Not Only Virus Spread: The Diffusion of Ageism During the Outbreak of COVID-19

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Abstract

During the COVID-19 pandemic, we face an exacerbation of ageism as well as a flourish of intergenerational solidarity. The use of chronological age is an unjustified threshold for the creation of public policies to control the spreading of the virus; doing so reinforces intrapersonal and interpersonal negative age stereotypes and violates older persons' human rights to autonomy, proper care treatment, work, and equality. By overlooking differences within age groups, measures formulated solely on the basis of age are unable to target beneficiaries' needs. Concurrently, several initiatives are trying to overcome ageist practices by providing different types of assistance to older adults on the basis of need rather than chronological age. The MSCA-ITN Innovative Training Network EuroAgeism calls on policymakers to refrain from ageist practices and language, as they exacerbate our ability to meet the COVID-19 crisis and future emergencies.

Keywords: COVID-19, ageism, policy, intergenerational solidarity, older persons' rights

Key Points:

- Ageism has harmful consequences, and the pandemic has further increased its incidence.
- Ageism hinders policies to target populations in vulnerable situations.
- Policies based on mere chronological age endanger intergenerational

solidarity.

- During the emergency, policymakers should refrain from ageist language and challenge age stereotypes to abstain from ageist practices.

Introduction

The outbreak of the novel coronavirus, COVID-19, impacts our daily lives and the lives of all the people around us, regardless of their age, in unprecedented ways. Many governments set up measures and policies to slow the spread of the COVID-19 pandemic to protect people and to reduce expected negative health and socio-economic consequences. Taking into consideration that testing protocols vary between countries, it is reported that older adults constitute a higher percentage of confirmed COVID-19 cases and deaths (NYC Health, 2020). Older adults are at a significantly increased risk of developing severe and debilitating illness from COVID-19 (WHO, 2020a), because of the physiological changes associated with aging, decreased immune function and multimorbidity, as well as the co-existence of various risk factors (health, psychosocial and economic). Although people of all ages may be severely affected, it is older adults who are at the center of the news media and political discussion and regulations.

This perspective reflects on the policies developed to stop the pandemic that might increase ageism and therefore be harmful to older persons as well as the whole society. The following discussion focuses on the arbitrary use of chronological age, the related outcomes of targeting older persons as vulnerable and the consequences of overlooking differences within age groups. It highlights the importance of refraining from ageist attitudes and behaviours that exacerbate a phenomenon that might impair individuals' rights as well as intergroup relations in the long term.

Ageism and the Use of Chronological Age

Ageism is not a new phenomenon. Observations of ageism can be traced at least as far back to the coinage of the term by Robert Butler in 1969 (Butler, 1969). Numerous studies demonstrate how ageism has become reified (e.g.: Ayalon & Tesch-Römer, 2018), infiltrating all aspects of society, from working life to healthcare and

access to services (Officer & de la Fuente-Núñez, 2018). In this respect, ageist attitudes, as other forms of discrimination, have become institutionalized in public policies (Butler, 1980). In the last 50 years, the acknowledgement of the aging of the population and the related expenses for pensions and health care by governments has contributed to the notion that older people are a burden for national economies (Walker, 2012). At the extreme, this opinion has led some politicians to hope for a "killer flu epidemic...which disproportionately affects elderly" to solve the fiscal problems attributed to population aging (Walker, 2012, p. 814). Examples, like this one, of overtly, though typically less extreme, ageist accounts are visible throughout society. Even more so than usual ageist policy proposals have been put forward during the COVID-19 pandemic.

Chronological age has frequently been used as a foundation for various policies promulgated in light of COVID-19, even though no international agreement exists on which age cut-off to use (such as, 60, 65, 70 or 75), thereby demonstrating the arbitrariness of the threshold. The unquestioned idea that chronological age objectively defines groups, overlooking their inner differences, is an ageist assumption, as it supports prejudice, stereotypes, and discrimination on the basis of age. Our claim is that although the connection between the presence of chronic illnesses and age is observed, being chronologically old does not equal being at once vulnerable, in a precarious state of health, or less valuable. Hence, we, the undersigned researchers of the MSCA-ITN Innovative Training Network EuroAgeism,[1] dismiss the notion that policies should be created on the basis of mere chronological age: this is an example of ageism and reflects harmful ageist attitudes and behaviors within our society.

