DECLARATION OF ILAN H. MEYER, PH.D.
IN THE CASES OF BAYEV V. RUSSIA (NO. 67667/09), KISELEV V. RUSSIA (NO. 44092/12), AND ALEKSEYEV V. RUSSIA (NO. 56717/12)

I. QUALIFICATIONS

1. I am a Senior Scholar of Public Policy at the Williams Institute at University of California Los Angeles (UCLA) in the United States of America. Prior to my current position, I was Professor of Clinical Sociomedical Sciences and Deputy Chair for Masters Programs in Sociomedical Sciences at Columbia University's Mailman School of Public Health.

2. I am a member of the American Public Health Association, the American Psychological Association, and the American Sociological Association.

3. In 1993, I received my Ph.D. in Sociomedical Sciences and Social Psychology from Columbia University's Mailman School of Public Health. My doctoral dissertation, titled *Prejudice and pride: Minority stress and mental health in gay men*, received *distinguished* designation, awarded to the top 10% of Columbia University doctoral dissertations, as well as the *Marisa De Castro Benton Dissertation Award* for outstanding contribution to the sociomedical sciences, and an honorable mention for the mental health section of the American Sociological Association's award for best dissertation.

4. I was a predoctoral National Institute of Mental Health Fellow in Psychiatric Epidemiology at Columbia University from 1987 to 1992. I was a postdoctoral Fellow in Health Psychology at The Graduate Center at The City University of New York from 1993 to 1995 and a National Institute of Mental Health Research Fellow in Psychiatry, with a focus on AIDS, at Memorial Sloan-Kettering Cancer Center from 1995 to 1996. I returned to Columbia University's Mailman School of Public Health in 1994 as an Assistant Professor of Clinical Public Health. In 1998, I was appointed Assistant Professor of Public Health in the Department of Sociomedical Sciences. I was appointed Associate Professor of Clinical Sociomedical Sciences in 2003, Deputy Chair for Masters Programs in the Department of Sociomedical Sciences in 2004, and Professor in 2010. From 2006 to 2007, I was a Visiting Scholar at the Russell Sage Foundation, a research center devoted to the social sciences.

5. My area of expertise is the effects of social stress related to prejudice and discrimination on the health of lesbian, gay, and bisexual (LGB) populations. This area of study is called *social epidemiology*. Social epidemiology is concerned with social patterns of disease and risks for disease. "Social epidemiology is about how society's innumerable social arrangements, past and present, yield differential exposures and thus differences in health outcomes . . . ." (Oakes & Kaufman, 2006, p. 3).

6. My original theoretical and empirical research focuses on the relation among stigma and prejudice, minority social status and identity, and mental health and well-being. I have studied, in particular, United States populations defined by sexual orientation (lesbian, gay, bisexual, and heterosexual), gender (men and women), and race/ethnicity (African Americans, Latinos, and Whites). Through these studies, which use methodologies widely-accepted in the field of social epidemiology, I have developed a model of social stress referred to as *minority stress* (Meyer, 1995; Meyer, 2003). This model has become the most commonly used framework for the study of mental health in LGB individuals (Herek & Garnets, 2007; IOM, 2011) and has generated hundreds of scientific papers by many scientists. For this work, I have received several awards and prizes including the American Psychological Association Division 44 Distinguished Scientific Contribution Award.

7. I have published over 70 original, peer-reviewed articles, chapters, reviews, and editorials in scholarly journals and books. I also have co-edited a book, published in 2007 by Springer, titled *The health of sexual minorities: Public health perspectives on lesbian, gay, bisexual and transgender populations*, and two special issues of academic journals on these topics, including the first special issue of the *American Journal of Public Health*, published in 2001. I have made numerous presentations and invited addresses at professional conferences and meetings. I have received grants for my research from U.S. federal, state, and private funders.

8. I have taught graduate-level courses on research methods; stigma, prejudice, and discrimination; LGB issues in public health; and other related issues.

9. Among other professional activities, I currently serve on the editorial boards of the scientific journals *LGBT Health* and *Psychology of Sexual Orientation and Gender Diversity*. Over the past 15 years, I have served on the editorial boards for many of the top scientific and professional journals in the fields of public health, psychology, sociology, and medicine (e.g., the *Journal of Health and Social Behavior*). I have also reviewed numerous manuscripts as part of these journals' publication decisions. From 1993 to 2002, I served as co-chair of the Science Committee of Division 44 of the American Psychological Association, the Society for the Psychological Study of Lesbian, Gay, Bisexual and Transgender Issues. From 2000 to 2001, I served as Guest Editor for the *American Journal of Public Health*'s Special Issue on lesbian, gay, bisexual and transgender (LGBT) health, published in June 2001. In 2004, I served as Leader of the Working Group on Stigma, Prejudice and Discrimination for The Robert Wood Johnson Health and Society Scholars Program at Columbia University's Mailman School of Public Health. In 2006, I served as co-editor of the *Social Science & Medicine* Special Issue on prejudice, stigma, and discrimination in health, published in 2008. From 2012 to 2013, I served as Leader of the Working Group on Sexual and Gender Identity (Who Is Gay?) at the Williams Institute, UCLA.

10. My full background, experience, and list of publications are available in my curriculum vitae, which is attached as Exhibit A to this declaration.

II. PURPOSE OF THIS DECLARATION

11. I have been asked by counsel for Plaintiffs to provide an opinion on the claims by the Family and Demography Foundation, Russia (hereafter, *the Foundation*) that Russia's law on "propaganda of homosexuality among minors" (hereafter, *propaganda law)* has legitimate aims in that it protects the health of children.

12. In preparing to write this declaration I was provided by counsel for Plaintiffs and reviewed a brief (hereafter, *the Foundation's brief*, or *the brief*), dated 4 February, 2014, titled "Third Party Intervention Submitted to the First Section of the European Court of Human Rights in the cases of Bayev v. Russia (No. 67667/09), Kiselev v. Russia (No. 44092/12), and Alekseyev v. Russia (No. 56717/12) by the Family and Demography Foundation."

III. SUMMARY OF OPINION

13. The Foundation's claim that the Russia propaganda law protects the health of children is not supported by research evidence.

14. Contrary to the Foundation's argument, no studies have ever shown, and the Foundation cites none, that so-called propaganda about homosexuality could possibly cause someone who is heterosexual to become homosexual, or that suppressing such information about homosexuality will result in fewer LGB people.

15. Contrary to the Foundation's argument, homosexuals are not at risk of disease because they are homosexual. Rather, risk of disease results from social rejection, stigma, and prejudice related to homophobia.

16. Accordingly, the propaganda law does not advance any legitimate goal in protecting the health of youth because there is no supportable connection between the means (suppressing homosexual propaganda) and the alleged goals (protecting the health of youth). Should Russia aim to improve the health and well-being of its citizens and address the public health areas noted in the Foundation's brief, interventions that are the exact opposite of what the propaganda law dictates would be required. Contrary to the Foundation's claims, research shows that education interventions that are "gay affirmative," *supportive* of homosexual youth, are needed to prevent the health hazards described in the Foundation's brief.

17. Furthermore, laws such as Russia's propaganda law can have serious negative impact on the health and well-being of homosexual youth and adults in that the law increases and enshrines stigma and prejudice, leading to discrimination and violence, and, thus, increasing risk for mental distress and suicide ideation. The law also will have the effect of increasing barriers

to sexual health information and to competent health care relevant to gay men, bisexuals, and other men who have sex with men (MSM). Thus the propaganda law may increase risk for HIV infections and AIDS.

IV. THE FOUNDATION'S CLAIMS ARE NOT SUPPORTED BY RESEARCH EVIDENCE

A. Sexual orientation of youth is not determined by propaganda.

18. The Foundation claims that Russia's propaganda law is justified, in part, because it promotes the "protection of the health of children" (§ 1a, p. 1). In support of this purported aim, the Foundation notes that "extensive scientific data links homosexual lifestyle to increased risks to one's physical and mental health" (§ 1a, p. 1). Specifically, the Foundation cites as evidence the fact that people who are homosexual are at increased risk for HIV/AIDS and other sexually-transmitted infections and mental health problems including depression, anxiety, substance use, and suicide ideation (the Foundation's brief refers to "suicidal tendencies").

19. It should be noted that the Foundation's brief is vague with regards to the people it concerns. The Foundation discusses "homosexual lifestyle" as distinct from "homosexual behavior." But neither "homosexual lifestyle" nor "homosexual behavior" are defined in the Foundation's brief or in the propaganda law, nor, to my knowledge, is there any relevant case-law that would help in understanding these terms.

20. Notwithstanding this lack of clarity, the Foundation further claims that propaganda will cause children to become homosexual. This is reflected in the Foundation's suggestion, quoting a 2013 ruling of the Russian Constitutional Court, that propaganda refers to "public imposition of homosexuality," and distribution of content that "may affect the child's emergent personality, including the issue of his sexual identity, <u>making him take an interest in non-traditional sexual relationships</u> . . ." (§ 2, p. 9).

21. The Foundation's reasoning seems to be that the propaganda law will deter youth from becoming homosexual and reduce the number of LGB youth. In turn, the Foundation asserts that reducing the number of LGB youth will reduce the prevalence of disorders that LGB youth are at risk for, such as depression and anxiety. In making this argument, the Foundation's logic appears to be that homosexuals are at risk for diseases because of their homosexuality.

22. The Foundation's arguments rest on entirely untenable foundations. *First*, youth do not become homosexual because of propaganda (and, conversely, lack of propaganda will not suppress homosexuality). No studies have ever shown, and the Foundation cites none, that propaganda about homosexuality could possibly cause someone who is heterosexual to become homosexual. *Second*, contrary to the Foundation's argument, homosexuals are not at risk of disease because they are homosexual but because of social rejection, stigma, and prejudice

related to homophobia. Accordingly, the propaganda law does not advance any legitimate goal in protecting the health of youth. I discuss each of these points in detail below.

23. Regarding the causes of homosexuality, there is no evidence in any of the scientific literature that has examined causes of homosexuality—nor is evidence provided in the Foundation's brief—to support the Foundation's claim of an association between propaganda and sexual orientation. Although no conclusive results explain the causes of homosexuality, both genetic and environmental causes have been studied and shown to have some impact. Even when researchers study environmental causes of homosexuality, they refer primarily to the prenatal environment in the uterus, which affects hormonal exposure of the embryo and may have some impact on sexuality. Other studies have focused on neuroanatomical differences between heterosexuals and homosexuals as associated with homosexuality. But no studies have ever shown, and the Foundation cites none, that propaganda about homosexuality could possibly cause someone who is heterosexual to become homosexual. Thus, there is no scientific basis to support the notion underlying Russia's propaganda law that so-called propaganda about homosexuality can "affect the child's emergent personality" (§ 2, p. 9) and cause youth to acquire a "homosexual lifestyle" and/or "homosexual behavior".

B. "Homosexual lifestyle" and "same-sex behavior" are not risks for sexually-transmitted infections.

24. The Foundation's claims about homosexual lifestyle and behavior are similarly unsupportable. The brief suggests that "homosexual lifestyle" is distinct from "homosexual behavior." For example, the Foundation refers to the lifestyle and "the behavior associated with it" and refer to the propaganda law as placing restrictions on promoting "homosexual lifestyle *or* behavior" (§ 1a, p. 3, emphasis added). To the extent that the Foundation is arguing that lifestyle can be present without behavior, the claim that homosexual lifestyle is associated with risk for HIV/AIDS and other sexually-transmitted infections is illogical. Clearly sexual behavior is required before any risk for sexually-transmitted infections can exist. To the extent that people or youth who are homosexual do *not* engage in sexual behavior, even if they engage in "homosexual lifestyle," however this is defined, no transmission of infection can occur. Thus, there is no logical or evidential basis for the claim that "homosexual lifestyle" (with no sexual behavior) is associated with risk for the sexually-transmitted infections listed in the Foundation's brief—HIV/AIDS, syphilis, gonorrhea, and hepatitis.

25. Furthermore, same-sex sexual behavior is *not* in and of itself a risk factor for HIV/AIDS and other sexually-transmitted diseases. (I understand the term "homosexual behavior" to refer to sexual behavior with a person of the same sex). It is only when people are engaged in risk behaviors that they are at risk. For sexual behavior to increase risk for infection it requires, first, that the sexual behavior occurs with a person who is infected with HIV (or another sexually-transmitted infection), and second, that the sexual act has a potential for transmission from the infected to the uninfected partner. This is, of course, true for both

homosexuals and heterosexuals. For HIV, this, primarily, means intercourse without condoms with an infected partner. For this reason, education and information about sexual behavior is crucial for protecting all youth from HIV/AIDS and other sexually-transmitted infections. This is especially true of homosexual youth—or more generally, men, including male youth, who have sex with men (MSM)—who may not otherwise receive education and information tailored to their behaviors.

26. Finally, it is important to note that in discussing "homosexual lifestyle" and "homosexual behavior," the Foundation makes no distinction by gender. But while some sexual behavior is a risk for HIV, this is primarily, if not solely, true for male same-sex sex and is not true for female same-sex sex. In fact, female same-sex sex is far less likely to result in the transmission of sexually-transmitted infections than either heterosexual sex or male same-sex sex. Thus, the Foundation's claims, even as they are without logic and evidence, could only apply to propaganda about male homosexuality and not female homosexuality. But as noted, the Foundation's argument is not correct when applied to either females or males.

C. Contrary to the Foundation's claim, the propaganda law can *increase* youth risk for HIV and sexually-transmitted infections.

27. As the propaganda law could prohibit, discourage, or curtail education about HIV relevant to the life of MSM, it can have severe adverse consequences to the health of youth.

28. A 2014 report by the United Nations Educational, Scientific, and Cultural Organization (UNESCO) directly contradicts the Foundation's claim that the propaganda law can enhance the health of children. Indeed, the UNESCO report noted, "Children and young people have the right to education, including to education that enables them to stay healthy and to protect themselves from risk" (p. 20). And, further, such education ought to be linked with efforts to reduce homophobia so that education efforts address victimization of children by "homophobia, transphobia, and other gender-based violence" (p. 22). The report directly notes homophobia as one of the causes of the HIV epidemic among MSM, explaining "homophobia fuels the epidemic, isolating individuals and making them less likely to seek help and support" whereas "education can help promote positive attitudes towards sexual diversity and the need for changes geared to addressing intolerance and tackling homophobic and transphobic bullying" (p. 22).

29. Also contradicting the Foundation's claims, UNESCO described weaknesses in HIV and sexuality education curricula specifically as "curricula [that] did not address sexual rights and none addressed sexual diversity in an appropriate" (p. 53). Indeed, UNESCO directly quotes the propaganda law as an example of a measure that weakens efforts at sex education to prevent HIV (p. 54).

30. Addressing directly the claim that the propaganda law will prevent same-sex sexual behavior, a 2008 UNESCO review found that "sexuality education rarely, if ever, leads to early sexual initiation. Sexuality education can lead to later and more responsible sexual behavior" (in UNESCO, 2014, p. 30).

31. More generally, World Health Organization (WHO) recommendations, published in *Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people* (WHO, 2011), stated that "MSM and transgender people are entitled to full protection of their human rights as stated in the Yogyakarta Principles," including "the rights to the highest attainable standard of health, non-discrimination and privacy" (p. 29). And that "punitive laws and law enforcement practices, stigma and discrimination undermine the effectiveness of HIV and sexual health programmes" (p. 29). The WHO concluded that "Long-standing evidence indicates that MSM and transgender people experience significant barriers to quality health care due to widespread stigma against homosexuality and ignorance about gender variance in mainstream society and within health systems" (p. 29). And that "Stigma against homosexuality is a significant cause of barriers to quality health care of MSM" (p. 10).

