



Anthropology & Aging

Journal of the Association for Anthropology & Gerontology

How We Talk About Aging During a Global Pandemic Matters: On Ageist Othering and Aging 'Others' Talking Back

Christine Verbruggen

KU Leuven, Belgium
christine.verbruggen@kuleuven.be

Brittney M. Howell

University of Alaska Anchorage
bmhowell2@alaska.edu

Kaylee Simmons

North Greenville University
simmons4855@ngu.edu

Anthropology & Aging, Vol 41, No 2 (2020), pp. 230-245

ISSN 2374-2267 (online) DOI 10.5195/aa.2020.277



This work is licensed under a Creative Commons Attribution 4.0 International License.

This journal is published by the [University Library System](#) of the [University of Pittsburgh](#) as part of its [D-Scribe Digital Publishing Program](#), and is cosponsored by the [University of Pittsburgh Press](#).

How We Talk About Aging During a Global Pandemic Matters: On Ageist Othering and Aging 'Others' Talking Back

Christine Verbruggen

KU Leuven, Belgium
christine.verbruggen@kuleuven.be

Brittney M. Howell

University of Alaska Anchorage
bmhowell2@alaska.edu

Kaylee Simmons

North Greenville University
simmons4855@ngu.edu

Introduction

As gerontologists, anthropologists of aging, advocates, and older adults have over the last months demonstrated, the COVID-19 pandemic has seen a parallel viral spread of ageism and the 'othering' of 'the elderly.' The effects of a discourse of protection of a homogenized group of older adults have been widely discussed (e.g., Morrow-Howell and Gonzales 2020). However, how reactions to the outbreak of ageism have amplified the rift between Third and Fourth Age has gone largely unnoticed.¹

This article first sketches "ambivalent ageism" (Cary, Chasteen, and Remedios 2017) throughout COVID-19 policy decisions, media coverage, and public opinion, as they reflect important tensions in the master narratives of aging. We show how both "compassionate" ageism (Vervaecke and Meisner 2020), framing elderly *at* risk, and "hostile" ageism (Cary, Chasteen, and Remedios 2017), framing elderly *as* risk, flourish in the United States and in Belgium in different discourses of (intergenerational) solidarity.² We provide these two countries as case studies because they demonstrate the highest rates of positive COVID-19 cases (US) and some of the highest possible death rates of COVID-19 (Belgium) in the world.³ Although Belgium has a more liberal calculation of suspected COVID-19 deaths (Schultz 2020), both countries provide the ideal ecology for this discourse of vulnerability in places with high case counts, deaths, and therefore negative impacts of COVID-19 on older adults.

We then draw attention to how opposition against age discrimination and generalized frailty have amplified the performance of the Third Age. For example, benevolent ageism from the 'younger old' towards the 'older old' or the contestation of age discrimination based on social value and indispensability, have increased. Reading the newsletters of the Flemish Council for the Elderly (FCE) with these persistent tensions in mind, we argue that one of the many side-effects of a pandemic ageism during COVID-19 is a further devaluation and compression of the Fourth Age *through* counternarratives

against ageism: today, older adults who do not volunteer or watch the grandchildren and may be ‘frail,’ find themselves increasingly without a cultural ground to claim voice beyond a discourse of protection. We are reminded of the possibilities of an anthropology of aging to detect this persistent dichotomy between ‘still able’ and ‘no longer able’ undergirding contemporary (anti)ageist discourses. We argue for a *narrative* approach to older adult subjectivity that validates the ambiguous and in-between moments, experiences, emotions, and desires that have the potential to disrupt the dichotomized identities of the Third and the Fourth Age.

