

## **Embodied Inequality: Fatness, Human Rights and Systemic Oppression in Ontario Schools**

### **Inégalités incarnées: Obésité, droits de la personne et oppression systémique dans les écoles de l'Ontario**

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#### **Abstract**

This article examines the reproduction of fat-bias and stigma in the Ontario education system. In an effort to understand fatness as a ground of discrimination, we will thoughtfully explore the Canadian Charter of Rights and Freedoms and precedent case law to understand how discrimination against fat bodies is an issue of disability discourse and systematic oppression of disabled persons. Through a close reading of the Ontario Physical Education Curriculum, this paper will identify how the current OPE curriculum discriminates against fat bodies.

#### **Résumé**

Cet article examine la reproduction des préjugés et de la stigmatisation liés à l'obésité dans le système éducatif ontarien. Afin de comprendre l'obésité comme motif de discrimination, nous explorerons attentivement la Charte canadienne des droits et libertés et la jurisprudence afin de comprendre comment la discrimination envers les personnes obèses est un enjeu du discours sur le handicap et de l'oppression systématique des personnes handicapées. Par une lecture attentive du programme d'éducation physique de l'Ontario, cet article identifiera comment le programme actuel d'éducation physique et de santé publique est discriminatoire envers les personnes obèses.

#### **Keywords**

Human Rights, Disability Rights, Education, Physical Education, Fatness, Fat-Activism

#### **Mots-clés**

Droits de l'homme, droits des personnes handicapées, éducation, éducation physique, obésité, activisme contre l'obésité

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Fat people<sup>1</sup> face discrimination in ordinary exchanges throughout their lives. Subjected to unsolicited commentary, social and systemic exclusion, fat people are left to endure stigma and shame of what I contend is a disability. Societal norms, existing laws and policies, and areas of fat studies itself fail to consistently or explicitly acknowledge fatness as a disability. One such example is that the Canadian Charter of Human Rights and Freedoms does not provide fatness as an enumerated ground of discrimination (Canadian Charter of Rights and Freedoms, s 15). I will argue that fatness should be an analogous ground of disability according to The Charter. To achieve this, a medical model that identifies fatness as a disease and therefore disability must be leveraged to protect against discrimination.

This position on fatness is controversial. Current discourse trends within fat-studies and fat-activism, including but not limited to body-neutrality or body-liberation, reject the medicalization and pathology of fatness. Scholars such as Wann (1998), LeBesco (2004), and Cooper (2021) might contend that this argument would strengthen stereotypes of fat bodies as problematic, in need of cure or remediation. However, that is certainly not the intent of this argument. What will be depicted in the legal precedent and case law provided is that fatness as both an identity and embodiment already exists within a society that organizes legally around the medical model of disability. The current fat-activist scholarship that may reject the approach that I am proposing does not seek to protect fat bodies from discrimination in a legal setting.

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<sup>1</sup> For this paper, the term fatness refers to an embodied identity related to but not limited by the traditional medical identification of bodies as overweight, obese, and morbidly obese (Health Canada, 1). Medical categories of 'fatness' are based on Body Mass Index (BMI), a value ascribed to a person's body based on factors of weight and height. According to Health Canada, a 'Normal Weight' BMI is 18.5 to 24.9, whereas a BMI of 25.0 to 29.9 is considered "Overweight" and any number above that remains in an "Obese" sub-category (Health Canada, 1). People with a BMI lower than 24.9 may be discriminated against for being fat. Therefore, fatness refers to anybody who is or presents with a BMI greater than 24.9.

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Cooper (2016) writes in *Fat Activism: A Radical Social Movement*:

Fat activism is self-acceptance, it's about being body positive, it's campaigning for social change, it's challenging stigma, it's about eating, it's about health, it's negligible. But I have argued that these are merely proxies for a movement that is much more expansive and sophisticated than it has been given credit for. These proxies try to simplify a social phenomenon that cannot be reduced or contained... (p. 79).

