

# Ofcom Broadcast and On Demand Bulletin

9 April 2021

## Full Disclosure

**Type of case** Broadcast Standards

**Outcome** In Breach and Sanction

**Service** Loveworld Television Network

**Date & time** 11 February 2021, 17:00

12 February 2021, 11:00

**Category** Harm and material misleadingness

**Summary** Two episodes of the programme *Full Disclosure* featured potentially harmful and materially misleading statements about the Coronavirus pandemic and vaccine rollout, without providing adequate protection for viewers. In breach of Rules 2.1 and 2.2.

## Introduction

Loveworld Television Network (“Loveworld”) is a religious channel broadcast on satellite in the UK. The licence for Loveworld is held by Loveworld Limited (“LL” or “the Licensee”).

*Full Disclosure* is a current affairs programme which features two presenters discussing topical news stories. During the course of monitoring<sup>1</sup>, Ofcom identified content in the above programmes which raised potential issues warranting further investigation under the Broadcasting Code (“the Code”). The two episodes are being considered together as they covered similar ground on two successive days.

Ofcom<sup>2</sup> is prioritising cases related to the Coronavirus pandemic which could cause harm to audiences. This could include:

- health claims related to the Coronavirus which may be harmful;
- medical advice which may be harmful; and,

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<sup>1</sup> Ofcom can launch investigations following complaints from viewers and listeners or from its own monitoring.

<sup>2</sup> Ofcom has published guidance on [Broadcast Standards during the Coronavirus pandemic](#)

- accuracy or materially misleadingness in programmes in relation to the Coronavirus or public policy regarding it.

We therefore informed the Licensee that it was necessary for us to depart from our normal published procedures to expedite this investigation.

## Background

At the time of the broadcasts, the global number of confirmed cases of Coronavirus had reached 108 million<sup>3</sup>. In the UK: over 117,000 people had been officially recorded as having died within 28 days of a positive Coronavirus test<sup>4</sup>; over 14 million first doses of licensed Coronavirus vaccines had been administered<sup>5</sup>; and a third Government imposed national lockdown was in force. The lockdown restrictions, which curtailed individual freedoms, were introduced with the stated intention of slowing the transmission of the Coronavirus and to prevent the National Health Service from being overwhelmed.<sup>6</sup> The measures included a stay-at-home order (with exceptions for essential reasons and outdoor exercise once a day), and the closure of schools to most pupils. The rollout of UK approved Coronavirus vaccines had been underway for over two months, with priority groups<sup>7</sup> being offered vaccinations. Effective vaccination has been considered by governments and public health organisations globally, as a way to successfully manage the Coronavirus pandemic by protecting the most vulnerable people in society and reducing infections, hospitalisations and deaths<sup>8</sup>.

Ofcom acknowledged that in these circumstances, licensees were likely to want to broadcast content about the pandemic, and there was a clear public interest in doing so. We recognised that measures introduced by various governments to deal with the Coronavirus crisis have resulted in restrictions on public freedoms in the UK and across the world. This has led to considerable debate about the various strategies adopted by governments to tackle the pandemic. Similarly, as with many medical treatments, there is debate concerning the efficacy of and approval processes for vaccines, potential side effects, and the position of those who choose for whatever reason not to accept a vaccine dose when offered one. Reflecting the fundamental importance of freedom of expression in our democratic society, it is clearly legitimate for broadcasters to question public policy and the rationale behind it and to robustly hold governments to account. However, in doing so, broadcasters must ensure compliance with the Code.

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<sup>3</sup> See: <https://www.worldometers.info/coronavirus/coronavirus-cases/#total-cases>

<sup>4</sup> See: <https://coronavirus.data.gov.uk/details/deaths>

<sup>5</sup> See: <https://coronavirus.data.gov.uk/details/vaccinations>

<sup>6</sup> For example, in England: <https://www.gov.uk/government/speeches/prime-ministers-statement-to-the-house-of-commons-on-covid-19-regulations-6-january-2021>.

<sup>7</sup> The top priority groups for vaccinating between 15 January and 15 February 2021 included: older care home residents, care home workers, people aged 80+, health and social care workers, people aged 70-79, clinically extremely vulnerable people under 70.

<sup>8</sup> See: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines>

## The Content

Full Disclosure, 11 February 2021, 17:00

During the 11 February 2021 episode, presenters James Cordwell (“JC”) and Christian Kitoko (“CK”) discussed a range of topics related to the Coronavirus pandemic. The programme led with two stories: namely, the possibility that lockdown restrictions may continue for some time despite the vaccination programme; and that waiting lists for routine NHS operations had grown during the pandemic. Their discussions then moved on to broader topics about UK Government policy relating to the Coronavirus. This included the following statements:

JC: *“I go back to Pfizer and the CEO of Pfizer, how old was he? 59. And he said he would not take the Covid-19 vaccine because I don't have underlying conditions. I'm too young. Therefore, I don't need it. And yet the government policy is, you know: vaccine, vaccine, vaccine, as the only way out. But this is not a way out of this crisis. We are saying now that they are saying to us now that of course you have to continue to wear your mask even if you're vaccinated, it could still pass it on to somebody else. So, you must maintain social distancing rules. So, what was the point of the vaccine?”*

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JC: *“I want to share this with you and you at home. I've seen about five doctors personally face to face talking about this issue, and although none of them will come on the set with me, this is what they are kind of saying to me. The Pfizer vaccine and the Moderna vaccine, all the new mRNA<sup>9</sup> vaccines, work in a completely different way to any vaccine we've ever had before...So if it doesn't generate a strong enough immune response, like if you're 80, 90 or so on, you could die of the vaccine and 80% of people who take this vaccine get a reaction to it in some way, shape, or form. Effectively, the vaccine makes you ill and your body then has to generate an immune response to it. It is not a standard vaccine. A standard vaccine which is attenuated which doesn't make you ill, you just generate the immune response. But in this particular case, this particular vaccine strains, they make you ill as if you've caught coronavirus. That generates a cell response in your cells and in your system and generates this little molecule that's causing all the trouble. And if your body can't fight it, you will die. This is the problem about this particular vaccine. 80% of people get a reaction. I remind you that 80 to 90% of people getting the SARS-Covid-2 virus are not going to be affected by it at all, if you have no underlying medical conditions. But I think this is a rather strange way of vaccinating people with a vaccine that effectively will make you ill. 80% of people effectively. As if you have just caught SARS-Covid-2 and its only way it really works is because it generates, its hoping, hoping right, your body will generate an immune response, attack the things that's come, the little MRA molecules that's coming out of your cells. It's really gene therapy. If two years ago I said: 'We're going to have a vaccine that will infect your body like the virus which could potentially kill you', you'd have said 'James, you're never going to get that to market, are you? Nobody is going to put that in their body because you might as well wait to catch Covid-19, the SARS-Covid-2 virus, get it in your body and fight it off. It's no difference’”.*

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<sup>9</sup> mRNA refers to Messenger RNA (short for ribonucleic acid).

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CK: *“We saw in countries like Germany, of course, suspending, you know the Pfizer vaccine<sup>10</sup> because it did not believe that it was safe for the elderly actually to take the vaccine”.*

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JC: *“But this vaccine doesn't seem to be to me to be totally safe. We've heard many stories, maybe 120 deaths. Now we've seen adverse reactions, and they're not being reported by public media houses such as the BBC, ITV, Channel 4 and the rest. I shame you. Why you not telling us that there is a possibility? I've seen a US nurse the other day who is pregnant take the virus. It was a PR stunt. If you're pregnant, you should not be taking the vaccine. It says it on the box. It says it in the formulary of the British Formulary Area<sup>11</sup>. It was a PR stunt. She had a miscarriage within hours of having this dose. And we've seen reactions to varying, varying, terrible, from death all the way through to completely uncontrollable body movements. Nurses that were taking this vaccine because they said: ‘You're frontline staff, you can have it if you want it’. She took it and now she can't actually work. It's not the only one, but you don't see pictures like this. You don't see images like this. It's about being informed of the risks before you put anything into your body. And you're telling me that this vaccine will give me the same reaction as having the virus – I might as well wait until the virus comes along. Right?”*

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CK: *“You can see that what maybe, just maybe, is it that you know, catching the virus itself is better than having a vaccine? Because you know then somebody's body will be able to fight it, and then being able to produce, you know, immune system that is strong enough to fight the virus”.*

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JC: *“We had an expert on, a doctor, who was saying all the young people should go to the Isle of Man and have a really, really, really big party. Spread it around themselves. And that's exactly, basically what vaccine does...And I think the vaccination program is just like getting Covid-19. So, it's just like getting SARS-Covid-2 virus. Just go out and meet somebody with it, shake their hands. Embrace the fact that this is exactly the same”.*

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JC: *“It's basically cell therapy on a massive scale across the UK and across the world right now... And if I had even suggested two years ago before we heard a Covid-19 that some company would have immunity from prosecution, immunity from adverse reactions, immunity from*

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<sup>10</sup> The co-presenter interrupted at this point to correct the reference to the AstraZeneca vaccine but does not challenge the statement that countries like Germany had suspended the administering of vaccine because of safety concerns regarding elderly patients.

