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Review Essay

Risky Others: Covid-19 Reconstitutions of Risk, Governance, and Stigmatization of Bodies

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ABSTRACT *This review essay considers how the risk constructions of Othered groups have been reconstituted across intersecting forms of stigma, social injustice, and discrimination during COVID-19. Through three case studies* – fat irresponsible bodies, racialized contagious bodies*, and* food/health workers who are considered risky yet essential labour – *we argue that an intersectional lens be applied to the social constructions of risk to understand the social processes of Othering when planning socially just policies, practices, pedagogies, and activism.*

KEYWORDS stigma; fat phobia; Fat Studies; risk; COVID-19; racialized minorities; food

Introduction

This paper examines how the COVID-19 pandemic reconstituted already Othered (marginalized/stigmatized) bodies as risky and the implications of these constructions for social justice. Social justice is a broad area of scholarship and activism that seeks to establish fair and equitable processes and distribution of resources as a societal and political paradigm, not as a

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matter of personal charity (Adams et al., 2016; Jackson, 2005). Social justice advocacy, research, and pedagogy privilege the concerns of those who are least advantaged (Adams et al., 2016; Jackson, 2005). As such, when considering the connections between social justice and COVID-19, the social construction of risk – or how assessments of risk are a product of social processes influenced by context, and not merely scientific truths – is important (Lidskog & Sundqvist, 2012). Crucially, groups designated as "risky" through social processes are often already marginalized (Lupton, 2013).

Understanding how "risk" produces stigma around certain bodies, particularly with respect to multiple intersecting social positionalities, is necessary in public health responses that are socially just (Lupton, 2013; Olofsson et al., 2014). This is especially true regarding essential workers, such as food or healthcare workers, as well as individuals who are viewed as more susceptible to illness because they are racialized or stereotyped as historically unhygienic, diseased, or presumed to be making "irresponsible choices" (Lupton & Willis, 2021).

Importantly, individuals can occupy multiple stigmatizing social locations that overlap and influence their perceived riskiness and social (dis)advantages within society (Hankivsky et al., 2014; Olofsson et al., 2014). Intersectional analyses address "relationality, power, social inequality, social context, complexity, and social justice" to solve social problems (Collins et al., 2021, p. 694). Through the following case studies, we consider how constructions of risk, prevention, and preparedness shaped perceptions of "at-risk" fat,[1] Asian racialized, and working bodies during the COVID-19 pandemic in specific contexts and along multiple intersecting axes that magnified stigma and resultant social, discursive, and health consequences. By applying an intersectional lens to these specific case studies, we "retain the particularity of the insights and experiences… while working through the meaning of what truly is universal" (Collins et al, 2021, p. 691). These case studies provide insights into how constructions and perceptions of risk can cause intersectional harms and injustice during pandemics. These insights can help us plan for a more equitable future.

Risk Constructions of COVID-19

The COVID-19 pandemic reproduced fears of racialized disease and contamination, food scarcity, and exposure to unhealthy consumption, which reshaped understandings of bodies that are already maligned (fat, racialized, precarious). Notions of burdensomeness, contagion, expendability, and culpability are related to heightened perceptions of risk and map onto existing axes of stigmatization, which magnifies inequities and social fragmentation.

[1] Fat is used throughout this review in line with fat activism's reclamation of fat as a neutral descriptor.

Stigma includes an exercise of power in which labeling, stereotyping, separation into an us versus them, status loss, and discrimination occur (Link & Phelan, 2001). Discussed below, manifestations of stigma include revealing racialized COVID-19 patients, denial or avoidance of healthcare, impaired food access, and body-shaming COVID-19 patients. Reactions to COVID-19 risk can amplify how "people are... encouraged to inhabit the world with fear of 'foreign bodies' and 'invisible enemies'" (Caduff, 2020, p. 478). For instance, public health protocols tasked individuals with limiting risky exposures and behaviours to prevent economically onerous disease (Lupton, 2013; Polzer & Power, 2016) at the onset of the pandemic. Viral transmission is constructed as an immoral, irresponsible, unpatriotic occurrence (Caduff, 2020). Ultimately, alongside prevention, epidemic preparedness emerges as a military-derived public health paradigm protecting only a privileged few (David & Le Dévédec, 2019). A preparedness orientation focuses on maintaining status quo order – overlooking social injustices and ongoing citizen wellbeing (Lakoff, 2007).

