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From “Coffin Dodger” to “Boomer Remover”: Outbreaks of Ageism in Three Countries With Divergent Approaches to Coronavirus Control

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Abstract

Objectives: This article compares responses to coronavirus control in Australia, the United Kingdom, and the United States, 3 countries in which public ageism erupted over the social and economic costs of protecting older adults from Covid-19.

Methods: Thirty-five (35) newspapers, media websites, and current affairs magazines were sourced for the study: 8 for Australia, 12 for the United Kingdom, and 15 for the United States. Searches were conducted daily from April to June 2020, using key words to identify age-related themes on pandemic control.

Results: Despite divergent policies in the 3 countries, ageism took similar forms. Public responses to lockdowns and other measures cast older adults as a problem to be ignored or solved through segregation. Name-calling, blame, and “so-be-it” reactions toward age vulnerability were commonplace. Policies banning visits to aged care homes angered many relatives and older adults. Indefinite isolation for older adults was widely accepted, especially as a vehicle to end public lockdowns and economic crises.

Discussion: Older adults have and will continue to bear the brunt of Covid-19 in terms of social burdens and body counts as the pandemic continues to affect people around the globe. The rhetoric of disposability underscores age discrimination on a broader scale, with blame toward an age cohort considered to have lived past its usefulness for society and to have enriched itself at the expense of future generations.

Keywords: Aged care policies, Age segregation, Covid-19, Herd immunity, Stereotyping

Many people view Covid-19 as an “older adult” problem (Fraser et al., 2020). From health advisories on age vulnerability, to the ghettoizing of older adults for risk mitigation, ageist rhetoric has been a dominant theme for pandemic control. As a social fact, ageism has roots in the postindustrial era, where age-graded subgroups (e.g., “employees” and “retirees”) emerged to meet the specialized demands of modern society (Hagestad and Uhlenberg, 2005; North and Fiske, 2012). The “us” and “them” narratives arising from this development prompted sociologist James Coleman (1982) to claim that age segregation is the root

cause of ageism. This article analyzes Covid-19-related discourse in three countries in which age segregation is a core principle of mitigation policies and is a contested space in terms of “people first” or “economy first” responses to managing the pandemic.

Ageism has infused medical decision making for Covid-19. A rhetoric of disposability has surfaced in questions about who should live or die when medical resources are scarce, hospital systems overwhelmed, and Covid-19 roils the globe. Older patients are deemed disposable when “[they] are not being resuscitated and die alone without

appropriate palliative care. . .” (Nacoti et al., 2020). Italy, Spain, Brazil, United Kingdom, and some U.S. states have faced this reality. But even when Covid-19 is largely contained, as in Australia, New Zealand, Taiwan, and Vietnam, medical rationing by age and morbidity is mooted in “what if” or second wave scenarios in which curative therapies and vaccine are still elusive. Even caring messages create them-and-us dichotomies in which being older is a separate country, to use Hagestad and Uhlenberg’s (2005) phrasing, and, in Ayalon et al.’s (2020) analysis, a clearly defined outgroup in terms of health policies to isolate older adults.

This research brief examines public ageism in official statements and debates over managing the crisis in three English-speaking countries with different approaches to coronavirus control. The first country (Australia, population 25 million) enacted timely control measures for Covid-19 and has flattened the curve to a large extent. In both the United States (population 330 million) and United Kingdom (population 66.6 million), control measures were tardy and death rates among the highest in the world (Worldometer, 2020). All three countries adopted age-segregated policies in order to protect older adults on a temporary (if long-lasting) basis until a “cure” was found.

Sources and Methods

The primary sources for this analysis include major broadsheets such as *The Age* and *Sydney Morning Herald* in Australia; *The Guardian* (and three tabloids, *Daily Mail*, *The Telegraph*, and *The Sun*) in the United Kingdom; and *The New York Times* and *The Washington Post* in the United States. Thirty-five (35) newspapers, media websites, and current affairs magazines were sourced for the study: 8 for Australia, 12 for the United Kingdom, and 15 for the United States. (Australia has a smaller population compared to the United Kingdom and United States, and its media resources are fewer.) Nonprint sources include the Australian Broadcasting Commission (ABC), the British Broadcasting Commission (BBC), health policy platforms (e.g., Center for Disease Control and Prevention [CDC]), and advocacy websites for older adults in each country. Daily searches for source material were conducted from April to June 2020, a period of widespread panic over mounting illness and the global death toll.