<sup>11</sup> Ofcom understands this to be a reference to the British National Formulary. Its website says that it is a “joint publication of the British Medical Association and the Royal Pharmaceutical Society to provide prescribers, pharmacists, and other healthcare professionals with up-to-date information about the use of medicines”. See <https://bnf.nice.org.uk/about/preface.html>

*death for giving you a vaccine which effectively mirrors exactly what the SARS-Covid-2 virus does to your body. You would, you would have laughed me out. You would have said: James, come on this is Britain. This is the United Kingdom, not least in America. You would never see it. Nobody would give such things freeway, but that's exactly the world we're living in right now and I think the vaccination programme is just like getting Covid-19, Sars-Covid-2 virus – just go out and meet somebody with it, shake their hands, embrace the fact, because it's exactly the same. But, this vaccine – I don't know if this is a way out of anything – because we're still told, we have to wear masks, we have to maintain social distance...”.*

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JC: *“But, you know, Ivermectin, I'm telling you, you heard it here, hydroxychloroquine massive study, bigger study of anti-Covid-19 symptoms in the world, said it works”.*

CK: *“Perhaps they will never use those kind of things”.*

JC: *“Why?”*

CK: *“Why? Because one of the reasons why is because there are pharmas. There are many people that have invested the money into these pharmaceutical companies. They need to get their money back”.*

JC: *“The billionaires of this world...”.*

CK: *“They put the money in. I mean hydroxychloroquine does not even cost £2”.*

JC: *“You could have bought it over the counter”.*

CK: *“Obviously remember we are telling you not to self-medicate. Don't, do not go and get the hydroxychloroquine or Ivermectin”.*

JC: *“No, speak to your doctor before you put anything in your body”.*

CK: *“Speak to your doctor, it is very important, do not self-medicate. We do not tell you to do that at all. But we're saying perhaps because it's cheap and affordable, that's one of the reasons why they don't even want to look at it. Remember in this time of the pandemic, some people have become more wealthy than they were before, you need to think about that”.*

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JC: *“...the world is moving forward with this nonsensical plan and expecting intelligent people like ourselves to just go: ‘Yes, OK. That will be perfect’. I will no doubt inject myself with your vaccine because it will then give me the same symptoms of having the virus. But it might kill me, but it might not. Why would I do that? I might as well just take my risk if I'm young and I'm fit and healthy, and I don't feel I've got any, I know I haven't got any underlying condition. So, I might as well just wait until the virus comes up. I'll wash my hands, keep my face clean, my family will do the same and will be OK, because normally that is not going to affect us. It's only*

*those with underlying conditions. I wish the government would just simply come out and say the truth about this matter and all this nonsense about billions and billions being poured into vaccines every year. Do you really want that? Even if it worked, but it doesn't. Let's assume it works and you have to have one every year. Is that what's it's all about now? Is that what life is? Masks, social distancing and an annual vaccine jab. Is that really what it's worth?"*

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CK: *"Just two months ago in Wales, Coronavirus was not even in the top ten biggest killers in the country. In England, I believe it was the tenth. You know, biggest killer, you had heart disease. You had, you know, cancer patients. You know who weren't seen and as a result, some of them passed away".*

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JC: *"I've never accepted personally the logic of a lockdown. We've had, we've had people say go and have a Covid-19 party if you're a teenager. If you're under the age of 60, going and have a, just go and mingle. Mingle, no facemask, mingle, catch the virus, get immunity that way. We've had, we've had esteemed doctors, who are not in SAGE, who are not in Public Health England, who are not in, I don't know, the joint Bio-Security section of the government advisory list of people that we listen to, who say this. And yet others in SAGE, who are also very, very, very well connected to the pharma companies themselves by the way – you also have to look at who's connected to what, what background do they have, where do they come from, who's paying your research right now".*

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JC: *"Others in SAGE, who were also very, very, very well connected to the pharma companies themselves, by the way. You always have to look at who's connected to what, what background do they have? Where do they come from? Who's paying your research right now? Because really, the people who pay to blow the pipe of the, you know, the tune, play this tune now, don't play that tune because I want you to say this message. This is what they have said, every one of them. I saw one doctor stand up, pace around his room, sit down, stand up, pace around his room, sit down. Answering this question, I said: 'Why are you not treating other patients with other diseases and other things?' And you could see the anxiety on their faces. They were not able to come to the studio to say this because, of course, their jobs depend on listening to whoever is paying the piper right now. And they say: 'Well I can only do this because I'm told to act in this way, and I'm supposed to deal with my patients in this way and that's that. I cannot act outside that box, the moment I do, of course, you see people in the States, people in America, standing outside Washington DC waving their flag for various drugs who are not approved by the World Health Organisation, which is a terrible, terrible, terrible, ah, don't get me started'. At the end of the day the doctors themselves, that's the one thing they all agreed on is that they do not understand the government policy on this matter".*

[Full Disclosure, 12 February 2021, 11:00](#)

During the 12 February 2021 episode, the same presenters James Cordwell ("JC") and Christian Kitoko ("CK") discussed a range of topics related to the Coronavirus pandemic. The programme led with two stories, namely a US opinion poll showing a degree of reluctance to accept a Coronavirus vaccination,

and suggestions that social distancing measures may stay in place until the end of 2021, even as some restrictions are progressively lifted. As with the programme on 11 February 2021, this led into broader discussions between the presenters about UK Government policy relating to the Coronavirus. This included the following statements:

JC: *“It’s those with information are less likely to want this so-called Pfizer or the mRNA new style mRNA vaccines. Those who are informed not only will be less likely, those who are informed will be completely unlikely, as far as I can see. And again, do you remember the other day, we quoted the Pfizer CEO who is 58, he’s 59, he says: ‘I’m far too young, I will not be needing it, I have no underlying medical conditions to take it. Therefore, I will not be taking it’. He has no underlying conditions and he’s 59 years old. That tells me everything I need to know. He’s the CEO of the company who is making billions of these doses and therefore making billions of pounds of profit - la las - and he’s saying I don’t need to take it so why should I take it? I don’t need to take it. I’m not going to take it. And there’s more reasons than that, that is a pretty strong statement, and until I see the Prime Minister of this country and all his family queueing up to get it then I’ll be taking the same view”.*

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JC: *“The manufacturer demanded to have complete indemnity from prosecution because they know they’re rushed this. They know this is experimental. This is not a traditional vaccine as most vaccines are just attenuated versions of the virus made safe – attenuation means made safe – most traditional vaccines are made safe in this way. They are attenuated. They won’t make you ill but they will help you to generate some immunity. This vaccine, Pfizer and all the others that are mRNA type vaccines actually make you ill. 80% of people who take that vaccine will get a reaction. What does that mean? It is basically the vaccine operates the same way as the virus does. It makes your cells produce a little protein that goes around your body and if the cells produce too much and your body can’t fight that much, you’re going to get sick and if it continues to produce too much, you will die. This is, what about the Hippocratic Oath of doctors to do no harm? This vaccine would not be called a vaccine under any normal programme. Any normal kind of, I don’t know, due diligence programme of medical science. They would say you’re affecting the genes well not the genes, actually, it is called gene therapy. You’re affecting the cells to do the same thing the virus would have done. A vaccine normally blocks the virus or normally gives you protection against the virus. It doesn’t normally make you as ill as the virus did. The only way – please understand this – the only way a Pfizer vaccine or the Moderna vaccines (the mRNA types) gives you immunity is that your body produces it, not the vaccine. Get that clear, your body produces your antibodies to fight infection and basically the vaccine makes you ill so that your body will fight that infection and hopefully your body will recover. Well, we’ve seen people dying. We’ve seen people with adverse reactions. We’ve seen people who no longer can walk. We’ve seen people who can no longer work anymore. We’ve seen these examples on social media platforms. They’re not lying, they are not lying.”*

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JC: *"I saw a wonderful lady who was saying: 'I want to be socially minded; I've got a little baby bump but I'm going to take the Covid vaccine' and within hours or within days she had a miscarriage".*

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JC: *"If you are informed about vaccines, even in the past 150 years, even in the past 75 years, dengue fever, Ebola, it's been an absolute nightmare. It's been stupid. They've made mistakes. Different vaccines are produced, adverse reactions. Different vaccines have been withdrawn because they've caused death and serious complications on many people. There's no way you can tell me that a drug that was just developed over a period of around about two months, that's quite right, two to three months, because they went into production with this stuff very quickly. They thought they could produce a drug based on this new experimental mRNA technology, which is really gene therapy; it is getting your cells to produce a response that a Coronavirus would get your cells to do. Now you just think about that – the vaccine and the virus are producing the same response in the body. They are not healing you. This is not providing you protection; this makes you ill and your body then does what God has designed it to do. Your body then says ok, I can see this, I'll fight it...This is your immune system, it kicks in and says, I can see this, I'm going to fight in. Now you know for a fact that 80% or 90% of people who get the Coronavirus will have no symptoms at all but 80% of people who have the vaccine always have symptoms".*

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JC: *"But the point is young people, they keep telling us, young people are not affected. It's point, zero, zero something percent change of even showing a reaction, an adverse reaction to the Coronavirus".*

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JC: *"...in this particular case, this vaccine doesn't actually make you better. It stimulates your cells of your body to produce the protein that makes you ill and it is your body that makes you better. So you might as well just wait for the Coronavirus to strike and then your body will either make you better, or your body will fail in the task. And the likelihood is for 99% of our population, your body will fight it".*

