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Who Counts? Old Age in COVID Times

Abstract People over sixty-five have been singled out as a uniquely vulnerable risk group for the novel coronavirus. Yet the discourse of risk obscures (and exacerbates) socially created dangers of congregate care in the United States: poorly paid workers holding down multiple jobs and the endemic "plagues" of loneliness, boredom, and hopelessness. Humorous memes about who counts as old point out structural inequalities, while millions of able-bodied "shut-ins" (due to lockdowns and job losses) may experience forced empathy: fuel for new imaginings about how to care for—and value—elders moving forward.

Keywords aging, grief, disability, vulnerability, humor

Helen Small's *The Long Life* (2007: 2), a study of old age in philosophy and literature that she describes as not just "thinking *about* old age" but also "thinking *with* old age," offers a backdrop for reflecting on old age during a pandemic. Old age in COVID times provides a mirror and a lamp. Thinking *about* old age in a pandemic discloses a harrowing paradox at the core of US society: many older adults in the United States are at once existentially isolated and recklessly exposed to the dangers of infection. Thinking *with* old age in a pandemic makes visible the transformations that many who are *not* older adults (or at least think they're not) are experiencing in the months since the World Health Organization (WHO) pronounced the novel coronavirus a worldwide threat.

The methodology of disability studies allows us to scrutinize, as Julie Avril Minich (2016) writes, "not bodily or mental impairments but the social norms that define particular attributes as impairments, as well as the social conditions that concentrate stigmatized attributes in particular populations." Figuring old age in COVID times as a unique vulnerability "places it under the medical gaze: pathologizes it; deploys

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it as a device of characterization; or uncritically treats it as a metaphor for decay, decline, or failure" (Minich 2016). Considering we are all "shut-ins" now (i.e. confined to a home or institution), I show how a discourse of vulnerability can obscure the social conditions that—in a painful paradox—are exacerbating the disastrous circumstances of older adults during the pandemic. To do this means to call on analytical frameworks from the humanities and also from the medical and social sciences. In the prescient words of Rudolf Virchow in 1848: "Medical statistics will be our standard of measurement: we will weigh life for life and see where the dead lie thicker, among the workers or among the privileged" (quoted in Farmer 1999: 1). I hope the enforced empathy of COVID times—along with devastating accountings of deaths of staff and workers in skilled nursing facilities—might lead to transformations in how we look at, and look after, the elderly and frail in our prosperous nation.

Who Counts as Old?

Historically speaking, human beings are, as Atul Gawande (2007) writes, "freaks living well beyond our appointed time." Penelope Lively, in her late-life memoir *Dancing Fish and Ammonites* (2013: 1), calls old age a "place at which we arrive with a certain surprise—ambushed, or so it can seem." The poet Donald Hall, in *Essays after Eighty* (2014: 7), echoes Lively's bemusement, "After a life of loving the old, by natural law I turned old myself," observing of his new status, "When we turn eighty [. . .] we are extraterrestrial." Age categories are inflicted rather than claimed, with "old age" arising from an imprecise recipe of bodily changes, years of life, and societal norms. Sue Matthews Petrovski (2018: xiii) underscores the notion that old age "happens to" a person in her memoir of older adulthood: "*Shelved*," she writes, "is the story of what happens to two ordinary Americans, my husband and me, when suddenly made aware that we are now part of the aged generation and, henceforth, considered to be on the shelf." Social science supports the obliquity between age and self-identity: "The discrepancy between subjective age and chronological age does not simply increase across the lifespan, but rather younger respondents feel older and older respondents feel younger" (Rubin and Berntsen 2006: 779). An eloquent literary voice from the older reaches of life, Simone de Beauvoir ([1970] 1996: 283), put it this way: "Old age is particularly difficult to assume because we have always regarded it as something alien, a foreign species: 'Can I have become

a different being while I still remain myself?" The "extraterrestrial," by these accounts, is surprised by her own alienness.

