**Ageism and the Corona Virus – Disposable People**

The COVID-19 pandemic has brought a new emphasis to the issue of aging.

As the pandemic reached a fever pitch, the mantra was: we must stay at home, “shelter in place”. We must take steps, especially, to protect the most vulnerable – older persons, especially those with other health conditions that made them more fragile. Great emphasis must be placed on keeping them shut away from others to prevent the spread of the viral infection to them. After all, as the statistics started to be compiled the death rate was especially high among such people, and that death rate was severe – up to 8 to 10% of the reported cases ended in death. In addition, there was evidence in the data that showed brown or black people were getting infected and dying at a higher rate than others.

So the assumption was we were dealing with a viral threat that was highly contagious and had a really high mortality rate, and there was a racial element in this that elevated the death rate among the black or brown. Public policy was set on the basis of these assumptions. Mathematical epidemiology models were predicting millions of deaths. Draconian shut-down policies were put in place to deal with a predicted overwhelming of the ability of our medical system to handle such cases, based on these assumptions. Other serious uses of the hospitals (non-urgent?) were shut down.

As it turns out, there were several problems with this perspective. A major problem is ignorance. The mortality rate was estimated as a percentage of those who were symptomatic. As the smoke began to clear, and we began learning things about the virus (instead of guessing and making policy based on fragile speculation and model predictions based on fallacious inputs). We have discovered a few facts. As it turns out, the coronavirus is highly infectious, but the potency of its infectious nature varies. It is most potent just before the afflicted person shows symptoms. This meant that transmission of the disease was occurring, un-noticed for several days before a person became symptomatic. So much for the utility of screening people for elevated temperatures (especially at airports).

Second, it was eventually discovered that a large number of people were infected but never became symptomatic. Once testing was done that could estimate how often this was occurring it was concluded that the number of cases were about 19% higher that the number of just those reporting symptoms. With this discovery in place, the mortality rate estimates dropped substantially. It gets worse. As the scope of antibody testing has expanded, it now appears that the true percentage of those infected but are asymptomatic is about 36%. This means the true mortality rate of those infected was about a tenth of one percent – consistent with data from South Korea and Taiwan.

Third, it became evident that forcing people into social isolation in their homes was counter-productive. There were an inordinate number of such people among those who became infected. This is thought to be due to poor ventilation in old buildings, incubation by having the virus brought into the home (due to cramped living conditions) as well as the adverse psychological effects on health due to social isolation.

It was immediately apparent that nursing homes and assisted care facilities were real hot-spot sources of further infection. Even symptomatic cases were being returned to those locales without them having adequate staff and protective gear to protect their themselves, much less to the gear and procedures necessary to protect their patients and residents. Even worse, it became clear that care staff members were often working several different facilities at one time, so they became carrier agents to facilitate the transfer of infection between facilities.

A final, cruel indignity was put in place. To “protect” these vulnerable inmates, all outside visitation and (in many cases) contact between them and the outside world was shut off.

The cumulative result of these policies was ghastly. I spent significant parts off my life in pastoral care. I did so out of compassion for what I saw. People were being involuntarily placed there who either had no family to watch over and advocate for them or their family had abandoned them – dumping their elderly relatives onto the state to handle the problem of their care.

As a result, you ended up with a flock of sheep who could not care for themselves or who quickly lost that capability as they lived out their lives in a dehumanized, oppressive situations. Psychologists will tell you what happens when people become so powerless. The staff put in place to tend them becomes abusive. This happens to the best of staff candidates, but it gets worse if the staff is paid pathetically low wages. Under such conditions the “inmates” are sitting around waiting (hoping) to die. Were Jesus to have seen some of the things I have seen, he would have wept, as I did.

I’ll add a disclaimer here. I’m not claiming that all such care facilities are as I have just described. There are quite a few (many faith-community related) that do wonderfully well at performing what is a depressing and challenging job.

So what’s the bottom line from all this? First, a combination of influences have created efficient infection incubation centers from among the nursing homes of this country. The current estimate is that about 60% of all coronavirus-related deaths, nationwide, are people in such care facilities.

There is massive hypocrisy in the statements of many about protecting the most vulnerable. When you look at the statistics on deaths you find that even among the non-residents of care facilities, you can clearly correlate mortality rate with people living among poor oppressive economic and health care conditions and, yes, immigration status. Such people are less likely to even know how to get help (or fear to do so) or such help is not readily available. There’s a term for such locales –they are called “sanctuary cities”.

Instead, we have this Kabuki dance of “lets pretend” going on. The virus is not a severe threat to the healthy, but to the impoverished or those waiting out their time to die in a hell-hole of abusive care. A major price of this hypocrisy is severe damage to the economy.

Why was there such an inequity to the death and infection rates between New York and California? California was exposed early to the threat directly from China. New York’s exposure was from the same sources but by way of Europe, and several days later. Californians quickly built up herd immunity from the large number of infected but asymptomatic people in its population. The New York tri-state area had a ghastly situation of large numbers of inadequately funded, staffed and equipped nursing homes that (under policies of returning infected individuals to such nursing homes) did an excellent job of incubating the virus. This was in addition to having inadequate state funding or priority to fix the problems.

Think also about the New York-Florida comparison. Florida’s care facilities operated under more enlightened policies (no returning infected patients) and the state made oversight and proper support and supply of those facilities a priority.

Even in California, however, it does not take much effort to identify the locales where there are still infections and deaths. Those locales correlate well to locales where the people who live and/or work there are underprivileged or are undocumented, or the wrong “color”. As previously noted, they are “sanctuary cities”.

Knowing what we know now, Let’s do two things. Get the draconian restrictions lifted off the economy so that we can generate the resources needed to apply to the root cause problem that made the virus so much more of a threat in some areas to others.

Finally, as an 82 year-old woman, keep your hands off any mindless restrictions on me. Don’t you dare try to restrict and isolate me. I’m very healthy (and feisty) and I’ll take what comes. I want a full life, not an empty one. As the Virginian Patrick Henry once said, “is life so dear, or peace so sweet, as to be purchased at the price of chains and slavery? Forbid it, Almighty God! I know not what course others may take; but as for me, give me liberty or give me death!”

The last thing I need in my life is some mindless ( out of an abundance of caution) state or local bureaucrat trying to justify their job by making control and regulation of people like me their focus. Spare me the saccharine crocodile tears about protecting the most vulnerable among us. This is ageism at its worst. People tell me I should “act my age”. That is just a dog whistle phrase that translates to, “Why can’t you just go away and die?” Same to you, buddy! We both have the same rights to life, liberty and the pursuit of happiness. I’m doing great at that. How’s it working out for you? Would you like me to define, for you, how should dress and behave? I think not. We’ve both got the same rights – remember “Equal rights”?”

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