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JC: *"How many people have you heard about who are 80, of taking the vaccine and died as a result? Then they say there's no evidence to suggest that there's any relation. Captain Tom was ill. He took a vaccine and died very shortly after. Not suggesting that he did or didn't, I'm just suggesting that there's more information comes out every day that older people are dying as a result of taking the shot. Why? The important thing is why? Why is because they are 80, they are immune deficient anyway. They might also have underlying medical conditions, you do tend to get, as you get older your body tends to fail that way, so those two factors, age and condition, make you take in the virus. At one-point Pfizer was saying if you have underlying conditions don't take the vaccine".*



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JC: *"Why give a vaccine to an 18 year old, or a 12 year old, or a 10 year old or a 24 year old teenager or young adult who's at University, when we know – it's not a doubt – when we know this person will generally recover if she gets access to the virus, or the virus gets access to her. And we know that what will happen is she will get over it. She might lose a sense of taste and sense of smell. She might have some cough, or a little bit of coughing. Oh, I've had a bit of a cold, oh, and carry on with my life"*

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JC: *"This whole plandemic is an affront to my intellect because wearing a mask which is never good for me. I don't believe any medical person who says wearing a mask full-time, forever, which they are now claiming it might well be, is good for the body. It is not good for the body. Wearing plastic gloves is not good for the body".*

CK: *"Indeed, so of course we brought you this and it is very important for you to also do your own research and many people are questioning".*

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CK: *"People are still reluctant from taking the vaccine. If the people that the vaccine was produced for are dying from taking it, why should those who are apparently immune to the virus itself be the one to take it?"*

JC: *"Well, at least those who have no medical reason to take it, like the Pfizer CEO. Why are they bothering?"*

CK: *"Why should they bother? One of the things you heard, you know, during last year, just about December, we heard a lot that, you know, the elderly will be now protected, we can hug our grandmothers go and cuddle grandads and then spend time with them because the vaccines were actually produced to save their lives. At the moment the vaccine is doing the other way, that is taking the lives of so many."*

JC: *"It's taking a risk"*

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CK: *"It's a Coronavirus, it is just like the flu. It's just like the flu".*

JC: *"It is. The thing is this right, if it's true that virus of this kind are spread by droplets. There are droplets on the table as we speaking. Why is it that I can do this [Rubs hands together and puts hand on the table] and I'm not dead yet? I'm not infected yet? Because it is not going near my face. To protect myself, go and wash your hands. If washing my hands stops me catching a cold and washing my hands stops me getting ill from Coronavirus, isn't that a cheaper solution than trying to just vaccinate everybody by making them ill and then letting their bodies heal themselves?"*

CK: *"And if there are drugs than can actually combat..."*

JC: *"It's not an 'if'. There is no 'if' on this matter. There are at least two drugs. They tried to destroy hydroxychloroquine. They tried to destroy doctors who talked about hydroxychloroquine. They've tried to destroy their careers, their livelihoods. They've called them anti-vaxxers, they've called them fake news specialists. They've called them all sorts of terrible names because they don't fit the narrative. But the fact is...Ivermectin is coming. It's coming, it's there, it's everywhere... in third world countries they've got a better survivability rate than the UK what does that tell you?"*

CK: *"The vaccine is not working at all".*

JC: *"The vaccine is not a vaccine, I wish we had another name for it because it's not a vaccine at all".*

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JC: *"This is what is so fundamentally terrible about Covid-19, the plandemic this year... at the very, very, very beginning, February, March time, people were talking about hydroxychloroquine. They were talking about other drugs throughout the year of course. And each and every one of them has either been used successfully in Third World countries – congratulations, you've got your own independent minds and intelligence. I'm delighted to see it is working for you, but not in the Western World apparently. And I don't believe the UK is really any worse than, say, Germany. Why is the UK worse than Germany? We're both leaders in Europe, we're both leaders in terms of GDP, we've got all the money in the world. Why is it that the UK is so poor on the scale, of say, death per 100,000 population per capita? Why? When you've got drugs you know work and you refuse to give them. Refuse to use them. They not only refuse to use them, the world health authority and an Oxford trial proved they didn't work by manipulating the dose. They just discredited the whole drug. They stopped the whole world from using it, but thank God for the Belgians who said: 'No, we'll continue with our trial', which reported in August of this year. No, sorry, last year 30% effectiveness of serious case recovery. That's a massive number, 30%. Think about the 115,000 people in the UK alone. What's 30% of 115,000, 120,000 dead? And Ivermectin apparently is much, much better than hydroxychloroquine according to the studies which have been taken..."*

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JC: *"Once you understand that this vaccine is not an attenuated virus, it is the thing that will generate the same thing in your body that the virus generates you think, but what is the sense of that? Now that is not a debate anymore. It's about an intellectual argument now. Why should I infect myself? Without the virus, I'm not doing it with the virus, I'm doing it with a vaccine. And its unattenuated so it could have a massive effect or a limited effect in your body and it's determined by what? My age, or my underlying conditions. But what doctor who takes a Hippocratic Oath would plug into my, into your arm, Christian, a thing that could either make you seriously ill or kill you? Could. I am not saying it will, I'm saying it gives you the same reaction as catching a virus, right. And depending on what you are, what your body is made up of, what your character is, your spirit, your feeling, it could either kill you or just give you an antibody reaction. What doctor could do that?"*

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JC: *“I heard Mr. Mark Zuckerberg the other day, saying, well, he was -speaking in front of the US Congress I think, or the US Senate, I forget which one it was: ‘It’s established understanding that vaccines are good for you’. I wanted to slap the man. I wanted to say: ‘Excuse me under what, what, what history do you know about vaccines? Do you know the vaccines that have failed? Do you know of the medical experiments that have failed. How many experiments were taken on African children, taken away from mothers because they kill them? Do you know how many failed? Do you understand why black African culture, well most African continent, is rather dubious about Western vaccines? Do you know the history behind it? Do you know the history about the, the why is it that we still have Ebola? When we can spend billions on Coronavirus, but we’re not spending billions on Ebola, why?’”*

We considered that the content from both programmes detailed above raised potential issues under the following Code rules:

Rule 2.2 “Factual programmes or items or portrayals of factual matters must not materially mislead the audience.”

Rule 2.1 “Generally accepted standards must be applied to the content of television and radio services...so as to provide adequate protection for members of the public from the inclusion in such services of harmful and/or offensive material.”

Ofcom requested comments from the Licensee about how the programmes complied with these rules.

## **Response**

LL said that Full Disclosure is a “news analysis” programme, in which the presenters discuss topics they have researched. It explained the programme is scripted, however the presenters “have some liberty with guidelines in the discussions based on the research that is done for the program[me]”. The Licensee said it had reviewed both programmes and concluded that one of the presenters “went outside the guidelines of the script” and presented his own views, which did not represent the views of the channel.

The Licensee said that it considered deviating from the channel’s guidelines in this way to be “gross misconduct” and the presenter had been “queried and spoken to” regarding this. It added that as a result of this instance it was reviewing the channel’s code of conduct policy “to ensure that all presenters understand and adhere to the Ofcom broadcasting code as regards harm, offence, due impartiality and due accuracy whenever they are presenting programs for the station”.

Having considered the Licensee’s initial comments, Ofcom provided LL with its Preliminary View that both programmes were in breach of Rule 2.1 and 2.2 and requested its further comments. In response, the Licensee accepted that both programmes featured potentially harmful and materially misleading statements about the Coronavirus pandemic and vaccine rollout without providing adequate protection for viewers.

The Licensee said “Loveworld do not support or advocate the dissemination of potentially harmful and/or materially misleading statements about the Coronavirus pandemic and the vaccine rollout, (even with or) without providing adequate protection for viewers”. It added that it accepted “none of the available licensed vaccines infect individuals with the live Coronavirus” and that “receiving an mRNA vaccine is not the same thing as being infected with the live virus”.

The Licensee accepted the transcript of the programmes as detailed in the Preliminary View. It reiterated that while the programme “is largely scripted”, the sections detailed in the Preliminary View that included potentially harmful and materially misleading content were part of “portions of the programme where the presenters have the ability (or liberty) to converse in an unscripted discursive fashion”. It added that it accepted that “both presenters (predominately JC) gave viewers misleading information about how Coronavirus vaccinations, and particularly how mRNA vaccinations, operate and the extent to which this is comparable to contracting the Coronavirus by infection”. LL said that the presenter had been “disciplined”, but that it took “full responsibility” as Licensee for the content broadcast.

LL said that “the extracts which have been properly highlighted for the programme broadcast on 11 February 2021 were place amongst other compliant material” and specifically referenced a section in which JC said: “*No, speak to your doctor before you put anything in your body*”.

Ofcom’s Preliminary View was that it was minded to consider LL for the imposition of a statutory sanction in this case. LL said that “if and when such a stage is reached”, it would “welcome the opportunity to make such appropriate representations”.

The Licensee outlined remedial action that it said it intended to take. It said that a standards and compliance consultant had been “instructed by Loveworld” who would “be retained to conduct a thorough overview to ensure that the systems in place are sufficiently rigorous to ensure future compliance” which would be “tailored to Loveworld’s specific needs”.

