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An Experience with Vaccination Gatekeepers

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For those promoting vaccination, one option is censoring critics, but this could be counterproductive. The response of editors of two journals suggests that even raising this possibility is unwelcome.

Background

For several years, I have been writing about the Australian vaccination debate. My primary concern is to support free expression of views. Personally, I do not take a stand on vaccination.

The trigger for my interest was the activities of a citizens' group named Stop the Australian Vaccination Network (SAVN), formed in 2009. SAVN's explicit purpose was to silence and shut down a long-standing citizens' group critical of vaccination, the Australian Vaccination Network (AVN). In several articles, I have described the methods used by SAVN including verbal abuse, harassment (especially via numerous complaints) and censorship.¹ Over decades of studying several public scientific controversies, I had never seen or heard about a campaign like SAVN's using such sustained and diverse methods aimed at silencing a citizens' group that was doing no more than expressing its viewpoint in public. (Campaigners on issues such as forestry who use direct action techniques such as blockades are sometimes met with violent repression.)

Prior to this, in 2007, I started supervising a PhD student, Judy Wilyman, who undertook a critical analysis of the Australian government's vaccination policy. Judy was also active in making public comment. After the formation of SAVN, Judy came under attack. SAVNers criticised her thesis before it was finished and before they had seen it, and made complaints to the university. After Judy graduated and her thesis was posted online, a massive attack was mounted on her, her thesis, me as her supervisor and the University of Wollongong.² This involved prominent stories in the daily newspaper *The Australian*, hostile tweets and blogs, a petition and complaints, among other things.³

Here I report on a small spinoff experience that provides insight into thinking about vaccination issue. Two senior Australian public health academics, David Durrheim from the University of Newcastle and Alison Jones from the University of Wollongong, wrote a commentary published in the journal *Vaccine*.⁴ They argued that academic freedom might need to be curtailed in cases in which public health is imperilled by academic work. Their specific concern was criticism of vaccination, and they mentioned two particular cases: Judy's PhD thesis and a course taught at the University of Toronto by Beth Landau-Halpern.

¹ See <http://www.bmartin.cc/pubs/controversy.html#vaccination> for my publications and commentary on the vaccination controversy.

² Wilyman, "A Critical Analysis of the Australian Government's Rationale for its Vaccination Policy."

³ Martin, "An Orchestrated Attack on a PhD Thesis."

⁴ Durrheim and Jones, "Public Health and the Necessary Limits of Academic Freedom."

Durrheim and Jones are established scholars with long publication records in their usual areas of research. However, in writing their commentary in *Vaccine* they ventured into social science. As I wrote in a previous article in the *SERRC*, Durrheim and Jones' commentary was based on an inadequate sample, just two cases.⁵ Furthermore, in both cases they appeared to rely on newspaper articles without obtaining independent assessments of the reliability of the information. Furthermore, they provided no evidence supporting the effectiveness of the measures they proposed to prevent unsound academic research and teaching on public health, nor examined the potential negative consequences of these measures, in particular for open inquiry. Ironically, in criticising allegedly unsound social-science teaching and research, they produced an unsound piece of social science writing.

I wrote a reply to Durrheim and Jones' commentary and then contacted *Vaccine* about whether it would be suitable for submission. However, the editor-in-chief ruled that the journal would not publish replies to its published commentaries. This led me to publish my reply, along with an explanation of its context, in *SERRC*.⁶ Beth Landau-Halpern wrote her own response.⁷

I then proposed to *Vaccine* to submit a commentary about the vaccination debate. The editor-in-chief asked for a summary of what I proposed. After receiving my summary, I was informed that the editor-in-chief (EiC) "has advised you can proceed to submission, however the EiC has requested a fresh viewpoint in the commentary which would add something new to the literature." I prepared a short piece, "Should vaccination critics be silenced?," making the case that censoring critics could be counterproductive. I submitted it through the usual online system, listing four potential referees. The managing editor told me that my submission would be handled by the editor-in-chief. Not long after, I received a form-letter rejection, a "desk reject," including the following text:

We regret to inform you of our decision to decline your manuscript without offer of peer-review.

