IFMSA Policy Statement
Discrimination & Hate Crimes

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Summary
The IFMSA strongly stands against all forms of violence and crime, especially out of discrimination. Race, ethnicity, religion, sexual orientation and gender are some reasons of discrimination. We strongly believe that although there have been massive leaps in fighting discrimination and hate crimes, further actions must be taken.

It is imperative that the global community stands with the principles of the Universal Declaration of Human Rights and ensures equality to all people regardless, race, ethnicity, religion or other status. The IFMSA believes that all medical students carry morals and values in standing against racial, religious, ethnic and other population discriminations.

Introduction
A significant amount of people is discriminated because of their sex, race, sexual orientation, religion and ethnicity; and become victims of criminal actions because of their choice to live in freedom. The main purpose of this Policy Statement is to draw attention to those Human Rights infringements and ask for solidarity towards freedom of choice in terms of racial, ethnic, religious, sexual and gender traits for every human being.

Discrimination is “any distinction, exclusion, restriction or preference which is based on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status, and which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise by all persons, on an equal footing, of all rights and freedoms” [1]. There are several kinds of discrimination such as personally-mediated, institutionalized, and internalized discrimination [2].

Hate crime is defined by the Anti-Defamation League (ADL) to be "any crime committed because of the victim's actual or perceived race, color, religion, ancestry, national origin, disability, gender [male or female] or sexual orientation."[3]

The word ‘perceived’ is important to note, as hate crimes can be committed based solely on the incorrect interpretation of someone’s characteristics.

Hate crimes, compared to other violent crimes, have a broader impact on victims and communities because they target people for core aspects of identity. People who are victims of hate crimes are at greater risk of psychic suffering and tend to have severe
and long lasting negative effects on both the victim and the community to which the victim belongs. [4]

Hate crimes become a threat to the community in which the victim is inserted, as the crime committed reaches a central identity (race, ethnicity, religion, gender or sexual orientation) may feel less safe after a group member suffer any abuse or violence. [4]

Discrimination and hate crimes can impact health in many ways:
- Direct impact (mortality, and physical and mental health consequences);
- Poor access to healthcare services, leading to increasing morbidity and disease;
- Social determinants of health;
- Human rights violation;

1. Race
The term racism has been evolving over the centuries as a result of a process of social construction. Racism is to be found in all parts of the world. It is present in the workplace, in education, in health care and in the courts. It is to be found in the media and the Internet. It is often present in the stereotypes minority groups hold of majorities as well. Racism must be understood as a global phenomenon that requires a response on an international level. Societies are becoming increasingly multicultural, so the reduction of racial inequality should be a global commitment. [5]

The perverse racial selectivity of homicides by firearms is a growing trend. In Brazil the homicide rate by firearms on Caucasian people fall 23%: 14,5 in 2003 to 11,8 per 100 thousand people white skin in 2012; while the African Americans homicide rate increased 14.1%, from 24,9 to 28,5 per 100 thousand black skin. With this differential, the African Americans victimization of the country, which in 2003 was 72.5% in a few years doubles. Therefore, the African Americas people died 2.5 times more than Caucasian people victimized by firearm. [6]

2. Ethnicity

To be able to advocate against ethnic discrimination, it is important to differentiate ethnicity from race. Race is a social construct created during the process of colonization as an instrument of domination and supremacy over conquered peoples [7]. On the other hand, the concept of ethnicity is constructed by a group through their diverse characteristics, such as culture, language and religion [8]. Defined as an act or omission that leads to differential treatment of a person or a group of people who belong to a certain ethnic group, ethnic discrimination is an increasing tendency in a world with social gaps [9].

The Rwandan Genocide of 1994 was a truly traumatic and horrifying event. It was one of the most brutal acts of murder ever committed. A recent report has estimated the number to be close to 2 million. [10]
3. Religion

Religious discrimination involves treating a person unfavorably because of his or her religious beliefs. Nowadays, the main problem regarding religious discrimination is the fact that, in most countries, governments do not control religion through law or restriction. Thus, discrimination regarding this human status is linked to societal restriction efforts. However, despite the declining of the governmental restrictions, there is a huge increase in the societal discrimination, as society won’t always accept a religion with beliefs different from the majority. [12]

The study conducted by Pew Center regarding religion discrimination revealed that incidents of abuse targeting religious minorities were reported in 47% of countries in 2012, up from 38% in 2011 and 24% in 2007. Also, the study revealed that a third (33%) of the 198 countries and territories included in the study had high religious hostilities in 2012, up from 29% in 2011 and 20% as of mid 2007 [12].