I do not take any contention with this framework and theorization of 'fatness' as it operates within a social-justice modality. However, what this paper aims to situate is that irrespective of self-acceptance, body-positivity, stigma, or health, fat people are discriminated against based on their embodiment. They are not protected in a legal context. Ultimately, there is an opportunity for fat people to reclaim pathology and use it to defend themselves against discrimination.

This paper will explore the difference in how fatness is treated as a form of discrimination between provincial and federal jurisdictions through precedent case law. I will demonstrate how the education system in Ontario, an entity governed by the province, reproduces fat bias and stigma. Through a close reading of the Ontario Physical Education Curriculum, this paper will argue that the curriculum discriminates against fat bodies and cannot be held accountable for this discrimination, as it maintains that weight is a mutable characteristic of the body.

To accurately position myself within the context of this research, I am an Ontario Certified Teacher, I have taught in various educational settings, and I identify as fat I have become increasingly curious about how fat students and fat teachers face discrimination within the education system, particularly as weight-related propaganda has become a regular part of "healthy school" campaigns, leaving fat students vulnerable to being vilified by an anti-fat environment. Despite ongoing awareness of social determinants of health

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and the limited agency of children, fat-phobia has permeated school culture and curriculum.

To effectively orient fatness as an analogous ground of disability in the Canadian Charter of Rights and Freedoms (CCRF, s 15), we must use the medical model of disability. The medical model illustrated by Watson (1990), Oliver (1999), and Shakespeare (2000) locates disability within the individual body and centres the remedy around medical intervention and return to a non-disabled body or cure. The social model of disability is Oliver's critical and social-justice-oriented alternative to the medical paradigm. Understanding of the social model operates by locating disability in the environment and social structures that limit inclusion or participation regardless of a person's impairment. This paradigm maintains that the responsibility for inclusion does not rely on remediation of the disabled person's impairment. Ultimately, critical disability scholars and activists often proselytize the social model without identifying how the medical model can be used for the benefit of the disabled community. To adequately protect fat people from discrimination, the medical model can be used to establish an analogous ground of disability and therefore protection from discrimination based on Section 15 of the Canadian Charter of Rights and Freedoms.

### **Methodology**

Fat-studies is relatively young in terms of academic discourse and intersectionality. With conceptual roots in both anti-colonialism, critical feminism, and critical disability studies, 'fatness' by way of fat studies operates as an embodied text. It is multidisciplinary in nature and is not informed by a single theory (Bacon et al, 2011; Mitchinson et al, 2016; Jennings, 2009; Cooper, 2026). In an effort to contribute to the field of fat studies and

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critical disability studies, a gap in current literature was identified. The central inquiry question is, while fat-identifying folks describe facing discrimination based on their embodiment, does the Canadian Charter of Rights and Freedoms protect these persons from discriminatory actions? As such, given that the education system is governed by both federal and provincial law, how are fat children protected from discriminatory actions within the education system?

To gain greater insight as to how fatness operates within a Canadian legal framework, Canadian case law was hand-searched utilizing the CanLII database for Human Rights violations on the grounds of fatness as a disability. CanLII also identified articles that address the liminal understanding of weight-discrimination case law and the legal jurisdiction of fatness discrimination. Notably, Emily Luther (2015) contributed *Justice for All Shapes and Sizes: Battling Weight Discrimination in Canada* in maintaining that weight should be accepted as an analogous ground under section 15 of The Charter. To capture an accurate landscape of current fat-studies discourse with relation to legal framework and discrimination in education, the OMNI database was searched using key terms “fatness AND disability”, “fat-studies AND disability”, “fat-studies AND education”, “education AND fat-studies”, “physical education AND fatness”, “physical education AND obesity”. The results were hand searched to eliminate articles or texts that cited physical education as an effective method of remediating childhood obesity.

