“Virtually Nobody”: Protecting Older Adults in the COVID Era

I. Introduction

The COVID-19 pandemic exacerbated existing injustices in the United States, sparking an increase in support for social justice movements across the nation. Movements to protect minorities, such as Black Lives Matter, and the poor, such as the Poor People’s Campaign, came to the forefront of the American public consciousness over the summer of 2020. However, one substantial demographic of the United States faces the most danger from COVID-19, but seems to be receiving little coverage or public sympathy: older adults.

Ageism, discrimination of older adults because of their age, is pervasive in the United States, manifesting as workplace discrimination, micro-aggressions, elder abuse, and a general perception that older adults are incapable and weak. The COVID-19 pandemic has worsened this discrimination, because older adults are at higher risk for severe illness from the virus and lawmakers have deemed them expendable in the name of reopening the economy (“Older Adults”). However, ageism is an issue that affects everyone, as someday we will all grow older. To stop this discrimination, the way we think about ageing needs to be reframed, so lawmakers and the public will more willingly lend support to policy that protects older adults. The FrameWorks Institute, a nonprofit think tank, has identified parts of the language we use to discuss older adults that contribute to the problem, such as othering older adults by using terms
like “the elderly” or “seniors.” Their recommendations for shifting language could aid in the effort of getting justice for older adults in the COVID era.

II. Culture of Ageism in the United States

Ageism was an American problem long before the COVID-19 pandemic began, creating a culture that othered older adults and treated them as less than human. The term ageism was coined in 1969 by a psychiatrist who noted a “widespread contempt” for the older adults in the history and culture of the United States and across the world (Achenbaum). Even cultures that seem to revere old people, like Japan, have a history of mocking older adults as impotent and disfigured in their literature. The widespread understanding of ageing, especially in the United States, is that it makes a person weak, slow-witted, and devoid of purpose.

The deep-seated belief in the United States that older adults are inferior contributes to a culture that mocks and rejects these people. A 2009 study examined the differences between young people’s perception of ageing versus those who have actually aged (Kendall-Taylor). The study revealed that younger people predicted that they would have more negative experiences in old age than older people truly experience, demonstrating that the general perception of older adults is not in line with reality. People strongly associated ageing with “the attributes and capacities of the body and mind—those seen as making someone a full person—fading rapidly and inevitably” (Kendall-Taylor). However, the older people interviewed explained that, even in advanced age, they have been able to find a sense of love, happiness, and purpose. Older people have varying degrees of functionality, but regardless of their abilities, these adults deserve respect and justice.
The belief that those who are older are less human has created a culture that makes blatant ageism socially acceptable. All one needs to do to see examples of this is look for the “funny birthday” cards in a drugstore: jokes about losing eyesight, fading memory, and fewer positive sexual experiences in old age stand uncriticized. One such card reads: “at your age, ‘getting lucky’ means walking into a room and remembering why!” (Baker), mocking and othering older people for supposedly not understanding modern lingo, not enjoying sexual experiences, and losing their memory.

There is also an impression in the media that ageing is something undesirable that one would want to reverse, as demonstrated by the number of skin creams on the market meant to “turn back the clock” (“Skincare Products”). Lotions offered by Olay, NeoStrata, and Dr. Loretta are literally named “Anti-Ageing Moisturizers.” Ageism, unlike other forms of discrimination, is still socially acceptable to joke about, through comments about “senior moments,” stereotypes about older adults as technologically inept and forgetful, or generalizations about “Boomers” (McNiff). The culture against older adults in the United States hurts them through microaggressions and other forms of subtle hate. But, these beliefs have seeped their way into American institutions and practices, and have become huge roadblocks to living life as a successful older adult.

III. Consequences of Ageism

Today, ageism manifests in many different ways across the US, ranging from emotionally hurtful to physically harmful, even deadly. Workplace discrimination, the hiring or firing of a person based on age, is one of the most commonly known examples of institutional ageism. This kind of discrimination made it difficult for older people to get or keep their jobs, resulting in
poverty, before the passage of The Age Discrimination in Employment Act (ADEA) in 1967 (Graham). The ADEA protects employees and applicants 40 years old and older from hiring discrimination, hostile harassment, and unfair workplace policy (such as a mandatory retirement age) (Graham). This law, while monumental in protecting older working adults, is the only major federal law providing protections for older people. Other issues, such as elder abuse, have not been directly addressed by the government. The abuse of older adults by those who take advantage of their vulnerability is very common: in fact, 1 in every 10 Americans over the age of sixty have experienced some kind elder abuse (“Elder Abuse Facts”). Social isolation and stigma around the capabilities of older adults makes it difficult for them to report this abuse, and the National Council on Ageing Estimates that only 7% of cases are reported (“Elder Abuse Facts”). Ageism is not a victimless prejudice: about 5 million older adults will experience abuse this year. The stereotypes perpetuated by the media and in institutions lead to the discrimination and suffering of older adults across America.

