



## Stigmatizing the already stigmatized: Destigmatization of the LGBT+ Community as a solution for COVID-19

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### Abstract

Stigma attached to the LGBT+ community is historically rooted, as demonstrated by the AIDS epidemic in the 1980s. Yet, little is known about the role of sexuality in individuals' experiences with the current COVID-19 pandemic, especially in dealing with State responses to the outbreak. Using South Korea as a case study, this article examines how the LGBT+ community has become scapegoats and become even more excluded from the healthcare system during the current crisis than they were before. Drawing on queer, feminist, and stigma theories, this article argues that structural destigmatization can be a short-term, as well as a long-term solution for health emergencies. It offers important implications for states and societies for how to more efficiently and effectively prevent future outbreaks and protect the health and wellbeing of marginalized groups.

Keywords: COVID-19, stigma, sexuality, intersectionality

### Introduction

In May 2020, just when South Korea thought it had overcome the COVID-19 crisis after months of efforts, another cluster of cases broke out. The panic started with the positive test of a young South Korean man who partied in Itaewon<sup>2</sup> and exposed at least 1,500 people to the virus.<sup>3</sup> While an individual contraction was not newsworthy, his visit to a gay club brought him and other members of the LGBT+ community under the spotlight. Although heterosexual people elsewhere also contracted the virus, LGBT+ individuals were perceived as deviant and drew criticism and hatred in popular discourse.

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<sup>2</sup> Seoul's popular nightlife district.

<sup>3</sup> See more details at <http://www.koreaherald.com/view.php?ud=20200508000751>

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Drawing from feminist, queer, and stigma theories, I examine how LGBT+ individuals become a threat to national success in managing the virus. Investigating these historically marginalized groups' experiences allows us to understand the impact of stigma. Using South Korea as a case study, I argue that the stigmatization of the LGBT+ community suggests who is a legitimate citizen and what is legitimate sex. I also contend that stigma prevents an effective response to the pandemic, such that LGBT+ people are excluded from healthcare responses and policies. Therefore, I call for systematic destigmatization by removing LGBT+ individuals from any associations of negative traits and behavior in any element of a society. Destigmatization, when accounting for intersectionality, could have a positive impact on overcoming not just the pandemic but also systematic injustice in the long term. This article offers implications for civil societies and policymakers to destigmatize as a strategy to stop the outbreak.

### **Health-related stigma and nationhood**

Stigma is a social process that (re)produces power relations and dominance by out-casting those who challenge the status quo and break the social order, such as heteronormativity (Goffman 2009). Such power struggles are entangled with historical injustice (Tyler 2020) and are fundamental causes of inequalities. Those who are stigmatized have limited access to resources and opportunities (Link and Phelan 2001). Exclusion also happens on the basis of various axes of identity (Scambler 2006) and can be the most severe for individuals with multiple oppressed identities. Unlike race and gender, sexuality is not always visible and often needs to be claimed. That is, sexuality is not necessarily the demographic commonality that constitutes a group as queer but rather politicized and envisioned, making this collective identity possible (Duong 2012). Because it requires a proactive effort to claim and reveal one's sexual identity, homosexuality can be hidden and underrepresented. The low visibility makes LGBT+ individuals' lives mysterious, leading to further devaluation of their status. Experiences with dehumanization – being deprived of human quality and dignity and being seen as an object – motivate LGBT+ people to hide their identities as invisibility gives them the privilege to determine how and when to reveal their identities (Orne 2011).

Nonetheless, when the most effective way to control a virus is tracing patients and those with whom they have come in contact, LGBT+ people's management of identity becomes problematic. In the current pandemic, many states require honesty about people's whereabouts and contacts. Yet, such mandated transparency of location encourages stigma and consequently affects the health and safety of LGBT+ people. For example, healthcare professionals are found to hold implicit biases (Sekoni et al. 2017), such as the misassumption that LGBT+ individuals have multiple partners without practicing safe sex. These stereotypes may prompt medical professionals to provide unequal medical treatments, which in turn discourages individuals from seeking medical help, which is crucial as a stop to the outbreak relies on widely testing. Stigma



therefore works against the effectiveness of tracing, as the already stigmatized are vulnerable to further marginalization should their identities be revealed.

Moreover, the stigmatization of the LGBT+ community does not only speak to individual experiences. Their existence threatens nationhood – the collective identity and pride that citizens take in their nation. Especially in a time when death rates are reported world-wide daily, nations enter a competition with one another for the best in handling the crisis and for the earliest in returning to normalcy. As nations exhaust their means to control the outbreak, very few realize that stigma is counter-productive to the fight against COVID-19. As transparency is crucial, it cannot happen unless the stigmatized are destigmatized.

### **South Korea: Scapegoating the LGBT+ community**

The South Korean government tried to control the outbreak that resulted in May; however, tracing LGBT+ individuals was difficult. Some who visited Itaewon left fake contact information and were reluctant to admit that they visited gay clubs that night. Many feared the lack of anonymity and thus did not report themselves. Public opinion blamed these people for irresponsible partying and for ruining the nation's setback and success in combatting COVID-19. Such scapegoating implies the type of sexual behavior that is legitimate and the type of person that is a good citizen. LGBT+ people experience scrutiny and violence as they are seen as threats to nations that aim to come ahead in the COVID-19 game.