### **Fat Discrimination Case Law**

Weight-based discrimination has been approached inconsistently in the Canadian legal landscape, primarily due to an inconsistent definition and political position of disability and whether fatness is defined or accepted as an analogous ground of disability or not

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(Luther, 2010). Section 15 of the Canadian Charter of Rights and Freedoms lists enumerated grounds that a person is protected by, on the basis of discrimination. This includes race, national or ethnic origin, color, religion, sex, age, or mental or physical disability. Courts allow for analogous grounds to be named and protected when citing discrimination. An analogous ground is defined according to *Charterpedia - Section 15 – Equality Rights, 2022*, as:

[P]ersonal characteristics that are either immutable (characteristics that people cannot change) or constructively immutable (characteristics that are changeable only at unacceptable cost to personal identity). Once a ground has been found to be analogous, it will always be a ground in the future.

Examples of analogous grounds include non-citizenship, marital status, sexual orientation, and Aboriginality-residence. This paper argues that fatness is a chronic disease and, therefore, immutable. While people may be able to participate in weight-loss programs, restrictive diets, exercise regimes, or medical procedures such as gastric bypass, the degree of weight loss one may experience is not guaranteed, nor is it free from any other social determinants of health.

A lack of consistency regarding how one's weight is understood or interpreted legally leaves those facing discrimination due to fatness left to prove unjust treatment, advocate for inclusion, and defend themselves against discrimination and unfair treatment. To consolidate how fatness should be unilaterally defined as a chronic disease that causes some people to experience disability, we will look at case law that cites fat discrimination. The cases *Ontario vs. Vogue Shoes* (1991) and *Saskatchewan (Human Rights Commission) vs. St. Paul Lutheran Home of Melville* (1993) struggle to define fatness as a disability and are ultimately unsuccessful in proving discrimination. *Hamlyn v. Cominco*

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*Ltd* (1989), *Rogal v. Darglish* (2000), and *Linda McKay v. Air Canada* (2006) distinctly define fatness as a (perceived) disability and are ultimately successful in their claim. Below, I explore how each of these cases defines fatness as it relates to the claim of discrimination.

In *Ontario Human Rights Commission (on behalf of Carolyn Maddox) v. Vogue Shoes* (1991), Carolyn Maddox was told by her employer that her employment was at risk if she did not lose thirty-five pounds. Mrs. Maddox filed a human rights complaint alleging discrimination based on physical disability and sex. Ultimately, Mrs. Maddox's claim was dismissed. The case is fraught with differing opinions on whether fatness can be considered a disability or handicap and if the nature of Mrs. Maddox's fatness was due to illness or beyond the scope of her intervention, such as weight loss. The judgment concluded:

...[O]besity does not in itself amount to a physical disability within s. 9(1)(b)(i) of the *Code* unless it is an ongoing condition, effectively beyond the individual's control, which limits or is perceived to limit his or her physical capabilities. On the facts of this case, there is evidence that Mrs. Maddox's obesity was an ongoing condition, but it was not established that the condition limited or was perceived by the respondents as limiting her physical capabilities (para. 70).

Interestingly, the board believed that Mrs. Maddox's fatness was a mutable characteristic and well within her control. The board cited *Jefferson v. Baldwin and BC Ferries Services* (1976), "Physical Disability has a characteristic one finds in several other protected categories such as race, color, age and sex, namely that the person can do nothing of his own volition to remove himself or herself from the category" (S.31). Unfortunately for Mrs. Maddox, fat-stigma permeates their claim of discrimination as the board identifies that fatness is a personal choice and should Mrs. Maddox wanted to lose 35 pounds, it was well within her means to do so. Whether Mrs. Maddox wanted to lose weight or not

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is irrelevant but nonetheless used against her, “At her examination for discovery, Mrs. Maddox testified that she had never sought advice about a program of weight reduction from Dr. Ralph or any other physician [Exhibit 7, p. 20]” (para. 95). The failure of this case rests in the liminality of fatness and whether fatness, if not the consequence of other medical conditions, can alone be considered a disability.