The task for this brief was to examine these newspaper and media sites by matching keywords such as age/d, older, elderly, elders, seniors, pensioners, and grandparents with terms such as “Covid-19,” “SARS-CoV-2,” “pandemic,” and “coronavirus” to identify relevant policies and debates over coronavirus control. This targeted approach yielded three main themes for the analysis: lockdown of aged care homes, indefinite stay-at-home orders, and controversy over herd immunity. A fourth theme—access to ventilators—was salient in the early days of the pandemic but did not relate directly to initiatives for Covid-19 control and

was not included for analysis. The following paragraphs describe the results of the three themes.

Results

News items and postings on age segregation peaked in March–April 2020, when cases were surging, officials were scrambling, and people feared the onslaught of a deadly virus that seemed out of control. On the first theme (lockdown of aged care homes), official policies in the three countries were similar in one respect: nursing home visits would be curtailed because of the high risk of death among residents who contracted the virus. Table 1 presents relevant news excerpts and postings for each country, as organized by government policy, aged care policy, and public responses to walling off older adults from the outside world (Ayalon et al., 2020). Only a few responses are included to meet the word limits of this brief.

Table 1 shows that visitors to aged care homes were officially banned in the United States, but not in Australia and the United Kingdom, which permitted family visits to some extent. Australia’s low infection rate could account for the difference in that country, although the aged care industry took issue with the government and itself instituted a total ban with strong support from the general public (Karp, 2020). The United Kingdom’s aged care industry also rejected the government’s decision to allow healthy visitors and banned everyone without exception. In the United States, the industry followed CDC advice to ban all visitors; many families could not visit their relatives prior to death. Family members in the three countries expressed grief and outrage at being denied access to their loved ones; they cited neglect and lack of institutional oversight of residents in their absence.

The second theme (isolating older adults) affected anyone over 65 in Australia and 70 in the United Kingdom (Table 2). “Older” was defined as over 60 in the United States, where restrictions were laxer and policies varied from state to state. In both Australia and the United States, advocacy groups for older adults published stricter guidelines than their governments. Only the United Kingdom’s National Pensioners’ Convention adopted a softer policy after angry pushback from members about self-isolating for months on end. In all three cases, older adults were depicted as demented or medically compromised, despite a large majority rating their own health as good or excellent in recent studies (Graham, 2019). Older adults were also deemed irresponsible. In the United States and United Kingdom, they were scolded for ignoring health warnings to keep away from other people (Chakelian, 2020; Peterson, 2020). A different story emerged from survey research in which older respondents proved more fearful of Covid-19 than younger people, and less willing to visit grocery stores, friends’ homes, crowded parties, and restaurants during lockdown (Pew Research Center, 2020a, 2020b). Terms such as “boomer remover,” “boomer

Table 1. Protecting Older Adults in Australia, United Kingdom, and United States: Policies for Nursing Home Visits

- (1) **Australia:** One visit per resident per day in own room (up to two people per time).^a
- Official statement: “Don’t lock aged care residents away from their families. It was never the national cabinet’s advice to shut people off or to lock them away in their rooms” (Prime Minister Scott Morrison, quoted in *The Age*, April 21, 2020).
 - Aged Care response: “I have no intention of lifting the ban on visits from relatives. The risks are just too great. They [officials] have just thrown us under the bus and said this is all okay” (Viv Allanson, quoted by the Australian Broadcasting Commission [ABC], April 27, 2020).
 - Family response: “My 96-year-old frail mother has been locked in her room since March 19. The other night on the phone she broke down. She had had enough. Wished to end it all. I am in prison, she cried, help me. But I can’t” (letter to *The Age*, April 28, 2020).
- (2) **United Kingdom:** No formal policy.^a
- Official statement: “Healthy relatives can visit elderly care home residents” (Prime Minister Boris Johnson, quoted in *Daily Mail*, March 14, 2020).
 - Aged Care response: “As a preventative measure, we are asking visitors, including family members and friends, to stop routinely visiting our care homes and hospitals until further notice” (Barchester Care Homes quoted in the *Daily Mail*, March 14, 2020).
 - Advocates’ response: “We have tinpot dictators telling people they can’t visit their parents and partners based on something they have half-heard” (Judith Downey, Relatives and Residents’ Association quoted in the *Daily Mail*, March 14, 2020).
 - Family response: “They will be very anxious and will feel abandoned without being able to understand why – it feels like a bereavement, and I don’t think I will see [her] again . . . Closing their doors feels draconian and not compatible with government advice” (*The Guardian*, March 14, 2020).
- (3) **United States:** No visits unless resident is near death.^a
- Official statement: “All visitors to be restricted, effective immediately, with exceptions for compassionate care, such as end of life situations” (US Centers for Medicare & Medicaid Services).
 - Aged Care response: “Given the population that we serve, the elderly and frail, we are on the front line of the COVID-19 virus. Banning visitors is a difficult – but necessary – step to protect residents” (Stephen Hanse, president and CEO of the New York State Health Facilities Association, quoted by BBC World Service, April 10, 2020).
 - Family responses: “I don’t feel like my mother’s life should be disposable” (the resident had died alone of COVID-19) (letter to *The Guardian*, US Edition, April 27, 2020); “I’m concerned that the loneliness and helplessness will kill her quicker than the virus” (letter to *The New York Times*, March 10, 2020).

