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The Editors of *The New Atlantis* Respond to the Recent Open Letter About Our Fall 2016 Issue

March 30, 2017 – Last week, [an “open letter” was published](#) on the website of Vanderbilt University School of Medicine’s Program for LGBTI Health. The letter, reportedly organized by Vanderbilt postdoctoral researcher Lauren B. Beach and signed by Beach and 572 other individuals, purports to respond to “[Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences](#),” a special report written by Dr. Lawrence S. Mayer and Dr. Paul R. McHugh and published in the Fall 2016 issue of *The New Atlantis*.

We are always eager to see substantive criticism of the essays, articles, and reviews published in our pages. Unfortunately, this open letter is a flimsy and pathetic exercise in disparagement. However, in light of the attention the letter has received in the press, we offer a few points in reply:

1. This open letter is devoid of substance.

Seven months have passed since the “Sexuality and Gender” report was published and made freely available online — plenty of time to read it with care and to craft a response. But rather than engaging with, critiquing, or challenging the content of the report, the signers of this letter identify no specific claims, interpretations, or conclusions that they wish to criticize. The letter asserts that the report “does not represent prevailing expert consensus opinion,” but it does not specify how exactly the report differs from that opinion. Nor does the letter offer reasons for why the “prevailing expert consensus opinion” is closer to the truth than the analysis and arguments offered by Dr. Mayer and Dr. McHugh.

The closest the open letter comes to specifying a criticism of “Sexuality and Gender” is in observing that *The New Atlantis* is “non-peer reviewed” and that the report “has not been peer-reviewed.” As we have noted [elsewhere](#), it is true that *The New Atlantis* is not peer-reviewed. Like many other publications intended for a general readership, such as *The New Yorker* and *The Atlantic*, *The New Atlantis* is editorially reviewed. When publishing articles on technical subjects, our editorial team consults experts and carefully checks facts, as we did in preparing “Sexuality and Gender.”

2. The open letter is either a misreading or it is intentionally misleading.

According to the open letter, “a substantial body of research points to stigma and its consequences as contributing to the mental and physical health disparities among LGBTQ people.” The intended implication seems to be that the “Sexuality and Gender” report rejects the proposition that stigma plays a role in the disparities in health outcomes between the general population and non-heterosexual and transgender subpopulations. But “Sexuality and Gender” explicitly and repeatedly acknowledges that there is scientific evidence linking stigma and other social stressors to the disparities in health outcomes between these populations. The report examines that evidence with care, offering an

assessment of many of the studies (including some mentioned in the open letter) and their strengths and weaknesses, noting some of the difficulties inherent in studying this subject, and ultimately concluding that there is evidence that social stressors likely account for some, but not all, of the disparities. (See Part Two of the report, available online [here](#).)

3. About that “prevailing expert consensus opinion”...

The open letter implies that there are sturdily established consensus views on matters of sexuality, gender identity, and mental health, and on how best to treat patients — but on closer look, much of the scientific work in these fields is inconclusive.

As “Sexuality and Gender” explains, many of the studies in these fields are not epidemiologically sound (that is, they have small samples or are badly designed) and many have not been replicated. Case in point: the authors of the open letter cite [a 2014 paper](#) by Columbia University’s Mark Hatzenbuehler and colleagues purporting to show that structural stigma is strongly associated with mortality for sexual minorities — claiming that “sexual minorities living in communities with high levels of anti-gay prejudice” could be expected on average to have life expectancies 12 years shorter than sexual minorities living in “low-prejudice communities.” This would seem to be a very alarming finding. However, [a more recent paper](#) published in the same journal examines the same data and is unable to replicate the study’s key finding. It would seem that Hatzenbuehler’s study used a flawed analysis and reached a false conclusion.

Other papers cited in the open letter cite are plainly of little scientific value. Consider [this 2016 paper](#), which surveyed transgender youth and caregivers of transgender youth (that is, parents or guardians) about “perceived barriers to care.” This highly unsystematic paper used non-random sampling to gather data from only 15 transgender youth, along with 50 caregivers (32 of whom merely filled out an online survey). The authors of this paper did not investigate the effects of stigma on transgender youth (as the open letter suggests). Nor did they investigate how best to care for transgender individuals. Rather, the authors of this paper sought to show that these transgender youth (or, more often, their caregivers) were frustrated by their inability to access the treatments they wanted. This paper is an example of political advocacy that might qualify as journalism but barely even tries to masquerade as science.

4. “Evidence-based” medical guidelines?

The open letter states that “based on scientific consensus” and “as part of a standard, evidence-based approach” to health care, some professional associations have promulgated guidelines calling on medical professionals to “affirm and support the sexual orientation, gender identity and gender expression of their patients.” The way in which such guidelines are composed, published, and altered is an interesting subject, one that deserves greater public scrutiny — but for now we would just point to one set of guidelines cited in the open letter, those issued by the Endocrine Society. Far from being based on robust evidence and scientific consensus, *none* of the Endocrine Society’s recommendations in its [2011 guidelines for the treatment of transgender patients](#) were based on evidence of “high” quality (as judged by the guidelines’ own authors), and only a few were based on evidence of even “moderate” quality; almost all were based on evidence of only “low” or “very low” quality.

5. Are all the letter’s signers “experts”?

The list of 573 signatories is apparently meant to give an impression of heft to the open letter’s mere assertion of disagreement, but arguments are strengthened by giving reasons and evidence, not by the collection of signatures. We might ask how many of these signatories truly are experts in this field. Given that they identify no specific problems with either the reasoning or conclusions of “Sexuality and Gender,” the open letter offers no reason to believe that any of them have read the report that they condemn, let alone all the scientific literature that they cite as being opposed to its findings. Perhaps actually reading the report would have been a more intellectually responsible use of their time than gathering signatures.

The authors of the open letter published last week demonstrate an admirable concern for the well-being of sexual minorities. It is important to have an open debate about how best to address the disparate health risks faced by these minorities. Unfortunately, the letter is not a serious contribution to either the public understanding of or the public debate about these matters.

*—By the editors of The New Atlantis
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