Historically, constructing risky bodies, such as the "4-H club" (those with hemophilia, homosexuals, heroin-users, and Haitians) during the HIV/AIDS crisis of the 1980s, as different and deviant vectors (Farmer, 2006; Fouron, 2013; Sangaramoorthy, 2014) had long-term damaging effects on social and institutional responses to these already Othered groups. Similarly, frontline workers and recovered COVID-19 patients experienced stigma based on their purported risk to public health, which compromised their social stability, safety, and wellbeing (Singh & Subedi, 2020). Stigmatization based on coronavirus infection is associated with psychological distress (Pan et al., 2021), thereby magnifying social injustices. To this end, we examine the social impacts against stigmatized groups who have been reconstituted as risky during the COVID-19 pandemic. In understanding how risk is conceptualized and related to vulnerable populations and Othered bodies, we can advance theory and practice to minimize the unintended effects and maximize socially just outcomes of the public health responses to COVID-19 and future epidemics.

Intersectionality as a Social Justice Imperative

Intersectionality is a critical approach that examines how power operates through structured social differences such as gender, race, class, abilities, religion, immigrant status, age, and size (Collins & Bilge, 2016). Oppression, marginalization, and privilege interlock through social interactions (micro level) and institutions (macro level), and social differences are thus constituted in relation to one another, and through the specific contexts in which social differences are negotiated. Intersectional analyses are necessary for equitable and inclusive practice, pedagogy, activism, and policy development (Hankivsky et al., 2014). Intersectionality places at the forefront considerations

of social justice, which is essential for pandemic planning that protects and empowers those most at risk (Hankivsky et al., 2014; Parker et al., 2019).

To better understand how social justice is impacted by the risk discourses circulating through the COVID-19 pandemic, a knowledge of how certain groups are constructed as risky and the effects of these constructions must be explicated (Lupton & Willis, 2021). These constructions are, in part, a reflection of existing, intersecting power relationships located in the dynamics of race, gender, social class, and embodiment among other axes of structured social difference. Social assumptions about risk and Otherness are entrenched through multiplicative, interacting forms of oppression, reaffirming the marginalization of certain groups, particularly during times of crisis (Hankivsky et al., 2014; Olofsson et al., 2014).

Our case studies discussed below highlight especially relevant intersections in COVID-19 risk construction, which produced damaging effects on the communities involved. For instance, lower-income, migrant workers of color in health and food contexts were likely exposed to coronavirus infection in their essential work. In addition to potentially contracting COVID-19, these individuals may have endured discrimination based ostensibly on COVID-19 riskiness but premised on pre-existing perceptions of their gender, class, occupation, migrant status, or racialization (Beamount, 2020; Dryden, 2020; Pazzano, 2020; Swan 2020). In turn, this discrimination, such as being barred from businesses, could elevate risk of food insecurity, corrode mental health, and increase social fragmentation long after the pandemic, as stigmatizing discourses persist.

Similarly, the pandemic generated multi-dimensional weight stigma (de Macêdo et al., 2022). Higher-weight individuals were presented as responsible for burdensome riskiness they should seek to eradicate. The weight stigma magnified during COVID-19 is already built on a foundation of preventing White, middle-classed bodies from "degrading" into the bodies of Others – those of women, the working class, and people of colour (LeBesco, 2004; McPhail, 2017; Strings, 2019); this renders certain bodies already multiplicatively corrupted. Intersectional research on risk construction and its contributions to stigma must continue in the future to inform socially just policy, pedagogy, practice, and activism in anticipation of the next epidemic (Olofsson et al., 2014).

Fat Irresponsible Bodies

COVID-19 prevention measures elevated weight gain concerns (Mediouni et al., 2020), suggesting weight gain might predispose individuals to severe forms of COVID-19 (Tamara & Tahapary, 2020; Chu et al., 2020). Scholars publishing during the pandemic reinforced individualist discourses, emphasizing that "modifiable lifestyle factors such as diet and physical activity should not be marginalized" (Carter et al., 2020, p. 1176) and that "there is

something to be said about... empowering people to actively preserve their own health" (Carter et al., 2020, p. 1177). One article (Nieman, 2020) was even titled, "Coronavirus Disease-2019: A Tocsin to our Aging, Unfit, Corpulent, and Immunodeficient Society." Blame is thus directed toward at-risk populations, despite the immutability of age, the well-documented difficulty of permanently losing weight (Mann et al., 2007), and the daily challenges presented by the pandemic.

