



## I cannot do it anymore

**In an open letter, an employee of German public broadcaster ARD is critical of one and a half years of Corona coverage: Ole Skambraks has worked as an editorial assistant and editor at the public broadcaster for 12 years.**

OLE SKAMBRAKS, 14. Oktober 2021, 0 Kommentare

**Note:** *This text is also available [in German](#) and [in French](#).*

I can no longer remain silent. I can no longer silently watch what has been going on for a year and a half now within my organization, a public service broadcaster. Things like “balance”, “social cohesion” and “diversity” in reporting are principles embedded in the statutes and media state contracts. Today, the exact opposite is happening. There is no true discourse and exchange in which all parts of society can come together and find common ground.

From the beginning, I felt that public service broadcasting should fill precisely this space: promote dialogue between advocates of measures and critics, between people who are afraid of the virus and people who are afraid of losing their basic rights, between vaccination supporters and vaccination sceptics. For the past year and a half, however, the space for discussion has narrowed considerably.

Scientists and experts who were respected and esteemed before Covid, who were given space in public discourse, are suddenly labelled cranks, tinfoil hat wearers or Covidiot. As an oft-cited example, consider Wolfgang Wodarg, a medical specialist in several fields, an epidemiologist and a long-time health politician. Until the Covid crisis, he was also on the board of Transparency International. In 2010, as Chair of the Council

of Europe Health Committee, he exposed the influence of the pharmaceutical industry in the swine flu pandemic. At that time, he was granted the opportunity to express his opinion on public service broadcasting, but in times of Covid this is no longer possible. His voice has been replaced by that of so-called fact-checkers, who seek to discredit him.

## Paralysing consensus

Instead of an open exchange of opinions, a “scientific consensus” was proclaimed, that must be defended. Anyone who doubts this and demands a multidimensional perspective on the pandemic, will reap indignation and scorn.

The same pattern is at work in the newsrooms. For the last one and a half years, I have no longer been working in the daily news business, which I am pleased about. In my current position, I am not involved in decisions about which topics are treated and how. Here, I describe my impressions from editorial conferences and an analysis of the reporting. For a long time I did not dare to leave the role of observer, the supposed consensus seemed too absolute and unanimous.

For a few months, I have been venturing out onto the ice, making some critical remarks here and there in conferences. This is often followed by a shocked silence, sometimes a “thank you for pointing it out” and every so often a lecture on why it is not true. This has never resulted in any reporting.

The result of one and a half years of Covid-19 is an unparalleled division in society. Public service broadcasting has played a major role in this. It is increasingly failing in its responsibility to build bridges between the camps and to promote exchange.

It is often argued that the critics are a small, negligible minority, which, for reasons of proportionality, cannot be accommodated to any great extent. This argument should have been retired at least with the Swiss referendum on Covid-19 measures. Despite the lack of free exchange of opinions in mass media in that country too, the votes cast went only 60:40 in favour of the government. (1) With a proportion of 40%, can you talk about a small minority? It also turned out that the Swiss Government had tied Covid-related financial support to the vote, which might have influenced some to tick “Yes” on the ballot.

The developments of the Covid crisis are taking place on so many levels, affecting all parts of society, and thus we clearly need more space for a free debate – certainly not less.

In this context, it is less revealing which topics are being discussed in public service media, than what is not being discussed. The reasons for this are many and need to be subject to honest internal scrutiny. It could be helpful to look at some titles published by the media scientist and former MDR broadcasting adviser Uwe Krüger, for example his book “Mainstream – Warum wir den Medien nicht mehr trauen” (“Mainstream – why we no longer trust the media”).

In any case, it takes courage to swim against the current in conferences where such topics are discussed. Often those who can put forward their arguments in the most eloquent way will get their message across but, if in doubt, the editorial team will decide, of course. Very early on, those critical of the Government’s Covid-19 measures were labelled right-wingers. Which editor will still dare to voice similar ideas?

