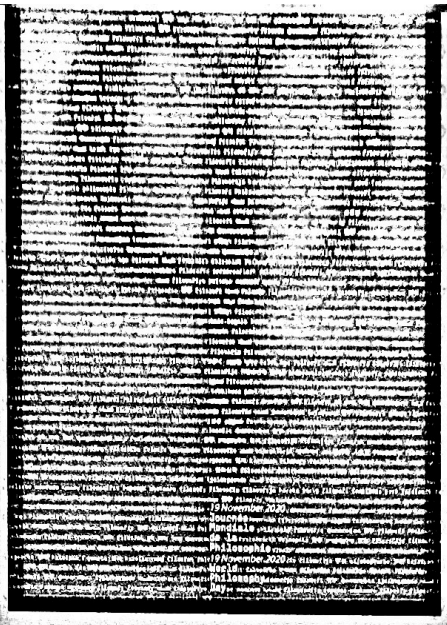

বিশ্ব দর্শন দিবস ২০২০

World Philosophy Day 2020

Department of Philosophy

Dev Centre for Philosophical Studies

Centre for Moral Development &

Philosophy Department Alumni Association

University of Dhaka

বিশ্ব দর্শন দিবস ২০২০, ১৯ নভেম্বর

স্মরণিকা

দর্শন বিভাগ, গোবিন্দ দেব দর্শন গবেষণা কেন্দ্র, নৈতিক উন্নয়ন কেন্দ্র ও দর্শন বিভাগ
অ্যালামনাই অ্যাসোসিয়েশন, ঢাকা বিশ্ববিদ্যালয়

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Discrimination, Social Stigma, and COVID-19

Kazi A S M Nurul Huda*

Introduction

The Novel Coronavirus (SARS-CoV-2) was first detected in December 2019 in the Wuhan Province of China.[1] *Officially*, the presence of this virus in Bangladesh was first confirmed on March 7, 2020.[2] Its associated disease (COVID-19), due to the existing discriminatory practices in health and other sectors, creates a sense of fear and anxiety about life in many people's minds worldwide.[3] As a result, they often stigmatize those who carry the SARS-CoV-2 virus.[4] This paper focuses on an issue along this line of thought. To be precise, in this paper, I argue that a society already torn by various levels of discrimination is a breeding ground of social stigma setting off more discriminations. To this end, I divide the paper into two sections: the first section is theoretical, and the second more of an applied sort. The first section, drawing on the existing literature, offers an account of the standard understanding of social stigma, albeit very briefly and often hurriedly because of the space constraint. The last section exemplifies, again very succinctly and hastily, how discrimination and COVID-19 related stigmas help each other grow in Bangladesh. I end up this paper with an account of the connection between social stigma and discrimination that I believe is comprehensive, but still in need of more explanation.

Social Stigma

Stigma may be seen as establishing a relationship between an attribute to a negative stereo type as a result of which this attribute is considered "deeply discrediting."[5] Possessor of the attribute is considered less desirable and "quite thoroughly bad, or dangerous, or weak."[6] Social stigma exists when the following five elements coexist: "labeling, stereotyping, separation, status loss, and discrimination occur together in a power situation that allows them."[7]

One of our common societal practices or customs is to distinguish one thing from the other and label it accordingly. It forces us to determine norms that dictate how to carry out the practice of social selection of human differences. However, all societies have this practice of labeling but they vary in what is labeled as bad or good because economic, cultural, and political conditions vary according to time and place. Following the common practice of valuation, labeled differences are often associated with negative stereotypes automatically.[8]

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1 *Ahsan et al. (2020).*
2 *Shammi et al. (2020: 2).*
3 *Ahorsu et al. (2020); Mahmud and Islam (2020).*
4 *Shammi et al. (2020: 3).*
5 *Goffman (1963: 3).*
6 *Goffman (1963: 3).*
7 *Link and Phelan (2001: 377).*
8 *Link and Phelan (2001: 369).*