The "obesity epidemic" has been constructed as spreading from racialized and lower-class bodies to White, middle-class bodies (LeBesco, 2004; Strings, 2019), and as produced by (feminine) emotional instability (McPhail, 2017). Scientific articles on COVID-19 and weight reproduce constructions of psychosocially-frail fat people as "belonging often to problematic families and... to economically poorer social classes and with a lower cultural level" (Todisco & Donini, 2021, p. 2). Fat people are perceived as burdensome citizens who fail to take care of their bodies (Blake et al., 2013; LeBesco, 2004). The media, public health, and political discourses regarding the COVID-19 pandemic reconstitute these health-damaging (Puhl & Heuer, 2010), intersecting stigmas (LeBesco, 2004).

In line with a public health preparedness orientation, the media, policy-makers, and scholars heavily focused on the convergence of the "obesity pandemic" and COVID-19, and the need to prepare for recurrent waves of infection (Sollinger, 2020; Tan et al., 2020; Walker, 2020). Similarly, previous eras invited concern over how fat bodies (and women's inability to reduce them) would leave nations unprepared in the event of a war (LeBesco, 2004; McPhail, 2017). War metaphors are common in weight and COVID-19 discourses (Gillis, 2020; Rail et al., 2010). Such metaphors promote urgency to follow health guidelines, but also generate xenophobia, anxiety, shame, and guilt (Gillis, 2020). Without a viral enemy in the "war on obesity," higher-weight individuals are identified as "domestic terrorists" (Rail et al., 2010); given the proliferation of military metaphors during the pandemic, discrediting discourses that alienate and vilify risky populations may especially proliferate during a "war on COVID-19" (Caduff, 2020; Gillis, 2020).

Harm Caused by Weight-based Risk Construction

During the pandemic, weight stigma was amplified by the media (de Macêdo et al., 2022). Weight stigma was associated with worse mental health and behavioural outcomes (de Macêdo et al., 2022). Higher-weight people worried about scrutiny while eating, stigmatizing healthcare, self-consciousness while grocery shopping or exercising, and jokes on social media (Le Brocq et al., 2020; Pearl, 2020). This fatphobia, food insecurity, healthcare inaccessibility, alteration to structure and routines, isolation, and exposure to mainstream and social media content on weight gain, diet, and exercise contributed to increased risk for disordered eating outcomes (Cooper et al., 2022; Devoe et al., 2023;

Gao et al., 2022; Milliren et al., 2023; Schneider et al., 2023 Todisco & Donini, 2021). One review found worse body image and disordered eating outcomes associated with higher Body Mass Index, weight gain during COVID-19, or pre-pandemic weight stigmatization (Schneider et al., 2023). In an analysis of Redditors discussing eating disorders during COVID-19, discussants posted interpersonal, appearance, and treatment concerns and exposure to triggering conversations regarding weight gain (Shields et al., 2022).

Jurisdictions developed policies based on weight-related risks. United Kingdom officials encouraged rapid weight loss to forestall severe COVID-19 outcomes (Walker, 2020). The resultant campaign (NHS, n.d.) was critiqued for recycling frequently proposed solutions (i.e., calorie-count measures on menus, advertising bans on certain food products), and focusing on individualistic solutions, small changes, and nudges to issues rooted in health inequalities (Dolezal & Spratt, 2022; Gallagher, 2020; Jou, 2020). The campaign, steeped in neoliberal ideology, shames and blames individuals for the costs incurred by their (allegedly irresponsible and unhindered) choices (Dolezal & Spratt, 2022). These approaches do not consider how populations most affected by COVID-19, such as racialized individuals, older adults, and the socioeconomically disadvantaged (Denice et al., 2020; El-Khatib et al., 2020; Pan et al., 2020), face barriers to controlling risky exposures and changing lifestyles (Ali et al., 2020; El Chaar et al., 2020; Marmot & Allen, 2020) or even how COVID-19 lockdowns affected the "choices" available to individuals (Dolezal & Spratt, 2022). Furthermore, the campaign is likely futile given it hinges on minor individual actions to alter body size *en masse* (Dolezal & Spratt, 2022) when empirical evidence demonstrates the ineffectiveness of weight loss dieting (Mann et al., 2007). The report perpetuates fatphobia by implying that higher-weight people are inconsiderate in taking up excess resources and refuse simple, common sensical, and effective means of weight loss (Dolezal & Spratt, 2022).