We recognize that older adults are at a higher risk of violation of human rights during the outbreak, as stated by United Nations human rights experts (United Nations Human Rights Office of the Commissioner, 2020). In this regard, we stand against the

policy of performing triage based solely on chronological age (e.g. Baker & Fink, 2020; Popescu & Marcoci, 2020). Older individuals should not suddenly lose the right to autonomy and agency of choice. Every life matters, therefore triage protocol should be case-specific, approached through discussion, and based on scientific evidence and medical needs.

Ageism is harmful and has deleterious consequences for people of all ages. Policies and measures based merely on chronological age fail to consider the individual differences and the intersection of different social, economic and health factors that instigate vulnerability and the need for support. For example, age-based confinement policies developed to limit the transmission of COVID-19 create a double pitfall. First, they free the younger population from responsibility, creating an illusion that young persons are not affected, are invincible, and do not have a role to play in the containment. The initial portrayal of the pandemic as affecting only older adults has exposed society to a higher spread of the contagious disease. It has led, for example, to younger persons partying during the American Spring Break (Miller, 2020), gathering in college fraternities (Silva, 2020), attending parties in Japan after being in high-risk European countries (Takashima, 2020), and moving from the red zone in North Italy to the South where the virus had heretofore been less prevalent (Di Marino, 2020).

Second, chronologically-based policies and official statements reinforce old age as vulnerable and dependent, thereby sustaining ageism. Ayalon and colleagues discuss how media communication and public measures based on chronological age reinforce negative age stereotypes during the COVID-19 outbreak (Ayalon et al, 2020), citing reports that urged folks over 70 years of age to stay indoors or news articles that criticized the decision of providing intensive care to those over 90 years old. The idea that overtly ageist attitudes should not be condemned seems accepted in this difficult

time: public discussion using the hashtag #BoomerRemover has praised the virus for helping us reduce the public expense devoted to older persons (Morrow-Howell et al, 2020). Similarly, in the US, the Texas Lt. Governor stated that grandparents should consider sacrificing themselves for the greater good of their children's future (Coughlin & Yoquinto, 2020); and in the UK, the death of older persons due to COVID-19 was reported to be beneficial for the economy, as "culling elderly dependents" (Warner, 2020 as cited by Human Rights Watch, 2020) echoing the sentiments of nearly 10 years ago that a pandemic affecting older persons would be beneficial (Walker, 2012). These ageist assumptions accentuate the intergenerational anger and the use of hate speech in pitting young against old, especially when institutions reinforce this narrative. Individuals may internalize these messages, and thus a vicious cycle of ageism develops.

Moreover, ageism could prevent older adults from acknowledging their physiological and immunological risk and needs because of a desire to avoid association with the stigmatized and stereotyped group of older persons (Aronson, 2020). Each of us, decision-makers, policymakers, healthcare professionals and news reporters should be aware of problems of ageism and its pernicious societal and individual effects. We should be more cautious to actively refrain from ageist language, recognizing that older adults are a heterogeneous group that continue to make valuable contributions to society (The Framework Institute, 2020).

Ageism and Physical Distancing

Social isolation measures vary between countries, some are age-based, and some are universal; however, the key issue is how such measures are communicated and applied and whether they reinforce negative age stereotypes. The belief that society does not need older adults and will not miss them if they self-isolate during this time

(e.g. Coughlin & Yoquinto, 2020) denies the importance of their participation in the community.

Older adults continuously and actively contribute to society with paid and unpaid work (UNECE, 2019a); they constitute a great bulk of informal care for partners, grandchildren and others (UNECE, 2019b); they are a vital part of voluntary and civic society (Principi et al, 2014); they support intergenerational transfers (Silverstein, 2006); and they secure the continuity of our identity, heritage and memories. Moreover, older adults are assisting others during this crisis; for example, those who are retired healthcare professionals answered the call and returned to work, in Canada (Lowrie, 2020), the US (Simmons-Duffin, 2020), the UK (British Medical Association, 2020), and Italy (Ministry of Health, 2020).