The persons who have "perceived undesirable attributes,"[9] such as disability, disease, being black, etc. are considered different from 'us' and they are not "really human." Because of this process of otherization, a 'different' person is "reduced in our minds from a whole and usual person to a tainted, discounted one."[10] Due to this dehumanization, "a labeled person experiences status loss and discrimination"[11] The social response to this unwanted discrepancy is *stigmatization*[12] because of which the stigmatized person suffers from "spoiled identity."[13] It "has the effect of cutting him off from society and from himself so that he stands a discredited person facing an unaccepting world."[14] Stigmatized persons, thus, are inherently disadvantaged with regards to life chances such as income, education, well-being, etc. The first inevitable consequence of successful negative labeling and stereotyping is a status loss which is "a general downward placement of a person in a status hierarchy."[15] It occurs when "[t]he person is connected to undesirable characteristics that his or her status in the eyes of the stigmatizer."[16] However, stigma does not occur without the presence of power, be it social, economic, and political.The importance of power is clear in the following quote,

> The essential role of power is clear in situations where low-power groups attempt a reverse stigmatisation. For example, patients being treated for mental illness may label their clinicians as pill pushers – a cold, paternalistic, and arrogant "them" to be despised and avoided. Nevertheless, the patients lack the social, cultural, economic, and political power to translate their negativity into any significant consequences for the staff. The staff, in such circumstances, are hardly a stigmatised group.[17]

Causal Loop between Discrimination and COVID-19 Related Stigmas

During the COVID-19 pandemic, many people stigmatize COVID-19 patients and their families in Bangladesh.[18] In the rest of the paper, I explain that there is a causal loop between discrimination and COVID-19 related stigmas in Bangladesh.

Why do we stigmatize COVID-19 patients and their families? Bangladesh is a land of scarce resources in many respects of our daily life. The healthcare sector is possibly one of the most important areas where the gap between the supply and demand for resources is wide and distinct.[19] It leads to various discriminatory practices in this sector which are intensified and vividly exposed during the COVID-19 pandemic.[20] Due to discriminations they experience, people become skeptical about whether they will get treatment once they get infected by the

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[9] *Green (2009: 20).*
[10] *Goffman (1963: 3).*
[11] *Link and Phelan (2001: 370).*
[12] *Solanke (2017: 25).*
[13] *Goffman (1963: 19).*
[14] *Goffman (1963: 19).*
[15] *Link and Phelan (2001: 371).*
[16] *Link and Phelan (2001: 371).*
[17] *Link and Phelan (2006: 528).*
[18] *Shammi et al. (2020: 3).*
[19] *See, for example, Al-Zaman (2020: 1); Hossain (2020: 2); Shammi et al. (2020: 2-3).*
[20] *Al-Zaman (2020: 1); Hossain (2020: 2).*

SARS-CoV-2 virus responsible for COVID-19 disease.[21] This skepticism about the healthcare sector may grow in them a sense of fear and anxiety about their life for which whenever they see victims of COVID-19,[22] they automatically become aware of them, and label them as life-endangering objects. The internalization of the reason for avoidance is done through establishing an association between labeling and negative stereotype of the COVID-19 patients as dangerous. The automatic association between labeling the COVID-19 victims as a threat to life and stereotyping them as dangerous makes people aware of what they must do to them. Since the COVID-19 victims carry an undesirable and dangerous attribute, they are to be avoided. This realization prompts many non-carriers of the virus to otherize the carriers by saying that the latter is 'different' from the former.

