

Is the CBC Drowning Itself in a Second Wave of Corona Disinformation?

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Almost every paragraph of a [recent CBC Morning Brief](#), about a supposed “COVID-19 resurgence,” contains statements that leave me questioning the competency and motives of the reporter. Is this part of an orchestrated second wave of illogical fear-mongering from the Coronavirus Broadcasting Corporation? Maybe the author would be better off writing medical thrillers for Hollywood? Here are some perplexing examples:

“Canadians successfully flattened epidemic curves during the summer...” Doesn’t the cold and flu season flatten every summer all by itself? What did beer-guzzling Canucks have to do with it? Even a five-year-old knows there ain’t many people with the sniffles in hot, humid August in Canada.

For example, **Drs. Karina Reiss and Scharit Bhakdi’s**, in [Corona: False Alarm?](#), write:

“Why do annual coronavirus epidemics end in the summertime? Over 50% of the northern European population becomes vitamin D-deficient in the dark winter months. Possibly, replenishment of vitamin D stores by sunshine and the shift of activities to outdoors are simple important reasons.”

And back in 2010, [PLOS Biology](#) printed a study suggested that it’s not the heat of the summer but “absolute humidity” which “drives seasonal variations of influenza transmission in temperate regions.”

Whatever the reason, thousands of years of seasonal observations would suggest that new normal rituals had little to do with reducing cases of coronavirus infections this summer.

The CBC article continues: **“...the goal was to prevent hospitals and intensive care units from facing a crush of patients with COVID-19 all at once.”** Nice of them to remind us of the original messaging — “slow the spread” got lost with all those “stop the spread” signs on the roadside. Needless to say, they created the opposite problem: Empty hospitals and neglected patients, as [CTV reported](#) back in the spring.

“Health officials wanted to avoid what happened in hospitals in New York City, where refrigerated trailers were used as temporary morgues.” Well, I doubt the cadavers minded whether they were in a truck or a basement. It’s more sad that their families were not allowed to hold funeral services because of the unnecessary lockdown.

Either way, a rising curve probably had little to do with the New York oddity. More suspect were the the \$39,000 payments dangled in front of hospital CEOs if they would rush patients

onto ventilators (as [many nurses have testified](#)).

But any such backload of patients was not enough to max-out New York hospitals. The U.S. Army Corps of Engineers did indeed hand over \$660 million to private construction companies to build field hospitals, according to an [NPR analysis](#). “But nearly four months into the pandemic, most of these facilities haven’t treated a single patient,” reported NPR journalist, Joel Rose. That included three in New York State:

FACILITY NAME	LOCATION	CONTRACTOR	TOTAL COST	MAXIMUM BEDS UNDER CONTRACT*	TOTAL PATIENTS
SUNY Stony Brook	Stony Brook, N.Y.	Turner Construction Co.	\$155,500,000	1,038	0
SUNY Old Westbury	Old Westbury, N.Y.	AECOM Technical Services Inc.	\$118,504,737	1,022	0
McCormick Place	Chicago	Metropolitan Pier and Exposition Authority	\$65,526,533	3,000	37
Westchester County Center	White Plains, N.Y.	Haugland Energy Group LLC	\$46,971,895	100	0
Colorado Convention Center	Denver	ECC Environmental LLC	\$34,609,792	2,000	0

“But the recent surge of new coronavirus cases...” That must have been a typo. They meant to say: “...recent surge of [new PCR tests](#)...” PCR tests which may or not be detecting a coronavirus (novel or otherwise) which would only cause respiratory distress in a tiny percentage of people, like the [common cold does every year](#).

The article continues by quoting a McMaster professor who “anticipates a surge of patients with COVID-19, and he worries hospitals won’t be able to accommodate them...” Well, thank you dear leaders for not even bothering us with bogus computer modelling. Instead just go ahead and cancel surgeries, collapse what’s left of the economy and throw the elderly into solitary confinement, because some professor suffers from anticipation.

Even with Ontario anticipating as much as 6,500 new cases a day, according to [The National Post](#), that would mean only six deaths per day (at a [0.1% death rate](#)). Or about 180 deaths a month. But let’s say with all these dirty masking practices it’s threefold that: 540 deaths per months. In a province of 14 million, does that sound like enough deaths to warrant locking everybody in their homes again — causing more deaths through suicide, poverty and loneliness?

Ironically, the same article admits: **“Traditionally, autumn in hospitals also means scrambling for health-care workers such as nurses and respiratory therapists to backfill those sick with the cold and flu or who need to stay home to care for sick children.”** So, like every year, we are expecting an increase in respiratory illnesses among a largely sedentary population addicted to stimulants, smartphones and sugar.

This year may indeed be worse, I admit, considering we’ve had a population of mask-wearers living in fear, avoiding fresh air and exercise. Sure, a rare few took advantage of lockdown to complete an online degree in quantum physics, test out all the recipes in that vegan cookbook and add twenty pounds to their bench press; but many were probably

falling prey to emotional eating and [Netflix novacane](#) as a way to escape the new normal nightmare being forced upon them. Should we really be so surprised if people are more prone to infection — corona or otherwise — this fall?

The CBC article concludes by quoting Patty Tamlin, a registered nurse in Toronto, who is “also concerned about the coming cold-and-flu season” and recommends everyone better “get their flu shot.” I wonder if this nurse reads the [Journal of Clinical Infectious Disease](#)? A 2012 study found that the flu shot significantly increased people’s chances of getting sick with the coronavirus. Most certainly she’s reviewed such an important paper before making such an authoritative statement.

Furthermore, [Vaccine Choice Canada’s Fluwatch Archive](#) shows “influenza comprises only a small percentage of all influenza-like illness.” Tallying up [government of Canada records](#), this watchdog organization found that only 13.5% of flu-like illnesses — from 2000 to 2017 — were attributed to an actual influenza virus. I would love to know, then, how Nurse Tamlin justifies such contradictions.

But contradictions seem to be part of the new normal: Take toxic vaccines. Avoid exercise. Wear a germ-collecting mask. Shun fresh air. Lock up Grandma. And then scratch our sunlight-deprived heads when we see an increase in respiratory illnesses.

But why blame it on a the latest mutation of the common cold virus? That’s like blaming gravity for an airplane crash. Instead, should we not be looking to the second tsunami of COVID-19 disinformation sweeping this land from Bonavista to Vancouver Island?

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