Monaghan (2021, 2022) describes one such expression of fatphobia in the form of an article and commentary posted on *Campus Reform*, an American right-wing news outlet. The over 100 comments pertained to a story on a blog hosted by two professors (Thoune, 2020) discussing fears that emerging COVID-19 discourses were fatphobic. In what Monaghan (2021) terms a "status degradation ceremony" (p. 3), the *Campus Reform* article and commentators sought to cruelly ridicule the fat hosts of a blog calling for kindness during a pandemic based on their (and other fat persons') body size, presumed health status, gender, and disciplinary backgrounds (Monaghan, 2021; Monaghan et al., 2022).

Racialized Contagious Bodies

Racism must be treated as a public health concern (Yashadhana et al., 2022). Pandemics impact racial discrimination, and this affects healthcare access and

mental health (Yashadhana et al., 2022). Pandemic preparedness presents viruses transgressing geographic boundaries as a major public health threat (Sanford et al., 2016). These border discourses were used to construct immigrants and migrants as risky during COVID-19; Asian racialized bodies have especially been reconstituted as risky, contagious (disease-ridden), and dirty (Shields & Abu Alrob, 2021). Such stigma echoes 19th and 20th century forms of anti-Asian racism that intensified during public health outbreaks and economic hardship (Shah, 2001; Wong, 2020). The reconstitution of Chinese bodies and bodies that appear Chinese as risky and diseased Others is congruent with what Priscilla Wald (2008) called the "outbreak narrative." Within this narrative construction, racialized Others are reimagined as threatening foreign contagions to the economy, public health and safety, and to a certain extent the freedoms and rights of non-risk burdened individuals. This comparative approach to reading racialized risk constructions provides crucial historical insight on the ways in which popular discourse shapes and locates the causes and origins of disease in Chinese bodies and their cultural, social, and economic practices (Humphries, 2014). This risk construction directly impacts their relationship to healthcare, public safety, food production, and food culture (Humphries, 2013, 2014).

Yellow Peril stereotypes against Chinese people were a source of anti-Asian racism in the 20th century and have been evoked in the COVID-19 pandemic. This xenophobic discourse generally locates people who look East Asian as carriers of foreign disease, perpetually contagious, and socially burdensome. As recent as the 2002 SARS outbreak, Chinese people were characterized by the "dirty Chinamen" tropes, which directly impacted the ways non-Chinese people interacted with Chinatowns across Canada (Duffin & Sweetman, 2007). With COVID-19, western political leaders have declared certain Asian countries and Asians as risky under the medical politicization of COVID-19 as the "China virus," "kung flu," and continue to allege that the virus originated in a laboratory in Wuhan, China (Takamura et al., 2022). Such media soundbites gain cultural traction and become social and cultural forms of racialization (and racism) that shape how non-Asian people actually interact with Asians and have put Asian healthcare workers, women, and older adults in contact with real-life racist violence and aggression.

Harm Caused by Racialized Risk Construction

Anti-Chinese sentiment has led to hate crimes, harassment against Asian women and elders, and conspiracy theories associated with the COVID-19 pandemic, which highlights how Asians in the Americas are constituted as perpetual foreigners, suspicious, and alien (Orellana-Calderón, 2020; Tessler et al., 2020; Takamura et al., 2022). Asians in the United States (US) have reported high levels of discrimination and stress, and increasing online hate (Tong et al., 2022; Zhang et al., 2022). Close to 70% of Asian online survey

respondents in Hamilton, Ontario felt that racism and discrimination increased during the pandemic (Newbold et al., 2022). Asian international students in the US and Asian American students reported a lack of belonging and social support during the pandemic, lack of space and resources, instability in their immigration and financial status, bureaucratic issues, political tension, and a sense of hypervisibility and being targeted and blamed for COVID-19 (Dong et al., 2023; Ji & Chen, 2022; Liu et al., 2022; Williams et al., 2022). This unwelcoming context contributed to hypervigilance and experiences of implicit, subtle, and overt racism, such as being ignored, stared at, zoombombings, physical avoidance, verbal cursing, cyber abuse, being coughed at, and being spat upon (Dong et al., 2023; Ji & Chen, 2022; Liu et al., 2022; Williams et al., 2022).