32. Specifically, the WHO concluded that "legal and policy barriers," such as criminalization of homosexuality "play a key role in the vulnerability of MSM" to HIV (p. 10). The WHO report identified such legal conditions as, on one hand, preventing or inhibiting access of MSM to medical and other health service providers, and on the other hand, "give the police the authority to harass organizations that provide services to these populations" (p. 10). The propaganda law has already had such effects on Russia's LGB population, as discussed below in paragraphs 38 - 39). As the WHO explained, as a result, MSM may "delay or avoid seeking health, STI or HIV-related information, care and services as a result of perceived homophobia"; and "be less inclined to disclose their sexual orientation and other health-related behaviours in health settings that may otherwise encourage discussions between the provider and patient to inform subsequent clinical decision-making" (p. 11).

33. In contrast, the WHO report observed that "The promotion of a legal and social environment that protects human rights and ensures access to prevention, treatment, care and support without discrimination or criminalization is essential for achieving an effective response to the HIV epidemic and promoting public health" (p. 29).

34. This analysis led WHO to recommend that, in direct contradiction of Russia's propaganda law, "Legislators and other government authorities should establish and enforce antidiscrimination and protective laws, derived from international human rights standards, in order to eliminate stigma, discrimination and violence faced by MSM and transgender people, and reduce their vulnerability to infection with HIV and the impacts of HIV and AIDS" (p. 30).

35. Similarly, the European Centre for Disease Prevention and Control (ECDC) stated: "Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled" (2013, p. 4). The report states further that "Barriers to HIV/STI testing and treatment and receiving quality care include societal stigma and discrimination based on sexual orientation, as well as ignorance, insensitivity and lack of awareness by healthcare providers" (p. 21).

D. Contrary to the Foundation's claim, the propaganda law can *increase* youth risk for mental health problems.

36. The Foundation also notes that lesbian, gay, and bisexual[1] youth (the Foundation refers to them as having "homosexual lifestyle" and "homosexual behavior") are at risk mental health conditions," including "suicidal tendencies, depressions, anxiety disorders, and substance abuse" and that the propaganda law will protect youth against these conditions (§ 1a., p. 2). Thus, the Foundation claims that Russia's banning "promotion of homosexual lifestyle or behavior" is akin to laws, allowed by European countries, that limit the promotion of smoking and alcohol consumption among children. As the Foundation explains: "To protect the children from being *induced to adopt this particular [homosexual] lifestyle or behavior* it is, obviously, necessary to restrict the dissemination of information specifically inducing them to do so among them" (§ 1a., p. 3, emphasis added).

37. As already described above regarding risk for HIV/AIDS, the Foundation's claim is erroneous for several reasons: First, there is no evidence that homosexuality is caused by propaganda or that someone who is not oriented toward same-sex relationships can be "induced" to enter one. Second, the risk for mental health problems that is associated with homosexuality stems from the exposure of LGB people to stigma and prejudice and not from some intrinsic cause related to homosexuality. Thus, as the propaganda law serves to increase stigma and prejudice against LGB people, it will contribute to their exposure to minority stress and related adverse health and mental health outcomes, as described below. That is, contrary to the Foundation's claim that the propaganda law decreases risk for mental health problems among Russia's LGB people, research evidence indicates that the law in fact *increases* this risk.

---

[1] In this declaration I refer to lesbians, gay men, bisexuals (LGB) and homosexuals, interchangeably even though there are significantly different connotations to using these terms. *Homosexual* is primarily a medical term that has been prevalent in writings in the first three quarters of the 20th century. *LGB* is a term used by many people across the world to denote a non-medical affirmative view of homosexuality. Many other terms are used locally in various parts of the world but the term LGB has come to incorporate such local variations. The term MSM has been used primarily in the context of the HIV/AIDS epidemic to refer to men who have sex with men whether or not they identify as gay, bisexual, or otherwise.

V. STIGMA AND PREJUDICE AS RISKS FOR HEALTH PROBLEMS

A. Stigma, prejudice, and discrimination against lesbians, bisexuals and gay men are widespread.

38. LGB people have been stigmatized in most parts of the world. For decades, homosexuality has been portrayed a mental illness and LGB people as degenerate. This has led to wide spread discrimination against LGB people.[2]

39. Stigma and prejudice against LGB people (and other homosexual men and women who may not be identified by the label *LGB*) in Russia is very severe. LGB people suffer from harassment and violence related to the rejection of their humanity as LGB persons. The Russian propaganda law has correctly been identified by international and human rights authorities as "effectively [limiting] the rights of free expression and assembly for citizens who wish to publicly advocate for LGBT rights or express the opinion that homosexuality is normal (see sections 2.a. and 2.b.)" (USDOS, 2013). As Amnesty International (2013) noted: "[the propaganda law] outlaws free expression and activism by lesbian, gay, bisexual, transgender and intersex (LGBTI) individuals and their supporters."

40. Human Rights Watch (2014) reported that "People in Russia identified as or perceived to belong to the LGBT community are targeted for violence. Assailants harass victims in public places, including in the subway, on the street, or at cafes, accusing them of being gay or dressing like 'faggots,' and threatening them with violence."

41. Russian's propaganda law has significantly exacerbated the situation of Russian LGB people. Thus, on 13 June 2013, the European Parliament issued a resolution stating that it "Is deeply concerned at the negative consequences of the adoption of a federal law on 'homosexual propaganda.'" A report by the U.S. Department of State similarly noted that "LGBT persons [in Russia] reported dramatically heightened societal stigma and discrimination, which some attributed to increasing official promotion of intolerance and homophobia. Gay rights activists asserted that the majority of LGBT persons hid their orientation due to fear of losing their jobs or their homes as well as the threat of violence. Medical practitioners reportedly continued to limit or deny LGBT persons health services due to intolerance and prejudice. Gay men faced particular discrimination in workplace hiring. Openly gay men were targets of skinhead aggression, and police often failed to respond." And that "Local activists reported an increase in violence against LGBT individuals coinciding with the adoption of the June 30 law" (USDS, 2013). Human Rights Watch (Feb 4, 2014) also noted that "The adoption of the federal

[2] Many sources discuss the long history of discrimination, stigma, and prejudice against lesbian/gay persons including, among others, D'Emilio & Freedman (1988), Katz (1976, 1995), and Weeks (1989). See also "Brief of the Organization Of American Historians and the American Studies Association as Amici Curiae In Support of Respondents" submitted to the Supreme Court of the United States, Hollingsworth v. Perry (12-144) February 2013.

law banning 'propaganda of nontraditional sexual relations among minors,' one measure among several federal anti-LGBT laws proposed or adopted in 2013, coincided with the spread of homophobic violence."

42. Similarly**,** Amnesty International stated that "LGBTI Russians are denied the right to equality and protection from discrimination, freedom of expression and peaceful assembly." The statement also noted that the situation of Russian LGBTI people has worsened since the passage of the propaganda law and that "authorities often fail to prosecute perpetrators of hate crimes against LGBTI people" (Amnesty International, 2013).

43. News reports, including videotaped recordings, have documented severe attacks on LGBT people in Russia in the wake of the propaganda law. Human Rights Watch reported that "LGBT people face stigma, harassment, and violence in their everyday lives in Russia, and LGBT victims of violence and groups told Human Rights Watch that these problems intensified in 2013. Victims in cities including Moscow, St. Petersburg, and Novosibirsk told Human Rights Watch they were attacked in public places, abducted, beaten, harassed, threatened, and psychologically abused. They told Human Rights Watch that they were afraid to go to the police to report violence, fearing further harassment and believing the police would not bother to pursue their attackers. When victims did lodge complaints with the police, few investigations followed" (HRW, 2014).

44. After the passage of the propaganda law, Russian citizen vigilante groups have flourished and enjoy implicit protection by authorities. For example, "a group calling itself 'Occupy Pedophilia' have harassed and attacked gay people in many Russian towns under the pretext of fighting pedophilia and protecting children" (HRW, 2014)). Alec Luhn (2013) of the *Guardian* reported that "[Russian LGBT] activists say the legislation has emboldened rightwing groups who use social media to 'ambush' gay people, luring them to meetings and then humiliating them on camera – sometimes pouring urine on them. These groups often act against gay teenagers, several of whom told the Guardian that rising homophobia and vigilante activity force them to lead lives of secrecy". Another report by the *Guardian* shows that Occupy Pedophilia has groups in more than 30 cities. "They operate with impunity and under the cover of the remarks [Vladimir] Putin has made suggesting that children are at risk from homosexuals." A documentary filmed in Russia by U.K.'s television Channel 4 shows "gangs using the internet to lure potential victims to meetings, before threatening violence to force confessions or humiliating acts" (Gallagher & Thorpe, 2014).

B. Anti-gay stigma and prejudice generate *minority stress,* which adversely affects the health and well-being of LGB people.

45. Stress, such as a life event like losing one's job, is "any condition having the potential to arouse the adaptive machinery of the individual" (Pearlin, 1999, in Meyer 2003, p. 675). Using engineering analysis, stress can be described as the load relative to supportive

surface (Wheaton, 1999, in Meyer 2003, p. 675). Like a surface that may break when load weight exceeds its capacity to withstand the load, so has psychological stress been described as reaching a breaking point beyond which an organism may reach "exhaustion" and even death (Selye, 1993). In over 40 years of research, researchers have shown that stress causes mental and physical disorders (Thoits, 2010).

46. Types of stressors include major life events (e.g., loss of a loved one), chronic conditions (e.g., unemployment), and minor events and instances (e.g., traffic in rush hour in a big city). Such stressors are ubiquitous—all individuals in modern societies are exposed to them. Meyer referred to these as *general* stressors (Meyer, Schwartz, & Frost, 2008).

47. In addition to general stressors, people in disadvantaged social statuses, including LGB people, are exposed to unique and additional stressors referred to as *minority* stress (Meyer, 1995; Meyer, 2003). Minority stress stems from social disadvantage related to structural stigma, prejudice, and discrimination. "*Minority stressors* . . . strain individuals who are in a disadvantaged social position because they require adaptation to an inhospitable social environment" (Frost & Meyer, 2009, p. 97).

48. By definition, minority stress is a unique source of stress, in that it requires special adaptation by LGB people but not by heterosexuals. Therefore, minority stress confers a unique risk to LGB people for diseases that are caused by stress. Exposure to minority stress is chronic in that it is attached to persistent social structures, but it can impact LGB people as both acute (e.g., a life event, such as victimization by antigay violence or firing from a job due to one's gay identity) and chronic stress (e.g., heightened vigilance required to prevent victimization by antigay violence).

49. Stress related to stigma and prejudice has a negative impact on the health of LGB populations in the United States (Fredriksen-Goldsen, Kim, & Barkan, 2011; Hatzenbuehler, Bellatorre, Lee et al., 2013; Herek & Garnets, 2007; King et al., 2008; Lick, Durso, & Johnson, 2013; Marshal et al., 2008; Marshal et al., 2011). This has been recognized by public health authorities in the United States and internationally (IOM, 2011; WHO, 2011).

50. Against minority stress, LGB people, individually and as a community, mount coping efforts and build resources that may buffer the toll of stress. Personal coping includes, for example, a sense of mastery and family support. Community-level coping refers to the mobilization of supportive services, including, for example, a sense of connectedness and affiliation with the gay community (Meyer, 2003; Kertzner, Meyer, Frost, & Striratt, 2009). The impact of stress on the cause or origin of illness results from the force of both stress and coping.

C. Minority stress processes explain the relationship between anti-gay stigma and prejudice and adverse health outcomes.

51. There are four specific processes through which social stigma and prejudice are manifested in the lives of LGB people. These *minority stress processes* are: (1) chronic and acute prejudice events and conditions, (2) expectation of such events and conditions and the vigilance required by such expectation, (3) concealing or hiding of one's lesbian or gay identity, and (4) internalization of social stigma (internalized homophobia).

1. Prejudice events.

52. Prejudice events refer to events stemming from antigay prejudice, discrimination, and violence. Prejudice events include the *structural* exclusion of LGB individuals from resources and advantages available to heterosexuals.

53. Prejudice events also include *interpersonal* events, perpetrated by individuals either in violation of the law (e.g., perpetration of hate crimes) or within the law (e.g., lawful but discriminatory employment practices). There are numerous accounts of the excess exposure of LGB people to such prejudice events (Herek, 2009a, 2009b; Meyer 2003; Meyer, Schwartz, & Frost, 2008). Studies have also shown that unlike prejudice against other minority groups, antigay events can occur at home and be perpetrated by family members, including boys and girls who are kicked out of their homes to become homeless because of their family's rejection of their homosexuality (Durso & Gates, 2012).

54. Family rejection of gay youth, regardless of whether it leads to homelessness, has been associated with many negative outcomes, including suicide attempts, drug use, and risky sexual behavior (Ryan, Huebner, Diaz, & Sanchez, 2009).

55. Victimization due to prejudice (e.g., antigay violence) is another type of prejudice event that can affect the victim's mental and physical health because it damages his or her sense of justice and order (Frost, Lehavot, & Meyer, 2013; Herek, Gillis, & Cogan, 1999). Prejudice events may be perpetrated by one perpetrator, but it is the message of hate from a larger community—the community's disapproval, derision, and disdain—that makes hate crimes especially painful.

56. Sexual assault and sexual abuse is one form of victimization that gay men and lesbians are exposed to in higher rates than other populations. For example, gay men are more likely than heterosexuals to be victimized in prisons, jails, and facilities of youth custody. The U.S. Bureau of Justice Statistics reports for 2011-12 that among heterosexual state and federal prisoners, an estimated 1.2% reported being sexually victimized by another inmate, and 2.1% reported being victimized by staff. In comparison, of non-heterosexual (including gay and bisexual persons and others choosing not to use these identity terms to describe their sexual

orientation) prison inmates 12.2% reported being sexually victimized by another inmate, and 5.4% reported being sexually victimized by staff (Beck, Berzofsky, & Krebs, 2010). Among youth in custody, 1.3% of heterosexual youth reported sexual victimization by another youth compared with 12.5% of non-heterosexual youth (Beck, Guerino, Harrison, 2010). Similarly, a 2007 California study found that while non-heterosexual inmates made up only 3.7% of the state prison population, they were 57.2% of those reporting sexual assault in custody (Jenness, Maxson, Matsuda, & Sumner, 2007).

57. The added symbolic value that makes a prejudice event more damaging than a similar event not motivated by prejudice exemplifies an important quality of minority stress: Prejudice events or even everyday instances of prejudice (referred to as *everyday discrimination* and *microagressions*) can have a powerful impact "more because of the deep cultural meaning they activate than because of the ramifications of the events themselves . . . a seemingly minor event, such as a slur directed at a gay man, may evoke deep feelings of rejection and fears of violence [seemingly] disproportionate to the event that precipitated them" (Meyer, 1995, p. 41-42). Therefore, stress related to stigma and prejudice is not assessed solely by its intrinsic characteristics but also by its symbolic meaning within the social context: even a minor event or instance can have symbolic meaning and thus create pain and indignity beyond its seemingly low magnitude.

2. Expectations of rejection and discrimination.

58. An expectation of rejection and discrimination is a stressor because of the almost constant vigilance required by members of minority groups to defend and protect themselves against potential rejection, discrimination, and violence (Meyer, 2003). Unlike the concept of prejudice events, where a concrete event or situation—a major or minor life event or a chronic stressor—was present, expectations of rejection and discrimination are stressful even in the absence of a prejudice event. "Because of the chronic exposure to a stigmatizing social environment, 'the consequences of stigma do not require that a stigmatizer in the situation holds negative stereotypes or discriminates'" (Crocker, 1999, in Meyer, 2003, p. 681).