In *Saskatchewan (Human Rights Commission) v. St. Paul Lutheran Home of Melville* (1993), it was argued that Ms. Davidson was denied employment due to fat discrimination. The definition of disability applied according to the Saskatchewan Human Rights Code requires proof of cause by bodily injury, birth defect, or illness. Here, the implication is that disability and illness are not the same. Therefore, the board found insufficient evidence that obesity could be classified as an illness. The board’s response was as follows:

The evidence only shows that her obesity results from unspecified causes. In the view of this Board, the fact that her condition *may* be caused by illness is not sufficiently strong to lead to the conclusion that it is more probable than not that her obesity is caused by illness. This Board regards the probabilities as equal and, as a result, the burden [of proof] has not been discharged (para. 4).

If Ms. Davidson’s fatness had been framed as a disease itself and therefore an illness, the singular defining cause of her obesity would have been moot. It is important to note that the burden of proof (to identify the cause of obesity) is laid on fat individuals who have been discriminated against for their size, which is in itself an extension of fat-shame and discrimination. Fatness must be an unwanted consequence of “bodily injury, birth defect, or illness” and beyond the person’s control. Thus, establishing that a person is vulnerable to discrimination if fatness cannot be attributed to an external factor and is thus regarded as a personal failure, well within the realm of a person’s control, and

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outside the scope of discrimination or vulnerability. Identifying fatness as a chronic disease that may significantly impact a person's quality of life negates the ideology that fatness is a personal or moral failure.

Legally, fatness as a status of disability remains open to interpretation despite advancements in bariatric medicine and a greater understanding that fatness itself is a multifaceted *disease*. According to the Centers for Disease Control and Prevention (CDC) (2022), obesity is classified as a complex disease:

[T]hat occurs when an individual's weight is higher than what is considered healthy for his or her height. Obesity affects children as well as adults. Many factors can contribute to excess weight gain, including eating patterns, physical activity levels, and sleep routines. Social determinants of health, genetics, and taking certain medications also play a role (para. 1).

Including social determinants of health in the Centers for Disease Control's definition of obesity is significant in understanding the complexity of embodiment in divorcing a person's health status from moral failure or personal competence. The social determinants of health allow us to examine health as an issue of race, class, gender, and access. A person's ability to access food, healthcare, education, and job security, among other factors, impacts their health directly and indirectly, which, in a case of discrimination, should not be held against the person citing unfair treatment or exclusion.

In contrast to the aforementioned unsuccessful discrimination cases, *Hamlyn v. Cominco* (1989), *Rogal v. Darglish* (2000), and *Linda McKay-Panos v. Air Canada* (2006) define fatness as an analogous ground to disability, and each case establishes discrimination against a person due to body size. In the case of *Hamlyn v. Cominco* (1989), Hamlyn's employment contract was not renewed, citing perceived weight gain. Hamlyn's weight was perceived as a factor that would limit Hamlyn's ability to work and

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fulfill his job duties. Therefore, it was a perceived disability, and he was ultimately discriminated against: “Cominco saw Hamlyn as physically unable to do the job because of his weight. Counsel contended that obesity is a disability, even if it is treatable, and that an obese person who is able to do the job should be protected from discrimination” (para. 10). Hamlyn was not asked by his employer to lose weight. However, he was refused a contract because of his perceived weight gain. The perception of both the weight gained and the interference that gain would have on his ability to do his job, which he has successfully done for several years, exemplifies the discrimination faced by fat people in the workplace. Fat people are often considered liabilities or lacking personal competence to prevent more weight gain. The Council cites *Biggs v. Hudson* (1988) to distinguish how discrimination based on perceived disability operates as discrimination regardless of the disability status of the person, rendering them vulnerable to power structures such as an employer-employee relationship. *Hamlyn v. Cominco* (1989) is important in establishing that fat people are vulnerable to the judgment and exclusion of participation by non-fat people in power. Hamlyn’s fatness is successfully considered an analogous ground of disability, further establishing fatness as an embodied experience in need of Human Rights protection.