While Asians are particularly affected, they are not the only racialized group that is experiencing intense public health crises. Compared to non-Hispanic Whites, people of colour in the US and Canada report higher levels of COVID-19 stigma, especially Asians (Miconi et al., 2021; Pan et al., 2021). Racialized immigrants in Hamilton, Ontario, reported discrimination in public spaces, housing, and the labour force (Newbold et al., 2022). Similarly, racialized international students in the US described perceiving a lack of safety and welcome, explicit in-person and virtual discrimination, and fear of said discrimination (Koo et al., 2021). Racism against Indigenous, Black peoples and other people of colour has intensified during moments of public health crisis, exposing concerns about contagion constructed through outbreak narratives. For instance, during the first Canada-wide COVID-19 lockdown in June 2020, a Black doctor in New Brunswick was labelled "patient zero" and blamed for causing an outbreak in the province, although there is evidence calling this into question (Bissett, 2020). Additionally, First Nations and Inuit have reported experiences of racist aggression and being told to "go back to China," mistaking them for Asian people (Young, 2020).

Harm Caused by Construction of Risky Health/Food Workers

Racialized risk construction is further complicated by the interpersonal racist experiences of those who work in healthcare, the food industry, and beyond (Reid et al., 2021; Roberts et al., 2020). Such individuals may experience stigmatization as risky Others and for working in essential, risky roles (Raine et al., 2020). For instance, Black/African American trainees in a physician assistant program described experiences of bias from peers, patients, and faculty during the COVID-19 pandemic and recent media coverage of systemic racism (Bester & Bradley-Guidry, 2022). Likewise, Black American women in essential work (mostly healthcare and social work) described a rise in blatant racism in workplaces and difficulty in coping with non-Black colleagues' mixed responses to racially-charged topics (Goode et al., 2022). Asian American nursing students reported racial microaggressions from patients,

nurses, and clinical instructors including side eyes, verbal aggression, or a failure to engage on an individual level (Kim et al., 2022).

Racism in healthcare may be improved by increasing diversity of frontline healthcare workers (Goodman et al., 2017; Nestel, 2012); however, many racialized healthcare workers have experienced stigma in their workplaces during the COVID-19 crisis (Chen et al., 2020) similar to the stigma experienced by Chinese Canadians during SARS. Rather than being labelled healthcare heroes, racialized healthcare workers are constructed as vectors of illness. This may be pronounced in long-term care facilities where healthcare workers are often female, racialized newcomers and subject to abuse (Brophy et al., 2019); they are also put at risk of contracting COVID-19 due to low pay, over work, and lack of personal protective equipment (PPE) (Armstrong et al., 2020). Public discourses concerning heroics can obscure normalized and everyday forms of class, racial, and gendered marginalization frequently endured by vast portions of the precarious health workforce (Catungal, 2021; Hennekam et al., 2020).

Furthermore, among non-physician healthcare workers (used to being perceived as dirty or invisible), fleeting valorization during the COVID-19 pandemic may seem disingenuous or ineffective compared to institutional reforms that would address working conditions and disparities (Hecker, 2020; Hennekam et al., 2020), as well as the COVID-19 stigmatization reported by healthcare workers (Miconi et al., 2021). Being a healthcare hero can thus be experienced ambivalently when individuals are marginalized by intersecting forces of bias and discrimination.