## Open questions

Thus the list of inconsistencies and open questions, which have gone largely unreported, is very long:

- Why do we know so little about “gain of function research” (which aims at making viruses more dangerous to humans)?
- Why does the new Infection Protection Act state that the basic right to bodily integrity and the inviolability of one’s home may be restricted henceforth – even without an epidemic situation?
- Why must people who have already had Covid-19 still get the jab, even though they are at least as well protected as those who are vaccinated?
- Why are we not talking about “Event 201” and the global pandemic exercises held shortly before the spread of SARS-CoV-2 – at all, or only in the context of conspiracy theories? (2)
- Why was the internal document from the German Federal Ministry of the Interior – a document which was known to the media and in which the authorities were asked to create a “shock effect” to underscore the impact of the Covid-19 pandemic on human society – not published in full and discussed publicly?
- Why is the study by Professor Ioannidis on survival rates (99.41% for people under 70) not featured in the headlines, while the fatally flawed, inflated figures produced by Imperial College were (in the spring of 2020, Neil Ferguson foresaw half a million Covid-19 deaths in the United Kingdom and more than 2 million in the United States)?
- Why does it say, in a document produced for the German Federal Ministry of Health, that Covid-19 patients stood for no more than 2% of the burden of hospitals during 2020?
- Why does Bremen have the by far the highest incidence (113 as at 04/10/21) and at the same time, by far the highest vaccination rate in Germany (79%)?
- Why were payments of 4 million euro paid into a family account belonging to EU Health Commissioner Stella Kyriakides, who was responsible for concluding the first EU vaccine contracts with pharmaceutical companies? (3)
- Why are people suffering severe vaccine injury not featured to the same extent as people with severe Covid-19 disease were in 2020? (4)
- Why is no one disturbed by the irregular way of counting “breakthrough infections” in vaccinated people? (5)
- Why does the Netherlands report clearly higher volumes of side effects of the Covid-19 vaccines than other countries?
- Why has the efficacy description of the Covid-19 vaccines published on the Paul-Ehrlich-Institut website been changed three times in the last few weeks? From “Covid-19 vaccines protect against infection with the SARS-CoV-2 virus” (on 15 August 2021), via “Covid-19 vaccines protect against severe forms of infection with the SARS-CoV-2 virus” (on 7 September 2021), to, finally, “Covid-19 vaccines are indicated for active immunization to prevent the Covid-19 disease caused by the SARS-CoV-2 virus” (on 27 September 2021). (6)

A couple of these points warrant a closer look.

## “Gain of function” and “Lab leak”

As for “gain of function research” – research aiming at making viruses more dangerous, as was done at the Institute of Virology in Wuhan, China, and financed by the United States – so far, I have not heard or read anything substantial. This type of research is done in so-called Biosafety Level 4 Laboratories, where work has been carried out for decades to see how animal viruses can be altered to make them dangerous to humans as well. So far, ARD and ZDF have given this topic a wide berth – despite the obvious need for a debate. One question worth exploring could be: Do we, as a society, want such research to be carried out?

There are numerous reports on the “lab leak theory” – the assumption that SARS-CoV-2 originated in a lab. It is worth noting that last year, this idea was immediately labelled a conspiracy myth. Alternative media investigating this were banned from social media such as YouTube and Twitter and the information was deleted. Scientists who supported this theory found themselves under massive attack. Today, the “lab leak theory” is at least as plausible as the bat transmission theory. The American investigative journalist Paul Thacker published the results of his meticulous research in the British Medical Journal. Commenting on this, Dr. Ingrid Mühlhauser, professor of health sciences at Hamburg University writes:

*“Step by step, he [Thacker] reveals how members of an American lab group deliberately concocted a conspiracy theory to disguise their lab accident at Wuhan as a conspiracy theory. This myth is supported by respected journals such as The Lancet. Science journalists and fact-checker services accept the information without any reflection. Participating scientists keep mum, either out of fear, or to avoid running the risk of losing their standing or research grants. For more than a year now, Facebook has blocked posts that question the natural origin of SARS-CoV-2. If the lab accident theory is confirmed, then ZDF and other media will have defended conspiracy theories.”*

## Ivermectin and alternatives to vaccination

For months now, it has been clear that effective and cheap treatments do exist for Covid-19, but their use is not allowed. The data on this is unequivocal. But the pseudoscientific disinformation campaigns against these medications are indicative of the state of medicine today. Hydroxychloroquine is a drug known for decades and used routinely against malaria and rheumatic disorders. Last year, the drug was suddenly deemed dangerous. The statement by then-President Donald Trump that hydroxychloroquine would be a “game changer” did the rest to discredit the medication. The political reasoning no longer allowed a scientific debate on HCQ.