59. Non-conforming gender expressions, such as a boy not behaving in a stereotypically masculine manner, and negative reactions to this expression in childhood, is related to higher sensitivity and greater monitoring by the person of his or her identity. For example, investigators found that young gay men with a history of non-conforming gender expression were likely to worry about how they are perceived by others. Parental disapproval of the child and his gender expression was related to worries and concealment of one's sexual identity. In turn, concealing was related to anxiety symptoms in these young men. As the authors concluded, "The results suggest routes through which gay-related stress may begin earlier in development than commonly assumed, while continuing to impact gay men's open

self-expression, and ultimately their experience of anxiety, into young adulthood" (Pachankis & Bernstein, 2012, abstract).

60. Vigilance is not only about physical safety, it is also about avoiding embarrassment and awkward social transactions, especially when such transactions can be damaging, for example, for job performance.

61. Minor stressors are ubiquitous in our society and are experienced by lesbian, gay, and heterosexual people alike. But there is a qualitative difference in minority stressors to which LGB people are uniquely exposed. The quality that makes minority stress an added and unique stress is its connection to stigma and social disapproval. Rejection by a stranger or even a family member may be painful to all, but when this rejection is delivered with the full backing of society and its laws, it is doubly painful.

62. A history of stressful experiences related to prejudice and discrimination, as well as the recognition that one's group is devalued in society, teaches LGB people to expect to be rejected and discriminated against. In addition to being stressful for its demand of vigilance, the expectation of discrimination precipitates a defensive coping that is taxing to the person even in the absence of an occurrence of a prejudice or discriminatory event. Such coping has both intangible and tangible effects.

3. Concealing stigmatizing identity.

63. Concealing their sexual identities is a way in which some LGB people must cope in hope of protecting themselves from stigma. Concealing a lesbian or gay identity offers some protections. For example, a person who conceals his or her lesbian or gay identity is less likely to be a victim of antigay violence than if he or she did not do so (Rosario et al., 2001).

64. However, concealing one's lesbian or gay identity is itself a significant stressor for at least three reasons. First, people must devote significant psychological resources to successfully conceal their LGB identities. Concealing requires constant monitoring of one's interactions and of what one reveals to others. Keeping track of what one has said and to whom is very demanding and stressful, and it leads to psychological distress. Among the effects of concealing are preoccupation, increased vigilance of stigma discovery, and suspicion, which, in turn, lead to mental health problems (Pachankis, 2007).

65. Second, concealing has harmful health effects by denying the person who conceals his or her lesbian or gay identity the psychological and health benefits that come from free and honest expression of emotions and sharing important aspects of one's life with others. Health psychology research has shown that expressing and sharing emotions and experiences can have a significant therapeutic effect by reducing anxiety and enhancing coping abilities (Meyer, 2003; Pachankis, 2007).

66. Third, concealment prevents LGB individuals from connecting with and benefiting from social support networks and specialized services for them. Protective coping processes can counter the stressful experience of stigma (Meyer, 2003). LGB people who need supportive services, such as competent mental health services, may receive better care from sources in the LGB community (e.g., a gay-friendly clinic; Potter, Goldhammer, &Makadon, 2008). But individuals who conceal their LGB identities are likely to fear that their sexual identity would be exposed if they approached such sources.

67. LGB people who conceal their gay identity have been found to suffer serious health consequences from this concealment. Concealing one's gay identity, and the required cognitive efforts required to conceal successfully, can lead to significant distress, shame, anxiety, depression, low well-being and self esteem, and loneliness (Frable, Platt, & Hoey, 1998; Schrimshaw, Siegel, Sowning, & Parsons, 2013; Beals, Peplau, & Gable, 2009; Frijns & Finkenauer, 2009). Furthermore, anxiety is a predictor of substance use disorders as the individual attempts to reduce tension, fear, and nervousness by using substances (Swendsen et al., 1998, in Pachankis & Bernstein, 2012). Similarly, researchers found that a rejecting reaction from people to whom a gay youth had disclosed his or her sexual orientation was associated with current and subsequent alcohol, cigarette, and marijuana use (Rosario, Schrimshaw, & Hunter, 2009).

4. Internalized homophobia.

68. A central aspect of stigma about LGB people concerns family relations and intimacy (Meyer & Dean, 1998). LGB people have long been portrayed as different from heterosexuals—incapable of, and even uninterested in, sustained intimate relationships. Such portrayals have contributed to stigma by describing, erroneously and contrary to research evidence, LGB as individuals who do not want to have, and cannot attain, intimate partners, families, and children and therefore live isolated lives (Meyer & Dean, 1998).

69. LGB people, like heterosexuals, internalize (and, in turn, sometimes unwittingly, propagate) cultural conceptions, stigma, and stereotypes about LGB people. LGB people, who as children and youth are typically raised by heterosexual parents in heterosexual communities, rely on such false stigmatized depictions to learn about the lives of LGB people and are at risk of believing that these false stigmatized depictions are correct and apply to themselves. Both heterosexuals and LGB people internalize stigma and prejudice related to homosexuality, but the effects of this internalization are quite severe for LGB people. A lesbian, gay man, or bisexual person may internalize stereotypes that homosexuality is incompatible with intimacy. For example, Weston, who studied LGB people in California's Bay Area, quoted one gay man saying, "My image of gay life was very lonely, very weird, no family." A lesbian in the same study remembered that, after coming out as lesbian to her mother, she was told, "You'll be a

lesbian and you'll be alone the rest of your life. Even a dog shouldn't be alone" (Weston, 1991, p. 25).

70. An important aspect of one's self that is affected by internalized homophobia is the *possible self* (Markus & Nurius, 1986)—the view of the self not only as it is at present time but as it can become in the future. Possible selves are an important aspect of one's aspiration and motivation. Possible selves determine not only future success but also current hope and well-being. But possible selves are formed from one's perception of current social norms, values, and expectations for the future. Among the important sources of possible selves are social conventions, social institutions, role models, and expectations and aspirations of others.

71. Upon realizing and accepting that one is or may be gay, an LGB person must chart a new possible life course that is different from the possible life course of heterosexuals. Indeed, gay youth "recognize that they will not have the same course of life as their parents and heterosexual peers. They will not have a heterosexual marriage; they may not have children or grandchildren. . . . In a society such as ours, where much store is placed in competing and keeping up with one's friends and neighbors, such an identity crisis can unhinge not only sexuality but belief in all future life success" (Herdt & Boxer, 1996, p. 205). Internalizing such views makes it difficult for LGB to envision a satisfying life as a gay person.

72. Internalized homophobia (colloquially described as self-hatred) refers to the internalization by LGB people of negative societal attitudes about homosexuality. Internalized homophobia is an insidious stressor because it is unleashed by the person toward him- or herself due to years of socialization in a stigmatizing society (Meyer, 2003, Herek, 2009a). In what psychologists call the *coming out process*, an LGB person must unlearn false stereotypes and prejudicial attitudes and adopt new, healthier attitudes and self-perceptions.

73. Internalizing homophobia has negative consequences for the health and well-being of LGB persons. Because internalized homophobia disturbs the gay person's ability to overcome stigmatized notions of the self and envision a future life course, it is associated with mental health problems and impedes success in achieving intimate relationships (Meyer, 1995; Meyer & Dean, 1998; Frost & Meyer, 2009). Research has shown that LGB people who have higher levels of internalized homophobia are less likely than LGB people with lower levels of or no internalized homophobia to sustain intimate relationships. Even if they are in a relationship, those with higher levels of internalized homophobia have poorer quality of relationships (e.g., Meyer, 1995; Meyer & Dean, 1998; Frost & Meyer, 2009; Balsam & Szymanski, 2005; Otis, Rotosky, Riggle, & Hamrin, 2006).

5. Coping and social support ameliorate the impact of stress on health.

74. When LGB people, like all people, confront stress, they engage in various coping and social support efforts. Coping refers to the kind of efforts an individual may engage in to

alleviate the experience and impact of stress. Researchers have described many types of coping that can be generally divided into problem- and emotion-focused coping. Problem-focused coping involves doing something, including seeking more information, to change the stressor or problem. Emotion-focused coping involves addressing the emotional impact of the stressor.

75. Social support is another form of coping; it can be seen as coping done with the help of others. Social support is defined as the presence of emotional, practical, financial, and social guidance from a network of friends, family, co-workers, and others. For example, it can involve support that is problem-focused, emotion-focused, informational, etc. Support can come from formal organizations or an individuals' personal group of contacts and can, thus, involve intimate relationships, more distant acquaintances, or even strangers.

76. Social support provides opportunities to receive informational, instrumental, and emotional support when coping with both general and minority stressors. For LGB people, affiliation with other LGB people can provide a source of support relevant to the LGB person's life. For example, information relevant to the life of LGB person tends to not be highlighted by mainstream institutions and organizations, which, typically, cater to the needs of the larger general population. LGB-specific support can provide information and education about means to achieve important life goals. Such information can include informal stories about successful others in the community who manage to live a happy life as LGB persons, about achieving intimate relationships, and about areas where LGBT people may find more welcoming opportunities for employment and economic development.

77. Information is also necessary for specialized health needs of LGBT people. Relevant health information can also include information about healthcare providers who provide unbiased health services and are welcoming to LGBT people. Information may also be provided about preventive resources that cater to the LGBT community, such as the Trevor Project, a U.S. national helpline that provides support to LGBT people at risk for suicide.

78. Russia's propaganda law threatens to isolate LGB persons from others in their communities and deprive them of access to information and resources. By blocking important sources of support—indeed, making them illegal—the propaganda law will increase the impact of stress by reducing opportunities for social support and coping. Contrary to the Foundation's claim that the propaganda law will enhance health, it places Russian LGB people at higher risk for the ill effects of stress on health and well-being.

D. Minority Stress Processes Cause Adverse Health Effects in LGB.

79. The Foundation's brief cites studies on mental health outcomes from the United States and Europe, but it misrepresents them and draws the wrong conclusions from those studies. Numerous studies in the United States and Europe have shown that minority stress processes are related to an array of health problems including psychological distress, mental

health problems, and substance use (Cochran & Mays, 2007; Herek & Garnets, 2007; King et al., 2008; Meyer, 2003a; Cochran & Mays, 2013).

80. Minority stress is also related to low psychological and social well-being (Frable, Wortman, & Joseph, 1997; Kertzner, Meyer, & Dolezal, 2003; Riggle, Rostosky, & Danner, 2009). This is not surprising because well-being, especially *social well-being*, reflects the person's relationship with his or her social environment: "the fit between the individuals and their social worlds" (Kertzner, Meyer, Frost, & Stirratt, 2009, p. 500). Studies have shown that stigma leads LGB persons to experience lower well-being in the form of alienation, lack of integration with the community, and problems with self-acceptance (Frable, Wortman, & Joseph, 1997).

81. Minority stress is also associated with a higher prevalence of suicide attempts among sexual minorities as compared with heterosexual individuals (e.g., Haas, 2010; Cochran & Mays, 2000; Gilman et al., 2001; Herrell et al., 1999; Marshal et al., 2011; Meyer, Dietrich, & Schwartz, 2008; Plöderl, et al., 2013; Safren & Heimberg, 1999).

82. Youth is a time that can be particularly stressful, a time when young people realize they are lesbian, gay, or bisexual, and often disclose their sexual minority identities to parents, siblings, and others (Flowers & Buston, 2001). At this time sexual minority youth have higher rates of suicide attempts compared with heterosexual youth because of the minority stress experienced by young people due to coming out conflicts with family and community (Ryan, Huebner, Diaz, & Sanchez, 2009).

83. Minority stressors stemming from structural discrimination have serious negative consequences on mental health. For example, LGB people who live in U.S. states without laws that extend protections to sexual minorities (e.g., job discrimination, hate crimes, relationship recognition) have higher levels of mental health problems compared to those living in states with laws that provide equal protection (Hatzenbuehler, Keyes, & Hasin, 2009). The level of support of an LGB person's social and political environment is related to significant increase in mortality of all causes-, including suicide mortality (Hatzenbuehler et al., 2014).

84. A number of studies have also demonstrated links between minority stress factors and physical health (Lick et al., 2013). For example, one study found that LGB people who had experienced a prejudice-related stressful life event (e.g., assault provoked by known or assumed sexual orientation, being fired from a job because of your sexual minority identity) were about three times more likely than those who did not experience a prejudice-related life event to have suffered a serious physical health problem over a 1-year period (Frost et al., 2013). This effect remained statistically significant even after controlling for the experience of other stressful events that did not involve prejudice, as well as other factors known to affect physical health, such as age, gender, socioeconomic status, employment, and lifetime health history. Thus,

prejudice-related stressful life events were more damaging to the physical health of LGB people than general stressful life events that did not involve prejudice.

85. Concealing a gay identity can have significant health consequences. Studies found that concealment of gay identity among HIV positive gay men was associated with lower CD4 counts, which measure the progression of HIV disease (Strachan, Bennett, Russo, & Roy-Byrne, 2007; Ullrich, Lutgendorf, & Stapleton, 2003). Another study of HIV-negative gay men showed that those who concealed their gay identity experienced a higher incidence of disease—including infectious diseases and cancer—than men who did not conceal their gay identity (Cole, Kemeny, Taylor, & Visscher, 1996). Other studies found that exposure to discrimination was related to outcomes such as number of sick days and number of physician visits (Huebner & Davis, 2007).

VI. CONCLUSION

86. The Foundation's claim that Russia's propaganda law will protect youth from adverse health outcomes is without basis in scientific research. There is no scientific basis for the claim that "propaganda" can cause homosexual orientation nor is there any scientific basis for the claim that "propaganda" can cause the expression of same-sex sexual orientation or behavior.

87. "Homosexual lifestyle" and "same-sex behavior," however they are defined by the Foundation, are not behaviors that inherently entail risks for sexually-transmitted infections. Like heterosexuals, homosexuals risk being infected with sexually-transmitted infections when they engage in sexual behavior that includes risk for infection. But there is nothing about homosexuality, in and of itself, that increases such risk. To be sure, while Russia's propaganda law covers female homosexuality, female same-sex sex is far less likely to result in the transmission of sexually-transmitted infections than either heterosexual sex or male same-sex sex.

88. Accordingly, Russia's law does not advance any legitimate goal in protecting the health of youth because there is no supportable connection between suppressing so-called propaganda about homosexuality and protecting the health of youth.

89. Russia's law actually places LGB people at greater risk. Evidence shows LGB people in Russia are exposed to violence, harassment, and other violations of basic human rights, because of their sexual orientation. In addition to such extreme events, LGB people in Russia face daily stigmas and prejudicial incidents, which will likely become even more common due to the propaganda law. Such incidents include discriminatory acts in employment and housing as well as seemingly minor but harmful experiences of being treated with disrespect and losing human dignity.

90. Increased rates of mental and physical disorders referred to in the Foundation's brief are explained by the processes of minority stress. There is a strong base of research to show that stress causes mental and physical disorders. Stigma and prejudice expose sexual minority individuals (lesbians, gay men, bisexuals, and MSM) to excess stress described as minority stress. Processes of minority stress are (1) chronic and acute prejudice events and conditions, (2) expectation of such events and conditions and the vigilance required by such expectation, (3) concealing or hiding of one's lesbian or gay identity, and (4) internalization of social stigma (internalized homophobia).

91. Exposure to violence and discrimination such as that occurring in Russia (prejudice events) and self-hatred related to learned social attitudes about homosexuality (internalized homophobia), can cause minority stress and adverse health outcomes. Increase in stigma will also increase exposure to other minority stressors, including expectations of rejection and discrimination, concealment of one's sexual identity, and internalized homophobia as described in this declaration. As the propaganda law increases stigma against homosexuality, portraying as a social ill and dehumanizing Russian LGB people, it also exacerbates each of the minority stress processes described above. As stigma increases, and especially as stigma is enshrined in law and backed by the respect and authority of government as the propaganda law has, prejudice events against LGB people increase as well.

