

April 2, 2019

The Honorable Jerrold Nadler
Chairman, Committee on the Judiciary
U.S. House of Representatives

The Honorable Doug Collins
Ranking Member, Committee on the Judiciary
U.S. House of Representatives

Dear Chairman Nadler and Ranking Member Collins, and Members of the Judiciary
Committee:

1. I am writing with information for the record of H.R. 5, the Equality Act. My and other scholars' research has shown repeatedly and consistently that social conditions such as discrimination adversely impact the health and well-being of lesbians, gay men, bisexuals, and transgender (LGBT) people. This research suggests that should the Equality Act should become law, it could improve the health and well-being of LGBT people in the United States and reduce health disparities related to sexual orientation and gender identity.
2. I am a Distinguished Senior Scholar of Public Policy at the Williams Institute at UCLA School of Law. I am also Adjunct Professor of Community Health Sciences at the Fielding School of Public Health at UCLA and a Professor Emeritus of Sociomedical Sciences at Columbia University's Mailman School of Public Health.
3. For over 25 years I have been studying the impact of prejudice and stigma on the health and well-being of LGBT people. I developed a model of minority stress that describes the relationship of social stressors and physical and mental disorders and helps to explain LGBT health disparities¹. The model has guided my and other investigators' population research on LGBT health disparities by identifying the mechanisms by which social stressors impact health and describing the harm to LGBT people from prejudice and stigma.² I am also currently Principal Investigator of two National Institutes of Health-funded studies, examining stress, identity, health, and health care utilization in LGBT populations.
4. Growing research over the past 25 years, using a variety of methodologies, has consistently demonstrated in various population of LGBT people that they are subject to greater stigma, prejudice, and discrimination than heterosexual cisgender people.³ Research has further shown that stress resulting from stigma, prejudice, and discrimination—including

¹ 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.

² Institute of Medicine [IOM]. (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. Washington, DC: The National Academies Press.

³ 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.

discrimination in employment—is associated with adverse physical and mental health outcomes and the observed health disparities between LGBT and heterosexual cisgender people.⁴ The federal government, in Healthy People 2020, determined that reducing health disparities is a core goal for the Department of Health and Human Services. The document notes specifically that “Social determinants affecting the health of LGBT individuals largely relate to oppression and discrimination.” Identifying specifically, among other things, “Legal discrimination in access to health insurance, employment, housing, marriage, adoption, and retirement benefits.”⁵

5. In a recently conducted study my colleagues and I found evidence of this continued exposure to discrimination. The study gathered data from cisgender heterosexuals and cisgender lesbians, gay men, and bisexuals in a sample that is representative of the United States population. Gallup, Inc., collected the data in contract with UCLA. Data were gathered at two times in February and November 2018 from a sample of 1,131 people. The sample was a nationally representative study of United States residents who were age 18 and over. The study was fielded via mail using an address-based sample (ABS) design. Results (Table 1) show that compared with heterosexuals, LGB people are significantly more likely to have been fired from a job or denied a job, denied a promotion or received a negative evaluation, prevented by a landlord or realtor from moving into or buying a house or apartment, and many more LGB than heterosexuals were often bullied before age 18.

⁴ Citations, partial list:

- Bockting, W.O., Miner, M.H., Swinburne Romine, R.E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health, 103*(5), 943-951.
- Cochran, S. D., & Mays, V. M. (2000). Lifetime prevalence of suicide symptoms and affective disorders among men reporting same-sex sexual partners: results from NHANES III. *American Journal of Public Health, 90*(4), 573-578.
- 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.
- Frost, D. M., Lehavot, K., & Meyer, I. H. (2013). Minority stress and physical health among sexual minority individuals. *Journal of Behavioral Medicine, 38*(1), 1-8. doi:10.1007/s10865-013-9523-8
- 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.
- 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.
- Herek, G. M., & Garnets, L. D. (2007). Sexual orientation and mental health. *Annual Review of 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.
- Huebner, D. M., & Davis, M. C. (2007). Perceived antigay discrimination and physical health outcomes. *Health Psychology, 26*(5), 627.
- 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.

⁵ <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>. Accessed April 1, 2019.

Table 1. Cisgender heterosexual and LGB in total U.S. probability sample (N = 1,110), 2018, Data shows weighted percent			
	Cisgender heterosexuals	Cisgender LGB people	Statistics
Fired from a job or denied a job	40%	60%	F = 8.44, p = 0.004
Denied a promotion or received a negative evaluation	32%	47%	F = 5.80, p = 0.016
Prevented by a landlord or realtor from moving into or buying a house or apartment	6%	15%	F = 5.85, p = 0.016
<i>Often</i> bullied before age 18	14%	41%	F = 28.28, p < 0.001

6. This study's results, together with accumulating evidence from other varied sources, suggest that despite some improvement in social conditions, such as greater public acceptance and the availability of marriage to same-sex partners, LGBT people continue to be subject to discrimination and are therefore at risk for the adverse mental and physical health impact of such discrimination.
7. Studies in the United States and Europe have also shown that when LGB people receive legal protections and other measures of improved social conditions, their health improves. For example, researchers assessed the impact of several laws protecting LGB people against discrimination based on sexual orientation in Sweden.⁶ Particularly relevant here is the protection of sexual minorities from discrimination in the workplace.⁷ Using health data for 2005, 2010, and 2015, from a nation-wide representative sample, the researchers found that psychological distress has declined among lesbians and gay men, and that "the sexual orientation disparity (gay men/lesbians vs. heterosexuals) in psychological distress was eliminated."

Sincerely,



Ilan H. Meyer, Ph.D.

⁶ Hatzenbuehler, M. L., Bränström, R., & Pachankis, J. E. (2018). Societal-level explanations for reductions in sexual orientation mental health disparities: Results from a ten-year, population-based study in Sweden. *Stigma and Health*, 3(1), 16-26. <http://dx.doi.org/10.1037/sah0000066>.

⁷ Swedish Code of Statutes: Law (1999:133) prohibiting employment discrimination based on sexual orientation (1999).