In the spring, the catastrophic situation in India caused by the spread of the Delta variant was widely reported in the media (then still referred to as the Indian variant). But the fact that India rather quickly brought the situation under control, and that the use of Ivermectin in large states such as Uttar Pradesh had a decisive role in this, was not deemed newsworthy. (7)

Ivermectin was granted a temporary authorisation in the Czech Republic and Slovakia for treating Covid-19 patients. This was at least reported by the MDR, albeit with a negative slant.

In its report on possible medications, Bayerischer Rundfunk failed to even mention Ivermectin. As for hydroxychloroquine, only negative studies were cited, omitting all studies with positive results.

In the summer of 2020, lab tests showed that the molecule Clofoctol was also effective against SARS-CoV-2. Until 2005, the antibiotic drug was sold in France and Italy under the commercial names of Octofene and Gramplus. The French authorities repeatedly blocked the Pasteur Institute in Lille from launching a study with Covid-19 patients. At the beginning of September, after several attempts, the first patients were recruited.

Why are the health authorities taking such a strong stand against treatments, which have been available since the beginning of the pandemic? I would have liked to see some investigative research by the ARD here! It has been made clear that the new Covid vaccines could qualify for emergency use authorisation (EUA) only because there was no officially recognised treatment for SARS-CoV-2.

This is not about celebrating any one Covid miracle drug. My aim is to highlight facts which have not been given due consideration. From the outset, the message given in public discourse was that vaccination was the only way out. The WHO even went so far as to change the definition of “herd immunity”, implying that it can only be achieved by vaccination and no longer by previous infection, as was previously the case.

What about if the road chosen is a dead end?

## Questions on vaccine efficacy

Data from countries with a particularly high vaccination rate show that infection with SARS-CoV-2 also in fully vaccinated people is more rule than exception. Dr. Kobi Haviv, Director of the Herzog Hospital in Jerusalem, reports that between 85% and 90% of severe cases in his intensive care unit are patients who have had two jabs. (8)

As regards Israel as a whole, the journal Science writes: “On 15 August, 514 Israelis were admitted to hospital with severe or critical Covid-19 disease ... out of these 514 persons, 59% were fully vaccinated. Out of those vaccinated, 87% were 60 years or older.” Science quotes an Israeli government adviser, who explains: “One of the great stories coming out of Israel [is]: ‘The vaccines work, but not well enough’.”

It is also now evident that, with the Delta variant, vaccinated people carry (and spread) the same viral load as unvaccinated people.

What has this data situation brought about in Germany? – A lockdown specifically for unvaccinated people or, put somewhat euphemistically: the “2G rule”. In fact, society is being divided into two classes. Vaccinated people regain their freedom (as they do not risk endangering others), whereas unvaccinated people (who do risk endangering others) must undergo tests, and pay for them out of their pocket, and will no longer receive sick pay if quarantined. Moreover, employment bans and dismissals on the grounds of vaccination status are no longer out of the question, and health insurance funds may impose less favourable rates on the unvaccinated in the future. Why this pressure on unvaccinated people? This has no foundation in science and is damaging to our society.

Antibodies produced by vaccination wane after only a few months. A look at Israel shows that after the second jab, there will be a third for the whole population, and then a fourth as recently announced. Those who fail to

get a booster shot after six months will lose their status as immune and thus their “Green Pass” (the digital Covid-19 pass introduced in Israel). In the United States, President Joe Biden is talking about Covid-19 booster shots every 5 months. Marion Pepper, immunologist at the University of Washington, questions this strategy, explaining to The New York Times that repeated stimulation of the innate immune response can lead to a phenomenon called “immune fatigue”.

It is a little discussed fact that natural infection allows a person to develop clearly stronger immunity. “Ultrapotent antibodies” or “super immunity” have been found in people who were infected with SARS-CoV-2 during the last year. These antibodies react against more than 20 different mutations of the virus and remain for longer than antibodies acquired via vaccination.