Vaccine receives a large number of submissions for which space constraints limit acceptance only to those with the highest potential impact within our vast readership. [...]

If any specific comments on your paper are available, they are provided at the bottom of this message.

There were no comments on my submission. Normally, after submitting a proposed outline of points to be covered, I would have expected that my submission would be sent to referees, or at the very least that the editor would offer a justification for rejection without refereeing. My submission is reproduced below so that readers can judge its quality. *Vaccine*

⁵ Martin, "Public Health and Academic Freedom."

⁶ *Ibid.*

⁷ Landau-Halpern, "The Costs and Consequences of Teaching and Analyzing Alternative Medicine."

accepted Durrheim and Jones' commentary three days after receipt, implying very rapid refereeing.

I next sent my commentary to the *Journal of Public Health Policy*. The co-editors soon wrote back declining my submission, saying "Perhaps you can find a journal with an audience for whom this material is new. If you submit it elsewhere, I suggest that you look at the attached article." The attached article in one page argued that safety is important in vaccines, concluding "It will be far easier to achieve herd immunity when risks associated with vaccines are known to be so small that public confidence in the safety of vaccines is secure."⁸

The co-editors' reply perplexed me. I wrote back as follows:

I am not arguing for or against vaccination. Nor am I arguing about the benefits of herd immunity or measures taken to improve vaccination rates, the topics covered in the article you kindly sent.

My concern is about the wisdom of silencing critics, for example trying to block public talks, prevent speaking tours, shut down websites, force organisations to close and verbally attacking individuals to discourage them from making public comment. Possibly I did not spell this out clearly enough. Whether silencing critics using such methods is a good way to promote vaccination has seldom been addressed.

The co-editors responded:

We have followed vaccination policy and the problem with your comments about critics is that because the critics focus on decisions by parents and patients they strengthen the perception a person takes a vaccine to protect him or herself, rather than to protect the whole community. You do not challenge that. Although not the focus of your submission, it gives some comfort to those who focus on protecting themselves or their children. Perhaps you can work around that problem, but your otherwise find [sic] submission does not do it.

The implication of this response is that any comment about vaccination that "gives some comfort to those who focus on protecting themselves or their children" is unwelcome. This sort of perspective, with herd immunity being an overriding concern, helps to explain the resistance of vaccination proponents to any analysis of attacks on vaccination critics.

My experience with just two journals is an inadequate basis for passing judgement about peer review and editorial decision-making concerning vaccination. However, it is compatible with

⁸ Freeman, "Commentary on Vaccines."

there being a view that publishing anything that might be used by vaccine critics is to be avoided.

The vaccination controversy, like many other public scientific controversies, is highly polarised. Partisans on either side look for weaknesses in the positions of their opponents. It seems that even if censoring vaccination critics is counterproductive, raising this possibility is unwelcome among proponents. After all, it might give comfort to the critics.

Should Vaccination Critics Be Silenced? (submission to *Vaccine and Journal of Public Health Policy*)

Abstract

If vaccine critics seem to threaten public confidence in vaccination, one option is to censor them. However, given the decline in public trust in authorities, in health and elsewhere, a more viable long-term strategy is to accept open debate and build the capacity of citizens to make informed decisions.

Keywords: vaccination; critics; free speech; censorship

Ever since the earliest days of vaccination, there have been disputes about its effectiveness and safety. Today, although medical authorities almost universally endorse vaccination, opposition continues (Hobson-West, 2007). From the point of view of vaccination supporters, the question arises: what should be done about vaccine critics?

Proponents fear that if members of the public take vaccine critics too seriously, this may undermine confidence in vaccination and lead to a decline in vaccination rates and an increase in infectious disease. How to counter critics, though, is not clear, given that there are no studies systematically comparing different strategies.

One approach is simply to ignore critics, hoping that they will not have a significant impact. Another is to respectfully address concerns raised by parents and others on a case-by-case basis, depending on their level of opposition to vaccination, countering vaccine criticisms with relevant information (Danchin and Nolan, 2014; Leask et al., 2014). Then there is the option of trying to discredit and censor public vaccine critics, an approach used systematically in Australia for some years (Martin, 2015).

