



SSRN and medRxiv Censor Counter-Narrative Science

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[LINK TO ABSTRACT](#)

Chapter XI of Friedrich Hayek's *The Road to Serfdom* is titled “The End of Truth.” Hayek develops the idea that to function and maintain power, totalitarian regimes must use propaganda to establish an official doctrine:

The need for such official doctrines as an instrument of directing and rallying the efforts of the people has been clearly foreseen by the various theoreticians of the totalitarian system. Plato's “noble lies” and Sorel's “myths” serve the same purpose as the racial doctrine of the Nazis or the theory of the cooperative state of Mussolini. They are all necessarily based on particular views about facts which are then elaborated into scientific theories in order to justify a preconceived opinion. (Hayek 1965, 157)

To be effective, propaganda must exhibit monopoly power, with no dissent allowed and “all information that might cause doubt or hesitation...withheld” (Hayek 1965, 160). Hayek grew up in Vienna and lived there until 1931. He had first-hand experience with totalitarianism and studied its operations. He dedicated much of his professional life to understanding the causes of bad government and combatting its brutalities.

So, we may ask: has covid brought an end to truth? We answer by accounting our covid research experiences, as well as those of others. Before doing so, we reflect on how matters of public health, such as covid, fit into Hayek's “The End of Truth.”

There is perhaps nothing that opens the door to censorship wider than the fear of disease and the prospect of an early death. Indeed, there is nothing that

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matches a looming pandemic to generate fear. And there is nothing like fear to grease the skids of censorship.

In the present article, we use the word *censorship* in the sense of the first definition of the transitive verb *censor* given at Wiktionary ([link](#)): “To review for, and if necessary to remove or suppress, content from books, films, correspondence, and other media which is regarded as objectionable (for example, obscene, likely to incite violence, or sensitive).” This definition does not confine censorship to activity undertaken by governmental players. We believe that a line that is connoted by *censorship*, a line that distinguishes censorship from plain and honest content curation, has been crossed by SSRN and medRxiv. That line has to do with violating terms and conditions, even if those are only tacitly understood and are derived from established convention, and with the violations deriving from motives like those that drive government censorship. Indeed, we would not rule out the possibility governmental pressures are playing a role in the censorship perpetrated by SSRN and medRxiv.

So, how does covid fit into this picture? A signal event in the timeline of Western covid lockdowns occurred on March 16, 2020, with the publication of the Imperial College London covid report (Ferguson et al. 2020). Its frightening predictions sent shock waves around the world. The next day, the government threw the United Kingdom into lockdown.

The impact of the report was amplified by the United Kingdom’s soft-power machine, the BBC. Its reach has no equal: broadcasting in 42 languages, reaching 468 million people worldwide each week, and efficiently disseminating its message (Barber 2022). With the BBC in full cry and the public genuinely alarmed, there was little room or tolerance for dissent. In the United Kingdom, the government put its recently established Counter Disinformation Unit on full covid alert, to stamp out dissent (Investigations Team 2023).

A copycat cascade then took hold, with the United States and other countries embracing the UK government’s messaging and policies. The result was a policy based on a defective model (see Herby et al. 2023a, 28–29) that originated at Imperial College London under the leadership of Professor Neil Ferguson, who is the director of Imperial College’s School of Public Health.

UK policymakers should have been aware that Professor Ferguson’s Imperial College team had a history of defective modeling and a track record littered with what are little more than fantasy numbers. To put the blunders of the Imperial College London’s epidemiological fear machine into context, consider the numbers generated by the modelers in 2005, when Professor Ferguson suggested that “up to around 200 million” could die from bird flu globally. He justified this claim by comparing the lethality of bird flu to that of the 1918 Spanish flu outbreak, which killed 40 million (Sturcke 2005). By 2021, bird flu had only killed 456 people

worldwide (WHO 2021). And, there were other huge misses by the Imperial College London’s modelers: foot and mouth in 2001, mad cow in 2002, and swine flu in 2009 (Hanke and Dowd 2022).

SSRN censors Herby, Jonung, and Hanke

The Social Science Research Network (SSRN), operated by Netherlands-based publishing house Elsevier, is an enormous platform in academia. SSRN is extremely important to professors for disseminating their research results and for advancing within the academic community. Indeed, as of September 25, 2023, the SSRN provided 1,271,271 research papers from 1,381,280 researchers in 70 disciplines, per its homepage ([link](#)). SSRN is the leading site for academic working papers. It platforms research irrespective of whether the research has been submitted, accepted, or published in journals. Such platforming of research is vital for giving space to all voices, to make scholarship contestable and challengeable, and without delay or stonewalling. The gatekeeping role of the journals is also a vital facet of the common enterprise of scholarship—but it is separate from the realm of the working paper, and it should continue to be kept separate. If SSRN wishes to play the role of scholarly gatekeeper, it is obliged to assume that role responsibly, which includes clarifying its gatekeeping procedures and living up to the procedures it purports to follow, avoiding double-standards.