IV. COVID-19 and Ageism in Healthcare

These judgements became even deadlier with the outbreak of the COVID-19 pandemic in the US in late February of 2020. The CDC estimates that adults over the age of 65 make up 8 out of every 10 COVID-19 deaths (“Older Adults”), as older adults are more at risk for developing a severe illness from the virus. Not only are older adults more likely to develop these life-threatening symptoms, but they are also more likely to develop obscure symptoms, such as confusion, apathy, or dizziness (Graham). These symptoms can soon spiral into deadlier consequences, but without the cough and fever associated with COVID-19, they often pass under the radar. This is reflective of the broader issue of ageism in medical research and education.
While there is extensive public information on the research done for COVID-19 symptoms and treatment in adults and children, there is little for older adults (Fitzpatrick). Doctors cite their experience in medical school, spending months on disease in children, but a week on disease in older adults, though both require specialized care. Often, older adults are understood as one uniform group, when truly they are diverse in demographics, health, and functional ability (Kendall-Taylor). Ageism in the medical field has certainly contributed to the more than 200,000 deaths of older adults in the United States alone.

Another contributing factor to the high death rate in older adults is the prioritization of younger patients. There is no better example of this in practice than the allocation of ventilators. The ventilator is a life-saving breathing device that is used to treat COVID-19 cases that attack the lungs (Kliff). When cases rose sharply in April 2020, United States hospitals had more patients in need than ventilators available and had to make the grim decision of who got priority. Unsurprisingly, many states (and countries, such as Italy), prioritized the young. Younger people were granted ventilators first and some hospitals even denied anyone over a certain age a chance to use one at all, to leave them open for younger users (Fink). Public health officials justify this decision by citing a higher success rate in younger adults (Kliff). However, this move makes the dangerous presumption that all young people are healthier than all older people and have a higher likelihood to survive COVID-19. In general, older adults are at higher risk, but generalizing about health and not giving older people a chance at survival is inequitable.

V. COVID-19 and Ageism in Politics and Society

Because older adults are more at-risk to die or develop severe symptoms from COVID-19, they have the most to lose from the irresponsibility of politicians’ handling of the virus.
Politicians have been challenged with balancing the pandemic deaths and the need to keep the economy running, trying to find a solution that keeps money flowing with limited spread of the virus (Thrush). However, for many politicians, their propositions are completely out of balance. President Trump, when announcing his plans to keep the economy open in September 2020 despite the United States hitting 200,000 deaths, stated that the virus “affects elderly people, elderly people with heart problems, nobody young, below the age of 18, like nobody — they have a strong immune system — It affects virtually nobody, it’s an amazing thing — by the way, open your schools!” (Thrush). This statement is problematic for a number of reasons (not the least of which is falsely assuming only old people suffer from the virus). In this statement, Trump expresses the cultural belief that older adults are not fully human by explaining that the virus does affect older adults, and then declaring that it affects “virtually nobody” at all. He also expresses his willingness to sacrifice older adults in the name of reopening the economy and schools. At 74 years old, well within the margin for being “at-risk” (Wexler), it seems ironic that Trump is so supportive of opening the economy. However, in this statement, Trump employs an “us versus them” mentality, completely alienating the elderly demographic from himself and his supporters (Kendall-Taylor). The Trump Administration was able to open the economy, putting the elderly in danger, because they convinced their supporters that older adults are less human, and therefore less deserving of life.

This hateful rhetoric found its way into the mainstream, such as in the hashtag #BoomerRemover, which is the sarcastic name teenagers have come to call the virus on Twitter, joking that it will kill off all the “Baby Boomer” Generation (Wexler). The media addresses younger deaths and job losses as personal and tragic, while the coverage of older deaths is impersonal, using general statistics or morbid body bag photos (Kendall-Taylor). The way
politicians, especially those in the Trump administration, have prioritized the economy over older adult’s lives has normalized brutal ageism in the media.