George Saunders (2007: 80) has observed that jokes can serve as a means of "rapid-truthing": "Humor is what happens when we're told the truth quicker and more directly than we're used to. The comic is the truth stripped of the habitual, the cushioning, the easy consolation." One truth is that elder-coronavirus jokes register pressure on older adults to relinquish autonomy ahead of schedule. The coronavirus in the United States has accelerated a tables-turning of generations, with baby boomers, born roughly between 1946 and 1964, getting bossed around by their concerned children. In a *USA Today* article entitled "Coronavirus Role Reversal," Sheila Weller (2020) describes a sweet, lighthearted struggle with her thirty-seven-year-old son:

> ME: Thanks. We are OK. Don't be concerned about us! *We* are concerned about *you two* and the precious boys!
> HIM: Don't worry about *us*—we're great! We are the ones worrying about *you*!
> [REPEATS FOR EMPHASIS:] You're in the vulnerable demographic!
> [TRANSLATION: You guys are old.]

Yet this exchange shows how empowered-feeling old people who write newspaper columns defining (and restricting) older adults don't think they *are* older adults. Those people are someone else. Not me.[1] The "rapid truthing" of these inadvertent, darkly amusing statements amount to elderly=Other.

Who Counts as Vulnerable? And to What?

Jokes aside, the effects of the pandemic on the elderly couldn't be worse. Well before the novel coronavirus, there were "three plagues" threatening elders' health and wellbeing, both in and out of skilled nursing facilities: loneliness, boredom, and hopelessness.[2] COVID times worsen these endemic plagues, with the prohibition of outside visitors to skilled nursing facilities (SNFs), the limiting of social interaction among residents, the shortage of nursing staff, and the inability to enjoy sunshine and fresh air during lockdown.[3] Yet rather than seeing the three plagues as potentially catastrophic dangers to older adults, these plagues tend to be associated in the popular mind with *being* elderly.

Susan Sontag (2001: 134) observed of HIV/AIDS that the sickness

was "understood in a premodern way, as a disease incurred by people both as individuals and as members of a 'risk group'—that neutral-sounding, bureaucratic category which also revives the archaic idea of a tainted community that illness has judged." In terms of aging, the Social Security Act of 1935 created the over-sixty-five bureaucratic category.[4] In terms of judgment, our current capitalist, neoliberal state, makes this case against older adults: "You do not work, you do not earn, you cost us money, and most of you are useless" (Petrovski 2018: 7). In COVID times, of course, this indictment now includes at least 30 million new, nonelderly unemployed (Associated Press 2020b).

Yet the intertwining of bureaucratic category, risk group, and judgment persists. The current lieutenant governor of Texas, Dan Patrick, urged lifting stay-at-home orders, implying that expendable elders would be willing to sacrifice their lives for the good of the US economy (Murphy 2020). Eula Biss (2014: 52) notes the etymological link of immunity and the Latin term "munis," meaning service or duty. A strange service indeed, this offering up of our elders (and our disabled, diabetics, asthmatics, cancer patients, and myriad others) to allow a sick economy to lurch back into gear. Patrick's statements have led to a meme storm on the topic of "sacrificing grandma for the economy" (Moulitsas 2020).

Italy's early release of figures showing older adults comprising a significant percentage of mortality statistics sparked a *New York Times* headline: "Are Adults Living with Parents Making the Pandemic More Deadly?" (Goodman and Bubola 2020). The article described "Italians and Spaniards . . . pushing back on the notion that an element of cultural pride—multiple generations of families living under the same roof instead of offloading older people to senior homes—is now being construed as a deadly vulnerability." Ironically, by April 2020, the WHO linked an estimated fifty percent of deaths in Europe to American-style SNFs (Associated Press 2020a).

