a distinct separate non-linear descendant from SARS-CoV-2.[1]

It's it own genomic, *sui generis* virus from, I don't know, Southwest Africa or some place, whatever, wherever it first showed up. And then coronavirus has been bubbling up through humanity forever, and they tend to percolate and then kind of equilibrate as common colds. They might have started with some zoonotic host one way or another, but after they just kind of pass from person to person to person to person to person, they can't be lethal.

You basically have transmissibility or you have lethality. And if something's lethal like Ebola, it doesn't transmit that far. And if something's very transmissible, it tends not to be that lethal.

And so these things tend to equilibrate off as common colds. And people have been testing and they still do this. Kind of blows my mind every time people walking around with a mask, and it's October 2024, something like that, why they are doing this.

But I think part of it is because the unfortunate circumstance that SARS-CoV-2 is a coronavirus, and they still find a coronavirus, and some of these may be actual positives, but for the wrong virus, not the one that was even the bad virus, which is probably influenza level, not super bad. So I believe in viruses. I think this was a real virus. I just don't think it was as severe as people presented it.

I'm not kind of in Jessica [Hockett]'s bailiwick of saying there was no real virus going on.[2] It was all a matter of exaggeration.

I think there was that, but I think it's like seven blind men and the elephant. I think we're all feeling different parts of this thing, and it still can be one cohesive elephant.

Fenton:

Yeah, I think I'm kind of with you there. I don't buy into, fully into Jessica [Hockett]'s and Jonathan [Engler], and even Martin Neil, my co-author, hypothesis that there really wasn't anything novel.

There is the hypothesis that it was novel in the sense that it had always been endemic, but we hadn't yet found it yet, because that's the case for a lot of these novel viruses. They're only novel in the sense that you find them when you look for them. If you don't look for them, you don't find them, and they were determined to look for something. And then, of course, again, coming back to the PCR test and on your point here, we now, and we cover this extensively in the book, it was certainly the false positives were not just because of, you know, inherent sort of faulty testing and procedures, or anything like that.

It was simply because it was picking up stuff, which was not just this particular novel, novelly-found virus. It was picking up flu and other types of coronaviruses.

I mean, you get this whole, and then, of course, the other thing we cover, which supports that argument, is the fact that apparently flu completely disappeared for the two years at the main period of the pandemic. And we know, we absolutely know, that many ordinary flus were being classified as COVID-19, SARS-CoV-2, because on the basis of the testing, we know that.

Bock: It's kind of like, it's almost, we're rounding out the hour, so we're going to be closing up soon. But a lot of this is 'follow the money'.

The ventilator aspect. The hospitals in the US were being paid, I forgot the number, 13,000 bucks extra, if they're in the ICU, another 5,000 bucks if they're on a ventilator. Guess what happened? That which is incentivized, you get more of.

I think there were all kinds of societal incentives for getting the diagnosis. There was funding and the research and what not.

1 - Bock, R. (2022, September 25). “Is it time to accept that Omicron is not COVID-19?” *The Daily Sceptic.*

2 - Neil, M., & Engler, J. (2024, May 30). “Virus origins and gain (claim) of function research”. *Where are the Numbers?* | Neil, M., Engler, J., & Hockett, J. (2024, November 17). "Claim of Function – it wasn’t a lab-leak and neither was it from the wet-market." *Where Are the Numbers?* | Hockett, J. (2025, April 7). “Views on the things called viruses (including SARS-CoV-2”. *Wood House76.* | Engler, J. (2025, April 3). “Re-visiting HART'S "Virus Model" Statement from 2023…and what I currently believe about 2020 and pandemics in general.” *Sanity Unleashed.* | Hockett, J. (2025, May 12). “Is there any possible way for SARS-CoV-2 and/or COVID-19 to have a ‘lab origin’?” *Wood House 76.*