“We are in this together”: older people at/as risk and the fallacies of solidarity

As in many countries around the world since March 2020, public rhetoric and policy guidelines in the United States have increasingly emphasized that anyone over 60 years old is incredibly vulnerable to the consequences of COVID-19. Aging people, often lumped together under ‘the elderly,’ have been ambiguously prioritized as at-risk. In the US, the Centers for Disease Control and Prevention (CDC), the Administration on Community Living (ACL), and the National Council on Aging (NCoA) have released several guidance sheets and webpages devoted to explaining the increased risk of complications for elderly people and to giving special behavioral recommendations for this age group (ACL 2020; CDC 2020; NCoA 2020). Discouraging physical contact and wearing face masks were recommended for older adults weeks before these practices were suggested for the rest of the public. Nursing homes have been regulated most strictly, and grandparents over 65 were by default considered endangered by the same grandchildren they otherwise took care of. Such pandemic discourses further notions of frailty, vulnerability, and the precariousness of old age. Dormant ageism is invigorated by research and policy guidelines, by which societies continue to view aging as a perilous process into decline, that can be modified through social policies and interventions (Crampton 2013, 318). Segregating policies that are introduced to keep older adults safe during the pandemic result in ‘othering’ a large group of adults based solely on chronological age. For example, grocery stores in many American cities, as in Belgium, have introduced “senior shopping hours” for those over 60 to reduce their exposure to the general public (AARP 2020), leaving many 60-year-olds who had counted on a little more time before having to identify as “old” with the feeling: “Wait, what?!” (Ellison 2020).

Before the coronavirus outbreak, media representations of the social capital of resilient, entrepreneurial, healthy agers had increased considerably over the last decades. Since early-March 2020, however, the news media has exponentially reproduced policy and expert crisis-discourses, relentlessly framing all older adults as being at-risk and vulnerable to the virus (*see e.g.*, Healthline 2020) (Berridge and Hooyman 2020; Fraser *et al.* 2020). These popularized discourses of vulnerability matter, because they further normalize how we talk about a large and heterogeneous group of older adults as “precarious” and “frail,” provoking “a parallel outbreak of ageism” (Ayalon *et al.* 2020, 2; Grenier and Phillipson 2018; Kaufman 1994). Furthermore, they also obscure the realities of viral virulence and which people are truly vulnerable in this situation, as well as the ableism endemic to ageism (Gullette 2018, 252; Vervaecke and Meisner 2020). A meta-analysis shows that people with hypertension, diabetes, cardiovascular disease, and respiratory system diseases are at highest risk of COVID-19 complications, regardless of chronological age (Yang *et al.* 2020). Gerontologists and physicians agree that it is not age *per se* that puts someone at risk for COVID-19 complications, but rather the increased risk of chronic conditions, compromised immune systems, or living in residential facilities (Morrow-Howell *et al.* 2020), factors that already represent social priorities. It is important to remember that older adults may or may not fall into those high-risk categories, and that these categories reflect socio-medical effects rather than biomedical causes. High mortality rates are partially consequences of sociopolitical choices made long before the outbreak of the pandemic and reflect the social determinants of health (*e.g.*, Gilleard and Higgs 2020).

Largely suspending the recognition of these structural differences, pandemic discourses have invigorated the stereotypes which ignore the great variation of biological, social, and health outcomes existing among older adults (Ayalon *et al.* 2020, 2), a demographic cohort spanning more than three generations that is more diverse than any other age group (Berridge and Hooyman 2020). This generalizing discourse of frailty negatively impacts the contingent vulnerability of older adults and may exacerbate the long-term consequences of internalized ageism (Laceulle 2017, 2; Vervaecke and Meisner 2020). As we will discuss in this article, such discourses of vulnerability demand a counternarrative.

Fallacies of solidarity: benevolent ageism

The negative effects of ageism were hard to detect at first, especially as the protection of ‘our elderly’ during COVID-19 was established under a loud ‘we are in this together’ message, prompting an affect of solidarity in the name of public health that gave the impression of lifting the masses over generational, racial, gendered, and spatial divides to ‘flatten the curve.’ This atmosphere of solidarity made up of global outcries and a myriad of small-scale acts, resembled an, albeit brief, moment of “collective effervescence” (Durkheim 1912). An acute injection of ‘the common good’ (Clotworthy and Westendorp, this issue) obscured that ‘we’ would suffer differently now, as we suffered differently before.