4. Sexual Orientation and Gender

Hate crimes towards sexual orientation and gender identity are related to cultural and social factors. Taking into consideration IFMSA’s policy statements on "Ending Discrimination to Better Health of Lesbian, Gay, Bisexual and Transgender individuals" [12] and “Gender Equity” [13], the IFMSA encourage medical students and professional as educators to prevent and fight against hate crimes and discrimination related to sexual orientation and gender identity within public and private health systems.

Moreover, there are also data regarding discrimination and hate crimes against women:

- Nearly 1 in 5 women reported experiencing rape during their lives and 13% of women reported experiencing sexual coercion during their lives. [14]

- In most countries, female representation in politics is less than expected according to the proportion of the population. In Brazilian’s senate, the percentage is only 16% while in the UK, it is 24.1%. [15]

- In Brazil, it is estimated that 15.52 women are killed per day in crimes motivated by hate. Most of these homicides happen inside their houses and are committed by their husbands. [16]


- In 2008, a YouGov survey commissioned by Stonewall found that 20% of lesbian and gay people in Britain have been a victim of one or more homophobic hate crimes or incidents in the previous 3 years [17]

- 75% did not report them to the police. Only 6% per cent reported them to third parties. 70% did not report hate crimes or incidents to [17]
Main text

IFMSA’s Stance
The IFMSA believes that:

1. Preventing all forms of discrimination should be a priority and responsibility of global community, medical professionals and states.
2. We should advocate for further request governments and law enforcement to increase precautions to protect minority groups, and to avoid all forms of discrimination towards them.
3. The reduction of racial inequality should be a global commitment, therefore active actions should be taken on all society levels to prevent all forms of racial discrimination.
4. Discrimination based on ethnic group leads to unequal access to human rights, sanitary conditions, educational systems and lifestyles.
5. The religion discrimination present in societies is reflected on health care systems which leads to health care accessibility discrimination.
6. All actions that that undervalue women should be repudiated in society and undermine their participation in politics, education, health and public life in general.
7. We should not accept any kind of violence against women, including not only physical and sexual harassment, but also verbal, psychological and moral aggressions.
8. Understand that gender identity intersects with other identities, such as sexuality, and consider that women hold plural identities and so will have different needs.
9. Reaffirms that every medical professional has the right to have their own beliefs and ethics and the freedom to act accordingly. However, when practicing, their first responsibility is to assure that the best possible care for their patients.
10. On a personal level, each of us can demonstrate our commitment to human rights and its central message that we are all equal in rights and human dignity, and all unique in our attributes and personality.

The General Assembly of IFMSA calls for

1. **Global community to:**
   1. Assure that medical professionals are not persecuted for the ideology, ethnicity or religion of their patients.
   2. Draw attention to Article three of the Universal Declaration of Human Rights “Everyone has the right to life, liberty and security of person.”
   3. Strongly condemn all forms of discrimination and hate crimes including, but not limited to: Vandalism, theft, violence and harassment.
   4. Support all actions taken in order to protect victims of discrimination from all forms of crime.
   5. Relieve Medical professionals of their civil duty to report those who don’t act accordingly to medical ethics, as long as this doesn’t represent a threat to the patient or others.
2. Medical professionals to:
   1. Provide the highest quality of care to every patient regardless of race, ethnicity, religion and sexual orientation.
   2. Remain politically neutral when practicing.
   3. Provide medical services to underserved populations avoiding racial, religious, and ethnic discrimination.
   4. Educate themselves in the language, culture and ethics of minorities in their countries.
   5. Understand the social and health factors that can make women more vulnerable in our current society;
   6. Empower those women and respect their wishes concerning healthcare in general.
   7. Offer healthcare according to the ethical rules our profession stands on, not judging the patients nor exposing our moral beliefs.

3. States to:
   1. Have an active role in preventing theories or racist ideas.
   2. Promote education aimed at tolerance and mutual understanding, ensuring racial and gender equality as a strategic dimension and element of public planning.
   3. Legislate the principle of non-discrimination rules on how we should behave. Such rules are initially designed to offer legally binding protections and also redress for those victims of discrimination.

References