92. Minority stress processes, and more generally social stigma and prejudice, cause adverse health outcomes in sexual minority individuals, including the outcomes listed by the Foundation, such as depression, anxiety, substance use, and suicide ideation.

93. So-called propaganda, if it means education about homosexuality, and especially, affirmative gay interventions, can help protect LGB youth against the ill-effects of minority stress contrary to the Foundation's claim that they can cause adverse health outcomes in youth.

94. Russia's propaganda law threatens to isolate LGB persons from others in their communities and deprive them of access to information and resources. By blocking important sources of support—indeed, making them illegal—the propaganda law will increase the impact of stress by reducing opportunities for social support and coping. Contrary to the Foundation's claim that the propaganda law will enhance health, it places Russian LGB people at higher risk for the ill effects of stress on health and well-being.

95. In sum, the propaganda law, through increase in stigma, loss of protection from police, increase in the experiences of minority stress, and reduced opportunities for social support is likely to increase risk for mental health problems, reduce well-being. This is exactly contrary to the Foundation's claims that the law is justified as a measure to improve the health of the Russian population.

96. Similarly, contrary to the Foundation's claims, Russia's law is likely to increase risk for HIV/AIDS by placing barriers for education and communications, disease prevention measures, and competent medical care.

Executed on the 13th day of May, 2014, in Los Angeles, CA, USA.

Ilan H. Meyer, Ph.D.

EXHIBIT A

CURRICULUM VITAE

Ilan H. Meyer

Williams Senior Scholar of Public Policy

The Williams Institute

UCLA Law School

337 Charles E. Young East, room 2381, Los Angeles, CA 90095

Tel: (310) 825-9932

Email: MEYER@law.ucla.edu

§ 5 EDUCATION

Tel Aviv University, Tel Aviv, Israel -- B.A. Psychology, Special Education, 1981

New School for Social Research, New York, NY -- M.A. Psychology, 1987

Columbia University, School of Public Health New York, NY – Ph.D. Sociomedical Sciences/ Social Psychology 1993,

Dissertation title: *Prejudice and Pride: Minority Stress and Mental Health in Gay Men*. Bruce G. Link, Ph.D. Sponsor

Traineeship

1987-1992: Pre-doctoral NIMH Fellow in Psychiatric Epidemiology - Columbia University (T32 MH 13043)

1993 -1995: Postdoctoral Fellow, Health Psychology, The Graduate Center at CUNY

1995 -1996: NIMH Research Fellow in Psychiatry (AIDS), Memorial Sloan-Kettering Cancer Center

§ 6 PREVIOUS EMPLOYMENT

Assistant Professor of Clinical Public Health (part-time), Mailman School of Public Health, Columbia University, November 1994

Assistant Professor of Clinical Public Health, (full-time), Mailman School of Public Health, Columbia University, November 1996

Assistant Professor of Public Health, Sociomedical Sciences (full-time), Mailman School of Public Health, Columbia University, September 1998

Associate Professor of Clinical Sociomedical Sciences, Mailman School of Public Health, Columbia University, July 2003

Deputy Chair for Masters Programs, Department of Sociomedical Sciences, Mailman School of Public Health, Columbia University, February 2004

Visiting Scholar, Russell Sage Foundation, New York, NY 2006 – 2007

Professor of Clinical Sociomedical Sciences, Mailman School of Public Health, Columbia University, July 1010

UCLA SERVICE

§ 7 ACADEMIC AND ADMINISTRATIVE TITLES

Williams Senior Scholar for Public Policy, The Williams Institute at UCLA School of Law, July 2011 - Present

§ 8 LAW SCHOOL COURSES TAUGHT

None

§ 9 LAW SCHOOL COMMITTEE MEMBERSHIP

Williams Institute Management Committee

§ 10 LAW SCHOOL--OTHER SERVICE

None

§ 11 OTHER UNIVERSITY TEACHING

Columbia University Departmental and University Committees

Doctoral Admissions Committee – 2011

Coordinator, MPH Research Track – till 2002

Coordinator, MPH Admissions 2002 – 2003

MPH Committee 2003 – 2011

Curriculum committee 2003 – 2011

School MPH Admissions Committee 2002 – 2011

Department of Sociomedical Sciences Steering Committee 2007 – 2011

Department of Sociomedical Sciences Subcommittee on Revenue Generation 2008

Mailman School of Public Health Steering Committee, (elected) 2008 – 2011

Teaching Experience and Responsibilities

Courses

Introduction to Health Psychology (1995 - 2003)

Research Seminar in Gay and Lesbian Issues in Public Health (1997 – 2011)

Stigma, Prejudice and Discrimination as Social Stressors (2004 - 2011)

Masters Integrative Project (2005 - 2011)

Survey Research Methods in Sociomedical Sciences (2009 - 2011)

Dissertation sponsor

Lesley Sept (completed 2002) – *Evaluation of a tailored HIV prevention web site*

Parisa Tehranifar (completed 2004) – *African American adolescents perceptions of everyday racism and their psychological responses—D*istinguished Dissertation; Best Dissertation ASA

Paul Teixeira (defense 2007) – *Condom use among gay men: The impact of reactance and affect on safer sex practices*

Alicia Lukachko (defense 2009) – *Racial identity, discrimination, discrimination and religiosity*

and use of mental health services among African Americans

§ 12 ACADEMIC SENATE COMMITTEE MEMBERSHIP

N/A

§ 13 ACADEMIC SENATE--OTHER SERVICE

N/A

§ 14 OTHER UNIVERSITY SERVICE AND ACTIVITIES

2013 -- Dissertation committee Saanjh Aakash Kishore**,** UCLA Psychology

2013 -- Dissertation committee Melissa Boone, Columbia University, Sociomedical Sciences and Psychology

2013 – Dissertation committee Geoffrey Stephen Carastathis, Psychology Edity Cowan University, Australia

§ 15 ADDITIONAL ACADEMIC AND OTHER APPOINTMENTS

None

§ 16 MEMBERSHIPS IN PROFESSIONAL SOCIETIES

American Public Health Association

American Psychological Association

American Sociological Association

§ 17 SERVICE TO PROFESSIONAL SOCIETIES AND ORGANIZATIONS

American Civil Liberties Union: Position paper on Gender Identity Disorder and Psychiatric Diagnosis (with Sharon Schwartz)

1993 – 2002 Co-Chair - Science Committee, American Psychological Association, Division 44 (Lesbian and Gay Issues)

§ 17a COMMUNITY SERVICE

Gay Men's Health Crisis: Oral Sex & HIV Risk Among Gay Men (with David Nimmons)

1999 – 2000 Member, working group preparing a white paper on LGBT health disparities for consideration by US HHS of inclusion of sexual orientation in Healthy People 2010

1999- 2000 Member Healthy People 2010 workgroup on sexual orientation

2012 (March) -- (Co-authored with J. Pizer, press release) *Uganda Bill Concerning Same-Sex Relationships and Human Rights Advocacy.*

2012 (March 12) -- (Co-authored with J. Pizer, press release) Analysis and Data On Tennessee's "Don't Say Gay" Bill.

2012 (March 14) -- (Co-authored with J. Pizer) Letter to Governor Gary R. Herbert, Utah Re: House Bill 363 by Rep. Wright (Sen. Dayton) – *Potential Impacts On At-Risk Youth And Licensed Educational Professionals From Health Information Ban.*

2012 (March 28) -- (Co-authored with J. Pizer, press release) *Extending Marriage To Same-Sex Couples in Illinois Will Have Positive Effects For 23,049 Couples Raising 7,662 Children.*

2012 (May 4) – (Co-authored with J. Pizer) Letter to Missouri House Committee on Elementary and Secondary Education, Jackson Missouri re: HB 2051 (Cookson) – *Potential impacts on at-risk youth and licensed education professionals from ban on information about sexual orientation, including about the existence of lesbian, gay, bisexual and transgender people.*

2013 (May 14) – *Promoting the Well-being of Gay and Bisexual Male and Transgender Youth of Color –Working Together for Action.* A summit organized by the Williams Institute, with support from the Liberty Hill Foundation. Organized meeting and presented *Project Access - Recommendations for Serving GBTQ Male Youth of Color.*

§ 17b CONSULTING ACTIVITIES

Past

Expert witness testimony in Perry v. Schwarzenegger, 704 F. Supp.2d 921 (N.D. Cal. 2010);

Expert report – Written testimony in application for asylum, withholding of removal, and/or withholding under the convention against torture. Removal proceedings before Immigration Judge, United States Department of Justice, Executive Office for Immigration Review (2010);

Expert testimony before the United States Commission on Civil Rights briefing on peer-to-peer violence and bullying in K-12 public schools (2011);

Expert report -- Written testimony in hearing before Immigration Judge on the validity of asylum granted to bisexual man, United States Department of Justice, Executive Office for Immigration Review (2012);

Expert Consultation -- Charles Patrick Pratt, et al. vs. Indian River Central School District; Indian River Central School District Board of Education (2013). Case settled prior to trial.

Expert Declaration – Garden State Equality v. Doe, Superior Court of New Jersey, MER L-1729-11.

Current

Expert Declaration – Cleopatra De Leon, et al. v. Rick Perry, Civil Action No. 5:-13-cv-982. United States District Court for the Western District of Texas, San Antonio Division.

Expert Declaration – Washington State v. Arlene Flowers, Inc. No. 13-2-00871-5

Expert Consultant – Pat PJ Newton/ Shannon Mississippi Gay Bar

Expert witness – U.S. v. Gary Douglas Watland, Defendant. Criminal Action No. 1:11-cr-00038-JLK-CBS.

§ 17c OTHER PROFESSIONAL ACTIVITIES

2001 – 2011 Faculty, the Center for Gender, Sexuality and Health, Department of Sociomedical Sciences, Mailman School of Public Health, Columbia University

2003 Member, Working Group – Men who have sex with men (MSM) of color summit, Los Angeles, CA, May 29-30

2004 – 2011 Faculty, The Robert Wood Johnson Foundation Health & Society Scholars Program at Columbia University

2004 Leader, Working Group on Stigma, prejudice and discrimination. The Robert Wood Johnson Health and Society Scholars Program at Columbia. Mailman School of Public Health, Columbia University

2008 – 2011 Faculty, The Center for the Study of Social Inequalities and Health, Mailman School of Public Health, Columbia University

2008 – 2011 Faculty -- New York State Psychiatric Institute, HIV Center for Clinical and Behavioral Studies

2008 – 2011 Faculty -- Center for Population Research in LGBT Health, The Fenway Institute

2013 – Present Affiliate, California Center for Population Research

Mentorships

Past

John Blosnich. West Virginia University, Public Health Sciences, Social & Behavioral Theory. Mentor through Center for Population Research in LGBT Health (Fenway Institute, Boston, MA).

Richard Nobles. Department of Psychology, University of Washington. Consultant on NIMH individual NRSA grant.

Keren Lehavot. Department of Psychology, University of Washington. Consultant on NIMH individual NRSA grant.

Natasha Davis. Columbia University Teachers College. Mentor on supplemental diversity NIMH grant (MH066058).

Edward Alessi (NYU) – Dissertation: *Association of stressful life events and with posttraumatic stress disorder (PTSD) in a racially and ethnically diverse sample lesbian, gay, bisexual (LGB), and heterosexuals*.

David Frost (CUNY Graduate Center) – Dissertation: *Stigma, intimacy, and well-being: A personality and social structures approaches*

David Barnes -- Columbia University Mailman School of Public health, Department of Epidemiology, Psychiatric Epidemiology Training program.

Naa Oyo Kwate, Ph.D., Research Scientist, Postdoctoral Award, Department of Defense, Breast Cancer Research Program, Department of Defense

Jennifer Stuber, Ph.D., Scholar, Robert Wood Johnson Foundation Health and Society Scholars

Kimberley Balsam, Ph. D., University of Washington. Consultant, NIMH K-Award application

Carolyn Wong, Ph.D., University of Southern California. Consultant, K-Award application.

José A. Bauermeister, MPH, PhD, University of Michigan, Mentor, K-Award application.

Huso Yi, Ph.D., Columbia University, HIV Center, Mentor, K-Award application.

Rahwa Haile, Ph.D., Columbia University, HIV Center for Clinical and Behavioral Studies, Mentor.

Tracy McFarlane, Ph.D., Columbia University, Psychiatric Epidemiology Training Program, Mentor.

Laura Durso, Williams Institute UCLA School of Law, post-doctoral fellow.

Ethan Meirish, Ph.D., Boston College, Fenway mentorship program

Ashley Borders, Ph.D., Assistant Professor, Department of Psychology, The College of New Jersey

Current

Johnny Berona, University of Michigan, Clinical Psychology

Carlos Pavao, Doctoral Student, Health Promotion & Community Health Sciences School of Rural Public Health, Texas A&M University Health Science Center

Annesa Flentje, Ph.D., Clinical Psychology Fellow, University of California, San Francisco San Francisco General Hospital, Department of Psychiatry

§ 18 SERVICE ON EDITORIAL BOARDS/EDITORIAL SERVICE TO SCHOLARLY PUBLICATIONS

1993 – present Ad hoc reviewer for leading scientific journals, including (partial list), AIDS Education and Prevention: An interdisciplinary Journal, American Journal of Public Health, Archives of General Psychiatry, Epidemiology, Journal of Health and Social Behavior, Journal of Consulting and Clinical Psychology, Journal of Counseling Psychology, Sex Roles: A Journal of Research, Women and Health, Self and Identity, Developmental Psychology

2000 – 2001 Guest Editor, American Journal of Public Health, Special Issue on LGBT Health, published June 2001

2006 Co-editor, Social Science & Medicine, Special Issue on Prejudice, stigma, and Discrimination in Health

2009 – 2012 Editorial Board – Journal of Health and Social Behavior (ASA Journals)

2013 – present Editorial Board – Journal of LGBT Health (Mary Ann Liebert, Inc.)

2013 – present Consulting Editor – Journal of Sexual Orientation and Gender Diversity (APA Journals)

§ 19 SERVICE TO EDUCATIONAL AND GOVERNMENTAL AGENCIES

2003 Member, Working Group -- Workplace discrimination research and prevention, National Institute of Occupational Safety and Health (NIOSH), Cincinnati, OH, September 29-30

§ 20 INVITED LECTURES, PAPERS AT MEETINGS, AND SIMILAR ACTIVITIES

Conference Presentations (partial list)

Meyer, I.H. Experience from a community-based asthma intervention. Working Together to Combat Urban Asthma. Proceedings of a Conference hosted by the Center for Urban Epidemiologic Studies at the New York Academy of Medicine. New York, May 4 and 5, 1998.

Meyer I.H., Copeland L., Findley S., McLean D.E., Richardson L., Ford J.G.: The Harlem asthma knowledge questionnaire. Paper presented at the International Conference of the American Thoracic Society, Chicago, IL. April 24 - 29, 1998

Meyer, I.H., Richardson, L., Findley, S., McLean, D., Trowers, R., Ford, J.G. (1999). Predictors of frequent asthma-related emergency department use in Harlem. American Journal of Respiratory and Critical Care Medicine, 159: (3) A129-A129, Suppl. S.

Ford, J.G., Li, Y., Meyer, I.H., Dave, C., De Graffinreidt, D. (1999). beta(2)-adrenoreceptor B16 and B27 polymorphisms and asthma severity. American Journal of Respiratory and Critical Care Medicine, 159: (3) A31-A31, Suppl. S.

