May 31, 2023
Religion as a Social Force in Health: Complexities and Contradictions
BMJ-2022-074052

Dear BMJ Editors and Reviewers,

We greatly appreciate the timely, detailed, and thoughtful reviews of our Analysis paper provided by your editorial committee and by four expert reviewers. Below we have summarized the comments from the review (italics), and done our best to respond to the critiques and suggestions within our (expanded) word limit of 2200 words (per Rachael Hinton email May 5, 2023).

Editors' comments

1. *We are requested to build a case around an argument, to make the piece less descriptive and more persuasive. It is suggested that we choose an example where religion has been ignored (to the detriment of public health) and / or where people have been able to find common ground and to manage the contradictory roles that religion can play in public health.*

We are very happy to move to a more persuasive stance with the paper. The CDC review process had pushed us in the direction of less advocacy, but we are not required to submit the paper to them for any further reviews. We are happy to be providing more detailed examples of actions and interactions of faith communities and public health agencies, specifically in the cases of the Ebola epidemic and the HIV pandemic.

2. *The committee felt that the opening headlines needed more detail and concrete examples.*

We have chosen some different headlines that will relate directly to the expanded examples we provide, and can be tied in later in the paper.

3. *The committee would like to see the examples/discussion on nation-states strengthened, and suggest mentioning Roe v. Wade, as well as international examples from other parts of the world where government imposition of religious views has adversely affected women's reproductive rights.*

We had quite a bit of discussion about this. Early in our writing we had eliminated discussion of Roe v. Wade because it was too US-centric. But it certainly exemplifies the harm of state enforcement of religious beliefs. So we have mentioned it briefly, but have given more space to the more global examples of Ebola and HIV.

4. *The committee (and several reviewers) would like to see the "lessons" section strengthened by tying the points made there to more specific examples. Especially useful would be examples of initially acrimonious relationships between religious and public health institutions that evolved into partnerships.*

We have reorganized the paper to lead with the "lessons", and then to link back to them through the examples, as Reviewer 1 helpfully suggested. The Ebola epidemic of 2014-2016 in West Africa is an excellent example of an evolving relationship. We summarize the main points here, and readers can find a fuller story in Blevins, Robinson, and Jalloh, *AJPH* 2019 (lines 189-203).

5. *More attention should be paid to the socioeconomic context and the "prevalence" of religion.*

We have linked religion as a social determinant of health, in interplay with the other SDOHs, in paragraph 2. The secularity of high-income countries is mentioned in Lesson 1. These are topics of great interest to the authors and we would be happy to expand on them if more space were allowed, but we have chosen to give our extra space to expanded examples.

6. *We are advised to use less subjective language, and to use caution when mentioning the JAMA systematic review.*

We eliminated the words groundbreaking and substantial, but this comment is somewhat at odds with the recommendation that we make a more persuasive, less descriptive argument, so we have primarily moved in the persuasion direction.

The committee member comment on the JAMA review is unclear and we are not sure what is being asked – one of us (EI) was a member of one of the Delphi panels for this review and an author of several papers in the review. Given the limit on references, referring to this comprehensive review seemed a very economical way to give the reader a route to the literature in this category (religion's effects on health at the individual level). So although the paper is not a report of a new study with primary data collection, it is original research, including a meta-analysis of some of the health outcomes.

7. *The HIV situation (particularly religion's negative effects) was not described as fully as the committee would like.*

Yes we agree that this is a crucial example, and fortunately we have considerable expertise among our authors (lines 217-236). It is good to end the paper with this highly complex example exhibiting that which has been very much in the news these days.

Reviewer 1

Thank you for your excellent comments and suggestions.

1. *The reviewer appreciates the social-ecological approach, but would like to see more examples of the harm done by nation-states, citing Roe v. Wade as an example of religious activism against reproductive justice.*

Given the recommendation of Reviewers 1 and 4 to be explicit about our use of the social-ecological framing, we have adopted it.

See the discussion of our thinking on Roe v. Wade above. We have included it as a short example (lines 210-215).

2. *The reviewer suggests placing the "lessons" earlier in the paper, and increasing citations to provide more examples, and tying them more closely to examples.*

We liked this suggestion very much and have adopted it. The Lessons now appear in the introduction, and are referred to in the context of the examples we raise.

3. *Explain what is meant by "healthworlds" earlier in the piece.*

The concept of healthworlds is introduced much earlier, in the paragraph about the ARHAP, where it originated. There is more description of it in the conclusion, and we liked it there, but could move up to the first mention if necessary.

4. *The impact of religious activism on women's rights should be highlighted equally with LGBTQ+ rights, and the effects of systematic racism.*

While this would be an excellent suggestion for interesting (and complicated) histories, we felt that it might take us a bit too far from health per se.

Reviewer 2
We very much appreciate the comments and suggestions of the reviewer.

1. *The reviewer adds to the "protective effects" examples of the role of faith-based organizations in caring for vulnerable populations, through services for immigrants, shelter beds, food banks, etc.*

We included a few more examples of social and health services in the paragraph on the *AJPH* Special Section (lines 162-170).

2. *The reviewer notes that public health and the research community could support religious communities to address the negative manifestations of stigma and abuse and to support efforts in promoting positive well-being through peacemaking, prosocial behavior, etc.*

We added this helpful suggestion in the final paragraph.

Reviewer 3
Thank you for your kind words and enthusiasm, and your very nice summary of what we are attempting to write.

1. *The reviewer largely approves of the paper with a thoughtful summary. One clarification of wording is requested.*

We removed the word "many" and the dashes, and we hope that addresses the reviewer's concern.

Reviewer 4
We are grateful for the careful reading and detailed suggestions of the reviewer.

1. *The reviewer requests more examples in "the gender space", and to be more specific about the "social-ecological model".*

We have included a few details about abortion and the US religious right in the section on the nation-state (lines 208-215). We have included the social-ecological frame, which makes good sense and was also mentioned by another reviewer as a way of naming the structure we are describing.

2. *The reviewer would like more detail on the "particular drivers" of harmful religious engagement; they disagree with the implication of the paper that the harm should be "reconciled".*

We appreciate the reviewer's raising of what we seemed to be (but were not) implying. It generated a healthy discussion among the co-authors, and we would like to make it clear that we do *not* agree that reconciliation of the parties will be possible in every case. And, as one of the authors put it – even when there is a reconciliation, there could have a been a lot of harm that preceded it. We have added some text to the second paragraph (lines 86-89), and reinforced this (which we believe to be) realistic view at the end of the paper (lines 255-260).

3. *The reviewer critiques the "lessons" as not being derived from specific studies; of being directed primarily at public health practitioners rather than religious organizations; and of not sufficiently critiquing religion; and provides two helpful references.*

We hope that the reorganization of the lessons to the front of the paper, and the stronger connections of the lessons to the examples sufficiently addresses this reviewer's concern. It is true that they are derived from the authors' experiences in multiple contexts, and not from specific individual studies that can be cited, but the examples that they relate to are referenced.

Yes, it is also true that we were addressing our perspective to readers of BMJ rather than leaders of religious groups, and given the word limits, it would be difficult to address a wider audience.

We also hope that the expanded examples provide additional, specific critiques of religion, especially at the organizational and national political levels.

4. *The reviewer would like to have us include a definition of religion.*
A brief definition is added to paragraph 2 (lines 83-85).

5. *The reviewer suggests that this short article could start off a series of papers providing in-depth research and analysis for BMJ readers.*

We very much appreciate this reviewer's suggestion, and would like to be involved!