A similar circumstance was found in *Rogal v. Darglish* (2000). Rogal was dismissed from a job operating carnival rides, citing his size and inability to fit into the employee uniform. The similarity to *Hamlyn v. Cominco’s* case is that the discrimination takes place assuming that the person’s habitus limits their ability, followed by exclusion from the employer due to the perceived limitation. In their submission, the Deputy Chief Commissioner of the British Columbia Human Rights Commission explores whether

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obesity is considered a disability within the meaning of the Code. The Deputy Chief Commissioner concluded:

Obesity should be considered both a "disability" and a "perceived disability" within the meaning of the *Code*. The DCC contended that refusing to employ an obese person because of a negative stereotypical attitude is no less abhorrent than the refusal to employ a person because of sex, race or sexual orientation...obesity should be covered as a form of disability or perceived disability because of the pervasive, debilitating treatment that obese people are subjected to in our society (para. 20).

This submission, while an important advancement for fat people in terms of acknowledgement of social exclusion and oppression, does not use a medical definition of obesity and has the potential to conflate disability with a characteristic deemed negative. For this reason, among others, the submissions by the Deputy Chief Commissioner were not considered by the Council.

### **Viewing Fat Discrimination Through the Lens of The Ontario Physical Education Curriculum (OPEC)**

Students with identified disabilities are legally entitled to a process that identifies a disability to determine an equitable education pathway. This process works to facilitate and document deliverables such as access to accommodations, modified curriculum expectations, resources, and assistive technology, all within a binding document called an Individual Education Plan (I.E.P.) (Education Act, R.S.O. 1990, c. E.2 (Ontario)). This process is legally protected by the Education Act Reg. 306, which outlines how the education system acknowledges and protects students with disabilities because they are vulnerable to discrimination, require specific and non-negotiable terms of their inclusion, and are a protected population by way of the Canadian Charter of Rights and Freedoms.

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While this process creates assurances that identified students have access to equitable education, an I.E.P. does not determine the culture with which that student is educated. It does not necessarily protect the student from attitudinal barriers, biases, or discrimination that exist beyond the delivery of curriculum and pedagogy. The same vulnerability, of attitudinal barriers or biases and discrimination, applies to fat students. Yet, they remain on the periphery of being considered a protected class, unlike their identified disabled peers. *Obesity in Canada: Critical Perspectives*, Petherick and Beausoleil (2016) explain that the environment towards fatness creates an unsafe environment for both teachers and students alike. In that perspective, how can a teacher offer solidarity or protection to a student if they are primed to maintain or reproduce the same discrimination occurring among teacher bodies? Petherick and Beausoleil write:

Because teachers and students live within a culture emphasizing strict bodily ideals, the complexities of body-related health projects are never straightforward “successes.” Feelings of guilt, shame, and disgust circulate within broader social contexts, and these need to be critically interrogated and disrupted in school environments (p. 266).

The aforementioned case law demonstrates that fat people face discrimination, particularly concerning systems of power and authority. The education system and classroom are a microcosm of larger societal systems, where many students face discrimination and oppression. In this section, I identify the school as a location of fat-discrimination that misunderstands childhood fatness and, in turn, recreates methods of exclusion.

In “Anti-fat bias in Secondary School Teachers: Are physical education teachers more biased than mathematics teachers?”, Carmona-Marquez et al (2021) survey teachers from different disciplines to better understand how fat-bias operates within a

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school. Teachers participated in taking the Anti-fat Attitudes (Crandall, 1994) questionnaire as well as the Implicit Association Test to capture attitudes towards fat students:

While they showed an explicit sympathetic attitude towards overweight/ obese people, their beliefs about the unwillingness of those same people reflected moderately negative explicit stereotypes about obesity. When we evaluated their implicit anti-fat biases, it was found that the obesity–bad association was rather strong and the obesity–laziness association was of medium intensity...our results appear to confirm the existence of an anti-fat bias in practicing PE teachers (p. 177).