Critics of COVID-19 induced ageism have unequivocally denounced homogenization of ‘the elderly’ and the negative stereotyping of an othered group, while emphasizing intergenerational solidarity as an antidote to ageism (Ayalon *et al.* 2020; Fraser *et al.* 2020). Seeing that age discrimination in care provision and other forms of hostile ageism are equally defended under the flag of ‘intergenerational solidarity’ (making older adults accountable for the future of the economy and the well-being of younger generations), we argue it is more accurate to say that, during the COVID-19 crisis, a discourse wherein older adults are blamed and sacrificed (hostile ageism) runs in parallel with a humanitarian or “compassionate” ageism (Vervaecke and Meisner 2020). Both in protecting and sacrificing older adults the category of ‘the elderly’ is othering, positioning “older people as a separate social group apart from ‘the rest of us’” (Berridge and Hooyman 2020).

“Compassionate ageism” (Vervaecke and Meisner 2020) – seeing to the needs of ‘the elderly,’ behaving well to protect ‘the elderly,’ or educating ‘the elderly’ about the risks of infection – indexes the paternalism that is imbued in mixed stereotypes, such as ageism. Deanna Vervaecke and Brad Meisner point out that “stereotypes are often a mix of perceptions of an out-group in two dimensions, warmth and competence” (2020). A group can be both positively stereotyped (e.g., as warm) and negatively stereotyped (e.g., as incompetent), as is the case for older adults. Such mixed stereotypes (“high in perceived warmth and low in perceived competence”) induce both nurturing and patronizing behaviors towards those portrayed as incompetent (Vervaecke and Meisner 2020), even when one of the outcomes during COVID-19 was that ‘the elderly’ as at-risk were embraced as deserving citizens (Fassin 2005). As gerontologist Peter Janssen reminds:

It’s for your own good. The more you age, the more you get to hear this. You have to give up your car or bike; you are not allowed to cook or clean, you have to move to a service flat or a nursing home, you cannot manage your own money and possessions, and intimacy and sexual desires are ignored, or even penalised. And now, you can’t even go outside anymore and you are locked up in your own room. No one can come to visit. That’s worse than prison. (Janssen 2020; translation by author Verbruggen)

One might rightfully argue that paternalistic attitudes are induced by the severity of the situation and are generally adopted even by otherwise more neoliberally-oriented governments in a state of emergency (Clotworthy and Westendorp, this issue). However, enforcing behavior does not take the same form across age groups. There is a general consensus among public health experts that “spoon-feeding” restrictions to younger adults is not the best strategy to raise awareness (Stone 2020). A public health program manager at the San Francisco Bay Area remarked that what could be more efficient is, “we ask how are you protecting your grandma from COVID? And they may want to talk about their grandma and how she makes the best *menudo*” (Stone 2020). Indeed, benevolent ageism and intergenerational solidarity “flourish” in parallel (Previtali, Allen, and Varlamova 2020): as younger generations are recognized in their capability of taking up responsibility (high in competence), the ‘elderly’ are innocent symbols of tradition and homeliness (high in perceived warmth), and therefore deserve protection.

As postcolonial scholars have amply substantiated, paternalism can also mean that we forget that “they read what we write” (Brettell 1993). As a manager of a Belgian nursing home accurately remarks, “Our residents question the restrictive measures. *They also read the newspaper*. They have the feeling of being given up” (Ysebaert 2020; own emphasis). In a similar vein, the first author (Verbruggen) vividly remembers a phone conversation with her 80-year old mother about three months into lockdown,

Really, Christine, I can’t listen to the radio anymore, it is too much. It makes me sick. Every day I hear how much I am in danger, how much I need help, how frail I am. It really gets under my skin. I stopped listening. Do they even know how it feels to hear this all day?

It is worth noting that combatting age discrimination, by lifting the age limit from 60 to 80, for example, would not have helped this older woman feel ‘less sick.’