Although being LGBT+ is not illegal in South Korea, LGBT+ individuals still face many barriers in society. These barriers are rooted in the historical biases against and exclusion of the community, which has prompted individuals' reluctance to reveal their sexual identity. Sexuality is still a sensitive topic. The LGBT+ community is still accused of spreading AIDS, a narrative propagated by the Korean Protestant right (Kim 2016). The surging fear has also made efforts to promote gay rights almost impossible (Bong 2008). LGBT+ rights are limited as same-sex partnership is not recognized. Public opinion data also shows that less than 30% of South Koreans support gay marriage (Brewer 2014). Comprehensive anti-discrimination legislation also does not exist (Chase 2012). Anal sex between military personnel, who largely are mandatorily conscripted, is also prohibited and can lead to the prosecution and prison-time for LGBT+ individuals.

Such discrimination and prejudice have made self-isolation and lockdown especially difficult for LGBT+ individuals because they may not be able to interact with their romantic partners with whom they are unlikely to cohabitate. Private space is also not an option as many live with their parents who lack the knowledge of their sexuality. Consequently, a need for gay clubs exists as they provide a haven for LGBT+ people in South Korea. Gay clubs are a socially produced 'field of power' where LGBT+ people share a common identity and occupy similar (marginalized)



positions. The hegemonic surveillance during the pandemic defines where LGBT+ people can be, furthering exclusion from public spaces (Mageo and Knauft 2002).

Despite dating apps, queer parades, and events that cater for the community, LGBT+ people were still the scapegoat for the second outbreak of COVID-19. The backlash against LGBT+ people prompted their hesitation to cooperate, which furthered the stigmatization of the community. Moreover, some members of the LGBT+ community also condemned those who visited night clubs during this time. Such internalization of stigma divided the community into the ‘good gays’ and the ‘bad gays’. The ‘good gays’ prioritized national health whereas the ‘bad gays’ chose to have fun. As a minority, society already scrutinizes the behaviour of the LGBT+ community. Because the acceptance and status are difficult to obtain, the ‘good gays’ strive to ensure that the reputation of the group is not damaged. Nevertheless, this dichotomy results in ‘othering’ among the already marginalized, which in turn leads many LGBT+ individuals to internalize heterosexism. The stigmatization also prevents the LGBT+ community from acting collectively to refuse the cultural codes imposed upon their bodies and to challenge the subjugation of LGBT+ people (Poon and Ho 2008), making the road to destigmatization harder.

### **Destigmatization as a solution for health emergencies**

When LGBT+ people suffer from stigmatization, they will want to conceal their identities. However, hidden identities work against a system in which transparency helps prevent further infections. Through preserving their real identity, LGBT+ people can pass as ‘normal’ and be accepted. Although many LGBT+ people may have already been destigmatized by masking and assimilating into heteronormativity and sexual purity, such identity management is not effective in protecting the health interests of everyone and does not offer a long-term solution.

Multiple ways to destigmatize exist; nonetheless, they all require structural changes. For instance, stigmatized groups must be redefined in a way that they are no longer perceived as deviant. Their sexual presence and behavior must be normalized; such normalization could be taught through an education curriculum that aims to be inclusive. Only when children grow up without heterosexuality being the hegemonic discourse can the LGBT+ community no longer be othered, blamed and shamed. In addition, structural destigmatization must also involve new constructions of positive traits of the marginalized community. These new constructions must be credible and change existing cultural ideologies that inhibit inclusion (Clair et al. 2016).

Furthermore, structural changes must be made at the policy level to include the marginalized. LGBT+ people constantly face the fear of employment insecurity. In a pandemic where many experience financial constraints, they must be protected from losing their jobs and from working in unsafe environments. Anonymity is perhaps more relevant to LGBT+ individuals than to other groups of people. Governments must have a transparent and strict policy regarding how long



they would keep the data they have gathered when they trace potential patients. A harsher penalty must also be in place for anyone who spreads misinformation about COVID-19, such as accusations of LGBT+ people being ‘super spreaders’.

Most importantly, responses to the pandemic must consider the complex vulnerabilities of LGBT+ people. They also must recognize that the LGBT+ community is not homogeneous and that their collective identity is not based on essentialized identities, such as race and gender but rather is normatively envisioned. Not only do their multiple identities intersect in shaping their experiences with various forms of oppression, but they also need special attention in order to achieve comprehensive justice (Duong 2012). For example, since Black transwomxn are very vulnerable to violence, poverty, and depression, they could be severely affected if they contracted COVID-19. Only when health measures are inclusive of all marginalized groups’ various needs does the government signal to the public that no one group is dominant over another and lead to an adequate political response.

Equal legal treatments allow structural stigma to shift as they normalize the belief that LGBT+ individuals are legitimate members of community. Systematic destigmatization acknowledges the unequal distribution of power and leads by example that the marginalized can and should be included. Inclusion enables transparency, which further helps states systematically control health emergencies. The stigma machine must be broken so that the marginalized no longer are infused with oppression and that the wellbeing of a society can collectively be achieved (Tyler 2020).

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