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Editorial: Global suffering and uncertainty in the COVID-19 pandemic: exposing the fault lines through narrative/discourse analysis

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Editorial on the Research Topic

[Global suffering and uncertainty in the COVID-19 pandemic: exposing the fault lines through narrative/discourse analysis](#)

The world witnessed an unprecedented level of suffering during the COVID-19 pandemic (Singer and Rylko-Bauer, 2021). Black, Indigenous and People of Color (BIPOC) in the United States and Canada, for example, older adults, as well as the migrant laborers working in the unorganized sectors in the Global South and the undocumented workers in the Global North, were disproportionately affected by the virus (Akhtar-Danesh et al., 2022; Kemei et al., 2023; Pincock et al., 2022; Tan et al., 2022). Indeed, in the past few years, communities who are marginalized by societal structures and policies have experienced an extraordinary degree of hardships, which has been exacerbated by structural inequities, injustices and unequal social orders.

The severity of the situation and its attendant human suffering, as well as the differential impact created by the virus presented a compelling imperative for critical scholars, committed to social justice, to engage in constructive and transformative dialogue and action to envision the systemic changes needed for a more socially just world. It is with this intent that this Research Topic was launched as a call to scholars, action-oriented researchers, and practitioners in public health, communication, nursing, and other cognate fields to contribute to a collection of papers intended to interrogate and disrupt the structural inequities that are now even more starkly visible within the context of the pandemic. Our goal was to cover a wide range of venues, sources and channels by seeking submissions from varied disciplinary fields and geographical locations. The five resulting papers exemplify the Research Topic by presenting insights into how critical discourses and narratives of vulnerability, inequities, and suffering reveal the major fault lines of society and how building partnerships and implementing strategic communication practices may help to confront marginality and vulnerability to disease, ultimately fostering meaningful social change.

In their qualitative study, [Dove et al.](#) show how COVID-19 pandemic exposed deep-rooted structural barriers in Bexar County, Texas, where districts with high rates of chronic illness and social disadvantage were hit the hardest. Here the interplay of influences created a situation of “syndemic pandemic”—a convergence of multiple, interconnected health and social crises including poverty, systemic racism, chronic illnesses and the COVID-19 disease—that deeply impacted residents’ quality of life. The study calls for inclusive, community-centered policymaking, emphasizing that state-level, one-size-fits-all approaches were ineffective. Instead, empowering local officials and incorporating marginalized voices is essential for effective crisis response.

While [Dove et al.](#) characterize COVID-19 as a syndemic pandemic, [Khan’s](#) research frames it as the “hunger virus,” emphasizing how the pandemic exacerbated the existing social inequities creating severe food insecurities and food deserts for communities of Color that demand long-term, socially sustainable solutions backed by political will. The study highlights the need to uphold principles of food sovereignty to challenge the dominant food insecurity narratives during the COVID-19 pandemic. [Khan](#) argues that documentary media often reproduce paternalistic tones under the guise of amplifying marginalized voices. Creating documentaries that work within the mainstream food system conversations, while stressing the long-standing food traditions of marginalized communities, is important for sharing food sovereignty stories across different cultures.

Reflecting on how epidemics reinforce one another and the lessons they offer, [Burton et al.](#) examine the dual epidemic scenario in British Columbia, Canada, contrasting governmental and leadership responses to COVID-19 and the overdose crisis. While both crises have had profound public health impacts, the study reveals differences in how they have been framed and addressed differently in public discourse and policy. More specifically, COVID-19, as a communicable disease affecting the general population, prompted a swift, coordinated action and a widespread public engagement. In contrast, the toxic drug and overdose crisis, perceived as affecting relatively small groups of people, received fragmented attention and inconsistent support. The findings underline the need for a more equitable and integrated public health approach—one that incorporates compassionate, stigma-free communication and inclusive policymaking.

Extending the discussion on structural violence amid the COVID-19 pandemic, [Muijsenbergh et al.](#) investigate the impact of the pandemic preventive measures on undocumented migrant (UDM) domestic workers in the Netherlands. Excluded from formal systems, UDMs face heightened vulnerability, lacking access to healthcare and secure employment. Employing a qualitative methodology of focus group discussions with 14 UDMs revealed that their precarious status motivated compliance with preventive measures, yet structural barriers undermined their self-efficacy and ability to act. The pandemic intensified insecurities in work, housing, and healthcare, exemplifying the structural violence they endure. The authors recommend an intersectoral approach to improving health communication, access to care, social support, and legal protections tailored to the needs of UDMs.

Expanding on this line of inquiry into improving health communication and access to care, [Gonzales and Davis](#) examine the communication challenges faced during the pandemic between

non-bilingual travel nurses and marginalized communities in Laredo, Texas—a border region historically affected by health disparities. Drawing on detailed narrative accounts from nurses, the study highlights how cultural values such as *familismo*, *personalismo*, and *confianza* are essential to effective nurse-patient communication in Latina/o communities that goes beyond “cultural sensitivity” approaches to embrace a more “culture-centered” care. The findings call attention to the need for cultural and linguistically responsive crisis planning, inclusive of frontline perspectives and local realities to ensure equitable healthcare delivery in linguistically diverse, marginalized and under-resourced communities.

Taken together, the articles in this Research Topic underscore the urgent need to address systemic disparities by centering and elevating the voices and narratives of marginalized communities since their lived experiences are essential for an informed, effective policymaking, especially in times of crisis. COVID-19 has taught us valuable lessons that should be applied to other current and future health crises through consistent, respectful, local/contextual meaning making and messaging for effective communication ([Sastry and Basu, 2020](#)), whether delivering credible health information to the public and service organizations or frontline interactions with patients. Employing collaborative strategies, including a coordinated, transdisciplinary, and cross-sector approach will be especially valuable in preparing for future crises and improving healthcare and social support for marginalized communities.

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