Meyer I.H. Reducing Disparities in Asthma Care: Are We Doing Enough?. The 96th International Conference of the American Thoracic Society, Toronto, Canada. May 5 –10, 2000

Meyer I.H., Fagan J., Sternfels P., Foster K., Dave C., Ford J: Asthma-Related Limitation in Sexual Functioning among Emergency Department Users. The 96th International Conference of the American Thoracic Society, Toronto, Canada. May 5 –10, 2000

Meyer, I.H. Minority stress and mental health in lesbian and gay populations. Paper presented at the 26th Annual Meeting of the International Academy of Sex Research, Paris, France. June 21 – 24, 2000.

Meyer, I.H. Epidemiology of mental health in gay men: What do we know and what do we need

to know? Paper presented at the Gay Men's Health Summit, Boulder, Colorado. July 19 – 23, 2000.

Meyer, I.H., Community outreach for asthma care in Harlem: Broad based community, clinic, and research collaboration. Paper presented at the Annual Meeting of the American Association of Public Health, Washington, DC, November 13, 2000.

Meyer, I.H., Gay and bisexual men's health: What we know, what we need to know, what we need to do. Paper presented at the Annual Meeting of the American Association of Public Health, Washington, DC, November 15, 2000.

Meyer, I.H., Rossano, L., Ellis, J., & Bradford, J. Use of a brief telephone interview to identify lesbian and bisexual women in random digit dialing sampling. Paper presented at the 56th Annual Conference of the American Association of Public Opinion Research, Montreal, Canada, May 17 – 20, 2001.

Meyer, I.H. (2003). Prejudice as stress: Conceptual and measurement problems. Paper presented at the Eighth International Conference on Social Stress Research, Portsmouth, NH, April 2002.

Meyer, I.H. (2003). Minority stress and mental health in lesbians, gay men, and bisexuals. Paper presented at the annual meeting of the American Psychiatric Association, San Francisco, May 17 – 20, 2003.

Meyer, I.H. (2004). Expectations of stigma as a stressor in minority populations. Paper presented at the Ninth International Conference on Social Stress Research, Montreal, Canada, May 28 – 31, 2004.

Meyer, I.H. (2005). LGBT health research: Theoretical issues and research ethics. Enhancing the Health and Well-being of LGBT Individuals, Families and Communities: Building a Social Work Research Agenda. Symposium of the Institute for the Advancement of Social Work Research, Washington, D.C., June 23-24, 2005

Meyer, I. H. (2005, August). *Intersectionality in LGB health research*. Paper presented at the annual convention of the American Psychological Association (APA), Washington, DC.

Meyer, I. H. (2006, March). *Stress and mental health lesbian, gay, and bisexual individuals.* Paper presented at Temple Concord, Binghamton, NY (co-sponsored by Binghamton University, Pride and Joy Families, and the Temple Concord Outreach Committee).

Meyer, I. H. (2006, March 23). *Social stress, identity, and mental health in diverse lesbian, gay, and bisexual populations.* Paper presented at Binghamton University, Binghamton, NY.

Meyer, I. H. (2006, May 18). *Race, gender, and sexual orientation variability in exposure to stress related to prejudice.* Paper presented at the Psychiatric Epidemiology Training Seminar, Mailman School of Public Health, Columbia University.

Meyer, I, H., Schwartz, S., Stirratt, M. J., & Frost, D. M. (2006, August). *Identity, stress, and coping in lesbian, gay, and bisexual populations*. Paper presented at the annual convention of the American Psychological Association (APA), New Orleans, LA.

Frost, D. M., & Meyer, I. H. (2006, August). *Internalized homophobia as a predictor of intimacy-related stressors among gay, lesbians, and bisexual individuals*. Poster presented at the annual convention of the American Psychological Association (APA), New Orleans, LA.

Meyer, I.H. (2006, October). *Social stress related to prejudice and discrimination as a cause of mental disorders: Conceptual issues and research findings*. Paper presented at the Yale University Psychology Colloquium.

Meyer, I. H., Dietrich, J., & Schwartz, S. (2006, November). *Prevalence of DSM-IV disorders in diverse lesbian, gay, and bisexual populations.* Paper presented at the annual convention of the American Public Health Association (APHA). Boston, MA.

Frost, D. M., Dietrich, J., Narvaez, R. F., & Meyer, I. H. (2006, November). *Improving community sampling strategies of diverse lesbian, gay, and bisexual populations*. Paper presented at the annual convention of the American Public Health Association (APHA). Boston, MA.

Gordon, A. R., & Meyer, I. H. (2006, November). *Gender nonconformity as a target of prejudice, discrimination, and violence against LGB individuals*. Paper presented at the annual convention of the American Public Health Association (APHA), Boston, MA.

Kertzner, R. M., Meyer, I. H., Frost, D. M., & Stirratt, M. J. (2006, November). *Psychological and social well-being in lesbians, gay men, and bisexuals: The effects of age, sexual orientation, gender, and race.* Paper presented at the annual convention of the American Public Health Association (APHA), Boston, MA.

Meyer, I.H. (2008, July) Social stress and mental health outcomes in lesbians, gay men and bisexuals. Paper presented at the XXIX International Congress of Psychology, Berlin, Germany.

Meyer, I.H. (2008, August). Random versus venue-based community sampling of lesbians, gay men, and bisexuals, Paper in a symposium titled *Innovative research methodologies for advancing LGBT scholarship*. American Psychological Association 2008 Annual Convention, Boston MA

Frost, D.M. & Meyer, I.H. (2008, August). Social Support Networks among Diverse Sexual Minority Populations. Poster presented at the American Psychological Association 2008 Annual Convention, Boston MA

Frost, D.M., Lehavot, K., & Meyer, I.H. (2011, August). Minority Stress and Physical Health among Sexual Minorities. Poster presented at the American Psychological Association 2011 Annual Convention, Washington, DC.

Meyer, I.H. (Naomi Goldberg first author) (2012, May 4). Intimate Partner Violence in LGB Populations: Data from the California Health Interview Survey. Population Association of America, San Francisco, CA.

Meyer, I.H. (Discussant) (2013, July 31) -- Emerging Directions and Novel Applications of Minority Stress Theory. Presented at the American Psychological Association 2013 Annual Convention, Honolulu, HI.

Meyer, I.H. (Conversation Hour) (2013, August 2) – Is Minority stress theory still relevant to LGB populations? A Discussion. Presented at the American Psychological Association 2013 Annual Convention, Honolulu, HI.

Invited Presentations (partial list)

Meyer, I.H. (2004, March 26). *Minority Stress: The Impact of Stigma, Prejudice, and Discrimination on the Mental Health of LGB populations*. Gay Men's Health Center, New York, NY.

-- (2004, September 28). *Stress, identity, and mental health in minority populations.* Sociomedical Sciences Seminar, Mailman School of Public Health, Columbia University.

-- (2004, October 7). *Prejudice, Identity, and Resilience in Minority Mental Health*. Rutgers University.

-- (2006, February 7). *Stress, identity, and mental health: overview*. Sociomedical Sciences Seminar, Mailman School of Public Health, Columbia University.

-- (2006, March). *Stress and mental health lesbian, gay, and bisexual individuals.* Temple Concord, Binghamton, NY (co-sponsored by Binghamton University, Pride and Joy Families, and the Temple Concord Outreach Committee).

-- (2006, March 23). *Social stress, identity, and mental health in diverse lesbian, gay, and bisexual populations*. Binghamton University, Binghamton, NY.

-- (2006, May 18). *Race, gender, and sexual orientation variability in exposure to stress related to prejudice*. Psychiatric Epidemiology Training Seminar, Mailman School of Public Health, Columbia University.

-- (2006, October 12). Clinical lunch talks, Department of Psychology, Yale University.

-- (2006, November 1). *Social stress related to prejudice and discrimination as a cause of mental disorders*. Temple University, Philadelphia, PA.

-- (2007, February 11). Russell Sage Foundation, Scholars Seminar. *Stress related to prejudice as a cause of mental disorders*. Russell Sage Foundation, New York, NY

-- (2007, September 20). *Stress, Identity, and Health in Diverse NYC LGB Communities.* HIV Center for Behavioral Studies, New York State Psychiatric Institute, New York, NY

-- (2007, June 5). Invited Keynote Address, The NIH 11th Annual Noon-in-June Program: An Observance of Gay, Lesbian, Bisexual & Transgender Pride Month at the National Institutes of Health. *The impact of prejudice on the mental health of lesbians, gay men, and bisexuals.* Bethesda, MD

-- (October, 2007). *Stress, Identity, and Mental Health in Diverse NYC LGB Communities?* St. Luke-Roosevelt Hospital, New York, NY

-- (2007, November 14). *Stress exposure and mental health outcomes: Are women disadvantaged?* Johns Hopkins University, Baltimore, MD.

-- (2007, November 29). Invited speaker: AAPOR NY symposium on lesbian and gay men. *The Impact of Prejudice and Discrimination on the Mental Health of LBG Populations.* Hunter College, New York, NY

-- (2008, January 6). Trevor Project suicide prevention helpline . *Staff training: Minority stress and health of LGB persons*. New York, NY

-- (2008, April 25). Invited speaker: *Minority stress and LGBT public health.* Breaking the Silence: LGBT Research at Columbia and Beyond, Columbia University, New York, NY

-- (2008, May 29). Keynote Speaker, Maine LGBTI Health Summit: Challenges, Opportunities, Change. *Social Stress and Health Disparities of LGBTI populations.* Augusta, ME

-- (2008, September 17) Personality/Social Psychology Colloquia. *Social Psychology and Minority Stress Models.* Graduate Center of the City University of New York. New York, NY.

-- (2008, October 17). *Prejudice, Social Stress and Mental Health.* Psychiatry Grand Rounds. Memorial Sloan-Kettering Cancer Center, New York, NY.

-- (2009, February 27). *LGBT public health.* UNC Minority Health Conference. UNC Gillings School of Global Public Health, Chapel Hill, NC

-- (2009, March 18). *Minority (Social) Stress.* Drexel University, Philadelphia, PA.

-- (2009, May 1). Keynote Speaker. Queer Health Task Force Conference, Columbia University, Mailman School of Public Health.

-- (2009, September 22). Gender, Sexuality, and Health seminar. *Social stress as a cause of mental disorder: research findings and reflections on a theory.* Columbia University, Mailman School of Public Health, Department of Sociomedical Sciences. New York, NY

-- (2009, October 8). Robert Wood Johnson Foundation Investigator Awards in Health Policy Research, 2009 Annual Meeting. With Naa Oyo Kwate. *On the content of our character: The myth of meritocracy and African American health.* San Diego, CA

-- (2009, December 1). Keynote Speaker. World AIDS Day Symposium *Minority Stress Theory, Findings, and Implications for HIV/AIDS Prevention with Racial/Ethnic Minority Gay and Bisexual Men.* University of California San Francisco, Parnassus Campus. San Francisco, CA

-- (2009, December 3). *Social stress as a cause of mental disorders: Research findings and reflections on a theory*. Palo Alto University, Palo Alto, CA

-- (2010, March 22). Invited address. *Mental Health: Stress and Protective Factors.* Institute of Medicine, Board on the Health of Select Populations. Committee on Lesbian, Gay, Bisexual, and Transgender Health: Issues and Research Gaps and Opportunities. Washington, DC

-- (2010, April 27). Invited Speaker. *Bring gay back to the MSM health crisis.* Invited address, The Sexual Health of Gay Men and other MSM: HIV/STD Prevention Plus Conference, The Fenway Institute, Fenway Health, Boston, MA.

-- (2010, May 5). Keynote Speaker. LGBT Resiliency: From Trauma To Policy, Boston College, Boston, MA

-- (2010, May 7). Invited Speaker. *Sexual Orientation and Disparities in Mental Health.* Kellogg School of Management, Northwestern University, Chicago, IL.

-- (2010, June 28 – July 1). Lecturer. National Sexuality Resource Center at San Francisco State University Summer Institute. San Francisco, CA

-- (2010, August 11). Lecturer. Boston University/Fenway Health Summer Institute, Boston, MA

-- (2010, August 13). Invited Speaker. *Marriage Inequality, Structural Stigma, and Health: Lesbian, Gay, and Bisexual People.* American Psychological Association, Presidential program on Marriage Equality. San Diego, CA

-- (2010, September 21). Research, advocacy, and the constitutional challenge to the Prop 8 ban on gay marriage in California. Department of Sociomedical Sciences, Columbia Unversity Mailman School of Public Health.

-- (2010, September 21). Bring gay back to the MSM health crisis. New York City HIV Prevention Planning Group. New York, NY

-- (2010, December 1). Invited Speaker. Perry v. Schwarzenegger and minority stress. Rutgers University, Women and Gender Studies Department.

-- (2010, December 6). Minority Stress and Mental Health in LGB Populations. The Charles R. Williams Institute on Sexual Orientation Law, University of California Los Angeles, Los Angeles, CA

-- (2011, February 9). Invited Speaker. Research, advocacy, and the constitutional challenge to the Prop 8 ban on gay marriage in California. CUNY Graduate Center, Social/Personality Psychology. New York, NY

-- (2011, February 22). Discussant, Libby Adler's paper entitled: Just the Facts: The Perils of Expert Testimony in Gay Rights Litigation. Columbia Unversity Law School.

-- (2011, March 16). Invited Speaker. Institute on Urban Health Research Northeastern University.

-- (2011, March 25). Group leader, Intersectionality Working Group. Fenway Institute, Boston.

-- (2011, April 8). Pride & Joy Training Day, Training fro health care professionals in Upstate and Western New York State on mental health issues of LGBT populations. Pride and Joy Families Weekend Conference, Rochester, NY.

-- (2011, April 9). Invited Speaker: *Research, Advocacy, and the Constitutional Challenge*

to the Prop 8 Ban on Gay Marriage in California. 2011 Pride and Joy Families Weekend Conference, Rochester, NY.

-- (2011, May 13). Testimony before the U.S. Commission on Civil Rights *Peer-to-Peer Violence and Bullying: Examining the Federal Response*. Washington, DC.

-- (2011, May 29-31). Invited address. Quantifying Intersectionality Dialogue. Spring Learning Institute on Intersectionality. Simon Fraser University, Vancouver, BC.

-- (August 10, 2011). Minority Stress Research and the Constitutional Challenge to the Prop 8 Ban on Gay Marriage in California. Fenway Summer Institute, Boston, MA

-- (2011, September 8-10). Invited Speaker. Using Social Science Research in LGBT Rights Litigation and Public Policy Advocacy, Lavender Law conference, Los Angeles, CA

-- (2011, October 21). Invited Speaker. Social Science and Public Health in LGBT Law and Public Policy. Loyola Law School Los Angeles, CA Symposium LGBT identity and the law.

-- (2011, November 1). Keynote Address. Minority Stress and the Health of Sexual Minorities. 7th British Columbia Gay Men's Health Summit Health & Sexual Rights, Vancouver, BC, Canada

- (2012, February 9). Minority Stress and the Health of Sexual Minorities Lecture at Diversity Science Initiative. UCLA Psychology Department, Los Angeles, CA

- (2012, February 18). The health impact of homophobic school environment on LGBT youth. CESCaL Supporting Students ~ Saving Lives conference, San Diego, CA

- (2012, February 22). What happened to the Employment Non-Discrimination Act (ENDA) and how employment discrimination still burdens the LGBT community? Williams Institute Lecture Series, West Hollywood, CA

- (2012, April 5). Why LGBT public health? National Public Health Week 2012 Queers for Public Health & Students of Color for Public Health. UCLA School of Public Health, Los Angeles, CA

- (2012, April 20). Marriage Equality for Same-Sex Couples: Science and the Legal Debate. Keynote panel, Minnesota Psychological Association, Minneapolis, MN.