It may seem obvious that silencing critics is beneficial for maintaining high levels of vaccination. However, setting aside the ethics of censorship, there are several pragmatic reasons to question this strategy.

An initial problem is the lack of evidence that organized vaccine-critical groups are significant drivers of public attitudes towards vaccination. Although it seems plausible that efforts by these groups will induce more parents to decline vaccination, a different dynamic may be involved. It is possible that organized opposition is a reflection, rather than a major

cause, of parental concerns that may be triggered by other reasons, for example awareness of apparent adverse reactions to vaccines or arrogant attitudes by doctors (Blume, 2006). There is some evidence for this view: a survey of members of the Australian Vaccination-skeptics Network showed that most had developed concerns about vaccination before becoming involved (Wilson, 2013).

Another problem is that trying to discredit vaccine critics can seem heavy-handed and trigger greater support for them in what is called the Streisand effect or censorship backfire (Jansen and Martin, 2015). The targets of censorship are likely to feel disgruntled, and suppression of their views provides ammunition for their claims that a cover-up is involved. When critics are attacked or silenced, some observers may conclude there is something being hidden.

Underlying the drive to censor criticism of vaccination can be a fear that members of the public cannot be relied upon to make sensible judgments based on the evidence and arguments. Instead, they must be protected from dangerous ideas and repeatedly told to trust authorities.

However, reliance on authority is a precarious basis for maintaining policy goals given evidence—though complex and contested—for a decline in respect for authorities over the past several decades in health (Shore, 2007) and other arenas (Gauchat, 2012; Inglehart, 1999). When education levels were lower and dominant institutions seldom questioned, it could be sufficient to assert authority and most people would follow. However, many authorities have been discredited in the public eye, for example politicians for lying about war-making, companies for lying about product hazards, and churches for covering up paedophilia among clergy. Although scientists and doctors remain among the more trusted groups in society, they are increasingly questioned too, with various scandals having tarnished their reputations.

In addition, the greater availability of information means far more people are educating themselves and challenging experts. This is not simply an Internet phenomenon. In the early years of the AIDS crisis in the US, activists studied research and organized to challenge officials over HIV drug policy (Epstein, 1996). Similarly, the women's health movement challenged patriarchal orientations in the medical profession (Boston Women's Health Book Collective, 1971). The questioning of dominant views has spread to a wide range of issues, including for example the health effects of genetically modified organisms and electromagnetic radiation.

Therefore, it is only to be expected that there will be increasing questioning of vaccination policies, especially when they are presented as a one-size-fits-all application brooking no dissent. In this context, attempts to suppress criticisms appear to be pushing against a social trend towards greater independent thinking.

Rather than continuing to rely on authority, a different approach is to encourage open discussion and to help parents and citizens to develop a more nuanced understanding of vaccination. If the evidence for vaccination is overwhelming, there should be little risk in

assisting more people to understand it. The strategy behind this approach is to democratize expert knowledge about vaccines, so that uptake depends less on the authority of credentialed experts and more on the informed investigations of well-read members of the public.

Possible consequences of this approach are highlighting shortcomings in the vaccination paradigm, for example the possibility that adverse effects are more common than normally acknowledged, and considering the possibility that childhood vaccination schedules could be modified according to individual risk factors. By being open to weaknesses in the standard recommendations and making changes in the light of concerns raised, the more important recommendations may be protected in the longer term. This would be in accord with the general argument for free speech that it enables weak ideas to be challenged and a stronger case to be formulated (Barendt, 2005).

However, such openness to constructive debate will remain elusive so long as vaccine critics are stigmatized and marginalized. While the vaccination debate remains highly polarized, it is difficult for either side to make what seem to be concessions and almost impossible for there to be an open and honest engagement with those on the other side. If this remains the case, it is easy to predict that critics will persist despite (or perhaps because of) attempts to silence them, and people's increasing expectation for educating themselves rather than automatically deferring to authorities will continue to confound vaccination proponents.

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