^aNo visitors are permitted if residents are diagnosed with Covid-19.**Table 2.** Protecting Older Adults in Australia, United Kingdom, and United States: Policies for Indefinite Self-Isolation

- (1) **Australia:** “Strong” recommendation for senior citizens to self-isolate at home.
- Official statement: “The elderly should stay home and self-isolate to the maximum extent practical, no matter what their symptoms or situations are. It is for their own protection” (Prime Minister Scott Morrison, quoted by 7 News.com.au, March 29, 2020).
 - Aged Care response: “If you are aged 70 and over, you must remain in your home as federal, state and territory governments introduce tighter restrictions that can be enforced” (National Seniors Australia website, March 30, 2020).
 - Readers’ response: “I absolutely reject the PM’s paternalistic attitude toward us elderly. We are not nincompoops”; “It would be great if politicians and journalists could drop the ‘elderly’ adjective. People like me don’t consider themselves elderly and are likely to take the warning as not applying to us” (letters to *The Age*, April 1, 2020).
- (2) **United Kingdom:** Over 70s must self-isolate for up to four months.
- Official statement: “Pensioners will be told to stay in their homes for months as part of a ‘war-time-style’ isolation plan to combat the coronavirus” (Health Secretary Matt Hancock, quoted in *The Sun News*, March 14, 2020).
 - Advocates’ response: “The possibility of long-term self-isolation for our age group is unprecedented and hugely concerning. The main feedback we have heard from our members covers multiple worries about the impact and indeed the feasibility of social distancing” (National Pensioners’ Convention website, March 18, 2020).
 - Readers’ response: “If I, (elderly and very spritely) choose to continue to lead a normal life and I contract Covid-19, I will either recover or die at home”; “At least if we die at home rather than in hospital then we have the consolation of not unduly affecting health authority statistics”; “I shall carry on as normal. I shall also ignore any rules about over-70s staying in because they are being made by people who won’t have to follow them” (chatroom postings, *The Telegraph*, March 25, 2020).
- (3) **United States:** Self-isolation for up to two years, if necessary.
- Official statement: “Older adults and people with underlying conditions should stay home as much as possible” (Centers for Disease Control and Prevention [CDC], April 18, 2020).
 - Advocates’ response: “The CDC recommends that those age 60 and older avoid crowds, and that those in a community with an outbreak stay home as much as possible” (American Association of Retired Persons [AARP] website, April 20, 2020).
 - Public response: “You know what I’d really like to do right now if I’m being honest? I’d like to find a bat and ball and go break a few windows” (76-year old op-ed writer, *Washington Post*, May 2, 2020). “Covid-19 killing me isn’t my biggest concern. Boredom, depression, or general frustration is”; “I have been alone for 10 days and 2 weeks before that. I am lonely and need human contact” (chatroom postings, *The New York Times*, March 25, 2020).

doomer,” “YOLO grandparents,” “grey shufflers,” and “moldy oldies” illustrate the degree to which older people were denigrated in Covid-19-related postings and (occasionally) news sources analyzed for this brief.