Guest Lectures (2011 – Present only)

Lecturer. Boston University/Fenway Health Summer Institute, Boston, MA (2010 – 2013)

Guest lectures– Department of Community Health Sciences, Fielding School of Public Health (2012 and 2013) Chandra Ford

Guest lecture -- Introduction to LGBT Studies ,UCLA (2012) James Schultz

Guest Lecture (Panel) – HIV Legal Needs Assessment, UCLA School of Law (2013) Brad Sears

Guest lecture -- Department of Social Welfare, UCLA Luskin School of Public Affairs (2013) Ian Holloway

Guest lecture – Education Department, UCLA (2013, 2014) Stuart Biegel

§20a OTHER PROFESSIONAL ACTIVITIES

§21 AWARDS, HONORS, COMMENDATIONS

Distinguished Dissertation - Columbia University, Graduate School of Arts and Sciences

Barbara Snell Dohrenwend Award for published/publishable paper

Marisa De Castro Benton Dissertation Award for outstanding contribution to the Sociomedical sciences - Columbia University

Honorable Mention, Best Dissertation - American Sociological Association, Mental Health Section

Mark Freedman Award for outstanding research on lesbian/gay issues - Association of Lesbian & Gay Psychologists

Distinguished Scientific Contribution Award -- American Psychological Association Division 44.

May 2010 – Inaugural Faculty Mentoring Award – Department of Sociomedical Sciences, Columbia University's Mailman School of Public Health

August 2011 -- Outstanding Achievement Award – The Committee on Lesbian, Gay, Bisexual,

and Transgender Concerns 2011

August 2013 – Distinguished Professional Contribution Award – The Society for the Psychological Study of Lesbian, Gay, Bisexual and Transgender Association.

§22 FELLOWSHIPS AND RESEARCH GRANTS

1. Project Title: Random Digit Dialing Survey of Gay/Bisexual Men

Project #, PI, and dates: Meyer, 5/1/95 – 5/1/96

Source and support amount: American Suicide Foundation, New York State Psychiatric Institute, $5,000

Role: Principal Investigator

2. Project title: Decreasing the Need for Emergency Asthma Care in Harlem

Project #, PI, and dates: 5R01HL051492, Ford, 9/1/96 – 7/31/99

Source and support amount: National Heart, Lung, and Blood Institute $1,800,000 (est.)

Role: Project Director

3. Project Title: Columbia Center for Children's Environmental Health

Project #, PI, and dates: Perrera, 8/1/98 – 7/ 31/03

Source and support amount: National Institute for Environmental Health Sciences, $901,730 (annual)

Role: Co-Investigator

4. Project Title: Community Outreach for Asthma Care in Harlem

Project #, PI, and dates: Meyer, 8/1/99 – 10/1/00

Source and support amount: New York State Department of Health, $350,000

Role: Principal Investigator

5. Project Title: Head Start for Asthma

Project #, PI, and dates: Ford, 9/30/99 – 9/ 29/02

Source and support amount: Centers for Disease Control and Prevention (CDC), $350,000 (annual)

Role: Co-Investigator

6. Project Title: Survey of Women's Health and Sexuality

Project #, PI, and dates: Meyer, 3/1/00 – 3/1/01

Source and support amount: Gay and Lesbian Medical Association, Lesbian Health Fund, $7,500

Role: Principal Investigator

7. Project Title: Vulnerabilities and strengths in the face of sexual prejudice in lesbians, gay men, and bisexuals

Project #, PI, and dates: Meyer, 10/31/01 – 10/30/03

Source and support amount: American Psychological Foundation, $50,000

Role: Principal Investigator

8. Project Title: Prejudice as Stress – writing manuscript

Project #, PI, and dates: 5 G13 LM007660, Meyer, 9/30/02 – 9/29/05

Source and support amount: National Library of Medicine, $163,500

Role: Principal Investigator

9. Project Title: Measurement of Major Stressful Events over Life Courses

Project #, PI, and dates: R01MH059627, Dohrenwend, 2/1/03 – 2/ 31/04

Source and support amount: National Institute of Mental Health, $276,000 (annual)

Role: Co-Investigator

10. Project Title: Stress, Identity, and Mental Health in Diverse Minority Populations

Project #, PI, and dates: R01 MH066058, Meyer, 4/1/03 – 3/31/07

Source and support amount: National Institute of Mental Health, $1,861,700

Role: Principal Investigator

11. Project title: Stigma, prejudice and discrimination in public health.

Project #, PI, and dates: Meyer, 9/1/04 – 5/31/06

Source and support amount: The Robert Wood Johnson Health & Society Scholars at Columbia University, $42,000

Role: Principal Investigator

12. Project Title: Cultural and Contextual Determinants of Alcohol Use Among African American Women: A Multidisciplinary Approach to Breast Cancer Risk

Project #, PI, and dates: BC031019, Kwate, 9/1/04 – 8/31/07

Source and support amount: Department of Defense, Breast Cancer Research Program, $402,206

Role: Mentor to Dr. Kwate, PI.

13. Project Title: Diversity supplement doctoral student, Natasha Davis

Project #, PI, and dates: Supplement to 5 R01 MH066058, Meyer, 4/22/05 – 3/31/07

Source: National Institute of Mental Health, $42,000 (est. annual)

Role: Principal Investigator

14. Project Title: Prejudice and stress in minority populations

Project #, PI, and dates: Meyer, 9/1/07 – 7/31/07

Source of support and amount: Russell Sage Foundation,

Role: Visiting Scholar

15. Project title: HIV Center for Clinical and Behavioral Studies

Project #, PI, and dates: P30 MH43520 (Ehrhardt) 02/01/08 - 01/31/11

Source and support: NIMH $1,483,545

Role: Investigator

Project description: This large multidisciplinary AIDS research center focuses on HIV prevention science among neglected populations at risk for HIV infection, with a commitment to underserved inner-city populations and innovative research based on new scientific approaches to prevention that emphasize sexual risk and its broader context of gender, ethnicity, and culture. Research also focuses on interventions with HIV-infected populations, including those for stress, coping, and medical adherence.

16. Project title: Minority HIV/AIDS Research Initiative (MARI): Sexual risk-taking among young Black men who have sex with men: exploring the social and situational contexts of HIV risk, prevention, and treatment

Project #, PI, and dates: U01 PS 000700-01 (Wilson) 9/30/07 – 6/30/2011

Source and support: CDC, $592,720

Project description: The 3-year project will research contextual risk and protective factors linked to HIV risk among young Black men who have sex with men (BMSM).

Role: Mentor, Co-investigator

17. Project title: Developmental infrastructure for population research

Project #, PI, and dates : Bradford (PI) 2007-2012

Source and support: NICHD R21HD051178 – *No funds requested for faculty*

Role: Research Faculty

18. Project title: On the content of our character: The myth of meritocracy and African American health.

Project #, PI, and dates: July 1, 2009 – December 14, 2012

Source and support: Robert Wood Johnson Foundation Investigator Award in Health Policy. $202,353 ($57,783 to UCLA for 2012)

Role: Co-PI

Project description: The proposed study aims to investigate some of the ill health effects of meritocratic ideology (MI). We propose to describe the distribution and variation of MI in the United States across historical periods and geographic regions and to assess the relationship between MI ideologies and other ideologies that more explicitly advance inequality. We then aim to describe narratives of MI among African Americans and assess their impact on their physical and mental health.

19. Project title: ACCESS: Assessing the experiences and needs lf gay, bisexual, and transgender youth of color

Project #, PI, and dates: Ilan Meyer 2011 – 2012

Source of Support: California Endowment, Liberty Hill Foundation, $35,000

Role: PI

20. Project title: Needs Assessment of People with HIV/AIDS

Project #, PI, and dates: Brad Sears, 2013-2014

Source of Support: Ford Foundation, *part of $250,000 to the Institute*

Role: Co-PI (with Brad Sears)

21. Project title: Sexual victimization of men

Project #, PI, and dates: Brad Sears, 2013-2014

Source of Support: Ford Foundation, *part of $250,000 to the Institute*

Role: Co-PI (with Brad Sears)

22. Project title: Conversion Therapy Bans: Model Legislation

with Alex Lang Sussman

Self funded – Williams Institute

Role: PI

Grant proposals in review

1. Project title: *Identity Stress and Health in Three Cohorts of Lesbians Gay Men and Bisexuals*

Role: PI

Review pending: National Institutes of Health

2. Project title: *Conceptual and methodological advances in research on transgender suicide behavior*

Role: PI

Review pending: American Foundation for Suicide Prevention

Research Consultant (Current only)

1. Jeremy T. Goldbach, Ph.D., LMSW, (PI) Assistant Professor, University of Southern California School of Social Work. *USC Lesbian, Gay, and Bisexual Adolescent Study* and NIH Application for same.

2. Bruce Link and Mark Hatzenbuehler (Co-PIs). *Structural Stigma as a Source of Disparities in Critical Social, Economic, and Health Domains* NSF application.

3. Allen J. LeBlanc, Ph.D., (PI) San Francisco State University, Department of Sociology, Health Equity Institute, *Minority Stress and Mental Health among Same-Sex Couples*

4. Phillip L. Hammack, Ph.D., (PI) University of California, Santa Cruz, William T Grant *Empowering Settings as Vehicles for Social, Political, and Psychological Change among Sexual Minority Youth.*

5. Richard Bränström, Ph.D., (PI) Associate Professor, Department of Public Health Sciences, Karolinska Institutet, Stockholm, Sweden. *Stockholm, Sweden Factors influencing disparities in physical and mental health status between sexual minorities (homo- and bisexuals) and heterosexuals – a minority stress model.*

§23 BIBLIOGRAPHY

WORK IN PROGRESS

Calabrese, S.K., Meyer, I.H., Overstreet, N.M., Haile, R., & Hansen, N.B. (in review). *Black Lesbian/Gay/Bisexual Women, Discrimination, and Mental Health.*

Wilson, P.A., Meyer, I.H., Antebi, N., Boone, M.R., Cook, S.H., & Cherenack, E. (in review). *Profiles of Resilience and Psychosocial Outcomes among Young Black Gay and Bisexual Men.*

Frost, D.M., Meyer, I.H., & Hammack, P.L. (in review). *Health and Well-Being in Emerging Adults' Same-Sex Relationships: Critical Questions and Directions for Research in Developmental Science*

Meyer, I.H., Schwartz, S., & Teylan, M. & Schwartz, S. (in review). *The Role of Help-Seeking in Preventing Suicide Attempts among Lesbians, Gay Men, and Bisexuals.*

Martos, A., Nezhad, S., & Meyer, I.H. (ready for review). *Variations in Sexual Identity Milestones Among Lesbians, Gay Men and Bisexuals.*

Durso, L.E., Kastanis, A., Wilson, B.D.M, & Meyer, I.H. (ready for review). *Service Needs of Sexual Minority Male Youth of Color.*

Frost, D.M., Meyer, I.H., Schwartz, S. (in preparation for journal submission). *Social Support Networks among Diverse Sexual Minority Populations.*

Meyer, I.H. (in preparation for journal submission). *Is Minority Stress Theory Still Relevant to LGB populations? Critiques and Research Recommendations.*

Meyer, I.H., Antebi, N., & Wilson, P.A. (in preparation for journal submission). *Resilience in minority stress of LGBT persons.*

PUBLISHED WORK

Books:

Meyer, I.H. & Northridge, M.E. (Eds.). (2007). The health of sexual minorities: Public health perspectives on lesbian, gay, bisexual and transgender populations. New York: Springer.

Articles/Chapters/Editorials:

Frost, D. M., Meyer, I. H., & Hammack, P. L. (in press). Health and well-being in emerging adults' same-sex relationships: Critical questions and directions for research in developmental science. *Emerging Adulthood*.

Borders, A., Guillén, L.A., Meyer, I.H. (in press). Rumination, Sexual Orientation Uncertainty, and Psychological Distress in Sexual Minority University Students. *The Counseling Psychologist.*

Meyer, I.H., Frost, D.M., & Nezhad, S. (in press). Minority stress and suicide in lesbians, gay men, and bisexuals. In Peter B. Goldblum, Dorothy Espelage, Joyce Chu, & Bruce Bongar, (Eds), *The Challenge of Youth Suicide and Bullying*. New York, NY: Oxford University Press.

Bostwick, W.B., Meyer, I.H., Aranda, F., Russell, S., Hughes, T., Birkett, M., & Mustanski, B. (in press). Mental Health and Suicidality among Racially Diverse Sexual Minority Youth. *American Journal of Public Health.*

Stemple, L. & Meyer, I.H. (in press). Challenging gender stereotypes: What new federal agency survey data reveal about the sexual victimization of men. *American Journal of Public Health.*

Cook, J.E., Purdie-Vaughns, V., Meyer, I.H., & Busch, J.T.A. (in press). Intervening within and across levels: A multilevel approach to stigma and public health. *Social Science & Medicine*

Hatzenbuehler, M. L., Birkett, M., Van Wagenen, A., & Meyer, I. H. (2014). Protective school climates and reduced risk for suicide ideation in sexual minority youths. *American Journal of Public Health,* 104, 279 - 286.

Meyer, I.H. & Frost, D.M. (2013). Minority stress and the health of sexual minorities. In Charlotte J. Patterson and Anthony R. D'Augelli (Eds.), Handbook of Psychology and Sexual Orientation (pp. 252 – 266). NY: Oxford University Press.

Alessi, E. J., Martin, J. I., Gyamerah, A., & Meyer, I. H. (2013). Prejudice events and traumatic stress among heterosexuals and lesbians, gay men, and bisexuals. *Journal of Aggression, Maltreatment & Trauma*, *22*(5), 510-526. doi:10.1080/10926771.2013.785455

Wong, C. F., Schrager, S. M., Holloway, I. W., Meyer, I. H., & Kipke, M. D. (2013). Minority stress experiences and psychological well-being: The impact of support from and connection to social networks within the los angeles house and ball communities. *Prevention Science : The Official Journal of the Society for Prevention Research.* doi:10.1007/s11121-012-0348-4

Frost, D. M., Lehavot, K., Meyer, I. H. (2013). Minority stress and physical health among sexual minority individuals. Journal of Behavioral Medicine. DOI: 10.1007/s10865-013-9523-8.

Meyer, I.H, & Bayer, R. (2013). School-Based Gay-Affirmative Interventions: First Amendmen.t and Ethical Concerns. *American journal of public health* 103, 10, 1764-1771.

Barnes D. & Meyer, I.H. (2012). Religious Affiliation, Internalized Homophobia, and Mental Health in Lesbians, Gay Men, and Bisexuals. Journal of Orthopsychiatry, 82 (4), 505 – 515. PMID: 23039348 PMCID: PMC3523746

Goldberg N.G. & Meyer, I.H. (2012). Sexual Orientation Disparities in History of Intimate Partner Violence –Results from the California Health Interview Survey. Journal of Interpersonal Violence. Published online ahead of print DOI: 10.1177/0886260512459384 PMID: 23008053

Durso, L. & Meyer, I.H. (2012). Patterns and predictors of disclosure of sexual orientation to

healthcare providers among lesbians, gay men, and bisexuals. Sexuality Research & Social Policy. Published online ahead of print DOI 10.1007/s13178-012-0105-2.