Like healthcare workers, food workers can occupy the intersection of COVID-19-induced anxieties over meeting basic needs and encountering contaminating foreign bodies that are also gendered, classed and racialized (Weiler & Encalada Grez, 2022; Swan 2020). Operating in essential and frontline service roles including food production, processing, grocery retail, food delivery services, and food pantries, food workers are often women, financially precarious, newcomers, immigrants, or international students (Parks et al., 2020; Swan, 2020; Ramos et al., 2020). Essential workers are more often racialized and socioeconomically vulnerable than non-essential workers; are more likely to perceive themselves at greater risk of corona virus infection; are more at risk of financial contraction and food insecurity; and less likely to be able to engage in protective behaviours (Parks et al., 2020; Reid et al., 2021; Roberts et al., 2020; Swan, 2020). During the COVID-19 pandemic**,** food workers were forced into ethical dilemmas regarding job security, full risk disclosure to subordinates, and attempting to stay safe (Hadjisolomou & Simone, 2021). While considered essential, food workers do not experience the professional glorification of some healthcare workers (Ramos et al., 2020), public displays of appreciation (Catungal, 2021), or research interest (Lan et al., 2021). This under-appreciation persists despite their job not traditionally carrying ethical or professional expectations of personal sacrifice and risk-taking (Hopkins, 2021). Rather, globally, such workers, despite the open secret

of systemic exploitation and social and financial devaluation (Catungal, 2021), are largely invisible until potential supply chain disruptions are recognized (Laborde et al., 2020; Ramos et al., 2020). Even when essential non-healthcare workers are recognized as heroic, there remain connotations in the media of dirtiness and contagion (Mejia et al., 2021). These perceptions of riskiness become attached to workers' bodies rather than the structural inequities endangering them.

Being an essential worker (i.e., in healthcare) has been associated with experiencing COVID-based discrimination among racialized refugees in the US (Zhang et al., 2022). Media reports indicate that temporary foreign agricultural workers in Canada during the COVID-19 pandemic endured confinement, bans on essential visitors, racism, intimidation, and silencing (Beamount, 2020; Pazzano, 2020). During this time, migrant agricultural workers in Canada experienced increasing isolation and were unable to engage in face-to-face trust building with intervention support staff who help meet basic needs (Basok, 2022; Cohen & Caxaj, 2022). Filipino food workers in Alberta have reported encountering stigma online and being banned from businesses following COVID-19 outbreaks (Babych, 2020; Dryden, 2020). Such constructions work to eliminate political pressure to remedy environments that threaten health and social justice and help propagate oppression that further threatens these marginalized groups.

For instance, while experiencing increased corona virus exposure risk, Mexican immigrants and Jamaican temporary workers in the US and Canada employed in essential (often food) work also suffered from distrustful relationships with healthcare, language barriers, low incomes, anxiety over a lack of documentation, and a lack of PPE (Basok, 2022; Vilar-Compte et al., 2022). Food delivery workers in the gig economy may fall through the cracks of income protection schemes (Apouey et al., 2021; Harris & Kirkham, 2021), which could help keep them home when ill. In multiple nations, gig delivery workers, often racialized or migrant workers, encountered COVID-19 stigma, dangerous conditions, abuse, insufficient company support, fear of police encounters, racism, deprivation, and precarity (Harris & Kirkham, 2021; Riordan et al., 2021; Vieria, 2020).

Unsurprisingly, food workers were impacted physically and psychologically during the pandemic. Globally, non-healthcare essential workers, especially women, many in the food sector, experienced mental distress and psychological impacts; these effects were related to fear of infection, and inadequate support, PPE, and training on infection avoidance (Chowdhury et al., 2022). In the US, food workers were at high risk of asymptomatic infection and mental health issues, which were associated with their perceived risk states (i.e., ability to social distance, contact with cases, and shared transportation) (Lan et al., 2021).

Enforcing high standards of health and social services and safety for all workers, rather than allowing marginalized, lower-income workers, migrants, and immigrants to bear the brunt of hazards and malignment as innately risky

is a crucial social justice goal. A comprehensive health equity agenda must include, "acknowledging... unique vulnerabilities… including... structural racism, discriminatory practices, and the pathologizing of race and poverty" (Roberts et al., 2020, p. 699).