Fallacies of solidarity: contingent vulnerability and the elderly ‘as risk.’

Of course, the policies of COVID-19 have also unleashed more hostile ageist discourses and measures (Cary, Chasteen, and Remedios 2017, e28), which reveal the contemporary social position of older adults *as risk* (Beel 2020b). For example, on social media #BoomerRemover was launched, scapegoating the baby boomers for eroding society as a whole. An older generation is portrayed as passive and vulnerable, making “high mortality rates amongst older adults . . . an ‘inevitable’ and ‘normal’ outcome of this pandemic” (Fraser *et al.* 2020). Younger adults are concomitantly represented as strong and essentially invulnerable, affirming older adults’ social identity as leeches on an otherwise resilient society.

In a similar vein, not even a week in lockdown, the Belgian Federation of Intensivists stressed that, if hospitalization – due to COVID or otherwise – would be necessary, the previous health condition should be “taken into account”: “elderly who are ‘frail’ (physically very vulnerable), or who have suffered from severe cognitive decline, maybe shouldn’t be hospitalized when they are infected with COVID-19” (Beel 2020b; translated by author Verbruggen). Also, the US has adopted the Ventilator Allocation Guidelines “whereby ‘age may be considered as a tie-breaking criterion in limited circumstances’” (Fraser *et al.* 2020). The vulnerability of the elderly and the vulnerability of a health care system continue to be weighed on a scale of lives worth living (Gullette 2020). That aging into frailty, or aging at all, is perceived as a burden to society that needs to be compensated for, is also echoed in the proposal of behavioral economist Jan-Emmanuel De Neve to introduce a “coronatax,” a tax every citizen over 65 would need to pay to compensate for the damage society suffered due their vulnerability,

and to show their gratitude for the efforts made by the younger generations (Vlaamse Ouderenraad 2020g). Intergenerational solidarity and ageist stereotypes here work together to prove the threat of 'the elderly' as unproductive and frail, as in-groups are rescaled.

The situation in nursing homes is equally indicative of how the currency of 'dependent' older lives is not as crisis-bound as it might seem. After a month of operating behind closed doors, the severity of the situation in Belgium and the US, as elsewhere in the world, is revealed; the number of infections in nursing homes accounts for one fourth of the total confirmed cases and 38% of COVID-19 related deaths in the US (New York Times 2020). Nursing homes face resource shortages (testing materials, personal protective equipment [PPE], etc.) and in the eldercare workforce (Beel 2020c). The situation echoes priorities set long before the outbreak of COVID-19 and the state's neglect of investing in nursing homes, their staff, and their residents. Elderly with more intensive care needs were already considered a burden and 'as risk' for economic growth (Walker 2012). These blatant symptoms of ageism, that parallel a discourse of protection in crisis, reveal how older adults are constantly urged to prevent becoming socially superfluous, and always risk being sacrificed to prevent the boat from sinking. Nostalgia for the "best *menudo*," has never been sufficient to increase the value of frail older bodies.

"We are not one": validity versus vulnerability - the othered speaking back

Anthropologists of aging have done substantial work in diagnosing and reducing ageism and age-based discrimination by redirecting the conversation around the processes and experiences of aging. The responses to COVID-19 confront us with the question as to whether or not we have succeeded in finding a realistic, appreciative language and space for stories of people "aging into frailty" (Gullette 2018, 263) and, whether or not fighting age discrimination by claiming agelessness is the best strategy to change internalized ageism (Lamb 2018; Leahy 2020; Shimoni 2020).