Ageism in the time of COVID-19 is a problem that puts everyone at risk. The widespread notion that COVID-19 only affects older adults (or: “virtually nobody”) makes younger people more comfortable putting themselves in risky situations and disregarding restrictions. Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, however, disagrees, stating that people of any age (especially those with underlying conditions, which younger people can have) can be seriously affected by COVID-19 (Thrush). He warns the American public that “it can be serious in young people.” If people do not come to understand that not only older people are more susceptible to the virus, then many young people will risk exposure.

VI. Reframing Ageism

The ageism problem in the COVID-19 era is in desperate need of reframing. The FrameWorks Institute created tools to identify how we can alter our language to change the way people think about ageing and about our older population, which can be applied to the rhetoric of older adults during COVID-19. One of the most important first steps to reframing age is to explain ageism and redefine what ageing actually means. The FrameWorks institute recommends emphasizing the idea that “older age, like any other time in life, involves both challenges and opportunities” (“Framing Strategies”). The Institute recommends comparing ageing to “gaining momentum.” This is far more productive than “fighting” ageing or trying to “stay young,” and emphasizes that there are benefits to ageing too. When viewed like this, people are less likely to
distance themselves from the idea of ageing, and see its challenges as a problem to be solved rather than an unfortunate reality.

Another important way to avoid this distancing is being conscious of the language used to describe older people. Words like “the elderly” or “senior citizens” alienate older adults from the rest of the population (Kendall-Taylor). By using phrases like “older adults” or “older people,” speakers and writers don’t reduce these people to their age or generalize their characteristics. To take it even further, the Institute recommends using inclusive phrasing; instead of writing “this is what the elderly want,” write “this is what we want when we are older,” to solve the problem of alienation. This problem-solving mindset is an important part of the next step, which highlights the role of public policy in solving ageist issues. The problems we face with old age aren’t always a result of personal fault: sometimes, they are issues in public policy and social structure, such as healthcare or the way public transportation functions (“Framing Strategies”). These problems can be solved with the legislature. It is important that those in power reframe the way they speak and write about older adults, because these words are the catalyst for legal and social change.

In the time of COVID-19, the tensions between age populations and the need to protect the elderly have intensified. However, the FrameWorks guidelines for discussing older people are still applicable. By using inclusive language and not alienating the older population, people speaking on the topic of COVID-19 acknowledge that older adults are people, too. Instead of saying “senior citizens deserve ventilators,” say “everyone deserves an equal chance at access to a ventilator,” to express that older adults deserve the same opportunities as everyone else (“Framing Strategies”). This opens the door to appeal to the value of justice, an especially valuable tool during the COVID-19 crisis (Kendall-Taylor). Mention that “every person deserves
equal treatment,” and clarify that “easing restrictions and prioritizing healthcare for the young is not equal and not just.” Inclusivity also fosters solidarity, which gives a sense of “shared stake, public purpose, and potential for improvement” ("Framing Strategies"). For example, instead of saying, “social distance to protect the elderly,” say “social distance so we limit the spread of the virus,” emphasizing that the action we take affects us all, not just the older population.

Oppressing older adults affects everyone during the time of COVID-19: it makes people feel overconfident about their ability to survive the virus and allows it to spread further. Everyone has something to lose from ageism, and if everyone works together, we all have something to gain from taking legislative action towards the solution.

VII. Conclusion

Ageism is a problem that often goes unnoticed in the United States, as older people can be socially ostracized and legally forgotten. The COVID-19 pandemic revealed that the American government prioritizes the economy over the health and wellbeing of its older population, by easing restrictions too early and prioritizing healthcare for the young. These discriminatory choices need to be changed, and this change begins with rethinking the way speakers, writers, activists, and politicians describe the older population of the United States. According to the FrameWorks Institute, explaining ageism, emphasizing that everyone is affected by it, and using inclusive language are crucial parts of effective anti-ageist rhetoric. If people alter the way they speak to support the older adults of the population, politicians will pass measures that will save lives, old and young. And, perhaps, by calling attention to this issue of ageism in the United States, something more will be done about the rampant elder abuse and the overall societal disapproval of ageing. Every day 10,000 people reach retirement age (McNiff),
10,000 more people that society viewed as full adept citizens the day prior. The time to act is
now, before more lives become lost to prejudice, before a doctor is removing the breathing tube
from our own throats.

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