It said that the compliance consultant had met with Loveworld colleagues on 22 March 2021 for an “initial and urgent meeting”. The Licensee said that after reviewing its compliance record and being made aware of the case, the compliance consultant had advised Loveworld that “the channel faced a very difficult compliance position”. LL said that it was given “immediate and pragmatic compliance advice” about: “what to avoid in terms of coverage of the Coronavirus pandemic”, “faith healing programmes”, and “compliance generally for live and pre-recorded programmes”. The Licensee said that the consultant “provided training and answered questions on Rules 2.1, 2.2 and 5.1”. LL said that in this meeting, “further training and advice on a complete and full review to improve compliance at the channel” was agreed, with further training scheduled for 26 March 2021. LL added that following this, it would seek a “thorough report on identifying and ensuring that the relevant rigorous systems are in place” from the consultant.

The Licensee said it would not repeat either of the programmes and that these would not be accessible via Loveworld’s website. It added it would “of course work alongside Ofcom to ensure that there are no further breaches”.

## Decision

Reflecting our duties under the Communications Act 2003, Section Two of the Code provides protection for members of the public from the inclusion of harmful and/or offensive material.

Ofcom takes into account a broadcaster's right to freedom of expression and the audience's right to receive information and ideas as set out in Article 10 of the European Convention on Human Rights ("ECHR"). Where applicable, we also have regard to Article 9 of the ECHR which states that everyone "has the right to freedom of thought, conscience and religion".

### Rule 2.2

Rule 2.2 states: "Factual programmes or items or portrayals of factual matters must not materially mislead the audience."

Ofcom's Guidance<sup>12</sup> ("the Guidance") to Rule 2.2 explains: "Ofcom is required to guard against harmful or offensive material, and it is possible that actual or potential harm and/or offence may be the result of misleading material in relation to the representation of factual issues". The Guidance also explains that Rule 2.2 is "designed to deal with content that materially misleads the audience so as to cause harm or offence" and not with "issues of inaccuracy in non-news programmes". When considering if a programme or item is 'materially' misleading Ofcom considers a number of factors such as the context, the nature of the misleading material and, above all, either what the potential effect could be or what actual harm or offence has occurred.

Ofcom considered that several statements presented as fact in both programmes were materially misleading. These are summarised under headings below:

### Comparison between vaccination and infection

During the two *Full Disclosure* programmes broadcast on the 11 and 12 February 2021, the presenters discussed the topic of Coronavirus vaccinations and repeatedly made a number of claims about how vaccines operate, and drawing a parallel between receiving a vaccine (particularly an mRNA vaccine) and being infected with the Coronavirus.

In the episode of *Full Disclosure* broadcast on 11 February 2021, this included the following statements:

JC: *"I've seen about five doctors personally face to face talking about this issue, and although none of them will come on the set with me, this is what they are kind of saying to me. The Pfizer vaccine and the Moderna vaccine, all the new mRNA vaccines, work in a completely different way to any vaccine we've ever had before...So if it doesn't generate a strong enough immune response, like if you're 80, 90 or so on, you could die of the vaccine and 80% of people who take this vaccine get a reaction to it in some way, shape, or form. Effectively, the vaccine makes you ill and your body then has to generate an immune response to it. It is not a standard vaccine. A standard vaccine which is attenuated which doesn't make you ill, you just generate the immune response. But in this particular case, this particular vaccine strains, they*

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<sup>12</sup> See [Ofcom Guidance to Section Two](#)

*make you ill as if you've caught coronavirus. That generates a cell response in your cells and in your system and generates this little molecule that's causing all the trouble. And if your body can't fight it, you will die. This is the problem about this particular vaccine. 80% of people get a reaction. I remind you that 80 to 90% of people getting the SARS-Covid-2 virus are not going to be affected by it at all, if you have no underlying medical conditions. But I think this is a rather strange way of vaccinating people with a vaccine that effectively will make you ill. 80% of people effectively. As if you have just caught SARS-Covid-2 and its only way it really works is because it generates, its hoping, hoping right, your body will generate an immune response, attack the things that's come, the little MRA molecules that's coming out of your cells. It's really gene therapy. If two years ago I said: we're going to have a vaccine that will infect your body like the virus which could potentially kill you. You'd have said James, you're never going to get that to market, are you? Nobody is going to put that in their body because you might as well wait to catch Covid-19, the SARS-Covid-2 virus, get it in your body and fight it off. It's no difference".*

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CK: *"You can see that what maybe, just maybe, is it that you know, catching the virus itself is better than having a vaccine? Because you know then somebody's body will be able to fight it, and then being able to produce, you know, immune system that is strong enough to fight the virus"*

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JC: *"It's basically cell therapy on a massive scale across the UK and across the world right now... And if I had even suggested two years ago before we heard a Covid-19 that some company would have immunity from prosecution, immunity from adverse reactions, immunity from death for giving you a vaccine which effectively mirrors exactly what the SARS-Covid-2 virus does to your body. You would, you would have laughed me out. You would have said: James, come on this is Britain. This is the United Kingdom, not least in America. You would never see it. Nobody would give such things freeway, but that's exactly the world we're living in right now and I think the vaccination programme is just like getting Covid-19, Sars-Covid-2 virus – just go out and meet somebody with it, shake their hands, embrace the fact, because it's exactly the same".*

The episode of *Full Disclosure* broadcast on 12 February 2021, included the following statements about the Coronavirus vaccines:

JC: *"This is not a traditional vaccine as most vaccines are just attenuated versions of the virus made safe – attenuation means made safe – most traditional vaccines are made safe in this way. They are attenuated. They won't make you ill but they will help you to generate some immunity. This vaccine, Pfizer and all the others that are mRNA type vaccines actually make you ill. 80% of people who take that vaccine will get a reaction. What does that mean? It is basically the vaccine operates the same way as the virus does. It makes your cells produce a little protein that goes around your body and if the cells produce too much and your body can't fight that much, you're going to get sick and if it continues to produce too much, you will die."*

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JC: *“A vaccine normally blocks the virus or normally gives you protection against the virus. It doesn’t normally make you as ill as the virus did. The only way – please understand this – the only way a Pfizer vaccine or the Moderna vaccines (the mRNA types) gives you immunity is that your body produces it, not the vaccine.”*

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JC: *“...They thought they could produce a drug based on this new experimental mRNA technology, which is really gene therapy; it is getting your cells to produce a response that a Coronavirus would get your cells to do. Now you just think about that – the vaccine and the virus are producing the same response in the body. They are not healing you. This is not providing you protection; this makes you ill...”*

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JC: *“In this particular case, this vaccine doesn’t actually make you better. It stimulates your cells of your body to produce the protein that makes you ill and it is your body that makes you better”.*

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JC: *“If washing my hands stops me catching a cold and washing my hands stops me getting ill from Coronavirus, isn't that a cheaper solution than trying to just vaccinate everybody by making them ill and then letting their bodies heal themselves”.*

In Ofcom’s view, throughout both programmes the presenters gave viewers misleading information about how Coronavirus vaccinations, and particularly mRNA vaccinations, operate and the extent to which this is comparable to contracting the Coronavirus via infection. We were particularly concerned about the repeated assertions that having a vaccine is equivalent to being infected with the Coronavirus, and that catching Coronavirus was as safe, and could even potentially be safer, than receiving a vaccine. This was encapsulated in comments such as *“you might as well catch Covid-19”* and *“maybe... catching the virus itself is better than having a vaccine?”*

Ofcom is aware that a number of different types of vaccines against the Coronavirus have been developed which work in the body in different ways, including mRNA<sup>13</sup> vaccines such as Pfizer-BioNTech<sup>14</sup> and Moderna<sup>15</sup>, and viral vector vaccines, such as AstraZeneca<sup>16</sup>. Established health and scientific information released about each of these vaccines, which are being rolled out in the UK on the basis of medical need, provide extensive detail which explains they have undergone rigorous expedited clinical trials to establish safety and efficacy<sup>17</sup>. Ofcom is aware that, as medicines and

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<sup>13</sup> See footnote 8.

<sup>14</sup> See Centers for Disease Control and Prevention site, [Information about the Pfizer-BioNTech COVID-19 Vaccine](#)

<sup>15</sup> See Centers for Disease Control and Prevention site, [Information about the Moderna COVID-19 Vaccine](#)

<sup>16</sup> See Harvard Medical School blog published December 2020 [“Why are mRNA vaccines so exciting”](#). Also see article from Pfizer published on 25 August 2020 [“Behind the science: what is an mRNA vaccine”](#).

<sup>17</sup> See [Regulatory approval of Pfizer/BioNTech vaccine for COVID-19](#) and [Regulatory approval of COVID-19 vaccine AstraZeneca](#) published on the UK Government website on 2 and 30 December 2020 respectively.

vaccines are rolled out across the UK, patient data regarding potential side effects continues to be analysed and reviewed by medical regulators<sup>18</sup>.