Discourses and experiences of aging are historically contingent. What was once a discourse of unemployment, old-age pensions, and long-term care, older adulthood was reframed and diversified as the very different Third Age and Fourth Age by Peter Laslett (1989) to express changing demographics and socioeconomic development of older adults. The Third Age was marked by an idealistic discourse of a healthy, new generation of retirees who possessed greater autonomy and resources to pursue fulfilling lifestyles after retirement. Emphasizing moral lifestyle choices, the Third Age harkens back to the Rowe and Kahn model of successful aging (1987), that excluded many older adults' lived experiences with the aging process and has served as a cultural toolkit to prevent (some) older adults from becoming 'the elderly.' Dismantling the anti-ageist and emancipatory effects of such a model, Chris Gilleard and Paul Higgs (2002) have rightfully argued that some models of the Third Age are rooted in contemporary structures of welfare, hyper-commodification, and the behaviors (i.e., free decision-making, individual responsibility) that come with this cultural ideal, that do not accurately reflect the range of embodied experiences of older adulthood. In a similar vein, Sarah Lamb argues that the normativity of a healthy, active, ageless Third Age has become a "contemporary obsession," resulting in a newly discriminatory paradigm that denies normal health and functional changes as we age (Lamb 2014, 2017). Higgs and Gilleard (2015) also contend that despite such an outward focus on healthy and active aging, an insidiously negative view of old age still lurks in the background of our collective consciousness: the Fourth Age. Not simply the terminus of the Third Age, the Fourth Age is a "social imaginary" that contains the dark sides of aging (infirmary, long-term care, frailty) that were not undone but invigorated by the celebration of Third Age (Gilleard and Higgs 2013). Third and Fourth Age are caught in a deceptive dialectic: one can fall into Fourth Age disregarding chronological age, and if one does, this is not because of the consequence of failed support systems across the life course

or discourses that make up “aging” but because of one’s own irresponsible behavior (Katz and Calasanti 2015; O’Neil and Haydon 2015, 6).

The COVID-crisis is a magnifying glass, making crystal clear that the social imaginary of the Fourth Age always risks ‘polluting’ the space of the Third Age and that the normativity of overcoming ‘being old’ through exerting individual agency (Third Age), has only exacerbated the fear of the stigma of vulnerability, that is still a daunting prospect lurking in an undesirable future (Fourth Age). With the governmental and social responses to COVID-19, the danger of pollution by this stigma – formerly cast away in the Fourth Age – has even increased, and a large group of older adults fear being relegated to the space of “abjection” overnight (Gilleard and Higgs 2010). That this relation between the Third and the Fourth Age is naturalized, exclusive and antithetical, becomes particularly clear from the strategies older adults use to resist the generalized imaginary of frailty as a consequence of COVID-19: as the unrightfully ‘othered’ try to differentiate themselves from the ‘old,’ they resort to reinforcing the rift between Third and Fourth Age, and – often unwillingly – become ‘others othering back.’

The Landscape in Belgium: “We are in this together” – tous ensemble

Much has been written about the cultural landscape of ageism during times of COVID-19 in the US This section follows the developments of COVID-19 in Belgium through the eyes of ‘the elderly’ as voiced in the Belgian newsletter of the Flemish Council of the Elderly (FCE). We look into similar significant shifts along the axes of Third and Fourth Age and trace the persistence and reinforcement of (benevolent) ageism in anti-ageist discourses and practices.⁴

In Belgium, on March 12, 2020, six days before the country went into a ‘lockdown light,’ visits to nursing homes were already strictly prohibited, as was “non-essential” movement, especially for “vulnerable elderly” (Beel 2020a). Citizens did not even need an official lockdown to launch initiatives of solidarity. For example, the Facebook group “Spread solidarity, not the virus,” was set up that same day. Flyers were designed for posting to neighbors, that firstly urged “vulnerable people and elderly” to avoid crowded places and then offered help “for grocery shopping, food, or just a talk” (see figure 1).