Here is what SSRN says (as of September 25, 2023) about its policies regarding “Contributed Content” ([link](#)):

Contributed content should be relevant to the subject scope of SSRN. Content may not be illegal, obscene, defamatory, threatening, infringing of intellectual property rights, invasive of privacy or otherwise injurious or objectionable. Elsevier does not pre-screen or regularly review any contributed content, but Elsevier has the right (though not the obligation) to monitor submissions to determine compliance with these Terms and any operating rules to satisfy any law, regulation, or authorized government request.

Needless to say, none of the SSRN-censored research products mentioned in the present article runs afoul of the guidelines against material that is “illegal, obscene, defamatory, threatening, infringing of intellectual property rights,” or “invasive of privacy.” As for “otherwise injurious or objectionable,” if that is the grounds for SSRN’s censorship, it is something they should declare and defend. Thus far, SSRN has failed to do so.

Jonas Herby, Lars Jonung, and Steve H. Hanke (hereafter HJH) undertook a major meta-analysis of the effects of lockdowns. Before conducting their study,

HJH wrote up a protocol for the methods they would use, so as to head off charges about cherry-picking. On July 15, 2021, SSRN published the protocol (HJH 2021). The protocol laid out in detail what HJH proposed to do, how they were going to do it, and what, in fact, they did do. That protocol is still available at SSRN.

HJH completed their research as outlined in the protocol. They published the first edition as a working paper, in the series *Johns Hopkins Studies in Applied Economics*, in January 2022 (HJH 2022a). On February 2, 2022, Dr. Marty Makary, a Johns Hopkins professor of medicine, appeared on the Fox News Channel television program *Tucker Carlson Tonight* and praised the HJH meta-analysis of covid lockdowns (Manno 2022). Two days later, a reporter asked about the HJH meta-analysis in the White House (White House 2022).

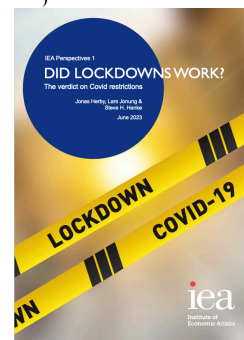
The HJH study reached the conclusion that lockdowns only had a tiny impact on covid mortality and came with huge economic and social costs. The HJH meta-analysis estimated that lockdowns only saved between 6,000 and 23,000 lives in Europe and between 4,000 and 16,000 lives in the United States (see HJH 2023a). For context, lockdowns prevented relatively few deaths compared to a typical flu season. In Europe, 72,000 flu deaths occur (WHO 2023) and in the United States, 38,000 flu deaths occur during a typical flu season (CDC 2022). As a result, HJH concluded that covid lockdowns were a major public policy blunder.

On March 21, 2022, the SSRN posted a critique of HJH (2022a), a critique by Nicolas Banholzer, Adrian Lison, and Werner Vach (2022).

Then, HJH published a second edition of their working paper in the *Johns Hopkins Studies in Applied Economics* series in May 2022 (HJH 2022b). Following its publication, HJH repeatedly requested (on May 25, 2022, June 15, 2022, July 23, 2022, and July 5, 2023) that the second edition of their working paper be published by the SSRN. But SSRN refused, citing “the need to be cautious about posting medical content” (SSRN Author Comment Notification, email message to author, June 15, 2022; August 5, 2022). We infer from SSRN’s actions that the HJH study was deemed “injurious or objectionable.” But neither a critique of the HJH study nor the protocol for the study had been deemed “injurious or objectionable.”

HJH polished and expanded the second edition of their working paper. Following a heavy peer-review, it was published in June 2023 as a book *Did Lockdowns Work? The Verdict on Covid Restrictions* by the Institute of Economic Affairs in London (HJH 2023a). That book received considerable press coverage in the United Kingdom, but only light coverage in the United States.

In August 2023, Herby, Jonung, and Hanke published another working paper in the *Johns Hopkins Studies in Applied Economics* series (HJH 2023b). It was a reply to Banholzer,



Lison, and Vach's criticism that had been posted at the SSRN. HJH attempted to post this reply at SSRN. But on August 16, 2023, SSRN refused to post it, using the same language that was used in the prior HJH working paper rejections: "Given the need to be cautious about posting medical content, SSRN is selective on the papers we post. Unfortunately, your paper has not been accepted for posting on SSRN" (SSRN Author Comment Notification, email message to author, August 16, 2023).