O'Donnel, S., Meyer, I.H., & Schwartz, S. (2011). Increased risk for suicide attempts in Black and Latino lesbians, gay men, and bisexuals. American Journal of Public Health. Published online ahead of print April 14, 2011: e1-e4. doi:10.2105/AJPH.2010.300032 PMID: 21493928, PMCID: PMC3093285

Kwate, N.O. & Meyer, I.H. (2011). On sticks and stones and broken bones stereotypes and African American health. Du Bois Review: Social Science Research on Race, 8 (1), 191 – 198. DOI: 10.1017/S1742058X11000014

Frost, D.M. & Meyer, I.H. (2011). Measuring Community Connectedness among Diverse Sexual Minority Populations. Journal of Sex Research. First Published Online April 19, 2011 (iFirst) DOI: 10.1080/00224499.2011.565427. PMID: 21512945 PMCID: PMC3143245

Meyer, I.H., Ouellette, S.C., Haile, R., & McFarlane, T.A. (2011). "We'd Be Free": Narratives of Life Without Homophobia, Racism, or Sexism. Sexuality Research and Social Policy, 8, 204-214. DOI: 10.1007/s13178-011-0063-0

Alessi, E. J., Meyer, I. H., & Martin, J. I. (2011). PTSD and Sexual Orientation: An Examination of Criterion A1 and Non-Criterion A1 Events. Psychological Trauma: Theory, Research, Practice, and Policy. Advance online publication. doi: 10.1037/a0026642

Meyer, I.H. (2011). The health of sexual minorities. In: Andrew Baum, Tracey A. Revenson, & Jerome Singer (Eds.), Handbook of Health Psychology, 2nd Edition (pp. 595 – 616). NY: Psychology Press, Taylor & Francis Group.

Meyer, I.H. (2011). The Little Things: The Impact of Prejudice in the Everyday Lives of LGBT People. http://www.huffingtonpost.com/ilan-h-meyer-phd/lgbt-prejudice_b_1004408.html, October 11, 2011. Advocate pictorial: http://www.advocate.com/news/daily-news/2011/11/03/how-would-your-life-be-different-if-homophobia-did-not-exist

Meyer, I.H. (2011). Op-ed: HPV Infection Is a Gay Men's Health Crisis. *The Advocate*. http://www.advocate.com/Politics/Commentary/Oped_HPV_Infection_Is_a_Gay_Men_Health_Crisis/, October 28, 2011.

Meyer, I. H. (2011). Gay Rights Across the Globe. http://www.huffingtonpost.com/ilan-h-meyer-phd/gay-rights-across-the-glo_b_1143891.html, December 13, 2011.

--- ---

Schwartz, S. & Meyer, I.H. (2010). Mental health disparities research: The impact of within and between group analyses on tests of social stress hypotheses. Social Science & Medicine, 70(8), 1111-1118. PMID: 20100631.

Feldman, M.B., & Meyer, I.H. (2010). Comorbidity and age of onset of eating disorders in gay men, lesbians, and bisexuals. Psychiatry Research. doi:10.1016/j.psychres.2009.10.013, PMC Journal – In Process. PMID: 20483473.

Kwate, N.O. & Meyer, I.H. (2010). The Myth of meritocracy and African American health. American Journal of Public Health. (Published online ahead of print August 19, 2010: e1-e4. doi:10.2105/AJPH.2009.186445). PMID: 1883002; PMCID: PMC2936997

Meyer, I.H. (2010). Identity, stress, resilience in lesbians, gay men, and bisexuals of color. The Counseling Psychologist, 38(3), 442-454 . doi: 10.1177/0095798409355795. PMC Journal – In Process.

Schwartz, S. & Meyer, I.H. (2010). Reflections on the stress model: A response to Turner. Social Science & Medicine, 70(8), 1121-1122. doi:10.1016/j.socscimed.2009.11.038

Meyer, I.H. (2010). The right comparisons in testing the minority stress hypothesis: Comment on Savin-Williams, Cohen, Joyner, and Rieger. Archives of Sexual Behavior. Published online: August 2010. doi: 10.1007/s10508-010-9670-8.

Kwate, N.O. & Meyer, I.H. (2009). Association between residential exposure to outdoor alcohol advertising and problem drinking among African American women in New York City. American Journal of Public Health. 99, 228-30. PMID: 19059857; PMCID: PMC2622787

Narváez, R. F., Meyer, I.H., Kertzner, R.M., Ouellette, S.C. & Gordon, A.R.(2009). A qualitative approach to the intersection of sexual, ethnic, and gender identities. Identity, 9(1), 63-86. doi: 10.1080/15283480802579375

Frost, D.M., & Meyer, I.H. (2009). Internalized homophobia and relationship quality among lesbians, gay men, and bisexuals. Journal of Counseling Psychology, 56, 97–109. PMID: 20047016 PMCID: PMC2678796

Meyer, I.H. & Wilson, P. (2009). Sampling lesbian, gay, and bisexual populations. Journal of Counseling Psychology, 56, 23–31. doi:10.1037/a0014587.

Kertzner, R. M., Meyer, I. H., Frost, D. M., & Stirratt, M. J. (2009). Social and psychological well-being in lesbians, gay men, and bisexuals: The effects of race, gender, age, and sexual identity. Journal of Orthopsychiatry, 79(4), 500-510. PMID: 20099941; PubMed - in process. PMCID: PMC2853758.

Kwate, N.A. & Meyer, I.H. (2009). Individual and group racism and problem drinking among African American women. Journal of Black Psychology. OnlineFirst, published on December 11, 2009 as doi:10.1177/0095798409355795. PMID: 8879074 PMC Journal – In Process.

Meyer, I.H. & Ouellette, S.C. (2009). Unity and purpose at the intersections of racial/ethnic and sexual identities. In Phillip L. Hammack and Bertram J. Cohler (Eds.), The story of sexual identity: Narrative perspectives on the gay and lesbian life course (pp. 79 – 106). NY: Oxford University Press.

Stirratt, M. J., Meyer, I. H., Ouellette, S. C., & Gara, M. (2008). Measuring identity multiplicity and intersectionality: Hierarchical Classes Analysis (HICLAS) of sexual, racial, and gender identities. Self & Identity, 7 (1), 89 – 111. doi: 10.1080/15298860701252203

Meyer, I.H., Dietrich, J.D., & Schwartz, S. (2008). Lifetime prevalence of mental disorders and suicide attempts in diverse lesbian, gay, and bisexual populations. American Journal of Public Health, 98, 1004 – 1006. PMID: 17901444 PMCID: PMC2377299

Meyer, I. H., Schwartz, S., & Frost, D. M. (2008). Social patterning of stress and coping: Does disadvantaged social statuses confer more stress and fewer coping resources? Social Science & Medicine, 67, 368-79. PMID: 18433961 PMCID: 2583128

Stuber, J.S., Meyer, I.H., & Link, B.G. (2008). Stigma, prejudice, discrimination and health. An introduction to special issue, Social Science & Medicine. 67, 351- 7. PMID: 18440687

Feldman, M. B., & Meyer, I. H. (2007). Eating disorders in diverse lesbian, gay, and bisexual populations. International Journal of Eating Disorders, 40, 218 – 226. PMID: 17262818 PMCID: 2080655

Feldman, M.B. & Meyer, I.H. (2007). Childhood abuse and eating disorders in gay and bisexual men. International Journal of Eating Disorders, 40, 418 – 423. PMID: 17506080 PMCID: 2042584

Gordon, A. & Meyer, I.H. (2007). Gender nonconformity as a target of prejudice, discrimination and violence against LGB individuals. Journal of LGBT Health Research, 3(3), 55–71. PMID: 19042905

Meyer, I.H. (2007). Prejudice and discrimination as social stressors. In I.H. Meyer and M.E. Northridge (Eds.), The health of sexual minorities: Public health perspectives on lesbian, gay, bisexual and transgender populations (pp. 242 – 267). New York: Springer.

Young, R. & Meyer, I.H. (2005). The trouble with “MSM” and “WSW”: Erasure of the sexual-minority person in public health discourse. American Journal of Public Health, 95, 1144-1149.

PMCID: 1449332

Meyer, I.H. (2005). Book review: Lesbian and gay psychology: New perspectives by Adrian Coyle and Celia Kitzinger. Culture, Health & Sexuality: An International Journal for Research, Intervention and Care, 7(2), 179 - 182.

Pesola, G. R., Xu, F., Ahsan, H., Sternfels, P., Meyer, I.H., & Ford, J.G. (2004). Predicting asthma morbidity in Harlem emergency department patients. Academic Emergency Medicine, 11(9), 944-950. PMID: 15347544

Meyer, I.H., Whyatt, R.M., Perera, F.P., & Ford, J.G. (2003). Risk for asthma in 1-year-old infants residing in New York City high-risk neighborhoods. Journal of Asthma, 40 (5), 545 – 550. PMID: 14529104

Meyer, I.H. (2003). Prejudice as stress: Conceptual and measurement problems. American Journal of Public Health, 93, 262-265. PMCID: 1447727

Meyer, I.H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. Psychological Bulletin, 129, 674–697. PMCID: 2072932

Kertzner, R., Meyer, IH., & Dolezal, C. (2003). Psychological Well-Being in Midlife Older Gay Men. In G. Herdt & B. de Vries (Eds.) Gay and Lesbian Aging Research and Future Directions (pp 97-115). NY: Springer Publishing Company.

Perera, F.P., Illman, S.M., Kinney, P.L., Whyatt, R.M., Kelvin, E.A., Shepard, P., Evans, D., Fullilove, M., Ford, J.G., Miller, R.L., Meyer, I., & Rauh, V. (2002). The challenge of preventing environmentally related disease in young children: Community-based research in New York City, Environmental Health Perspectives, 110(2), 197-204. PMCID: PMC1240736

Northridge, M.E., Meyer, I.H., & Dunn, L. (2002). Overlooked and Underserved in Harlem: A population-based survey of adults with asthma. Environmental Health Perspectives, 110, Supplement 2, 217-220. PMCID: PMC1241166

Meyer, I.H., Sternfels, P., Fagan, J.K., & Ford, J.G. (2002). Asthma-related limitations in sexual functioning: An important but neglected area of quality of life. American Journal of Public Health, 92, 770-772. PMCID: PMC1447159

Lewin, S. & Meyer, I.H. (2002). Torture and ill-treatment based on sexual identity: the roles and responsibilities of health professionals and their institutions. Health and Human Rights, 6(1), 161-176.

Meyer, I. H., Rossano, L., Ellis, J., & Bradford, J. (2002). A brief telephone interview to identify lesbian and bisexual women in random digit dialing sampling. Journal of Sex Research, 39, 139-144. PMID: 12476246

Meyer, I.H. (2002). Smearing the queer: Medical bias in the health care of gay men by Michael Scarce (Essay Review). International Journal of Epidemiology, 31(2), 501-503. doi: 10.1093/ije/31.2.501

Meyer, I.H. (2002). Smearing the queer: Medical bias in the health care of gay men by Michael Scarce (Essay Review). International Journal of Epidemiology, 31(2), 501-503. doi: 10.1093/ije/31.2.501

Ford, J.G. Meyer, I.H., Sternfels, P, Findley, S.E., McLean, D.E., Fagan, J.K., & Richardson, L. (2001). Patterns and predictors of asthma-related emergency department use in Harlem. Chest, 120, 1129-1135. PMID: 11591549

Meyer, I.H., Sternfels, P., Fagan, J.K., Copeland, L., & Ford, JG. (2001). Characteristics and Correlates of Asthma Knowledge Among Emergency Department Users in Harlem. Journal of Asthma, 38(7), 531-539. PMID: 11714075

Meyer, I. H. (2001). Why lesbian, gay, bisexual, and transgender public health? American Journal of Public Health, 91, 856-859. PMCID: PMC1446455

Lewin, S. & Meyer, I.H. (2001). Torture, ill-treatment, and sexual identity. The Lancet, 358, Dec 1, 1899-1900. PMID: 11741651

Meyer, I. H. & Schwartz, S. (2000). Social issues as public health: Promise and peril. American Journal of Public Health, 90, 1189-1191. PMCID: PMC1446330

Dean, L., Meyer, I. H., Sell, R. L., Sember, R., Silenzio, V., Bowen, D. J., Bradford, J., Rothblum, E. D., Scout, White, J., Dunn, P., Lawrence, A., Wolfe, D., & Xavier, J. (2000). Lesbian, gay, bisexual, and transgender health: Findings and concerns. Journal of the Gay and Lesbian Medical Association, 4, 102-151. doi: 10.1023/A:1009573800168

Siegel, K. & Meyer, I. H. (1999). Hope and resilience in suicide ideation and behavior of gay and bisexual men following notification of HIV infection. AIDS Education & Prevention, 11, 53-64. PMID: 10070589

Meyer, I. H. & Colten, M. E. (1999). Sampling gay men: Random digit dialing versus sources in the gay community. Journal of Homosexuality, 37, 99-110. PMID: 10482333

Meyer, I. H. & Dean, L. (1998). Internalized homophobia, intimacy, and sexual behavior among

gay and bisexual men. In G.M. Herek (Ed.), Stigma and sexual orientation: Understanding prejudice against lesbians, gay men, and bisexuals (pp. 160-186). Psychological Perspectives on Lesbian and Gay Issues, Series Editors B. Greene & G.M. Herek. Thousand Oaks, CA: Sage.

Siegel, K., Lune, H. & Meyer, I.H. (1998). Stigma management among gay/bisexual men with HIV/AIDS. Qualitative Sociology, 21, 3-24. doi: 10.1023/A:1022102825016

REPRINTED: D.H. Kelly and E.J. Clarke (Eds.), Deviant behavior: A text-reader in the sociology of deviance (pp. 263 – 281). NY: Worth Publishers.

Meyer, I.H. (1998). Oral sex – Fellatio. In Raymond A. Smith (Ed.) Encyclopedia of AIDS: A social, political, cultural, and scientific record of the HIV epidemic (p. 384 – 386). Chicago: Fitzroy Dearborn Publishers.

Meyer, I. H., Muenzenmaier, K., Cancienne, J., & Struening, E. (1996). Reliability and validity of a measure of sexual and physical abuse histories among women with serious mental illness. Child Abuse and Neglect, 20, 213-219. PMID: 8734551

Nimmons, D. & Meyer, I.H. (1996). Oral sex & HIV risk among gay men: Research summary. NY: Gay Men's Health Crisis report.

Meyer, I. H. (1995). Minority stress and mental health in gay men. Journal of Health and Social Behavior, 36, 38-56. PMID: 7738327

REPRINTED: Meyer, I. H. (2003). Minority stress and mental health in gay men. In L. Garnets & D. C. Kimmel (Eds.), Psychological perspectives on lesbian and gay male experiences (2nd Ed., pp. 699 - 731). New York: Columbia University Press.

Meyer, I., Empfield, M., Engel, D., & Cournos, F. (1995). Characteristics of HIV-positive chronically mentally ill inpatients. Psychiatric Quarterly, 66, 201-207. PMID: 7568528

Meyer, I. H. & Dean, L. (1995). Patterns of sexual behavior and risk taking among young New York City gay men. AIDS Education & Prevention, 7, 13-23. PMID: 8664094

Dean, L. & Meyer, I. (1995). HIV prevalence and sexual behavior in a cohort of New York City gay men (aged 18-24). Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology, 8, 208-211. PMID: 7834405

Meyer, I., Cournos, F., Empfield, M., Schrage, H., Silver, M., Rubin, M., & Weinstock, A. (1993). HIV seroprevalence and clinical characteristics of severe impatient mentally ill homeless. Journal of Social Distress and the Homeless, 2, 103-116. doi: 10.1007/BF01074224

Empfield, M., Cournos, F., Meyer, I., McKinnon, K., Horwath, E., Silver, M., Schrage, H., & Herman, R. (1993). HIV seroprevalence among homeless patients admitted to a psychiatric inpatient unit. The American Journal of Psychiatry, 150, 47-52. PMID: 8417579

Meyer, I., McKinnon, K., Cournos, F., Empfield, M., Bavli, S., Engel, D., & Weinstock, A. (1993). HIV seroprevalence among long-stay patients in a state psychiatric hospital. Hospital & Community Psychiatry, 44, 282-284. PMID: 8444444

Muenzenmaier, K., Meyer, I., Struening, E., & Ferber, J. (1993). Childhood abuse and neglect among women outpatients with chronic mental illness. Hospital & Community Psychiatry, 44, 666-670. PMID: 8192738

Cournos, F., McKinnon, K., Meyer-Bahlburg, H., Guido, J. R., & Meyer, I. (1993). HIV risk activity among persons with severe mental illness: Preliminary findings. Hospital & Community Psychiatry, 44, 1104-1106. PMID: 8288184

Meyer, I., Cournos, F., Empfield, M., Agosin, B., & Floyd, P. (1992). HIV prevention among psychiatric inpatients: a pilot risk reduction study. Psychiatric Quarterly 63, 187-197. PMID: 1488461

Meyer, I.H. (1992). Book Review: Inventing AIDS by Cindy Patton. Women & Health, 18(1), 137-142.