The third theme (“herd immunity”) was the most contentious of the three topics, with fierce debate over whether lockdowns to protect vulnerable people were worth the cost to society (Table 3). Explicit in this debate was the assumption that Covid-19 should be allowed to run its course, a proposition in which the majority, or “herd” of survivors (presumed to be immune), constitutes a shield to prevent the virus from regaining a foothold (Rossman, 2020). The problem with this proposition relates to uncontrolled illness and death until (or if) immunity is achieved. Out of the three countries, Australia alone rejected herd immunity as inhumane and morally unacceptable. Protecting lives was the more important goal in Australia, and strict lockdown was the way to achieve it. This people-first strategy was not without detractors who believed that herd immunity per se would protect the economy from collapse and the planet from environmental disaster. Supporters of herd immunity referenced nationally scarring events, such as Australia’s bush fires, floods, droughts, and dust storms of 2019. Older readers expressed dismay at being deemed disposable and culled from society in survival-of-the-fittest fashion. Support for herd immunity faded in the wake of containment, reemerging only briefly in reference to second-wave threats and the cost of protecting “. . . older Australians over 70 who aren’t worth as much as younger Australians” (Smith, 2020).

The United Kingdom adopted herd immunity on ideological (libertarian) grounds with a caveat to protect older adults through self-isolation. An editorial in *The Guardian* proclaimed: “The concept [of the free-born Englishman] was fundamental to the government’s decision-making in the crucial months of February and March [2020].” This modified approach was abandoned when caseloads and death rates rose to alarming levels (Worldometer, 2020), nursing homes became hotbeds of disease, and hospitals were stretched to capacity (Matthews, 2020). Proponents of the strategy offered familiar arguments about culling unproductive bodies from society but differed from their Australian counterparts by claiming that herd immunity was a rational course of action in pandemic conditions (Conn and Lewis, 2020). Detractors expressed alarm at sacrificing older people to the Tory government’s pro-market policies and Brexit machinations. As shown in the table, older adults had mixed feelings about being sequestered indefinitely under the government’s modified plan, but abandonment, loneliness, and despair were evident in comments and postings in news sources used for this brief.

The United States did not initially enact a policy of herd immunity, although bureaucratic delays, lack of testing, and official temporizing (Schneider, 2020) were no match for a fast-moving viral foe. Covid-19 soon became the leading cause of death in the United States (Dowdy and

Table 3. Protecting Older Adults in Australia, United Kingdom, and United States: Policies for Herd Immunity

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- (1) **Australia:** Herd immunity rejected on moral grounds.
- Official statement: “We’ve seen what herd immunity has done in other parts of the world, so we won’t be doing that” (Deputy Chief Medical Officer Paul Kelly, quoted on ABC News, April 30, 2020).
 - Herd immunity proponents: “We’ve grown too big for our own good, now nature replies by thinning us out a bit. At the end of all this, we will be stronger as a group, with the elderly and sick no longer being a burden” (chatroom posting, *Sydney Morning Herald*, April 22, 2020). “Provide government support to help the 70s+ stay at home but don’t wreck the economy along with millions of jobs and lives” (letter to *The Age*, March 25, 2020).
 - Older readers: “We’ve faced our inevitable mortality, but I really don’t enjoy being treated as one of the expendable”; “Us older people are getting a bad rap. We have been blamed for grinding our social and economic system to a standstill” (*The Age*, March 20, 2020).
- (2) **United Kingdom:** Herd immunity until April 2020 (replaced by lockdowns).
- Official statement: “Our aim is to build up herd immunity, so more people are immune to this disease and we reduce the transmission, at the same time protect those who are most vulnerable to it” (Chief Science Advisor Patrick Vallance, quoted in *The Guardian*, March 16, 2020).
 - Herd immunity proponents: “Pensioners? Meh, they’ve had a good run”; “Old people are an increasing burden, but must our young be the ones to shoulder it?” (postings to *The Guardian*, April 26 & May 8, 2020).
 - Older readers: “At the age of 71, I would hope that the younger generations can see through the dank cloud of lies [about herd immunity]”; “Older and sick people in care homes are an emergency left to happen. I am old and so angry, but what can you do about it? Sorry for the rant” (postings to *The Guardian*, April 26 & April 29).
- (3) **United States:** Ad hoc until mid-May, followed by herd immunity.
- Official statement: “We have to be warriors. We can’t keep our country closed for years. Will some people be affected badly? Yes, but we have to get our country open, and we have to get it open soon” (President Donald Trump, quoted in the *Los Angeles Times*, May 6, 2020).
 - Lockdown opponents: “When did all this become about not losing a single life to the virus? Everyone will die someday”; “People who are older are going to be susceptible to Covid-19. Hope it’s worth putting a bullet in the economy to try to head off” (postings to *The New York Times*, May 8, 2020).
 - Older readers: “Trump believes the older generation should willingly die for the sake of the economy. It would solve a lot of problems. No need to worry about healthcare for the seniors and the load on Social Security will go away”; “All we get from this administration is ‘Screw the geezers, the almighty dollar is more important’” (postings to the AAUP website, March 24 & March 30, 2020).
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D'Souza, 2020). States belatedly imposed restrictions and lockdowns to flatten the curve, but with financial disaster looming, President Trump urged American "warriors" to self-sacrifice for the economy (Nakamura, 2020). There was little question about which warriors would be sacrificed after a Texas official proclaimed: "lots of grandparents would rather die than see health measures damage the US economy" (Beckett, 2020). The easing of state and municipal lockdowns left older adults to their own devices, perhaps to self-isolate indefinitely.