After all, Health Minister Jens Spahn has now declared that proof of antibodies is also to be accepted. But to be officially recognized as immune you still have to be vaccinated. Who can understand this logic? A CNN interview with Dr. Anthony Fauci, Director of NIAID (under the NIH, the National Health Institutes) clearly illustrates the absurdity of the situation. People with natural immunity are still not a consideration in the minds of the politicians!

I know a physician who is desperately trying to get an answer from the health authorities and the RKI to this problem: One of her patients presents an IgG antibody titer value of 400 AU/ml – clearly more than many vaccinated people. As her Covid-19 infection occurred more than six months ago, she has lost her immune status. The answer was: “Give her the jab!” – which the physician will not do, considering the titer value.

## **A lack of basic journalistic understanding**

The way out of the pandemic touted by our politicians and the media turns out to be a permanent vaccine subscription. Scientists advocating a different Covid approach are not able to reach out via public service media, as demonstrated again by the sometimes defamatory reporting on the video action #allesaufdentisch. Instead of discussing the content of the videos with the parties concerned, experts were sought out to discredit the campaign. By doing this, public service commit the very same error which they hold against #allesaufdentisch.

Der Spiegel journalist Anton Rainer opined in the SWR interview about the video action, that these are not interviews in a classical sense: “In principle you see two people agreeing with each other.” Listening to the reporting by my broadcaster gave me stomach pains, and I was very annoyed by the lack of basic journalistic understanding of the need to let those with opposing views have their say. (9) I made my concerns known to those concerned and the editorial team by email.

A typical comment in conferences is that a topic has “already been covered”. For example, when I brought up the high likelihood of underreporting of vaccine side effects. Yes, sure, the topic was discussed with in-house experts, who – no surprises here – concluded that there was no underreporting. “Opposing views” will be discussed here and there, but are rarely given a human face in such a way that broadcasters actually speak with people who hold critical views.

## **Critics under pressure**

The most vocal critics must count on house searches, prosecution, account suspensions, transfers or dismissal, or even referral to psychiatric care. Even if they hold opinions you do not share – this has no place in a state subject to the rule of law.

In the United States, it is already being discussed whether criticising science should be labelled a hate crime. The Rockefeller Foundation has announced a grant of 13.5 million dollars to censor misinformation in the health field.

WDR television broadcasting director Jörg Schönenborn declared that “facts are facts and they hold true”. If that was so, how is it then possible that scientists behind closed doors argue incessantly and even strongly disagree on some quite basic issues? As long as we are not making that clear, any assumption of supposed objectivity will lead to a dead end. We can only hope to edge closer to “reality” – and that is only possible with open exchange of ideas and scientific knowledge.

What is happening now is no honest fight against “fake news”. Rather, we are left with the impression that any information, evidence, or discussion deviating from the official narrative is suppressed.

A recent example is the factual and scientifically transparent video by IT specialist Marcel Barz. By analysing raw data, Barz was able to establish that the actual figures on excess deaths, hospital occupancy rates as well as infections did not correspond to those gleaned from the media and politicians in the last year and a half. He also demonstrates how you can present a perfect image of a pandemic using such data, and explains why he feels this is dishonest. After three days and 145,000 views, the video was deleted from YouTube (and reinstated only Barz after objected, and many others protested). The stated reason: “medical misinformation”. This begs the question: Who decided this, and on what grounds?

The fact-checker from Volksverpetzer dismissed Marcel Barz as “fake”. The verdict by Correctiv was a bit milder (Barz has given a public and detailed reply). He is proved right by the document produced for the German Federal Ministry of Health, which shows that Covid-19-Patienten stood for no more than 2% of the hospital burden during 2020. Barz went to the press with his analysis but was ignored. In a functioning discourse, our media would invite him for a debate.

Covid-related content has been deleted countless times, as shown by journalist Laurie Clarke in The British Medical Journal. Facebook and similar media are private companies and are thus free to decide what may be published on their platforms. But in doing so, are they also allowed to steer the discourse?

Public service broadcasting could have an important balancing role, by offering an open exchange of opinion. Not so, unfortunately!