Ofcom is also aware none of the available licensed vaccines infect individuals with the “live” Coronavirus. Some vaccines work by using either weakened, inactive or sub-parts of the Coronavirus, which produce an immune response<sup>19</sup> and offer protection from serious illness and death. Although the programme was correct to say mRNA vaccines work slightly differently, it was misleading to suggest that receiving an mRNA vaccine is the same as being infected with a live virus. Such vaccines work by providing instructions to the body to create a spike protein, which triggers the same immunity response and protection from the Coronavirus. mRNA vaccinations do not infect individuals with the live virus and, if an individual’s body failed to produce an immune response to a vaccine, they would not die as a result of receiving the vaccine. Therefore, accepting an mRNA vaccine is not equivalent to being infected with the Coronavirus because, unlike that virus, the protein that is created in the vaccine to stimulate immunity is harmless. Ofcom is also clear that the mRNA vaccination is not a form of “gene therapy” as it was described in these programmes, because it does not affect or interact with human DNA<sup>20</sup>.

That is not to say recipients cannot have an adverse reaction to a vaccine as they can to medical treatments of various forms. However, the advice from regulators and the UK Government is that the risks of catching the live Coronavirus far exceed those of receiving a vaccine, particularly for people classified as clinically vulnerable such as the elderly or those with underlying health conditions<sup>21</sup>. The programmes were clearly misleading regarding the level of risk of vaccination and the balance between this and the risks of the live virus for different age groups. In particular, they implied the risk they incorrectly attributed to mRNA vaccines was particularly acute for the elderly saying, *“So if it doesn’t generate a strong enough immune response, like if you’re 80, 90 or so on, you could die of the vaccine and 80% of people who take this vaccine get a reaction to it in some way, shape or form”*.

We considered the comparison between receiving a vaccination and contracting the Coronavirus to be materially misleading because it had a clear potential for harm in that viewers looking for information about vaccinations against Coronavirus could base a decision on whether or not to accept a vaccine on this highly misleading information. That potential is particularly great when, at the time of broadcast, vaccines were being offered to vulnerable groups. Ofcom therefore considered that the claims in these programmes about how Coronavirus vaccinations work, their safety and ability to protect people from the Coronavirus was materially misleading so as to cause potentially serious harm to viewers.

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<sup>18</sup> In particular, in the UK, the [Medicines & Healthcare products Regulatory Agency \(MHRA\)](#) and [Joint Committee on Vaccination and Immunisation \(JCVI\)](#).

<sup>19</sup> See World Health Organization, [The different types of COVID-19 vaccines](#).

<sup>20</sup> See Centers for Disease Control and Prevention, [Understanding mRNA COVID-19 vaccines](#).

<sup>21</sup> See MHRA February 2021 press release: [Latest monitoring data confirms safety of COVID-19 vaccines](#).



### Medical complications of vaccinations

The presenters also made a number of comments about what they described as reports of serious side effects or medical complications from taking a Coronavirus vaccine, in the 12 February 2021 broadcast, including:

JC: *“How many people have you heard about who are 80, of taking the vaccine and died as a result? Then they say there’s no evidence to suggest that there’s any relation. Captain Tom was ill. He took a vaccine and died very shortly after. Not suggesting that he did or didn’t, I’m just suggesting that there’s more information comes out every day that older people are dying as a result of taking the shot”.*

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CK: *“People are still reluctant from taking the vaccine. If the people that the vaccine was produced for are dying from taking it, why should those who are apparently immune to the virus itself be the one to take it?”*

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JC: *“Now you know for a fact that 80% or 90% of people who get the Coronavirus will have no symptoms at all but 80% of people who have the vaccine always have symptoms”.*

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CK: *“...we heard a lot that, you know, the elderly will be now protected, we can hug our grandmothers and cuddle grandads and then spend time with them because the vaccines were actually produced to save their lives. At the moment the vaccine is doing the other way, that is taking the lives of so many”.*

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JC: *“Well, we’ve seen people dying. We’ve seen people with adverse reactions. We’ve seen people who no longer can walk. We’ve seen people who can no longer work anymore. We’ve seen these examples on social media platforms”.*

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JC: *“But this vaccine doesn’t seem to be to me to be totally safe. We’ve heard many stories, maybe 120 deaths. Now we’ve seen adverse reactions, and they’re not being reported by public media houses such as the BBC, ITV, Channel 4 and the rest. I shame you. Why you not telling us that there is a possibility? I’ve seen a US nurse the other day who is pregnant take the virus. It was a PR stunt. If you’re pregnant, you should not be taking the vaccine. It says it on the box. It says it in the formulary of the British Formula Area. It was a PR stunt. She had a miscarriage within hours of having this dose. And we’ve seen reactions to varying, varying, terrible, from death all the way through to completely uncontrollable body movements. Nurses that were taking this vaccine because they said: you’re frontline staff, you can have it if you want it. She took it and now she can’t actually work. It’s not the only one, but you don’t see pictures like this. You don’t see images like this. It’s about being informed of the risks before you put anything into your*

*body. And you're telling me that this vaccine will give me the same reaction as having the virus – I might as well wait until the virus comes along. Right?"*

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JC: *"I saw a wonderful lady who was saying 'I want to be socially minded; I've got a little baby bump but I'm going to take the Covid vaccine' and within hours or within days she had a miscarriage".*

As stated above, Ofcom is aware that all vaccines licensed for use in the UK were subject to extensive and intensive clinical trials to confirm their safety, quality and efficacy before they were approved for supply by the Medicines and Healthcare products Regulatory Agency<sup>22</sup>. Ofcom recognises that it is legitimate for broadcasters to discuss matters relating to public health, such as the potential side effects of recently approved vaccines for the Coronavirus, and to scrutinise public health policy. However, given a very large number of people in the UK are being asked to make a decision with important health implications on whether to accept an offer of vaccination, it is particularly important that discussions on this issue do not materially mislead audiences. Ofcom considers that, in these discussions about the potential medical complications as a result of taking a Coronavirus vaccine, the presenters made statements that asserted proven and relatively widespread causal links between receiving a Coronavirus vaccine and harmful side effects, including death and miscarriage. While we recognise that the vaccines are new and evidence of health outcomes following vaccination continue to be assessed, the advice from health regulators is that serious adverse reactions are extremely rare, and any potential health risks are significantly smaller than those posed by the live Coronavirus<sup>23</sup>. As such, we were very concerned that broadcasting materially misleading claims about vaccines which exaggerate the evidence for and scale of risks of vaccination, could not only cause potential harm to individual viewers but also potentially contribute to wider societal harms.

Regarding the specific example discussed by the Loveworld presenters, including a story that a pregnant lady suffered a miscarriage after taking a vaccine, such stories have also been widely discredited as providing any proof that Coronavirus vaccines are dangerous<sup>24</sup>. Similarly, when talking about the death of Captain Sir Tom Moore, in the second programme on 12 February 2021, the presenters said *"he took a vaccine and died very shortly after."* The presenter went on to say *"not suggesting that he did or didn't, I'm just suggesting that there's more information comes out every day that older people are dying as a result of taking the shot"*. The clear implication was that it was possible that the vaccine was the cause of his death. Ofcom understands that, while the story that Sir Tom had died after being vaccinated was in circulation on social media, it is not true. Sir Tom's family has stated that he had been ill for several weeks with pneumonia and had also tested positive for the

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<sup>22</sup> See Gov UK press release, [Moderna Vaccine becomes third COVID-19 vaccine approved by UK regulator.](#)

<sup>23</sup> Ofcom is aware that the [MHRA published new advice relating to the AstraZeneca vaccine](#) on 7 April 2021.

<sup>24</sup> See: [AFP Fact Check: Miscarriage reports are not proof of Covid-19 vaccine danger to pregnancy](#) and [USA Today News: Fact check: A false post on social media claims COVID-19 vaccine causes infertility in women](#)

Coronavirus, but that he did not receive the vaccine due to his ongoing treatment<sup>25</sup>. In those circumstances it was misleading of the programme to suggest receipt of a vaccination could have contributed to Sir Tom's death, since he had not received a vaccination. It was materially misleading to suggest that vaccination may have caused the death of a highly respected public figure known for his work in raising funds for the NHS during the pandemic, as it had the potential to distort viewers' perceptions (and particularly older viewers' perceptions) of the risks involved in choosing whether or not to receive a vaccine.

The presenters also claimed, in the 12 February 2021 broadcast, that news of deaths and adverse reactions to the vaccines were deliberately being withheld from the public by the mainstream media: *"we've heard many stories, maybe 120 deaths. Now we've seen adverse reactions, and they're not being reported by public media houses such as the BBC, ITV, Channel 4 and the rest. I shame you. Why you not telling us that there is a possibility?"* and *"you don't see pictures like this. You don't see images like this"*. We considered these unfounded claims about deliberate suppression of adverse reactions to the vaccines were misleading and had the potential to cause significant harm to viewers by encouraging them to disregard important sources of information at a time when people were deciding whether or not to accept an offer of vaccination.

#### **Other claims relating to vaccination**

The broadcast of *Full Disclosure* on 11 February 2021, included the following statements:

JC: *"I go back to Pfizer and the CEO of Pfizer, how old was he? 59. And he said he would not take the Covid-19 vaccine because I don't have underlying conditions. I'm too young. Therefore, I don't need it"*.

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CK: *"We saw in countries like Germany, of course, suspending, you know the Pfizer vaccine<sup>26</sup> because it did not believe that it was safe for the elderly actually to take the vaccine"*.