America's debate over herd immunity erupted most strikingly at state capitols, where armed protesters demanded an end to lockdown orders in multistate demonstrations. Protest signs evoked herd immunity with: "My virus, my choice"; "My right to die"; "Sign up to die for the economy"; "Natural immunity over manmade poison"; and even "Sacrifice the weak." On the American Association of Retired Persons' [AARP] website, worried retirees pondered their future as untouchables in Covid-19 society. Posters to other forums debated the pros and cons of isolating older people, with herd immunity proponents offering the harshest views of older adults as a drain on society. In counterpoint, "Prophet of Honor" voiced this experience of being rendered invisible in age-segregated America:

My granddaughter (19) was driving me home from Chemo when I suggested she stop at a liquor store so I could get a couple of bottles of Louis Jadot to go with Sunday dinner. She got my wheelchair out and we went inside. The clerk looked at me and then said to HER "you know it's not safe to bring people like him out in public?" as if I were some "object." Concern is all well and good, but don't overdo it (posted to Thorbecke, 2020).

Discussion and Conclusion

The three countries in this brief have adopted different approaches to Covid-19 control. At time of writing, the coronavirus is mostly contained in Australia, but the United Kingdom, and especially the United States, continue to experience severe outbreaks of the disease (Worldometer, 2020). Each country has treated older adults as a special class for coronavirus control, and age-centric debates over who should live, die, and self-isolate have reflected widespread panic over rising death tolls. This focus can be explained, in part, by the twinning of "elderly" with "economy" in speeches about coronavirus control and in debates about herd immunity to avert economic catastrophe. Australia alone diverged from herd immunity and relied on health expertise after witnessing the tragic death toll of other countries. With lower birthrates, smaller households, and older populations than in less developed regions of the world (United Nations, 2019), these countries have gravitated

toward institutionalizing older adults, prompting claims that age segregation is the root cause of ageism (Coleman, 1982; Hagestad and Uhlenberg, 2005). Official policies to isolate older adults during Covid-19 have accelerated this process.

Ageism has been blamed for islands of death in nursing homes (Mueller, 2020), and for a spike in inter-generational animosity, as captured in internet epithets such as "grandma/grandpa killer," boomer remover," and "boomer doomer" (pre-Covid-19; "coffin dodger"). These hostile ageisms contrast with government bromides about protecting older adults, stereotyped as frail, incompetent, and obsolete prior to the pandemic (Chonody, 2016). The architects of benevolent ageism in the three countries failed to anticipate how sequestration exposed residents to Covid-19 in aged care settings, where they were concentrated and infected in large numbers. This out-of-sight out-of-mind response also underscored support for herd immunity and opposition to public lockdowns. Chonody (2016) argued that "us" versus "them" ageism reflects a fear of mortality and an effort to cope through avoidance, blame, and other tactics.

The comparative approach to analyzing Covid-19-related responses in Australia, the United Kingdom, and United States has highlighted a rhetoric of disposability and blame for an age cohort considered to have enriched itself at the expense of the climate, progress toward social equality, and the well-being of future generations (Harris, 2020; Whelan, 2020). The analysis has also identified explicit name-calling and the infantilization of older adults for their vulnerability to Covid-19. This response has served to obscure systemic failures in timely and effective responses to Covid-19 in the United Kingdom and United States, where cost-cutting and small-government ideologies have undermined public health capability and created of a spectacle of death for the ages (Lawrence et al., 2020; Schneider, 2020). Age discrimination therefore occurs on multiple levels for older adults who will continue to bear the brunt of Covid-19 in terms of social burdens and body counts as the pandemic continues its grim march across the globe.

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Conflict of Interest

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