Disaster studies gives us the concept of vulnerable populations: *environments* uniquely susceptible to damage. Transposed onto health, the concept "portrays the vulnerable person as passively susceptible to the threat" (Schroder-Butterfill and Marianti 2006: 10) and obscures the inequity of the distribution of risks. A health humanities approach, by contrast, considers structural inequalities: how "vulnerability is shaped or exacerbated by inequalities, disempowerment or access to social protection" (10). Right now in the United States, SNFs are a big business (*Forbes* 2019). Staff nationwide are roughly a third immigrants, and the corporations' huge profits depend on their low pay (Van

Houtven, DePasquale, and Coe 2020), while the cost to residents is exorbitant.[5] Elders may be expendable, but housing them is big business.

The consequences of these neoliberal, capitalist imperatives are deadly apparent now—in congregate living death tolls, in unemployment tallies, in the millions of over-sixty-five worried well now categorized as old. Martin Heidegger (2014: 1), philosopher of human beings' lives in time, describes an ontological anxiety that captures the sense of not being at home in one's dwelling, one's body, or one's society: "In great despair, for example, when all weight tends to dwindle away from things and the sense of things grows dark, the question [of existence itself] looms."[6]

Counting the Days

President of Life Care Centers of America, Beecher Hunter, issued a video articulating the corporation's response to the deaths at their skilled nursing facility in Kirkland, Washington (Baker 2020) and to "the COVID-19" (Hunter 2020) more generally.[7] Explaining he was inspired by "a one-hundred-and-nine-year-old prayer warrior" at one of the corporation's SNFs, he affirms, "our health comes from the Lord" and "we must count on hope and faith to carry us through this coronavirus period of our lives." Quoting from the Book of Isaiah in the Hebrew Bible, Hunter advises, "Go, my people, enter your rooms and shut your doors behind you. Take cover, for in a little while the fury will be over"; as he speaks these lines, the Bible verse appears on the screen. "Take heart," the CEO concludes, "for God has your back" (Hunter 2020).[8]

Yet our easy understanding of who needs to "take cover," who is expendable, has been unsettled. Different from historical practices during plague, COVID times have introduced the reverse quarantine, with the well (to use the term of art) "sheltering in place." By the end of March, 2020, after the WHO deemed the novel coronavirus outbreak a pandemic, the majority of people living in the United States were under stay-at-home orders with schools and businesses closed.[9] The initial "shutdown" has been national in its effects: the US economy is shrinking (BBC 2020), many people no longer have work (in May 2020 there was an estimated loss of 34 million jobs [Bick and Blandin 2020]), and most people stay close to home (Berk 2020).

A staggering number of Americans, in short, are getting a homeopathic dose of what it is like to be a shut-in. Helen Small (2007: 8) quotes from Cicero's *De Senectute* to itemize "why most men do not

anticipate old age with enthusiasm: 'it takes us away from active work', 'it weakens the body', 'it deprives us of practically all physical pleasures', and 'it is not far from death.'" Simone de Beauvoir, more sanguine about creative possibilities in late years, warns against old age becoming "an absurd parody of our former life" (quoted in Small 2017: 13). For many nonaged, COVID confined, this list now feels personal. Our circles shrink. Each day brings word of more who are sick, more who have died. Many are in suspended animation, laid off, unemployed. The future recedes behind deferred projects and aspirations. Who knows what a week, a month, a new season, will bring: fewer or more deaths? More openings or permanent closings? The hope of a vaccination lurks in a hazy future, maybe a year, possibly four. Days of lessened productivity and existential weariness have become the new abnormal.

The world appears divided between those "on the outside" working madly while risking infection and those "on the inside" exhausting themselves sitting still. The newly sedentary, like the eighty-something Lively (2013: 4), become more familiar with the objects in our lives, our "identifying cargo—that painting, this vase, those titles on the shelf." We deepen our familiarity with our living space, seeking likely spots to perch and peer into our screen. Hall (2014: 3) reflects on the diminishment of geographical scope that comes with being older. "I sit in my blue armchair looking out the window. I teeter when I walk, I no longer drive, I look out the window," he writes. Over the course of a day, he watches the changing light from his rural New Hampshire home as his mind traverses not miles but decades. "Generation after generation, my family's old people sat at this window to watch the year" (5), though the nature and purpose of work has changed as much as his perspective has. The aging structure outside the window "has changed from a working barn to a barn for looking at" (11). Too many of us wonder, will this be the end of my work, my world, as I have known it? To quote Hall, old and not-yet-old alike are becoming acquainted with our "ceremony of losses" (4).