Figure 1: Flyer designed by the Facebook group “Verspreid Solidariteit, niet virus” (<https://www.facebook.com/groups/verspreidsolidariteitgeenvirus/>)⁵

Additionally, on March 11, 2020, seven days before the official soft lockdown in Belgium, the Flemish Council for the Elderly (FCE) reported being “satisfied with the special attention that is given to vulnerable persons and elderly. It is ultimately this target group who is most vulnerable for the virus, and for whom the consequences are regularly more severe” (Vlaamse Ouderenraad 2020b). The FCE is concerned about the loneliness of older adults but feels that cancelling their events is their “civic duty” (2020b). Two days later, care institutions went into lockdown and adult daycare centers and social service centers were closed down. At that stage, issues such as how to stay mentally and physically fit during quarantine, how to detect misinformation in the newspapers, and how to make and wear face masks became central topics in their newsletters. On 20 March 2020, the FCE echoed the decisions made by the Federal government:

65-plus and in good health? Still it is better not to watch your grandchildren. You are extra vulnerable for the coronavirus, even when you are healthy. Are you younger than 65 and healthy? Then you can watch your grandchildren, unless you work with older people. (Vlaamse Ouderenraad 2020c)

When on 7 April 2020, the situation in nursing homes was revealed, ‘the most vulnerable’ were thrust into the center of attention in the corona-debates for weeks (Rogiers 2020). The Flemish Minister of Welfare, Wouter Beke, faced harsh critiques, as nursing homes were compared to the contemporary morgues where the most vulnerable are left to die. ‘The most vulnerable’ became ‘the most visible’ to occupy the space of aging (Gullette 2018), while a general consensus emerged that this structural neglect of the institutionalized older adults in wartime (during COVID-19) is simply an echo of structural neglect of investing in care for the elderly in peacetime (Cochez and Vanden Bussche 2020).

As if the seriousness of the situation had distracted the FCE from the discursive framing of ‘elderly,’ it took the association more than a month into lockdown to address the homogenization of a highly diverse group of older adults, and their lack of voice in the debates,

The past few weeks, the number of times elderly were mentioned in the media, is impossible to count. Older generations are being targeted. . . . Every day the vulnerability of elderly is mentioned, and this while the voices of elderly are notably missing. [own translation] (Vlaamse Ouderenraad 2020d)

The council is interested in the myriad of feelings (“gratitude, helplessness, anxiety, curiosity, grief, happiness”) of older adults as “the most vulnerable” in this crisis (2020d). At the same time, signs of intra-group “caremongering” emerge: there is an often overlooked performative aspect of caremongering (Vervaecke and Meisner 2020). Doing something good for somebody else implicates that one is able to do so (that one is competent), and hence, that one is not needy. This can be seen in the initiative “Geen Belet” launched by FCE on 27 April, 2020 to “hold on to this *tous ensemble*-feeling.” They join forces with different elderly associations to start calling “the oldest old” on a weekly basis (Vlaamse Ouderenraad 2020e).



Figure 2: “Het zal nog een aantal weken duren tot we terug nabij contact hebben.” [It will take a couple of weeks before we can be close again] (@VL Ouderenraad, 27 April, 2020).

One 69-year old male volunteer reported that he has the feeling that, “the elderly are doing pretty well now. ‘Loneliness’ and the feeling of being locked up, however, weigh heavily on them.” Another female volunteer, 63-year old, clearly voices the value this has for herself, “The calls really give me a boost, because I feel that they are valuable. I want to continue doing this after the lockdown, maybe not on a daily basis, but every week, or when I feel that it is necessary” [own emphasis] [both retrieved from Vlaamse Ouderenraad 2020e].

In this well-meant act of solidarity, the immanent division between those who are responsible and can help, and those who require help and are deserving is confirmed (Vervaecke and Meisner 2020). While the ‘younger’ old can attempt to escape some effects of ageism through the performance of productivity and social engagement, the ‘older’ old are forever old (Twigg 2004). In times of crisis-induced solidarity the fact that both spaces behave as interconnected vessels easily goes unnoticed.

(Ageism - age discrimination) = Fourth Age?