Once the COVID-19 victims are otherized and identified as dangerous and different, people become motivated to treat them differently. When we can show that something is different from us, we no longer feel uncomfortable treating it differently. Being different from someone not infected by the SARS-CoV-2 virus, the virus non-carriers are motivated to treat the carriers differently. As a result, the victims of this virus are dehumanized and experience status loss and discrimination. Many instances of such status loss and discrimination during the COVID-19 pandemic in Bangladesh have been reported in national dailies and television channels. They testify to my claim that the COVID-19 victims lose their status and fall prey to discrimination to the extent that in Bangladesh, they enjoy disadvantages with respect to their well-being and treatment by having less access to various resources and facilities related to healthcare and others.[23] For example, there are many instances reported in many national dailies of Bangladesh that many house owners and apartment managing committees prohibit tenants and residents who are the COVID-19 victims and doctors from entering their houses and apartments.[24] This is an example of discrimination at the individual level.[25] But various instances of structural discrimination are also reported.[26] For example, the government creates the VIP quota for COVID-19 treatment.[27] Also, it is almost impossible for many to get an ICU bed in public hospitals if they do not have a connection with powerful people as the number of ICU beds across the country is very insufficient.[28] Various accounts also show that many doctors and hospitals decline to treat COVID-19 patients.[29] A story was published in various newspapers that a mother was left by her children in a jungle once she was identified with the COVID-19 symptoms.[30] These confirm the presence of internalized discrimination in

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[21] *Hossain (2020: 3-4).*
[22] *Ahorsu et al. (2020); Mahmud and Islam (2020).*
[23] *Hossain (2020: 3).*
[24] *Mahmud and Islam (2020).*
[25] *Discrimination at the individual level occurs when an individual experiences direct or overt discrimination from others: "being treated with less regard because of the 'mark' resulting in the experience of social inequalities in individual life circumstances" (Solanke 2017: 33).*
[26] *Structural discrimination arises from "accumulated institutional practices that work to the disadvantage of ... minority groups even in the absence of individual prejudice or discrimination" (Link and Phelan 2001: 372).*
[27] *See the report available at https://www.newagebd.net/article/104929/sheikh-russel-hospital-to-treat-vip-patients (Accessed on October 20, 2020).*
[28] *Hossain (2020: 3).*
[29] *Hossain (2020: 1); Swazo, Talukder, and Ahsan (2020: 4).*
[30] *Mahmud and Islam (2020).*

Bangladesh during the COVID-19 pandemic.[31] Because of these various experiences of discrimination in healthcare and other sectors, people develop what Pinel[32] calls "stigma consciousness" for which they form an expectation that they may not get treatment once they are identified as COVID-19 victims. They also demonstrate that the existing discriminatory environment in Bangladesh breeds COVID-19 related stigmas often via the fear and anxiety about losing a life. This stigmatized environment promotes more discrimination corroborating the existence of a causal loop between discrimination and social stigma.

Nevertheless, the last element of social stigma is power without the presence of which the rest of the four components of it would not reach the level of what we call social stigma.[33] Such structural conditions as cultural, economic, and political work in the background to influence us to (mis)recognize certain evaluative qualities of people or things. In fact, none of our acts of (mis)recognition, such as stigmatization happens without being conditioned by the structural elements. Different societies have different patterns of cultural, economic, and political elements for which different societies value different things and qualities. Being a COVID-19 victim is an evaluative quality that should be treated with love and care. Instead, in Bangladesh, as various examples mentioned above reveal, COVID-19 victims are stigmatized for which they do not enjoy participatory parity in getting treatment for their disease. Such denial of participatory parity due to stigmatization substantiates my claim that COVID-19 related stigmas in Bangladesh and social stigmas as a whole are instances of discrimination that come into existence due to the presence of power, be it cultural, economic, and political.

Conclusion

This paper explains how discrimination and COVID-19 related stigmas are intertwined. When people stigmatize COVID-19 victims, they act in ways for which the victims suffer status loss and discrimination. As a result, they do not enjoy participatory parity in various aspects of their life making COVID-19 related stigmatization a deplorable instance of discrimination. But a society already fraught with discrimination is a breeding ground of stigmatization often because of people's fear and anxiety about their life once they become a patient of a disease like COVID-19.

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[31] Internalized discrimination "occurs when stigmatised individuals realise that a negative label has been applied to them and that other people are likely to view them as less trustworthy and intelligent, and more dangerous and incompetent" (Link and Phelan 2006: 528).

[32] *Pinel (1999).*

[33] *Link and Phelan (2001: 376).*

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