## **Digital vaccine passes and surveillance**

The Gates and Rockefeller Foundations drafted and financed the WHO guidelines for digital vaccine passes. These passes are now being rolled out everywhere. Only with these passes will public life be possible – whether you want to take the tram, have a coffee or get medical treatment. An example from France shows that this digital pass will stay even after the pandemic ends. MP Emanuelle Ménard demanded the following addition to the legal text: The digital vaccine pass shall end when the virus spread no longer presents a level of

danger which justifies its use. Her proposed amendment was rejected. Thus we are but a small step away from global population control or even a surveillance state via projects such as ID2020.

Australia is currently testing a facial recognition app, to ensure that people stay at home when in quarantine. In Israel, electronic wristbands are used for this purpose. In one Italian city, drones are being tested to measure the temperature of beachgoers, and in France, the law is changed to allow large-scale drone surveillance.

All these topics must be subject to intensive and critical scrutiny within our society. This is not happening to a sufficient extent in the reporting by our broadcasting organisations and, indeed, was not an election campaign issue.

## **Blinkered vision**

The way in which public discourse has been curtailed is indicative of the “gatekeeper of information”. A current example comes from Jan Böhmermann, who demanded that virologists Hendrik Streeck and Professor Alexander S. Kekulé be deprived of their opportunity to speak out, claiming that they were not competent to do so.

Even though the two physicians have very impressive CVs, Böhmermann has thus narrowed the field of vision even more. So, now we cannot even listen to people who present their criticism of government policy wearing kid gloves?

Public discourse has been curtailed so much that Bayerischer Rundfunk has more than once refrained from broadcasting speeches by members of state parliaments who take a critical view of the measures during parliamentary debates.

Is that what the new understanding of democracy looks like in public service broadcasting? Alternative media platforms thrive first and foremost because the established platforms fail to do their job as a democratic corrective.

## **Something has gone wrong**

For a long time, I could say with pride and joy that I work in public service broadcasting. ARD, ZDF and Deutschlandradio have generated outstanding research, formats, and content. The quality standards are extremely high and thousands of staff members are doing great work despite increasing cost pressure and savings targets. But with Covid-19, something has gone wrong. Suddenly, I have become aware of tunnel vision, blinkers and a supposed consensus which is no longer questioned. (10)

The Austrian broadcaster Servus TV is proof that another way is possible. In the programme “Corona-Quartett” / “Talk im Hanger 7” proponents and critics are given equal space. Why is that not possible in German television? (11) “You cannot let every crank take the stage”, is the quick retort. The false balance, giving serious and dubious opinions an equal chance to be heard, must be avoided. – A killer argument, which also happens to be unscientific. The basic principle of science is doubt, questioning, checking. If this does not happen, then science has become a religion.

Yes, there is actually a false balance. It is the blind spot in our heads, which no longer allows true debate. We are throwing around apparent facts, but can no longer listen to each other. Contempt replaces understanding,



fighting the opposing view replaces tolerance. The basic values of our society are thrown overboard, just like that. Here we go: People who do not want to get the job are crazy, there we go: "Shame on the sleeping sheep".

While we are busy fighting, we fail to notice that the world around us is changing at breakneck speed. Virtually all areas of our lives are being transformed. How this develops is essentially determined by our capacity for cooperation, compassion and awareness of ourselves and our words and deeds. For our spiritual wellbeing, we would do well to open the space for debate – while being mindful, respectful and with understanding of different perspectives. (12)

Writing this, I feel like a heretic – someone who commits high treason and must reckon with being punished. Maybe this is not the case. Maybe I am not actually risking my job, and maybe freedom of opinion and pluralism are not under threat. I really hope so and I look forward to constructive exchange with my colleagues.

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**About the author:** Ole Skambraks, born in 1979, studied Political Science and French at Queen Mary University in London, as well as Media Management at the ESCP Business School in Paris. He was a Moderator, Reporter and Writer at Radio France Internationale, Online Editor and Community Manager at [cafebabel.com](http://cafebabel.com), Programme Manager of the MDR Sputnik morning show and Editor at WDR Funkhaus Europa / Cosmo. He is currently working as an Editor in Programme Management/Sound Design at SWR2.