During the discussion about the CEO of Pfizer, the presenter claimed that he had not taken the vaccine because he had said: he did not have underlying conditions; was too young; and therefore, did not need it. Ofcom understands the CEO of Pfizer has not said he would not take the vaccine, but that he would not jump the queue ahead of those being prioritised by governments around the world for reasons of age and vulnerability<sup>27</sup>. That is entirely different from saying he would not take the vaccine when eligible along with other 59-year-olds as the programme indicated. Ofcom considered the statements made by the presenter were misleading because they implied that a senior individual, with insider knowledge of the Pfizer vaccine as the company's CEO, was unwilling to receive the vaccine. We considered this to be materially misleading as it had the potential to distort viewers' perception of the risks and benefits of receiving a vaccination.

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<sup>25</sup> See Reuters [Fact check: Captain Tom did not receive, and was not killed by, the coronavirus vaccine](#); and [Daily Express article](#).

<sup>26</sup> See footnote 10.

<sup>27</sup> See [Independent article](#) 'Pfizer CEO says executives will not "cut the queue" to be vaccinated'.

One presenter, in the 11 February 2021 broadcast, also referred to one of the vaccinations approved for use in the UK being suspended in Germany because “it did not believe it was safe for the elderly”. We considered this statement was also misleading as, although at the time German authorities advised that the Oxford/AstraZeneca vaccine should not be given to those aged 65 or above, this was because of a perceived lack of data on efficacy of the vaccine in the age group, and not due to safety concerns as the programme said<sup>28</sup>. This statement was materially misleading as it gave audiences the impression that a vaccine – the presenters referenced both Pfizer and the Oxford/AstraZeneca vaccine – that had been approved for use in UK and used in the vaccination rollout was potentially unsafe for elderly people. Ofcom considered this statement had the potential to cause significant harm to audiences, and in particular elderly people who are more vulnerable to becoming seriously ill from the Coronavirus<sup>29</sup>, by distorting perceptions of the safety issues involved with vaccination, and also causing undue alarm to those who had already received a vaccine who might then believe that they had been given an unsafe vaccine.

### **Alternative treatments for the Coronavirus**

During the two programmes, it was suggested by the presenters that there were effective treatments available for those who have contracted the Coronavirus which were being falsely discredited and withheld from patients in the UK, and that trials examining the efficacy of such treatments had been manipulated. In the episode of *Full Disclosure* broadcast on 11 February 2021, this included the following statements:

JC: *“But, you know, Ivermectin, I’m telling you, you heard it here, hydroxychloroquine massive study, bigger study of anti-Covid-19 symptoms in the world, said it works”,*

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CK: *“Because one of the reasons why is because there are pharmas. There are many people that have invested the money into these pharmaceutical companies. They need to get their money back. Then is billionaires of this world put the money in. I mean hydroxychloroquine does not even cost £2”.*

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CK: *“Obviously remember we are telling you not to self-medicate. Don’t, do not go and get the hydroxychloroquine or Ivermectin”.*

JC: *“No, speak to your doctor before you put anything in your body”.*

CK: *“Speak to your doctor, it is very important, do not self-medicate. We do not tell you to do that at all. But we’re saying perhaps because it’s cheap and affordable, that’s one of the reasons why they don’t even want to look at it. Remember in this time of the pandemic, some people have become more wealthy than they were before, you need to think about that”.*

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<sup>28</sup> See [Guardian article](#) ‘Why has Germany advised against Oxford/AstraZeneca jab for over-65s?’

<sup>29</sup> See [WHO information](#) on high risk groups.

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The episode of *Full Disclosure* broadcast on 12 February 2021, included the following statements about alternative treatments for Coronavirus:

JC: *“There are at least two drugs. They tried to destroy hydroxychloroquine. They tried to destroy doctors who talked about hydroxychloroquine. They've tried to destroy their careers, their livelihoods. They've called them anti-vaxxers, they've called them fake news specialists. They've called them all sorts of terrible names because they don't fit the narrative. But the fact is...Ivermectin is coming. It's coming, it's there, it's everywhere...in third world countries they've got a better survivability rate than the UK what does that tell you?”*

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JC: *“This is what is so fundamentally terrible about Covid-19, the plandemic this year...at the very, very, very beginning, February, March time, people were talking about hydroxychloroquine. They were talking about other drugs throughout the year of course. And each and every one of them has either been used successfully in Third World countries – congratulations, you've got your own independent minds and intelligence. I'm delighted to see it is working for you, but not in the Western World apparently. And I don't believe the UK is really any worse than, say, Germany. Why is the UK worse than Germany? We're both leaders in Europe, we're both leaders in terms of GDP, we've got all the money in the world. Why is it that the UK is so poor on the scale, of say, death per 100,000 population per capita? Why, when you've got drugs you know work and you refuse to give them. Refuse to use them. They not only refuse to use them, the World Health Authority [sic] and an Oxford trial proved they didn't work by manipulating the dose. They just discredited the whole drug. They stopped the whole world from using it, but thank God for the Belgians who said no. They continued with their trial and reported in August of last year at a 30% or so effectiveness of serious case recovery. That a massive number, 30%. Think about the 115,000 people in the UK alone. What's 30% of 115,000, 120,000 dead? And Ivermectin apparently is much, much better than hydroxychloroquine according to the studies which have been taken...”*

Ofcom understands that hydroxychloroquine is not currently licensed to treat Coronavirus symptoms or prevent infection<sup>30</sup>. Ofcom is aware that the UK's medicine's regulator, the Medicines and Healthcare products Regulatory Agency (MHRA) instructed UK clinical trials using hydroxychloroquine to suspend recruitment of further participants in June 2020 because of concerns over the safety of participants<sup>31</sup> but later approved a trial into the drug by the University of Oxford<sup>32</sup>.

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<sup>30</sup> See UK Government press release: [“chloroquine and hydroxychloroquine are not licensed for Coronavirus treatment”](#) published 26 June 2020.

<sup>31</sup> See UK Government press release [“MHRA suspends recruitment to Covid-19 hydroxychloroquine trials”](#) published 16 June 2020

<sup>32</sup> See UK Government press release [“Green light for Covid-19 trial recruitment”](#) published 26 June 2020

Similarly, UK trials are underway at Oxford University to test whether the drug Ivermectin could be used as a treatment for Coronavirus<sup>33</sup>. Ofcom understands that trial data into the efficacy of Ivermectin has, so far, been on a small-scale basis.

Ofcom therefore considered it was misleading for the presenters to have described the Coronavirus pandemic as a “*plandemic*” and to have implied that certain alternative drugs were being deliberately withheld from Coronavirus patients despite them being effective, and to suggest clinical trials in the UK deliberately manipulated data to discredit the drugs as an effective cure because they were cheap to manufacture and pharmaceutical companies would not “get their money back”. We are aware that a number of social media posts were being shared around the world, falsely claiming that an American Journal of Medicine article had endorsed hydroxychloroquine as an effective treatment for Coronavirus, but these have since been debunked<sup>34</sup>.

In Ofcom’s view, misleading claims suggesting that manipulation had been used to deny UK citizens alternative treatments, and which were presented as facts without challenge or sufficient context, had the potential to cause harm to viewers by undermining trust in established medical advice as to treatment for the Coronavirus, including the decision as to whether or not to receive a vaccination. We also considered that the misleading statements had the potential to undermine trust in other official sources of advice in relation to protecting health during a pandemic.

#### **Other misleading claims**

The broadcasts included other claims relating to the Coronavirus and to measures other than vaccination to control the pandemic. The broadcast of *Full Disclosure* on 11 February 2021 included the statement:

CK: *“Just two months ago in Wales, Coronavirus was not even in the top ten biggest killers in the country. In England I believe it was the tenth. You know, biggest killer, you had heart disease. You had, you know, cancer patients. You know who weren’t seen and as a result, some of them passed away”.*

Ofcom considered these claims were not accurate. In December 2020, Coronavirus was the leading cause of death for the second consecutive month in England and Wales<sup>35</sup>. As such, we considered that the presenter’s statement was misleading as it claimed that the rate of deaths as a result of the Coronavirus was significantly lower than it was. We considered this was materially misleading because it had the potential to cause harm to audiences by leading them to underestimate the potential risk posed to them by the Coronavirus and effectiveness of measures they could take to protect themselves against contracting it.

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<sup>33</sup> See City AM news article [“cheap use-at-home “wonder drug” that could prevent covid deaths moves to trial”](#) published 23 January 2021.

<sup>34</sup> See Factcheck article, [Misleading claim circulates that US medical journal endorsed hydroxychloroquine as Covid treatment](#).