What is fascinating about the findings of this research is the ongoing belief that fatness is due to an unwillingness to change and the subsequent stereotype that fatness is a product of laziness, even in children. These authors also found in their research that the negative disposition of Physical Education (PE) teachers toward fat students prevented them from participating in physical activity and electing to continue taking PE classes (Carmona-Marquez et al, 2021).

The failure to understand the cause of childhood obesity remains at the foundation of the discriminatory attitudes and projected attitudinal barriers of teachers. In early 2023, the American Academy of Pediatrics published *Clinical Practice Guidelines for the Treatment of Children and Adolescents with Obesity*. This guideline makes significant strides in providing clinicians and care-workers with a robust understanding of the complicated nature of obesity, ultimately negating the popular opinion that fat children are merely products of poor parenting, laziness, and inability to make ‘healthy’ choices. This publication defines obesity as a “chronic disease with escalating effects over time” (p. 3). It continues to situate childhood obesity as a result of complex factors further complicated by systemic oppression and inequality:

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Overweight and obesity are more common in children who live in poverty, children who live in under-resourced communities, in families that have immigrated, or in children who experience discrimination or stigma. As such, obesity does not affect all population groups equally (AAP, 2023, p. 3).

With this nuanced understanding of childhood obesity, the implicit and explicit bias towards fat students demonstrated by teachers is unacceptable.

To truly hold teachers accountable for how fat stigma and fat stereotypes are reproduced in the school system, it is necessary to investigate the provincial curriculum from which many teachers extrapolate the content used to teach their students. The Ontario curriculum is produced and published as individual subjects and implemented at different points in time by the Ministry of Education. Therefore, curriculum documents can be examined as a reflection of the time's political and social climate. For example, the Ontario Social Science curriculum has been revised to include a more accurate depiction of colonialism and Indigenous history (The Ontario Curriculum: Social Studies, Grades 1 to 6; History and Geography, Grades 7 and 8, 2023), the Ontario Math curriculum has been revised to include units of financial literacy (The Ontario Curriculum: Mathematics 1-8, 2020). In 2015, an updated Sex Education curriculum (The Ontario Curriculum: Health and Physical Education, 2015) was rescinded by the Ford Government after concerned parents and religious groups condemned the curriculum for being too progressive. The current Ontario Physical Education curriculum was published in 2019, and in it, the curriculum defines obesity as:

An accumulation of excess body fat. Obesity occurs when a person consumes more food energy than is needed to provide for all of the day's activities, including work and exercise. Obesity is a risk factor in a number of chronic diseases. Achieving and maintaining a healthy weight is important for reducing the risk of those diseases and improving overall health (p. 213).

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The definition of obesity provided by the Ontario Physical Education system simplifies obesity as a product of an overconsumption of food combined with a sedentary lifestyle. This shallow understanding frames obesity as a product of individual choice and a “healthy weight” as a status that can be achieved and maintained without regard to any external factors that influence weight. The reductionist understanding of overconsumption combined with a sedentary lifestyle refers to gaining weight, which is neither inherently bad nor results in obesity. This definition also fails to acknowledge that obesity itself is a chronic disease, instead citing obesity as a cause of chronic disease. When obesity is understood to be a consequence of choices, it maintains its status as a ‘consequence’ and therefore deviant. Fat students then become part of a deviant class of students, vulnerable to the discrimination of peers and teachers alike.