How is the censorship perpetrated by SSRN related to the larger theme of recklessly meandering down a road that leads to the end of truth? The experience of HJH illustrates what, to us, anyway, seems to be a syndrome followed by officialdom and allied factions. (Recent revelations make it clear that government actors pervasively exercise clandestine influence over the media.) First come the "fact-checkers" who produce unfounded, irrelevant verbiage that lacks critical sense or analytical insight (for example, Evon 2022). Next come hit pieces that echo the claims of the so-called fact-checkers. The perpetrators hope that a cone of silence, aided by censorship at preprint servers, will descend on the counter-narrative scientific findings. They lead people down a road that leads to the end of truth.

SSRN and medRxiv censor Vinay Prasad and coauthors

Dr. Vinay Prasad, a physician-epidemiologist and professor at the University of California at San Francisco medical school, documents (Prasad 2023) how SSRN systematically suppressed scientific papers from his laboratory, papers that contained findings that were at odds with the government's policies and pronouncements on the covid vaccines, on mask mandates, and even on standard of evidence appropriate for meta-analyses (see Figure 1). Papers on cancer research and oncology by Prasad and colleagues have never been censored at SSRN. But, with two exceptions, all of his covid papers have been censored.

SSRN even censored an article about SSRN's censorship! They found it objectionable, no doubt. That paper was written by Prasad and his colleague, epidemiologist Dr. Alyson Haslam (Haslam and Prasad 2023).

In every case, the reason provided to Prasad by the SSRN for its decision to censor his papers is the same: "Given the need to be cautious about posting medical content, SSRN is selective on the papers we post."

Figure 1. SSRN decisions on scientific covid research from Dr. Vinay Prasad’s laboratory

DECISION	TITLE, DATE, METRICS*	REASONING
SSRN		
Removed	Mask mandates and COVID-19: A Re-analysis of the Boston school mask study July 19 2023	"Given the need to be cautious about posting medical content, SSRN is selective on the papers we post."
Removed	A comprehensive analysis of articles submitted to preprint servers from one laboratory (VKPrasad Lab at UCSF): Download statistics, rates of rejection, and reasons for rejection: Are preprint servers acting fairly or playing politics? July 18 2023	"Given the need to be cautious about posting medical content, SSRN is selective on the papers we post."
Removed	Falsification Endpoints and the Pitfalls of Using Observational Studies in Reviews of Effectiveness of COVID-19 Vaccines: Critique of a Systematic Review and Meta-Analysis of BNT161b2 vaccination of 5-11-Year-Olds April 19 2023	"Given the need to be cautious about posting medical content, SSRN is selective on the papers we post."
Removed	Interpretation of Wide Confidence Intervals in Meta-Analytic Estimates: Is the 'Absence of Evidence' 'Evidence of Absence'? April 13 2023	"Given the need to be cautious about posting medical content, SSRN is selective on the papers we post."
Accepted	Statistical and Numerical Errors Made by the US Centers for Disease Control and Prevention During the COVID-19 Pandemic March 14 2023 40,213 Views 7,959 Downloads	
Removed	COVID-19 vaccines: history of the pandemic's great scientific success & flawed policy implementation November 14 2022 3,072 Views 1,028 Downloads**	"Given the need to be cautious about posting medical content, SSRN is selective on the papers we post."
Accepted	COVID-19 Vaccine Boosters for Young Adults: A Risk-Benefit Assessment and Five Ethical Arguments against Mandates at Universities August 31 2022 417,488 Views 90,252 Downloads	
Submitted by journal	A Systematic Analysis of Post-Protocol Therapy in First Line Checkpoint Inhibitor Trials October 29 2021 283 Views 19 Downloads	
Accepted	Why Is Research in Early-Stage Cancer Research so Low? A Re-Assessment of Budish, Roin and Williams June 6 2017 2,454 Views 239 Downloads	

Source: Prasad 2023 (link).

SSRN is not the only preprint server that has suppressed scientific papers. During the pandemic, medRxiv, the largest preprint server in medicine and health sciences, also systematically suppressed scientific findings that it deemed at odds with government covid narratives. Again, Haslam and Prasad (2023) provide documentation for Prasad’s laboratory (see Figure 2). While medRxiv accepted a larger proportion of papers that Prasad’s group submitted to the server, it rejected two counter-narrative papers. The first was an evaluation of errors in statistics committed by the U.S. CDC during the pandemic (Krohnert et al. 2023). The medRxiv proprietors refused to post the paper claiming that the paper “is not a systematic evaluation with reproducible methodology.” By that standard, medRxiv should have refused to publish a large proportion of papers currently published on its website. (Meanwhile, over at SSRN, that piece was *not* censored.) The second paper medRxiv rejected was the Haslam and Prasad (2023) paper that documents censorship by medRxiv and the SSRN. (As already noted, that one was, evidently, deemed objectionable over at SSRN, as they too refused to post it.)