Cournos, F., Empfield, M., Horwath, E., McKinnon, K., Meyer, I., Schrage, H., Currie, C., & Agosin, B. (1991). HIV seroprevalence among patients admitted to two psychiatric hospitals. The American Journal of Psychiatry, 148, 1225-1230. PMID: 1883002

OTHER

2009 Interview with Dr. Van Nuys
http://www.mentalhelp.net/poc/view_index.php?idx=119&w=9 or

http://tinyurl.com/br6ojl

EXHIBIT B

BIBLIOGRAPHY

Amnesty International. (2013) *Approaching the 2013 Sochi Olympics: Human rights in Russia*. London, U.K.: Amnesty International.

Balsam, K. F., & Szymanski, D. M. (2005). Relationship quality and domestic violence in women's same-sex relationships: The role of minority stress. *Psychology of Women Quarterly, 29*(3), 258-269.

Beals, K. P., Peplau, L. A., & Gable, S. L. (2009). Stigma management and well-being: The role of perceived social support, emotional processing, and suppression. *Personality and Social Psychology Bulletin, 35*(7), 867-879.

Beck, A., Berzofsky, M., & Krebs, C. (2010). *Sexual victimization in prisons and jails reported by inmates, 2011-12.* Washington, D.C.: Bureau of Justice Statistics.

Beck, A. J., Guerino, P., Harrison, P.M. (2010). *Sexual victimization in juvenile facilities reported by youth, 2008-09.* Washington, D.C.: Bureau of Justice Statistics.

Cochran, S. D., & Mays, V. M. (2000). Relation between psychiatric syndromes and behaviorally defined sexual orientation in a sample of the US population. *American Journal of Epidemiology, 151*(5), 516-523.

Cochran, S. D., & Mays, V. M. (2007). Physical health complaints among lesbians, gay men, and bisexual and homosexually experienced heterosexual individuals: results from the California Quality of Life Survey. *American Journal of Public Health, 97*(11), 2048-2055.

Cochran, S.D., & Mays, V.M. (2013). Sexual orientation and mental health. In C.J. Patterson & A. R. D'Augelli, (Eds.), *Handbook of Psychology and Sexual Orientation* (pp. 204-222). New York, NY: Oxford University Press.

Cole, S. W., Kemeny, M. E., Taylor, S. E., & Visscher, B. R. (1996). Elevated physical health risk among gay men who conceal their homosexual identity. *Health Psychology, 15*(4), 243-251.

D'Emilio, J., & Freedman, E. B. (1988). Intimate matters: A history of sexuality in America. Chicago, IL: University of Chicago Press.

Durso, L.E., & Gates, G.J. (2012). Serving our youth: Findings from a national survey of service providers working with lesbian, gay, bisexual, and transgender youth who are homeless or at risk of becoming homeless. Los Angeles: The Williams Institute with True Colors Fund and The Palette Fund.

European Parliament. (2013, June 13). European Parliament resolution of 13 June 2013 on the rule of law in Russia. Retrieved from: http://www.europarl.europa.eu/sides/getDoc.do?type=TA&reference=P7-TA-2013-0284&language=EN&ring=P7-RC-2013-0269

ECDC. (2013). *A comprehensive approach to HIV/STI prevention in the context of sexual health in the EU/EEA*. Stockholm, SWE: European Centre for Disease Prevention and Control.

Herek, G. M., & Garnets, L. D. (2007). Sexual orientation and mental health. *Annual Review Clinical Psychology*, 3, 353-375.

Flowers, P., & Buston, K. (2001). "I was terrified of being different": Exploring gay men's accounts of growing-up in a heterosexist society. *Journal of Adolescence, 24*(1), 51-65.

Frable, D. E. S., Platt, L., & Hoey, S. (1998). Concealable stigmas and positive self-perceptions: Feeling better around similar others. *Journal of Personality and Social Psychology, 74*(4), 909-922.

Frable, D. E., Wortman, C., & Joseph, J. (1997). Predicting self-esteem, well-being, and distress in a cohort of gay men: The importance of cultural stigma, personal visibility, community networks, and positive identity. *Journal of Personality, 65*(3), 599-624.

Fredriksen-Goldsen, K. I., Kim, H. J., & Barkan, S. E. (2011). Disability among lesbian, gay, and bisexual adults: Disparities in prevalence and risk. *American Journal of Public Health, 102*(1), e16-e21.

Frijns, T., & Finkenauer, C. (2009). Longitudinal associations between keeping a secret and psychosocial adjustment in adolescence. *International Journal of Behavioral Development, 33*(2), 145-154.

Frost, D. M., Lehavot, K., & Meyer, I. H. (2013). Minority stress and physical health among sexual minority individuals. *Journal of Behavioral Medicine*, (Published online 18 July 2013), 1-8.

Frost, D. M., & Meyer, I. H. (2009). Internalized homophobia and relationship quality among lesbians, gay men, and bisexuals. *Journal of Counseling Psychology, 56*(1), 97-109.

Gallagher, P. & Thorpe, V. (2014, Feb. 1). Russian anti-gay gang violence seen for the first time on camera. *The Guardian*. Retrieved from:

http://www.theguardian.com/world/2014/feb/01/russia-anti-gay-gang-violence-homophobic-olympics

Gilman, S. E., Cochran, S. D., Mays, V. M., Hughes, M., Ostrow, D., & Kessler, R. C. (2001). Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the national comorbidity survey. *American Journal of Public Health, 91*(6), 933-999.

Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., D'Augelli, A. R., ... & Clayton, P. J. (2010). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. *Journal of Homosexuality*, *58*(1), 10-51.

Hatzenbuehler, M. L., Bellatorre, A., Lee, Y., Finch, B., Muennig, P., & Fiscella, K. (2013). Structural stigma and all-cause mortality in sexual minority populations. *Social Science & Medicine, 103*, 33-41.

Hatzenbuehler, M. L., Keyes, K. M. & Hasin, D. S. (2009). State-level policies and psychiatric morbidity in lesbian, gay, and bisexual populations. *American Journal of Public Health, 99*(12), 2275-2281.

Herdt, G., & Boxer, A. (1996). *Children of Horizons*. Boston, MA: Beacon Press.

Herek, G. M. (2009a). Sexual stigma and sexual prejudice in the United States: A conceptual framework. In D. A. Hope (Ed.), *Contemporary perspectives on lesbian, gay, and bisexual Identities* (pp. 65-111): New York, NY: Springer.

Herek, G. M. (2009b). Hate crimes and stigma-related experiences among sexual minority adults in the United States: Prevalence estimates from a national probability sample. *Journal of Interpersonal Violence, 24*(1), 54-74.

Herek, G. M., & Garnets, L. D. (2007). Sexual orientation and mental health. *Annual Review Clinical Psychology*, 3, 353-375.

Herek, G. M., Gillis, J. R., & Cogan, J. C. (1999). Psychological sequelae of hate-crime victimization among lesbian, gay, and bisexual adults. *Journal of Consulting and Clinical Psychology, 67*(6), 945-951.

Herrell, R., Goldberg, J., True, W. R., Ramakrishnan, V., Lyons, M., Eisen, S., & Tsuang, M. T. (1999). Sexual orientation and suicidality: A co-twin control study in adult men. *Archives of General Psychiatry*, *56*(10), 867-874.

Huebner, D. M., & Davis, M. C. (2007). Perceived antigay discrimination and physical health outcomes. *Health Psychology*, *26*(5), 627-634.

Human Rights Watch (HRW). (2014, Feb. 4). *Russia: Sochi games highlight homophobic violence*. Retrieved from:http://www.hrw.org/news/2014/02/03/russia-sochi-games-highlight-homophobic-violence

IOM (Institute of Medicine). (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. Washington, DC: The National Academies Press.

Jenness, V., Maxson, C. L., Matsuda, K. N., & Sumner, J. M. (2007). *Violence in California correctional facilities: An empirical examination of sexual assault*. Irivine, CA: Criminology, Law and Society, University of California.

Katz, J. (1976). *Gay American history: Lesbians and gay men in the USA*. New York: Avon.

Katz, J. N. (1995). *The invention of heterosexuality*. New York: Dutton.

Kertzner, R., Meyer, I., & Dolezal, C. (2004). Psychological well-being in midlife and older gay men. In G. Herdt & B. de Vries (Eds.) *Gay and lesbian aging: Research and future directions*, (97-116). New York, NY: Springer.

Kertzner, R. M., Meyer, I. H., Frost, D. M., & Stirratt, M. J. (2009). Social and psychological well-being in lesbians, gay men, and bisexuals: The effects of race, gender, age, and sexual identity. *Journal of Orthopsychiatry,79*(4), 500-510.

King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. *BMC psychiatry, 8*(1), 70-87.

Lick, D. J., Durso, L. E., & Johnson, K. L. (2013). Minority stress and physical health among sexual minorities. *Perspectives on Psychological Science, 8*(5), 521-548

Luhn, A. (2013, Sept. 1). Russian anti-gay law prompts rise in homophobic violence. *The Guardian.* Retrieved from:http://www.theguardian.com/world/2013/sep/01/russia-rise-homophobic-violence

Markus, H., & Nurius, P. (1986). Possible selves. *American psychologist, 41*(9), 954-969.

Marshal, M. P., Dietz, L. J., Friedman, M. S., Stall, R., Smith, H. A., McGinley, J., ... & Brent, D. A. (2011). Suicidality and depression disparities between sexual minority and heterosexual youth: A meta-analytic review. *Journal of Adolescent Health, 49*(2), 115-123.

Marshal, M. P., Friedman, M. S., Stall, R., King, K. M., Miles, J., Gold, M. A., Buckstein, O. G. & Morse, J. Q. (2008). Sexual orientation and adolescent substance use: A meta-analysis and methodological review. *Addiction, 103*(4), 546-556.

Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior, 36*(1), 38-56.

Meyer I.H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674-697.

Meyer, I. H., & Dean, L. (1998). Internalized homophobia, intimacy, and sexual behavior among gay and bisexual men. In B. Greene & G. M. Herek (Eds.), *Stigma and sexual orientation: Understanding prejudice against lesbians, gay men, and bisexuals* (pp. 160-186). Thousand Oaks, CA: Sage.

Meyer, I. H., Dietrich, J., & Schwartz, S. (2008). Lifetime prevalence of mental disorders and suicide attempts in diverse lesbian, gay, and bisexual populations. *American Journal of Public Health, 98(*6), 1004-1006.

Meyer, I. H., Schwartz, S., & Frost, D. M. (2008). Social patterning of stress and coping: Does disadvantaged social statuses confer more stress and fewer coping resources? *Social Science & Medicine, 67*(3), 368-379.

Otis, M. D., Rostosky, S.S., Riggle, E.D.B., & Hamrin, R. (2006). Stress and relationship quality in same-sex couples. *Journal of Social and Personal Relationships, 23*(1), 81-99.

Pachankis, J. E. (2007). The psychological implications of concealing a stigma: A cognitive-affective-behavioral model. *Psychological Bulletin, 133*(2), 328-345.

Pachankis, J. E., & Bernstein, L. B. (2012). An etiological model of anxiety in young gay men: From early stress to public self-consciousness. *Psychology of Men & Masculinity, 13*(2), 107-122.

Plöderl, M., Wagenmakers, E. J., Tremblay, P., Ramsay, R., Kralovec, K., Fartacek, C., & Fartacek, R. (2013). Suicide risk and sexual orientation: A critical review. *Archives of Sexual Behavior, 42*(5), 715-727

Potter, J., Goldhammer, H., &Makadon, H. J. (2008). Clinicians and the care of sexual minorities. In H. J. Makadon, K. H. Mayer, J. Potter, & H. Goldhammer (Eds.), *The Fenway guide to lesbian, gay, bisexual, and transgender health* (pp. 3-24). Philadelphia, PA: American College of Physicians.

Riggle, E. D., Rostosky, S. S., & Danner, F. (2009). LGB identity and eudaimonic well being in midlife. *Journal of Homosexuality, 56*(6), 786-798

Rosario, M., Hunter, J., Maguen, S., Gwadz, M., & Smith, R. (2001). The coming-out process and its adaptational and health-related associations among gay, lesbian, and bisexual

youths: Stipulation and exploration of a model. *American Journal of Community Psychology, 29*(1), 133-160.

Rosario, M., Schrimshaw, E. W., & Hunter, J. (2004). Ethnic/racial differences in the coming-out process of lesbian, gay, and bisexual youths: A comparison of sexual identity development over time. *Cultural Diversity and Ethnic Minority Psychology*, *10*(3), 215-228.

Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and latino lesbian, gay, and bisexual young adults. *Pediatrics, 123*(1), 346-352.

Safren, S. A., & Heimberg, R. G. (1999). Depression, hopelessness, suicidality, and related factors in sexual minority and heterosexual adolescents. *Journal of Consulting and Clinical Psychology*, *67*(6), 859-866.

Schrimshaw, E. W., Siegel, K., Downing Jr, M. J., & Parsons, J. T. (2013). Disclosure and concealment of sexual orientation and the mental health of non-gay-identified, behaviorally bisexual men. *Journal of Consulting and Clinical Psychology*, *81*(1), 141-153.

Selye, H. (1993). History and present status of the stress concept. In L. Goldbeger & S. Breznitz (Eds.), *Handbook of stress: Theoretical and clinical aspects* (2nd Ed., pp. 7-17). New York: Free Press.

Strachan, E. D., Bennett, W. M., Russo, J., & Roy-Byrne, P. P. (2007). Disclosure of HIV status and sexual orientation independently predicts increased absolute CD4 cell counts over time for psychiatric patients. *Psychosomatic Medicine*, *69*(1), 74-80.

Swendsen, J., Merikangas, K., Canino, G., Kessler, R., Rubio-Stipec, M., & Angst, J. (1998). The comorbidity of alcoholism with anxiety and depressive disorders in four geographic communities. *Comprehensive Psychiatry, 39*(4), 176 -184.

Thoits, A. (2010). Stress and health: Major findings and policy implications. *Journal of Health and Social Behavior*, *51*(1 Suppl), S41-S53.

Ullrich, P. M., Lutgendorf, S. K., & Stapleton, J. T. (2003). Concealment of homosexual identity, social support and CD4 cell count among HIV-seropositive gay men. *Journal of Psychosomatic Research*, *54*(3), 205-212.

UNESCO. (2014). *Charting the course of education and HIV*. Geneva, CH: United Nations Educational, Scientific, and Cultural Organization.

USDOS. (2013). *Country reports on human rights practices for 2013: Russia*. Washington, D.C: United States Department of State, Bureau of Democracy, Human Rights, and Labor.

Weeks, J. (1989). *Sex, politics and society: The regulation of sexuality since 1800 (2nd Ed.).* London: Longman Limited.

Weston, K. (1991). *Families we choose: Lesbians, gays, kinship*. New York, NY: Columbia University Press.

World Health Organization (WHO). (2011*). Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people: Recommendations for a public health approach*. Gendeva, CH: World Health Organization.