The *OPEC* (2015) provides teachers with guided prompts and script-like examples to initiate a conversation or a curriculum topic to cover. One such prompt explains body composition and while this could be an opportunity to explain the natural variance of body size or how social determinants of health might impact a person’s overall health, the prompt highlights how obesity contributes to disease, “Being overweight or obese is a contributing factor for many common chronic diseases, such as diabetes or cardiovascular diseases. Being underweight also has significant health consequences” (p. 94). In not expressing the specific chronic diseases associated with underweight people, this prompt vilifies obesity more than people with low weight. While it perhaps attempts to pose both overweight/obese bodies and underweight bodies as ‘unhealthy’, there is a bias in the way the details are presented and how diabetes or cardiovascular diseases are seen as a medical consequence of fatness. Diseases such as diabetes are

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prone to anti-fat biases that conflate the disease with a lack of fortitude or willpower, justifying a lack of empathy or shame. The curriculum presents obesity as a result of poor diet and exercise, not relative to genetics, social determinants of health, access to housing, food, and job security, and thus informs the prejudicial grounds with which fatness is regarded in the school system; a deviant body in need of correction.

*OPEC* has the means of providing an equitable understanding of health and embodiment. The social determinants of health are presented in the forward to teachers to explain the variance of health statuses that may arrive in class. The curriculum even addresses the fact that students face a lack of agency concerning social determinants of health and how it may impact ‘overall student performance.’ The social determinants of health as they apply to fatness include, but are not limited to, factors such as ethnicity, socio-economic background, immigration status, measures of material and social deprivation, which have all been identified as influencing paediatric weight. Wijesundera et al (2023) presented findings that indicate the impacts of social determinants of health and weight variance in children: “In a large, retrospective, population-based cohort study, we found significant associations between ethnicity, maternal immigrant status, neighborhood-level household income, deprivation and child weight status” (p. 287). However, the curriculum focuses on ‘personal health practices’ and ‘healthy decision making’ as the impetus for combating obesity, which is not only a failure on the part of the curriculum, but can be interpreted as a political agent with the intent to individualize personal health, given the Canadian socialized healthcare model. In “Manifestation of Anti-Fat Bias in Preservice Physical Education Teachers,” Readdy and Wallhead (2016)

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discuss that discriminatory teacher behavior is not only problematic in its existence but also operates in conjunction with political sentiments of fatness:

Recent media discourse has identified obesity as a drain on a nation's health resources (Begley, 2012), which has served to establish a discriminatory social agenda against overweight and obese individuals (Puhl et al, 2008). Specifically, overweight individuals are often stigmatized as lazy and self-indulgent. Evidence would suggest that this stigma has maladaptive consequences for perceived control of physical activity behavior (p. 451).

This sentiment is clearly established in the Ontario grade 12 Kinesiology curriculum (The Ontario Curriculum; Grades 9-12, Health & Physical Education, 2015), which points to the government as an intervener in combating obesity; "With rates of inactivity and obesity rising among some children and youth, the role of schools, communities, and governments in promoting healthy, active living is becoming increasingly important" (p. 177). This statement is misleading for several reasons; it implies that inactivity is the cause of rising obesity and that the promotion of behavior modification coded as 'healthy, active living' would solve the obesity problem. This argument does not acknowledge how the social determinants of health impact obesity rates among racialized, low-income, migrant communities and how these factors can be influenced by government intervention to lower the impact of the social determinants of health. This illustrates an inquiry for scholars and educators alike: how might making resources, such as housing, employment, food security, primary health physicians, and continuing education services more accessible, have a greater impact on obesity rates than the promotion of exercise?

Just as the Canadian courts struggle to define fatness as a chronic disease in its own right, the education system similarly struggles to impose a definition that rightly encapsulates the complexity of the disease. There have been strides in bariatric medicine that acknowledge weight is not a universally mutable factor for those who are

overweight or obese (Saleh, 2016). OPEC fails to appreciate the lack of agency children have in controlling not only the social determinants of health that impact their lives, but also the moral value ascribed to 'achieving' a healthy body. Therefore, the school becomes a location where weight discrimination is reproduced, learned, and normalized.