<sup>35</sup> See [ONS Monthly mortality analysis, England and Wales: December 2020](#)

The broadcast of *Full Disclosure* on 12 February 2021 included the following statements:

JC: *“But the point is young people, they keep telling us, young people are not affected. It’s point, zero, zero something percent change of even showing a reaction, an adverse reaction to the Coronavirus”.*

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JC: *“Why give a vaccine to an 18 year old, or a 12 year old, or a 10 year old or a 24 year old teenager or young adult who’s at University, when we know – it’s not a doubt – when we know this person will generally recover if she gets access to the virus, or the virus gets access to her. And we know that what will happen is she will get over it. She might lose a sense of taste and sense of smell. She might have some cough, or a little bit of coughing. Oh, I’ve had a bit of a cold, oh, and carry on with my life”*

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CK: *“It’s a Coronavirus, it is just like the flu. It’s just like the flu”.*

JC: *“It is...”.*

Two of the above statements suggest that if young people, including *“an 18 year old, or a 12 year old, or a 10 year old or a 24 year old teenager or young adult who’s at University”*, contract the Coronavirus, they would *“get over it”*. In the discussion of the topic, one of the presenters used some statistics to qualify the statements, claiming that *“it’s point zero, zero something percent of even showing a reaction”* in young people with Coronavirus. While most children have been found to experience mild or no symptoms in a review of 128 studies published early in the pandemic, 3.8% of children experience severe or critical symptoms<sup>36</sup>. While age has been a critical factor in risk of death or serious illness from the Coronavirus, Ofcom is also aware that throughout the pandemic it has been reported that young people, including those without underlying conditions, have died after contracting the Coronavirus<sup>37</sup>. Ofcom considered that the statements made by the presenter were materially misleading so as to harm audiences as they suggested the risk to young people of having serious symptoms of the Coronavirus was virtually non-existent.

In the 12 February 2021 broadcast the presenters also claimed that the Coronavirus *“is just like the flu”*. Ofcom considered this statement was misleading. We are aware that during the pandemic there has been some debate<sup>38</sup> around the similarities between the Coronavirus and influenza. However, the making of such a comparison has been repeatedly identified as misleading. This is because the number of deaths from the Coronavirus has far exceeded the usual number of deaths from flu in any given season, despite the lockdown and tiered restrictions in place during the pandemic. By way of example,

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<sup>36</sup> See [Imperial College London study](#), 25 November 2020

<sup>37</sup> See [Guardian article ‘Who is most at risk of contracting coronavirus?’](#)

<sup>38</sup> See [Full Fact ‘London Mayor candidate wrong to claim Covid-19 pandemic is no worse than a flu season’](#)



between January and August 2020, there were 48,168 deaths attributed to the Coronavirus compared with 394 deaths that were due to influenza<sup>39</sup>. While there are many different symptoms associated with Coronavirus, some of which are similar to those associated with influenza, Ofcom considered that this statement was misleading as at present, the Coronavirus is clearly a more serious and deadly illness, posing a far higher risk to public health.

We considered that the above statements were materially misleading as they might lead people to underestimate the potential risk posed to them by the Coronavirus and the effectiveness of measures they could take to protect themselves against contracting the Coronavirus and transmitting it to others.

### **Further contextual factors**

In considering whether the statements made in the programme were misleading so as to cause harm to the audience, Ofcom took into account a number of factors, such as: the severity of the situation; whether the material was targeted at a particularly vulnerable audience; and whether the claims were made by a speaker who is portrayed as having authority. We also take into account factors such as: whether there was a degree of challenge; and whether opposing views were included.

Ofcom acknowledged that the Licensee said in its representations that it accepted that the content in both broadcasts had breached Rule 2.2 of the Code. We also noted that it said “both presenters (predominately JC) gave viewers misleading information about how Coronavirus vaccinations, and particularly how mRNA vaccinations, operate and the extent to which this is comparable to contracting the Coronavirus by infection”.

In our view, it was clear that topics described above were particularly sensitive given: the global Coronavirus pandemic; the national lockdown in the UK; and the ongoing rollout of Coronavirus vaccines to priority groups. Ofcom took into account that in a developing situation, viewers were likely to be looking for reliable information about the pandemic, given that at the time of broadcast the UK was in its third national lockdown, the rollout of Coronavirus vaccines to priority groups was progressing, and the pandemic was having an ongoing impact on people’s lives. Within this context, we considered that viewers would have been particularly vulnerable to any misleading or unsubstantiated claims about the Coronavirus that could be potentially harmful to them.

Ofcom also took into account that this religious channel is associated with the Christian denomination Christ Embassy, which was founded and is headquartered in Lagos in Nigeria. Therefore, Ofcom considered it was likely that a significant proportion of the channel’s audience are of Black British ethnicity and/or Nigerian heritage. At the time of the broadcasts, it had been widely reported that the Coronavirus death rate is higher among people from minority ethnic backgrounds, with people of Black backgrounds found most likely to be diagnosed with Coronavirus<sup>40</sup>. Since the rollout of vaccinations began, it has been widely reported in the media that people from minority ethnic

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<sup>39</sup> See [ONS ‘Deaths due to coronavirus \(COVID-19\) compared with deaths from influenza and pneumonia, England and Wales’](#)

<sup>40</sup> See [Guardian article](#)



backgrounds have been less likely to take up the offer of a vaccine<sup>41</sup>. Ofcom considered that Loveworld’s audience were therefore likely to be more vulnerable than average to the Coronavirus and to have concerns about accepting a vaccination when the offer of one was made to them. Therefore, we consider Loveworld’s audience to be particularly likely to be looking for reliable information about the pandemic, and particularly vulnerable to any misleading or unsubstantiated claims.

*Full Disclosure* was a current affairs programme on a religious service in which presenters discuss a range of topics of public interest. We acknowledge that licensees are likely to want to broadcast content about the Coronavirus pandemic and that, in line with freedom of expression, it is clearly legitimate for broadcasters to debate ongoing developments related to the pandemic. The Code enables broadcasters to include challenging or contentious viewpoints in programmes, including robustly holding governments and public health authorities to account. However, in line with Rule 2.2 of the Code, they must not materially mislead audiences so as to cause harm.

Ofcom took into account the Licensee’s representations that the programmes were “largely scripted”, and that the sections that included potentially harmful and materially misleading content were part of “unscripted” and “discursive” interaction between the presenters. However, Ofcom noted that the broadcaster is responsible for the content as a whole, including both scripted and unscripted material. We considered these programmes contained a substantial amount of potentially harmful and materially misleading content broadcast throughout both programmes which were more than mere deviations from a script and involved presenters developing on misleading points.

Ofcom considered that audiences were likely to trust information broadcast as part of a current affairs programme in which presenters discuss news stories and statistics to evidence their arguments. The programmes outlined above made a series of misleading claims about: the Coronavirus including measures introduced to reduce transmission; the vaccines being developed to safeguard against it; and potential treatments for it, without any scientific or other credible basis and without context or challenge. We considered that the claims were materially misleading in that they had the potential to cause harm in the ways set out above. In particular, they gave a distorted view of the potential risks and benefits of vaccination and other health measures, and the motivations and intentions of the public authorities and medical experts advising people on these issues. This had the potential to lead to viewers making important health decisions based on seriously inaccurate information.

For all the reasons outlined above, our Decision is therefore that the Licensee broadcast two programmes containing items or portrayals of factual matters which materially misled the audience, in breach of Rule 2.2.

### Rule 2.1

Rule 2.1 requires that: “Generally accepted standards must be applied to the content of television and

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<sup>41</sup> See [BMJ article](#) that found vaccine hesitancy was highest among black people in a UK survey in December 2020. The article also referenced data up to 15 January 2021 that found black people over 80 in England were half as likely as white people to have been vaccinated. Also see [Guardian article](#) reporting on a survey that found 72% of black people in the UK were unlikely to have the coronavirus vaccine.

radio services...so as to provide adequate protection for members of the public from the inclusion in such services of harmful and/or offensive material.”

The Code enables broadcasters to include challenging or contentious viewpoints in programmes. However, they must ensure they provide adequate protection for the audience from the inclusion of potentially harmful material. It is for the broadcaster to decide how to secure such protection where necessary<sup>42</sup>.

When considering a programme’s compliance with Rule 2.1, Ofcom must assess the nature of the content and whether there is a reasonable likelihood of it causing members of the public actual or potential harm. Context is important and the extent of any protection required will depend on all the relevant circumstances, including the service on which the material is broadcast, the degree of harm likely to be caused and the likely expectation of the audience.

As set out above, Ofcom considered that the statements made during the two *Full Disclosure* programmes broadcast on 11 and 12 February 2021 contained a number of highly misleading claims. As cited above, Section Two of the Code states that Rule 2.2. is “designed to deal with content that materially misleads the audience so as to cause harm or offence”. For all the reasons outlined above, Ofcom considered the statements made were so misleading that they had the potential to cause the audience significant harm. In considering the potential for harm, Ofcom takes into account a number of factors, such as: the severity of the situation; whether the material was targeted at a particularly vulnerable audience; and whether the claims were made by a speaker who is portrayed as having authority. We also take into account factors such as contextual information, whether there was a degree of challenge, and whether opposing views were included.

In this case, we were particularly concerned about the timing of this broadcast at a critical moment for the UK’s nationwide vaccine rollout which as outlined above, has been widely accepted by the scientific community as a potential way to reduce the impact of the ongoing pandemic. We were particularly concerned that Loveworld’s viewers may have been seeking accurate advice and information about the vaccine at a time when many people were making important decisions about whether to take the vaccine. Vaccination is optional but making a decision, whether on receiving a vaccination or following other health advice, based on inaccurate or misleading information, may have serious, potentially life-changing, consequences for an individual. We were also concerned these statements were broadcast at a pivotal moment during the ongoing pandemic where members of the public (at that time particularly in elderly and other vulnerable groups) were being offered vaccination and provided with further health advice to restrict transmission. In our view, this timing made viewers of these two programmes particularly vulnerable to such misleading and potentially harmful claims.