The ability to cope with social isolation does not depend just on age, but also on other factors such as the availability of social support, the size of the household, the urban or rural location, the attainability of technology, the accessibility of services and even psychological factors and regular lifestyle. For example, access to digital technology, as well as digital literacy, have proved to be a key element in the ability to cope with quarantine requirements; it allows people to work from home, order groceries and medicine, or stay socially connected (Friemel, 2016). We encourage policymakers to acknowledge the digital divide as a potential barrier and to make an extra effort in ensuring that persons of all ages have access to technologies that influence their ability to realize their basic rights.

Ageism and Inequalities

The current pandemic is also highlighting the inequalities that the intersection of various socio-demographic factors creates. For example, refugees, migrants, prisoners, people experiencing homelessness, those living in rural or deprived areas, or persons

without social support may face additional challenges. Folks living in congregated settings, such as residential care, are more exposed to risks of contagion, and the lack of resources and personal protective equipment in this setting exacerbates the issue. According to the New York Times, in the US, at least 28,000 residents and workers died from the novel coronavirus in nursing homes, amounting to one-third of the total deaths as of May 11 (Yourish et al, 2020). The same situation can be seen in Italy, where 6,773 persons have died in nursing homes. Of the total, 40% have been related to COVID-19, and the evaluation is based only on one-third of the residential care structure of the country (Caccia et al, 2020). The cases in nursing homes are aggravated by complicated initial conditions, such as questionable care standards (Cenziper et al, 2020), or understaffing in healthcare facilities that increase the risk of inappropriate care (WHO, 2020b). We encourage policymakers to give more attention to persons in vulnerable situations. This should be done regardless of their date of birth, including those with preconditions, already socially excluded, having financial difficulties and with limited access to healthcare and other services. Especially in an emergency situation, there is a need for creative and alternative policies and actions that increase social connections, social protection and accessible solutions.

The relationship between age and gender is also notable during the outbreak. Even though data (Data2x, 2020) for COVID-19 so far show the same number of cases between men and women, men are more susceptible to enter a critical condition and are more likely to die. Moreover, women, especially older and migrant women, represent the majority of caregivers. Traditional roles require women to look after children, grandchildren, and those in vulnerable situations. This limits their work and economic opportunities while close contact increases their exposure to infectious diseases. The problem of abuse and domestic violence (Kingkade, 2020) has also come to the

forefront.

Conclusion

The deleterious practices described so far exist alongside positive actions, which should also be acknowledged. At the local, as well as national and international levels, intergenerational support has increased. Authorities and volunteers are helping older adults and persons in vulnerable situations in running errands; psychological support is offered over the telephone through help lines; online courses and activities are available; and financial aid is provided to respond to job loss or to purchase technological equipment (Age Platform Europe, 2020). We want to spotlight the collective effort, from the governments that are protecting older adults from possible harm, to the hard work of the healthcare professionals who are working under extreme pressure and daily risk. We applaud the intergenerational solidarity that has spontaneously spread. Helping by picking up groceries, going to the pharmacy, paying the bills, or teaching how to use video chat is an admirable way of strengthening connections across generations while maintaining physical distance.

Still, ageism and ageist practice have been harmful during the outbreak of COVID-19 when a collective effort is needed. They hinder the ability of policies to target the population in the most vulnerable situations and to recognize the diversity within age groups, therefore violating individual rights. We encourage everyone to be sensitive towards ageism during this critical time and to let intergenerational help and solidarity prevail.

Notes

[1] The MSCA-ITN EuroAgeism, funded under Horizon 2020 and Marie Sklodowska-Curie Actions, is a multi-disciplinary, multi-sectoral, science-policy international network of researchers, policymakers and social and health care professionals. The aim

of the network is to tackle ageism and raise awareness of ageist practices and policies in clinical, social and everyday settings. Senior and early-stage researchers explore the ways to promote inclusive and age-friendly societies, to improve labor market conditions for all ages, and to ensure that access to goods and services is not limited by one's age. Please refer to our website (https://euroageism.eu/team/) for the list of signatories to the MSCA-ITN Innovative Training Network EuroAgeism.

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