### **Discussion**

Fatness has long been misunderstood as a plague of self-indulgent behavior, a natural consequence of sedentary lifestyles, and attributable to moral failure (Fraser, 2009). By failing to recognize fatness as an analogous ground of disability and therefore warranting protection in the Canadian Charter of Rights and Freedoms, the government positions fatness as an individual lifestyle choice instead of a chronic illness. We must thread a very fine needle by understanding that the medical model has been used to disadvantage fat people, problematic fatness as an extension of character flaws. This places the responsibility on the person to self-correct their habits, rather than addressing systemic oppression. Fat people are therefore vulnerable to discrimination, particularly in opposition to authority, with a legal system that fails to accurately and consistently recognize the undue hardship experienced by fat people. Children should be considered more vulnerable given their lack of agency and proximity to authority, with a biased understanding of fatness in schools.

In this paper, I have examined how the Ontario provincial school system reproduces fat-bias not only in culture, but in misinformed curriculum, which ultimately discriminates against fat students and fat people. We must utilize the Medical Model differently, to rightfully define fatness as a chronic illness that disproportionately impacts

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marginalized communities and cannot be mitigated by any one behavior-based intervention (Brown et al., 2021; Sharma & Padwal, 2021; Zafar & Khan, 2021).

In an effort to address the liminality of fatness, this paper defined fatness as a disability by the medical model definition, specifically as a chronic disease caused by numerous factors, including but not limited to one's social determinants of health. This paper has argued that this understanding of fatness meets the criteria to be considered an analogous ground to disability and therefore should be protected by the Canadian Charter of Rights and Freedoms. This paper will now discuss how the Ministry of Education can meet fat-discrimination as a way to acknowledge discriminatory attitudes and practices in hopes that a more concrete understanding of fatness will lead to better treatment of fat people and a more robust understanding of fatness as a chronic illness.

It is unjust for students who may themselves be fat, and therefore managing a chronic disease, to be told that the management of this disease is within their control and subsequently judged if the strategies of calorie restriction and increased movement fail. Therefore, teachers, particularly those in PE, must be made aware that classrooms can become hostile not solely due to interpersonal relationships and typical childhood bullying, but because of inequitable teaching practices and what should be considered discriminatory curriculum (Jennings, 2009).

Second, to explore the degree of fat discrimination within Ontario schools, the complement to combating fat discrimination is revising the curriculum. The OEPC should include the social determinants of health, not just as a consideration for teachers but as a topic for learning and understanding by the students. This would allow students to approach their health status with a wider breadth and more accurate agency. There

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should be a review of how 'sedentary lifestyles' are used in educational policy, curriculum, or community outreach as a micro-aggression towards the disabled community. There is room here to examine how fatness as a disability reveals ableist attitudes not just in Physical Education spaces, but in education as a whole. Students who experience limited mobility and require a wheelchair or mobility device are not categorized as 'sedentary'; their disability or impairment elicits compassion and pity. I would argue that 'sedentary lifestyle' and 'laziness' are coded for 'childhood obesity' and another way of identifying fat bodies as deviant. A significant revision of the OPEC is needed to identify neoliberal ideals of citizenship, coding for fatness as deviance, and permitting Physical Educators to encourage diet and exercise as a remedy to fatness.

### **Conclusion**

Fat Canadians will continue to face discrimination and physical exclusion, as it has been deeply woven into the fabric of our culture. However, there is hope that a just definition of fatness can protect individuals from discrimination by employers, service providers, and even educators as an analogous ground of disability. Critical Disability and Fat scholars alike are urged to rethink negating the importance and use of the medical model of disability. The medical model can be used for the benefit of the wider disabled community, inclusive of fat individuals, while working towards greater accessibility and acceptance. Fatness, I argue, should be considered an analogous ground to disability and therefore protected in the Canadian Charter of Rights and Freedoms. Consequently, changes must be made to OPEC to ensure the fair and just inclusion of fat students in classrooms.

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