The programme broadcast on 11 February 2021 included statements about safety measures designed to curtail the spread of the Coronavirus. This included the following:

JC: *“We had an expert on, a doctor, who was saying all the young people should go to the Isle of Man and have a really, really, really big party. Spread it around themselves. And that’s exactly,*

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<sup>42</sup> Ofcom has [published guidance](#) on this to assist broadcasters.

*basically what vaccine does... Just go out and meet somebody with it, shake their hands. Embrace the fact that this is exactly the same”.*

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JC: *“I’ve never accepted personally the logic of a lockdown. We’ve had, we’ve had people say go and have a Covid-19 party if you’re a teenager. If you’re under the age of 60, going and have a, just go and mingle. Mingle, no facemask, mingle, catch the virus, get immunity that way”.*

We considered that these statements, which suggested it was safe for many people to ignore Coronavirus restrictions enshrined in law and implemented to help reduce transmission of the Coronavirus, had the potential to harm viewers. Social distancing<sup>43</sup> and the use of face coverings<sup>44</sup> are scientifically evidenced, established ways for people to avoid catching or spreading Coronavirus. Ofcom acknowledges that the official advice on the efficacy of measures taken has evolved during the course of the pandemic, for instance advice related to face coverings<sup>45</sup>, and it is legitimate for broadcasters to debate the efficacy of this and other measures. However, we were concerned that these statements had the potential to suggest to viewers it would be safe not to follow Coronavirus restrictions and therefore had the potential to put individuals at risk of catching and transmitting the Coronavirus.

We were also concerned that these views were presented, without sufficient challenge, across two current affairs programmes where viewers were likely to expect factual information about the current pandemic to have been presented and discussed. In our view, the potential harm in this case was compounded by the fact the views within the programmes were being expressed by two regular presenters on the service who had a position of authority, trust, and potential influence on regular Loveworld viewers. Further, we considered that the assertion that some of the statements were cited by the presenters as having been made by “*an expert...a doctor*” and “*esteemed doctors*” was likely to have given the impression that people with specialist medical knowledge, likely to be thought of as figures of authority, endorsed the harmful and misleading views expressed by the presenters, but were prevented from doing so publicly. We also considered that statements made by the presenters about the experience of doctors contributed to the potential for harm. For instance, in the 11 February 2021 broadcast, one of the presenters said:

JC: *“Others in SAGE, who were also very, very, very well connected to the pharma companies themselves, by the way. You always have to look at who’s connected to what, what background do they have? Where do they come from? Who’s paying your research right now?...I saw one doctor stand up, pace around his room, sit down, stand up, pace around his room, sit down. Answering this question, I said: why are you not treating other patients with other diseases and other things? And you could see the anxiety on their faces. They were not able to come to the studio to say this because, of course, their jobs depend on listening to whoever is paying the piper right now. And they say: well I can only do this because I’m told to*

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<sup>43</sup> See [Government Guidance on Social Distancing](#) and [NHS advice on Social Distancing](#).

<sup>44</sup> See [Government Guidance on Face coverings](#) and [WHO advice: When and how to use masks](#).

<sup>45</sup> See [advice from WHO](#) published on 5 June 2020.

*act in this way, and I'm supposed to deal with my patients in this way and that's that. I cannot act outside that box... At the end of the day the doctors themselves, that's the one thing they all agreed on is that they do not understand the government policy on this matter".*

Ofcom considered this suggested that health advice and the treatment given by doctors was being driven by the business interests of the “*pharma companies*” who were “*very well connected*” to SAGE and that action being taken by medical professionals was not motivated by clinical need or ethics. We considered that this had the potential to undermine trust in medical professionals and unfairly called the ethics of doctors, the members of SAGE and therefore wider public health measures implemented to tackle the pandemic into question. Combined with a lack of challenge to the view that certain measures, such as social distancing measures, were at best ineffective, we considered that this content had the potential to cause harm to the audience.

Ofcom went on to consider whether the Licensee provided adequate protection to viewers from this potentially harmful material. It is an editorial decision for the broadcaster as to how adequate protection might be achieved and our [published guidance](#) states that there are various methods broadcasters can consider.

We took into account that as a religious service, Loveworld viewers may have expected the presenters to bring a religious perspective to current issues affecting their lives and might expect current affairs topics to be discussed alongside the presenters’ own religious beliefs. However, in our view, the programmes were not framed within the context of a religious sermon or other religious programming and were presented as factual, current affairs programmes. We noted the Licensee also described the programmes as “news analysis”.

We took into account that the Licensee said that one of the presenters “went outside the guidelines of the script” and presented his own views, which did not represent the views of the channel. We acknowledged that the Licensee had explained this was “gross misconduct” and in response it had “queried and spoken to” the presenter. We acknowledged that the Licensee also said it was “reviewing its code of conduct policy”. However, given the significant harm presented by the material, we did not think this action addressed the potential harm to audiences from the material actually broadcast, nor did it reassure Ofcom that the Licensee’s compliance processes have changed in a manner sufficient to prevent similar content from being broadcast again in the future.

We acknowledged that when discussing possible treatments for Coronavirus in the 11 February 2021 broadcast, the presenters stressed that audience members should not “*self-medicate*” and should “*speak to your doctor before you put anything in your body*”. While warnings and advice to audiences about consulting a qualified medical practitioner can mitigate the potential for harm, Ofcom’s research on health claims has found that warnings can have questionable impact if contradicted or undermined by comments made by an authoritative speaker<sup>46</sup>. As outlined previously in this Decision, Ofcom considered these presenters had a significant level of authority, which was compounded by repeated references to their sources of information being the views of doctors they had spoken to. In

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<sup>46</sup> See [Ofcom’s Health and wealth claims in programming](#): audience attitudes to potential harm, setting out audience views on the potential harm arising from programmes involving health or wealth claims.

addition, Ofcom was primarily concerned that there was a strong suggestion that the UK Government or health professionals were purposefully withholding effective treatments, and were motivated and influenced by pharmaceutical companies, rather than concerned with how effective the drugs were to treat patients. We considered this could cause significant concern among viewers and even cause distress if they or their loved ones were seriously ill from the Coronavirus. We therefore considered that the statements advising viewers to seek advice from a medical professional did not sufficiently mitigate the potential for harm.

We also noted that the presenters stated, in the 12 February 2021 broadcast, that people should do their “*own research*” into some of the topics discussed in the programmes. However, we did not consider this to be adequate protection for the very harmful and misleading claims which were repeatedly made by both presenters across two programmes.

We took into account the Licensee’s representations that the broadcasts of *Full Disclosure* included “other compliant material”. However, Ofcom did not consider the inclusion of material that complied with the Code, in and of itself, mitigated the potential for serious harm in this case. The programmes did not include any challenge or context to the potentially harmful statements made by the presenters, to provide adequate protection to viewers.

Ofcom acknowledged that the Licensee said that it accepted both programmes were in breach of Rule 2.1 of the Code.

For all the reasons outlined above, our Decision is therefore that the Licensee did not provide adequate protection to the audience from the inclusion of the potentially harmful material in these programmes, in breach of Rule 2.1.

## **Conclusion**

Overall, we considered that each programme presented a number of materially misleading and potentially harmful claims about the Coronavirus, which would have put viewers at significant risk. Ofcom does not seek to curb or limit the ability of a broadcaster to present programmes from a religious perspective, or to transmit programmes which express views that may be considered controversial and challenge established thinking. Ofcom emphasises that views can be aired which are different to, scrutinise or robustly question official authorities on public health information, particularly during a global health crisis and it is clearly in the public interest to do so. Legitimate challenge and debate are essential, particularly when public freedoms are significantly curtailed and complex policy decisions are being made.

However, we considered that the claims made in both of these programmes went far beyond reasonable scrutiny and debate. We were concerned that the presenters had a position of influence to present a number of highly misleading and harmful statements as fact without challenge. Our concern was heightened by the fact the presenters appeared to use a number of discredited sources and already disproved theories to provide materially misleading and harmful information to a potentially vulnerable audience.

## **Breaches of Rules 2.1 and 2.2**

## Sanction

Given the serious breaches in these programmes, and in order to remedy the potential harm caused as quickly as possible, Ofcom directs the Licensee to broadcast summaries of Ofcom's Decision in a form and manner to be decided by Ofcom.

Ofcom is also considering whether to impose any further sanction in addition to these directions. Ofcom is particularly concerned that this is the third breach Decision recorded against the Licensee regarding harmful content in relation to the ongoing Coronavirus pandemic<sup>47</sup>. We are concerned that these serious breaches have been repeated following assurances given by the Licensee following a previous statutory sanction for similar breaches<sup>48</sup>.

The Ofcom Sanctions Panel will consider the matter further, following due process which provides for the Licensee to make written and oral representations to the Panel before reaching its decision.

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<sup>47</sup> See Ofcom's previous Loveworld Limited [Decision regarding Loveworld News and Your Loveworld](#) and Ofcom's previous Loveworld Limited [Decision regarding Global Day of Prayer](#).

<sup>48</sup> See Ofcom's previous [Loveworld Limited sanction Decision](#)