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World Zero Discrimination Day: Equality Makes Us Healthier

Darius Longarino, Lu Haina: Discrimination hinders the provision of medical services and public health education. Therefore, discrimination is not just an individual human rights problem, it is also an important public health problem.

Four years ago in Beijing, UNAIDS, along with the China Red Ribbon Foundation, several Chinese enterprises, China Central Television and other media, and Chinese and foreign celebrities, together declared the first [Zero Discrimination Day](#). Since then, every March 1, the United Nations makes the call “to people everywhere to promote and celebrate everyone’s right to live a full life with dignity—no matter what they look like, where they come from or whom they love.” During last year’s Zero Discrimination Day, Michel Sidibé, Executive Director of UNAIDS, [noted](#) “Discrimination doesn’t just hurt individuals, it hurts everyone, whereas welcoming and embracing diversity in all its forms brings benefits for all.”

In addition to the United Nations’ mission to support the dignity and equality of all people, UNAIDS is concerned with the problem of discrimination because many years of research shows that discrimination does not just affect the mental and physical health of the person discriminated against, it also hinders the provision of medical services and public health education. Therefore, discrimination is not just an individual human rights problem, it is also an important public health problem.

A prime example is the negative impact discrimination has on HIV prevention work. Last year, Luiz Loures, Deputy Director of UNAIDS told *Deutsche Welle* in an [interview](#), “AIDS spreads most quickly wherever people are being discriminated against.” For example, Russia is an upper-middle income country, from a technological and financial point of view, it has the ability to [control](#) the spread of HIV. However, according to UNAIDS [data](#), in 2015, Russia had the third highest HIV infection rate in the world, only behind Nigeria and South Africa. HIV experts believe the primary cause lays with the severe discrimination and stigma in Russia toward people living with HIV/AIDS. For example, the Russian government [ostracizes](#) injection drug users, and thus refuses to provide methadone treatment, needle exchange services, or counseling services. Also, the Russian government is [worried](#) about encouraging “immoral behavior”, so it [resists](#) providing sex education. This has led to a relatively [low](#) rate of condom usage among young people, and has even allowed the [rumor](#) that “HIV does not exist” to spread unchecked. Some people believe HIV is just a [myth](#) created by drug manufacturers to increase sales.

Additionally, discrimination toward sexual minorities in Russia and Eastern Europe is very serious, which has created great difficulties for HIV prevention work. In 2015, researchers from universities, institutes, and government departments from Germany, Switzerland, Norway, the United States, and the United Kingdom, conducted a survey of over 180,000 people in 38 European countries. The results were that in countries with high levels of discrimination against gay people (for instance, Russia and Ukraine), men who have sex with men had “higher odds of sexual risk behaviour, unmet prevention needs, not using testing services, and not discussing

their sexuality in testing services.” Social pressure made men conceal their real situation, which made it more difficult for them to obtain accurate information. Men in these countries have even reported that they were worried that medical staff would ridicule them or leak their private information. According to the 2017 [World AIDS Day Fact Sheet](#), from 2010 to 2016, new HIV infections in Eastern Europe and Central Asia rose by 60%.

In the United States, discrimination is also worsening the spread of HIV. The United States is high-income country, its civil society organizations are active in HIV prevention work, and LGBT rights have attained a certain level of protection in law. [According](#) to the US Center for Disease Control, the annual HIV new infection rate between 2010 and 2014 decreased by approximately 10%. However, for some of the most vulnerable groups, the annual new infection rate is still increasing. This is especially true in the more conservative southern United States, where African-American sexual minority men face [double discrimination](#), because of their sexual orientation and their race. Under social pressure and stigma, they face the same problems faced by Russian sexual minority men: trouble accessing information, support, and medical services. According to US Center for Disease Control’s 2016 [calculations](#), if the current rate of infection continues, half of African-American sexual minority men will become infected with the virus in their lifetime. Despite this, after taking office, Trump has recommended drastically [reducing](#) the budget for HIV prevention work, has [liquidated](#) the Presidential Advisory Council on HIV/AIDS, and has [opposed](#) legal and policy protections for LGBT people. Afraid of opposition from Trump, the US Department of Health and Human Services [removed](#) words such as “diversity” and “vulnerable groups” from its budget applications. If Trump continues to ignore HIV prevention and further encourage discrimination and stigmatization toward minorities, the United States can easily regress, and faces the risk of an outbreak of HIV.