For those who have lost jobs and loved ones, COVID times bring active grief. Stranger is the grief accompanying diminution and circumscription. Sally Greene (2019: 116), sifting through her mother's things after she has moved to nursing care, describes aching for her mother's vibrant past life and shrunken present:

> Existentially, spiritually, who is the person, where is the person now, when her past is in pieces and her future inaccessible? Where

> did the rest of her go? The question is unsettling, unnerving, harrowing ("to harrow": to break up, crush, or pulverize [soil or land] with a harrow; to tear, lacerate, wound; to vex, pain, or distress greatly).

Experiencing the in-betweenness, the distance between a present and past self with a murky or uncertain future, Greene notes, "[p]sychologists use the term 'ambiguous loss' to describe this loss without understanding, loss without closure" (117). COVID times have plunged millions into this zone, with lost or uncertain employment, housing, security, and comfort. The authors of "Ready to Give Up on Life" (Winjgaarden, Leget, and Goossensen 2015: 257), writing about elderly people descending into melancholy, itemized elements of their changed lifeworld: "1) a sense of aching loneliness, 2) the pain of not mattering; 3) the inability to express oneself, 4) multidimensional tiredness; and 5) a sense of aversion toward feared dependence." At the core of this experience was the sense that "daily experiences seem incompatible with people's expectations of life and their idea of who they are."

If COVID times for many simulate the phenomenology of aging, the artists and philosophers of later life provide windows onto the experience. Robin Morgan (2015), in a poem about "growing small" after a late-life diagnosis of Parkinson's Disease, speaks of the "feats of modest valor" in managing daily life under duress: "such understated power here, in these tottering dancers who exert stupendous effort on tasks most view as insignificant. There is immensity involved in growing small, so bent on such unbending grace." Small acts in COVID times can uplift, creating a complex tangle of feelings, where grief mingles with a stab of pleasure at kids successfully put to bed, another mask made, a message from an old friend, a day's tasks completed.

Medical anthropologist Janelle S. Taylor (2008: 316), writing about her mother's dementia, observes people's obsessive queries about the "stills"—does she still recognize you? Can she still feed herself? Taylor pushes back, creating her own list: "Mom still enjoys gentle joking and teasing, as she always has. She still enjoys being around people, still beams radiantly at small children when she sees them, still enjoys the give and take of conversation." Hall offers this unapologetic advice (surely applicable to COVID times): "Everything is boring that does not happen in a chair (reading and writing) or in bed" (71). John Bayley (1999: 74), writing about caring for Iris Murdoch as she lived with Alzheimer's Disease, observes, "the old routines of washing

and dressing have vanished [. . .] Did one really go through every day all those unnecessary rituals?"

Conclusion: On Counting, Susceptibility, and Care

The articles tallying the dead from COVID-19 outbreaks at SNFs have appeared in US newspapers daily since February. Doleful repetition, as Taylor has observed, may indicate an individual is suffering from cognitive decline. When such repetition transpires beyond the individual, "it is probably a symptom of something important and unresolved about social life" (313). It is, of course, a tenet of medical anthropology to make connections between illness and social conditions, "seeing it as a reflection of political oppression, economic deprivation, and other social sources of human misery" (31). Sickness, and the human response to it, often tracks cultural values. Roy Porter (1997: 36) writes, "Bodies are thus languages as well as envelopes of flesh; and sick bodies have eloquent messages for society."