## Further information from the author

PS: For fact-checkers and people interested in a multi-perspective, here are the counter-positions to the points discussed in the text:

### **ARD-ZDF-Studie**

<https://www.rnd.de/medien/kritik-an-corona-berichterstattung-von-ard-und-zdf-sender-wehren-sich-gegen-mediastudie-C3B4FEKAMNBFNTKGO5EETMR3E.html>

### **Prof. John Ioannidis**

<https://www.faz.net/aktuell/wissen/forscher-john-ioannidis-verharmlost-corona-und-provoziert-17290403.html>

<https://sciencebasedmedicine.org/what-the-heck-happened-to-john-ioannidis/>

### **Imperial College Modelling**

<https://blogs.bmj.com/bmj/2020/10/07/covid-19-modelling-the-pandemic/>

### **Gain of function research**

<https://www.gavi.org/vaccineswork/next-pandemic/nipah-virus>

### **Hydroxychloroquin / Ivermectin**

<https://www.br.de/nachrichten/wissen/corona-malaria-mittel-hydroxychloroquin-bei-covid-19-unwirksam,RtghbZ4>

<https://www.who.int/publications/i/item/WHO-2019-nCoV-therapeutics-2021.2>

<https://www.forbes.com/sites/siladityaray/2021/05/11/indian-state-will-offer-ivermectin-to-entire-adult-population—even-as-who-warns-against-its-use-as-covid-19-treatment/>

### ***Immunity of the vaccinated***

<https://www.biorxiv.org/content/10.1101/2021.08.23.457229v1>

### ***Immunity of the recovered***

[https://science.orf.at/stories/3208411/?utm\\_source=pocket-newtab-global-de-DE](https://science.orf.at/stories/3208411/?utm_source=pocket-newtab-global-de-DE)

<https://www.businessinsider.com/fauci-why-covid-vaccines-work-better-than-natural-infection-alone-2021-5>

### ***Vaccination breakthroughs / Pandemic of the non-vaccinated***

<https://www.spektrum.de/news/corona-impfung-wie-viele-geimpfte-liegen-im-krankenhaus/1921090#Echobox=1631206725>

<https://www.mdr.de/wissen/covid-corona-impfdurchbrueche-sind-selten-100.html>

### ***Pseudo-experts / Science Denial / PLURV-Principle***

<https://www.ndr.de/nachrichten/info/82-Coronavirus-Update-Die-Lage-ist-ernst,podcastcoronavirus300.html#Argument>

## **Notes:**

(1) The exception was the coverage of the referendum, during which Swiss television was obliged to give both parties the same broadcasting slot.

(2) More Pandemic-Emergency exercises were “Clade X” (2018), “Atlantic Storm” (2005), “Global Mercury” (2003) and “Dark Winter” (2001). These exercises were always about information management.

(3) Panorama reported on the payments, but did not clearly portray Kyriakides’ role regarding the Corona vaccine contracts. Otherwise, the issue has not had much prominence in the media.

(4) For example, there was hardly any coverage on public radio of the British musician Eric Clapton, who developed violent reactions after vaccination and now regrets it.

(5) According to the RKI, a vaccination breakthrough is when a vaccinated person can show both a positive test and symptoms – for the unvaccinated, a positive test is sufficient. In this way, the unvaccinated are statistically more significant.

(6) Each under the heading “List of approved vaccines”; previous PEI website editions accessible via the Internet archive Wayback Machine.

(7) The WHO has even praised the Indian state of Uttar Pradesh for its corona policy, but without mentioning ivermectin. The vaccination rate in Uttar Pradesh is below 10 %.

(8) See also FDA meeting of 17 September 2021, at 5:47:25

(9) The fairest reporting comes from BR, although here too it was about and not with the makers. MDR offers a comprehensive and differentiated analysis on its media portal.

(10) I would not like to speak of an actual “unified opinion” of the public broadcasters. There have always been critical contributions and course corrections in reporting. But it is always a question of context, broadcasting time and scope how a topic is treated. My colleagues have also confirmed my observations.

(11) Fresh formats like ZDF’s “Auf der Couch” (On the Couch) give hope, even if I don’t think a Karina Reiß or a Wolfgang Wodarg will be taking a seat there any time soon.