Implications for Public Health

Fat Neutrality

Even prior to COVID-19, weight-centric approaches to public health failed higher-weight people (Pausé et al., 2021). Given how ineffective weight-loss dieting is in the long-term (Mann et al., 2007), public calls for mass weight loss are futile. What is needed are healthcare equipment in inclusive sizes (including vaccination needles), policies that protect higher-weight people from unjust triage and rationing, and action to reduce weight stigmatization (Gray et al., 2022; Pausé et al., 2021). Public health should frame its health promotion messaging from a weight-neutral standpoint (Tylka et al., 2014). Such an approach is less likely to generate a view of higher-weight bodies as necessarily risky, may lower rates of healthcare avoidance (Mensinger et al., 2018), and can produce beneficial health results through affirming health interventions focused on self-acceptance, intuitive eating, and enjoyable physical activity (Bacon & Aphramor, 2011). Relying on a weight-centric approach, which can foster shame, guilt, distrust, and avoidance among higher-weight people (Mensinger et al., 2018), will simply perpetuate existing weight-based injustices into the next epidemic. Most importantly, public health planning must incorporate the insights and involvement of diverse community members and target populations. Following Monaghan (2021), we need "pedagogy, politics and public health that are *for*, rather than *against*, people" (p. 22, emphasis in original).

Anti-Racism

Generating awareness of racist hate and its effects is essential to address deficits in empathy among those not targeted (Tong et al., 2022). Grassroots organizing, supporting local businesses owned by persons of colour, and correcting misinformation may be beneficial strategies for those coping with racism and their allies (Yashadhana et al., 2022). However, structures and institutions must introduce sustainable reforms to address persistent inequities. Essential and temporary workers require financial support, opportunities for advancement, and routes to citizenship (Basok, 2022; Goode et al., 2022). International students require mental health, academic, and financial services designed to meet their specific needs, as well as opportunities for discussion, multicultural engagement, and safe reporting of discrimination (Koo et al.,

2021; Dong et al., 2023). Holistic mentorship and open discussions of racial injustices are essential for racialized healthcare trainees (Bester & Bradley-Guidry, 2022). While culturally-safe and linguistically appropriate mental health services are necessary (Tong et al., 2022), anti-racism training in healthcare must move beyond cultural competency models to challenge norms and discourses (Kim et al., 2022).

A Just Food System

Swan (2020) suggests that "we need to develop not only food justice which attends to gendered, classed and racialised power dynamics, identities and hierarchies embedded within the food system, food policies and food practices but also food activism" (p. 700). COVID-19 made visible many intersecting inequities and entrenched oppressions experienced by food workers across food systems. Scholar food activists have mobilized public awareness for those in precarious jobs exposed to risks that will outlast heroic rhetorical flourishes (Agrawal et al., 2022; Godrich et al., 2022; Riediger et al., 2022; Spring et al., 2022). In North America, relevant reforms and strategies included wage support, reduced hours for employee rest, dedicated time for restocking, providing safety equipment, support for employee ownership, and protection from dismissal (Cohen, 2022; Riediger et al., 2022). Reforms for delivery workers included ensuring bathroom access, requiring the software applications managing the workers' employment to disclose their tips, establishing minimum per trip payments for workers, and prohibiting apps from charging fees for wages (Cohen, 2022). Employees and temporary workers require legal avenues to hold employers accountable; regulation, enforcement, and investment in occupation health and safety; open work permits; and expansion of rights and healthcare access (Basok, 2022; Cohen & Caxaj, 2022; Jacobs, 2022; Shields & Abu Alrob, 2021). In health emergencies, food workers require rapid implementation of culturally tailored and trusted social and health services, paid sick leave, PPE, and universal income protection (Apouey et al., 2020; Vilar-Compte et al., 2022). All these provisions help shift the onus of safety from individuals, already often coping with multiple intersecting disadvantages, to structures and institutions.

Conclusion

The tendency of health discourses to reconstitute Otherness, by reinforcing who is and is not burdensome, has social justice consequences (Pisani, 2009). A critical assessment of the unintended repercussions and intersections of risk construction and responses during the COVID-19 pandemic is essential as we anticipate future epidemics (Olofsson et al., 2014). By interrogating social and symbolic meanings of risky populations through an intersectional framework,

as constructed in mainstream media, policy, and reports of lived experiences, we have illustrated how pandemic risk reconstitutes particular groups of people through vectors of disease as unsafe or risky. This understanding enhances our knowledge about how stigma is produced and reproduced through discursive means (an unintentional consequence of our existing paradigms). By understanding these processes better, we can develop and disseminate a deeper knowledge of how risk discourses operate, emphasize social justice, and empower groups who are susceptible through structural disadvantage and stigmatization.

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