The toll on workers and residents of SNFs bespeaks the dismal valuing of older adults in the United States. This must change. Rather than emphasize the indignity of growing old, the real work is to reimagine the conditions commensurate with the intrinsic dignity of the older adults who have parented (and grandparented) the not-yet-old among us—those of us who are, in Taylor's astringent words, lucky enough to be the "Temporarily Able-Brained" (314). Martha Nussbaum (2011: 30) provides a helpful reframing:

> [T]he basic idea is that some living conditions deliver to people a life worthy of the human dignity that they possess, and others do not. In the latter circumstance, they [e.g. older adults] retain dignity, but it is like a promissory note whose claims have not been met. As Martin Luther King, Jr., said of the promises inherent in national ideals: dignity can be like "a check that has come back marked, 'insufficient funds.'"

Thinking *about* old age forces us to confront the deadly consequences of a for-profit world that peddles "care" at the expense of poorly paid staff, bereft families, and endangered (not merely vulnerable) elders and others involved in congregate living—including people in mental health treatment, refugees at the border, and prisoners (Neff and Blakinger 2020). Thinking *with* age in COVID times reminds us of the precarity of existence, with our vulnerable bodies, fragile well-being, myriad dependencies, and disastrously limited healthcare system.

I end with the powerful words of Caroline Fryar (2020: 1), a millennial who is also a medical student intending to go into primary care:

> In the early days of the pandemic, when official guidance was that "only" the elderly and those with medical comorbidities were in danger of dying from the infection, I found myself worrying most about those with magnificent repositories of cultural memory. In my imagination, a fire was burning through storehouses of knowledge, wisdom, and experience. I grieved that we were losing Italy's pasta nonnas, who fed and nurtured generations (Severson 2019); and that we were losing the grandmothers in South Korea attending primary school, finally learning to read and write (Sang-Hun 2019). COVID's high death rate among elders is particularly painful because they are the ones with embodied memories of care and caregiving, and are the ones who taught us how to offer care to others.

My hope is that the collective, temporary identification of the not-yet-old with the elderly may kindle an ethic of care we can carry forward in the United States after the harrowing of the pandemic is concluded.

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Notes

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1 Even the collective outrage at feckless-youth-who-endanger-the-old confirms the vulnerable elderly narrative. The Life Care Center outbreak unfolded in March, when many colleges and universities hold spring break. News outlets ran photos of crowded Florida beaches and broadcast vacationing students saying things like, "If I get corona, I get corona. At the end of the day, I'm not gonna let it stop me from partying" (Smalls

2020). The contrast between seemingly happy-go-lucky young people and sick and dying residents at Life Care Center of Kirkland kindled a flurry of articles calling a collective judgment down on the not-yet-old (Holder 2020). Once that theme ran out of juice, another "nuanced" theme about older adults took its place (Fingerman and Trevino 2020).

2 See Merastya et al. 2012 and Kubsch, Tyczowski, and Passel 2018.

3 An alienating environment can lead to delirium in older adults, a terrible condition that accelerates cognitive decline and increases elders' mortality (Kernison 2020).

4 In the face of increased overall longevity since the original Social Security Act of 1935, the federal government is slowly increasing the age at which one can receive retirement benefits ("Retirement Benefits," Social Security Administration (website), https://www.ssa.gov/planners/retire/background.html).

5 The average annual cost of a shared room in a US skilled nursing facility is ninety thousand dollars per year (American Council on Aging 2019).

6 Ironically, as Helen Small (2007: 6) discusses, Heidegger "makes not a single reference to age or ageing" in his magisterial *Being and Time*.

7 *Forbes* (2019) reports that the company runs over 200 care centers in the United States and earned $3.2 billion in 2018.

8 Hunter neglects to give the context of Isaiah's words, which are in response to the outrages of the powerful and corrupt against the poor and the weak. The next verse of Isaiah's text, which appears on the video screen but which Hunter doesn't read aloud, maps eerily onto the slow statistical revelation of how many coronavirus deaths are staff and residents of SNFs: "The earth will uncover its blood, and will conceal its slain no longer."

9 There were, of course, myriad exceptions to stay-at-home orders—for essential workers, for trips to grocery stores or urgent care—and some states did not issue orders that circumscribed people's movement or social contacts (see Morris 2020).

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