Figure 2. medRxiv decisions on scientific covid research from Dr. Vinay Prasad’s laboratory

Status	Title	Date	Views	Downloads	Notes
Removed	A comprehensive analysis of articles submitted to preprint servers from one laboratory (VKPrasad Lab at UCSF): Download statistics, rates of rejection, and reasons for rejection: Are preprint servers acting fairly or playing politics?	July 14 2023			"medRxiv is intended for research papers, and our screening process determined that this manuscript fell short of that description"
Accepted	Interpretation of wide confidence intervals in meta-analytic estimates: Is the 'Absence of Evidence' 'Evidence of Absence'?	July 11 2023	277 Views	52 Downloads	
Accepted	Changes in Masking Policies in US Healthcare Facilities in the First Quarter of 2023: Do COVID-19 Cases, Hospitalizations, or Local Political Preferences Predict Loosening Restrictions?	July 11 2023	502 Views	435 Downloads	
Accepted	Characteristics and quality of studies pertaining to masks published in the Morbidity and Mortality Weekly Report	July 11 2023	2,148 Views	1,797 Downloads	
Accepted	Analysis of tweets discussing the risk of Mpox among children and young people in school (May-Oct 2022): Public health experts on Twitter consistently exaggerated risks and infrequently reported accurate information	May 16 2023	1,364 Views	920 Downloads	
Submitted by journal	Cross-sectional analysis of Open payments for physicians at designated hemophilia centers in the US (2018-2020)	March 7 2023	659 Views	92 Downloads	
Accepted	Current landscape of disparity-focused research: a bibliometric analysis of 260 research articles	March 7 2023	510 Views	133 Downloads	
Removed	Statistical and numerical errors made by the US Centers for Disease Control During the COVID-19 Pandemic	March 6 2023			"It is not a systematic evaluation with reproducible methodology"
Accepted	An empirical analysis of lay media coverage on influenza prevention pre- and post-COVID 19: Mask recommendations were previously rare, now ubiquitous	February 14 2023	1,306 Views	202 Downloads	
Submitted by journal	Estimation of time cost of anti-cancer drugs approved based on comparisons to best supportive care: a cross sectional analysis medRxiv	June 22 2022	1,090 Views	361 Downloads	

Source: Prasad 2023 ([link](#)).

medRxiv censors Bhattacharya and coauthors

Jay Bhattacharya, too, has had medRxiv refuse to post one of his working papers. In late 2020, a team that included Bhattacharya, Christopher Oh, and John Ioannidis and led by Stanford University infectious disease professor Eran Bendavid conducted an empirical analysis of the effectiveness of early 2020 shelter-in-place orders and business closures on the spread of the pandemic. Using sub-national data, the analysis compared places that did not have mandatory orders, like Sweden and South Korea, against places that did. The paper failed to show any statistically significant effect of mandatory orders on covid spread. The authors of this paper uploaded it to medRxiv as a preprint, while simultaneously submitting it for peer review. The medRxiv refused to post the piece, telling the authors that the topic was too sensitive to permit the publication of a preprint, even though the site teemed with modeling analyses purporting to demonstrate the efficacy of lockdowns in limiting the spread of covid. In early January 2021, the peer-reviewed

journal *European Journal of Clinical Investigation* published the paper (Bendavid et al. 2021). To date, the article has garnered 245 citations and an Altmetrics score that places it in the top 56 papers among the 24.5 million papers tracked by Altmetrics.

Before the pandemic, medRxiv provided little to no content-based screening of the preprints it published on its site. However, in May 2020, the site announced that it would no longer permit the preprint publication of “manuscripts making predictions about treatments for covid-19 solely on the basis of computational work” (Kwon 2020). But, computational simulations were at the heart of government lockdown campaigns. Preprint servers had had no problem posting such work, even as the results from many such studies were, in our judgment, patently preposterous. But medRxiv deemed it too dangerous to permit computation biologists to engage with clinical trialists and other doctors and scientists regarding potential treatments for covid.

What SSRN and medRxiv need to do to rectify the current state of affairs is not complicated. What they need to do is repent and desist from censorship.

However, as C. S. Lewis explained in *Mere Christianity* (ch. 4), those most in need of repenting are often the least capable of repenting.

To help us return to the right path, Stephen Walker has created a website called Vicegerents.org ([link](#)), where scholars can tell of their experiences of being censored by SSRN, medRxiv, or other preprint servers. The website takes its name from a passage in Adam Smith’s *The Theory of Moral Sentiments*, a passage displayed atop the frontpage of the Vicegerents.org site. In that book, Smith (1790, 337) also wrote: “Frankness and openness conciliate confidence.” If you have been censored by SSRN, medRxiv, or other preprint servers, you might wish to visit Vicegerents.org.

Note from the editors of EJW: *We invite officers of SSRN and medRxiv to provide a reply to this article, for publication in a future issue of the journal.*

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