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Ageism during COVID-19

Ageism is not a new phenomenon. However, it has been ignored for too long.

Ageism is very insidious, socially accepted and internalised by many to the point that when we are discriminated against because we are older, we fail to see the injustice.

According to the European Agency for Fundamental Rights (FRA), age-based discrimination is the most widespread form of discrimination across the EU¹, yet it is not considered as equally severe and important as other forms.

On May 1st, the UN Secretary General launched a policy brief on COVID-19 and older persons. He stressed that ‘beyond its immediate health impact, the pandemic is putting older people at greater risk of poverty, discrimination and isolation’². The brief that was subsequently supported by 146 UN Member States, including 51 from the UNECE region, recognised that while older people are the primary victims of the virus, their rights have been violated during the pandemic³.

Governments have resorted to measures to protect older persons from COVID-19 but the sometimes late, rushed decisions and the lack of preparedness for a crisis like this, resulted in paternalistic and ageist measures, with serious consequences for the health and well-being of older persons. Ageist attitudes in the media and social media have revealed deep and systemic ageism in countries around the world, including in this region.

The Independent Expert on the rights of older persons deplored the deep-rooted ageism that the pandemic has brought to the fore. Only a few UNECE countries responded to the call for inputs by the Human Rights Council Special Procedures joint questionnaire. And only a few amongst them, referred to older persons.

Examples abound. COVID-19 has amplified ageism in multiple ways:

- **In the way the media and public service announcements portray older persons:** Stigmatizing and singling older persons out as frail, passive, dependent or a burden, is a breach of their inherent dignity. Journalists and politicians have referred to coronavirus as a way to ‘cull the elderly’ or free hospitals from ‘bedblockers’. A “top economist” called for a special coronavirus tax for older persons⁴

¹ <https://fra.europa.eu/en/publication/2018/shifting-perceptions-towards-rights-based-approach-ageing>

² <https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2020/05/COVID-Older-persons.pdf>

³ <https://www.un.org/development/desa/ageing/uncategorized/2020/05/140-member-states-support-the-sg-policy-brief-on-covid19-and-older-persons/>

⁴ <https://www.brusselstimes.com/economics/111598/top-economist-let-older-people-pay-a-corona-tax-to-support-the-young/>

- **In social media demonization and blaming games:** Almost a quarter of twitter posts concerning older people and COVID-19 have been classified as ageist⁵ with derogatory remarks and hate speech targeting older persons. Narratives around the benefit to economies of older persons' deaths from COVID-19 underscore the ageist idea that society would be better off without them. Other narratives have suggested that older persons do not deserve equal access to resources because of the high rates of death from COVID-19, and that their deaths are less significant. The term 'boomer remover' was used thousands of times on twitter during a few weeks referring to the virus that "liberated us of older persons who were a burden and dying anyway...."⁶ Young people complained about why they needed put their lives on hold for a disease that "only affects older people".
- **In discriminatory practices:**
 - **Enforced confinement measures for older persons:** Some governments have placed severe restrictions on freedom of movement based on age, forcing older persons to remain confined to their homes or face fines or other penalties. Imposing isolation for part of the population reinforces stereotypical images of older persons, depriving not only older persons of opportunities, but depriving communities and families of the valuable participation of older people. These measures do not take into account the devastating effect that long-term confinement has on the physical and mental health of older persons. Harsh restrictions also place older people at higher risk of violence, abuse and neglect that remains invisible.
 - **Forced isolation:** LTC institutions have been completely closed off from visitors, and government inspectors. Older resident have not only been confined to the institutions but also isolated /locked in their rooms. Such policies should balance protecting at-risk residents with their right to a private, family life and social connection as well as the important oversight that visitors and inspectors provide⁷.
 - **Specific shopping hours** While they started as a welcome support to enable older persons to shop with confidence, they evolved in some countries into a strong recommendation and even a compulsory time to shop for older persons. At times, these early hours were too early to become a help...
 - **Age-based triage:** Older persons have been denied access to intensive care, simply on account of their age.⁸ Some older people have been pressured to sign do not resuscitate forms. Age should never be a criterion for medical triage. Protocols based on non-medical criteria such as age or disability, deny persons their right to health and life on an equal basis with others. In fact, many older persons have not even been allowed to reach hospital.

⁵ <https://pubmed.ncbi.nlm.nih.gov/32338787/>

⁶ <https://www.newsweek.com/boomer-remover-meme-trends-virus-coronavirus-social-media-covid-19-baby-boomers-1492190>

⁷ <https://www.hrw.org/report/2018/02/05/they-want-docile/how-nursing-homes-united-states-overmedicate-people-dementia>

⁸ <https://theconversation.com/coronavirus-allocating-icu-beds-and-ventilators-based-on-age-is-discriminatory-136459>

<https://www.latimes.com/opinion/story/2020-04-30/rationing-covid-19-treatment-triage-elderly-disabled>

- **In the lack of accurate data:** In some countries, authorities have delayed or never revealed accurate numbers of COVID-19 infected older persons or related deaths, neither by age group nor by setting. Public health authorities have been slow to record the number of fatalities in Long Term Care Facilities or the numbers have never been recorded. In some cases, the COVID-19 excess mortality among older persons has been presented as the natural order of things, a form of quasi-natural selection.⁹
- **In the cancelation of health care treatments, rehabilitation and essential services**
- **In the lack of prioritization of protective equipment for LTC staff and residents**
- **In the lack of access to information and information tools:** when the information is available online, many older persons without ICT tools are excluded from updated information.
- **In the absence of the voice of older persons:** These above manifestations of ageism raise the question of the value given to older persons and their voice: were their views solicited? If so, were they listened to and taken into consideration? It seems not.

Human rights law recognizes that in the context of serious public health threats and public emergencies, restrictions on some rights can be justified when they have a legal basis, are strictly necessary, based on scientific evidence and neither arbitrary nor discriminatory in application, of limited duration, respectful of human dignity, subject to review, and proportionate to achieve the objective. Monitoring and reviews of restrictions should consider the harmful impacts of emergency measures on older persons, and in particular, age-based discriminatory policies.

Ageism and hate speech directed at older persons should not be tolerated and should be treated with the same seriousness as other forms of hate speech both during the pandemic and after. We need to look at how decisions have been made, learn the lessons, and ensure that in future crises, human rights are equally respected regardless of age.

This pandemic has also shown us that communities and countries that had in place age friendly policies, have fared better during COVID 19.

There is enough research evidence to guide current efforts to identify at-risk individuals in a more refined and effective way, aside from looking only at chronological age¹⁰.

A UN Convention on the Rights of Older Persons can assist governments to respect, protect and fulfill our rights. It will raise awareness of all sectors of society and all generations that we all have the same rights and that we should all age free of discrimination. We need a solid, legal foundation to end systemic ageism.

⁹ https://www.researchgate.net/publication/345725719_COVID-19_and_residential_care_facilities_issues_and_concerns_identified_by_the_international_network_prevention_of_elder_abuse_INPEA

¹⁰ <https://academic.oup.com/psychsocgerontology/advance-article/doi/10.1093/geronb/gbaa051/5820621>