In comparison, China’s Center for Disease Control is increasingly concerned with the harm discrimination poses for HIV prevention work. In 2017, in a research report done by Center for Disease Control’s headquarters and six provincial offices [stated](#), “First and foremost, HIV prevention intervention should go beyond merely condom promotion and HIV test promotion to sensitively address issues of stigma towards the gay community.” On the practical level, China’s Center for Disease Control has many educational, testing, and research cooperative projects with gay men’s civil society organizations and the gay men’s social networking app [Blued](#). Nevertheless, the current situation in China does not make one optimistic, and there is a long way to go for HIV prevention work. Instances of HIV-related discrimination appear all over, one after another, and discrimination by public health departments is especially concerning. In 2017, Central South University’s Xiangya Hospital surveyed 361 young medical staff in the hospital and found that [87%](#) of them opposed same-sex sex. A Center for Disease Control office in Yanhu District of Yancheng City in Shanxi province made a local school post on its bulletin board a sign that read, “[Reasonably Choose Your Friends, Say ‘NO’ to Gay!](#)” As can be seen, discriminatory behavior is very common, and the need is clear for providing training on gender pluralism and anti-discrimination training to medical and Center for Disease Control staff. In addition, although Chinese law has anti-discrimination [provisions](#), and regulations prohibiting discrimination against people with HIV have come out, the effectiveness of the implementation has not been good. For those who have been discriminated against, the cost for seeking legal assistance is high, the rate of success is low, and the monetary awards are disproportionately small compared to the harm done. Although anti-discrimination law cannot completely eradicate

discrimination, enacting more effective laws and strengthening implementation could still have an important social advocacy role. It can help reduce discrimination and help protect the rights and interests of minority groups.

Of course, discrimination first and foremost affects a person's physical and mental health, especially for young people. Discrimination and stigmatization has caused LGBT people to suffer depression, anxiety, and suicide ideation at rates several times [higher](#) than non-LGBT people. At the same time, research shows that laws and policies that support LGBT people have a positive impact. A 2013–2014 study done by Columbia, Northwestern, and other universities and research institutes found that sexual minority high school students in school districts with supportive policies and resources for sexual minority students had a significantly lower rate of suicide ideation than sexual minority high school students in districts that did not have supportive policies or resources. Supportive policies and resources included regulations that clearly [prohibited bullying](#) and discrimination based on sexual orientation, [Gay-Straight Alliances](#), and other such measures. A series of related research makes clear: whether it is [marriage equality](#), [support for transgender people](#), or other policies that ease pressure on LGBT people in the social environment, they all benefit health.

We have already discussed law and policies, but we cannot ignore society's most basic unit: the family. The attitude of parents toward their LGBT children is of utmost importance. This importance can even be seen at the level of molecular biology. A 2014 study [found](#) that when confronted with stress, sexual minority youth with supportive parents had lower levels of cortisol (i.e., our bodies' "stress hormone") than sexual minority youth whose parents were not supportive. In order to help parents of LGBT children, we should provide more support and opportunities to learn. The domestic civil society organization [PFLAG's](#) peer education model of parents teaching parents is a good example.

World Zero Discrimination Day is a reminder that makes us reflect on how every person, every school, every hospital, and every workplace can take action to help end discrimination, and help make our world healthier. These actions do not require advanced technology or great expense. What is most important is for society to cohere around a message: “We are a community, and I support you.”

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