Taking into account the social, cultural and political-economic motivations of Third/Fourth Age tension, it should not come as a surprise that the *tous ensemble* feeling almost imperceptibly altered further once the first relaxation measures were announced in the US and Belgium, when the relaunch of economic activities was at stake. The Flemish Council for the Elderly and its members report being incensed by “the negative portrayal [of older adults] and the generalizing age marker of 65” in the exit strategy. The council initiates its own recommendations, stressing that the security measures have mostly impacted the older adults and that they now deserve positive discrimination (Vlaamse Ouderenraad 2020f). To validate this claim, ‘the elderly’ are firstly *explicitly* differentiated,

At this moment, in the media and in policy ‘the’ vulnerability of ‘the’ elderly is highlighted. We understand that this is necessary and are aware of the fact that the virus in its most lethal form mostly hits the oldest and the most vulnerable amongst us. . . . On the other hand, we should keep in mind that the ‘elderly’ consists of three generations of people, and not all of them are vulnerable. You cannot compare the situation of a healthy 65-year old with that of a frail 95-year old. (Vlaamse Ouderenraad 2020f)

The introduction to the recommendations for the exit-strategy is problematic in two ways. First, while it is reasonable to argue that frailty in older age is more common, both the frail 65-year old and the healthy 95-year old are invisible in these stereotypes. The voice of the single 82-year old man who witnesses that he had always given the best of himself in caring for other older adults in nursing homes or people in ill health, but that as now, in lockdown, all that has ceased, he feels he has lost solid ground (Beweging.net MZWVL 2020), is missing from the introduction to the recommendations; as is the voice of the 83-year old father of the first author (Verbruggen) who laments not being able to come and help her with fixing her chairs or painting her ceiling; as is the voice of the 63-year old woman who usually visits a daycare center due to her early-onset dementia, but is now alone, at home, with her fragmented memories haunting her. Second, it paves the way for privileging the older adults (65-69) who are 'still' professionally or informally active and that are here paired with "healthy." The recommendations stress that volunteering is important in the light of "the restart of society and the economy" and remind that a lot of "active young-retirees" provide transport for people with impaired mobility. 'Care' as a distinctive capacity of some older adults is foregrounded: "We do fear the current focus on one age limit, without nuance or differentiation, will impact the support *among* elderly, and that a lot of real perils in the lives of elderly will remain unaddressed" (Vlaamse Ouderenraad 2020f) [own emphasis].

The discourse in the newsletters of the Belgian FCE has ranged from "civic duty," over solidarity, over a rage about the situation in nursing homes to age discrimination in two months, paralleling the emergency of the lockdown and the re-awakening of common sense with the relaxation of security measures.

Older adults do not only make up for a very large group in society, they are mostly a particularly active and indispensable link in our society. They participate in cultural and sports activities, they go out and take part in all sorts of activities and events. But also the voluntary commitment of older adults is invaluable. They take up a wide variety of roles: as caregiver, as volunteer, as member of an organization, as grandmother or grandfather. They take up important roles on a wide range of (domains) such as sports, welfare, culture and care. (Vlaamse Ouderenraad 2020f)

What is striking in this contestation of age discrimination, is not so much the content of the recommendations given for a reintegration in society, but their contextualization. When 'warranties' for good care and social contacts are asked for older adults in 'precarious' situations (Vlaamse Ouderenraad 2020h), there is no such introduction celebrating the indispensable character of these older adults. The fact that the FCE stresses productivity and social value to counter a generalized "ageism," leaving a large group of older adults across ages unaddressed, is not an exception. Academic articles that address the rise of ageism during the coronavirus, rely on very similar cultural identities to legitimate their anti-ageist claim,

Older adults continuously and actively contribute to society with paid and unpaid work . . . ; they constitute a great bulk of informal care for partners, grandchildren and others . . . ; they are a vital part of voluntary and civic society . . . ; they support intergenerational transfers . . . ; and they secure the continuity of our identity, heritage, and memories. Moreover, older adults are assisting others during this crisis; for example, those who are retired healthcare professionals answered the call and returned to work. (Previtali, Allen, and Vadamova 2020, 510)

They are a source of generational knowledge and wisdom, they contribute to the workforce in increasing numbers, they volunteer and they are key to the strength of

our economies and our families. *We cannot afford* to be careless about these lost lives because of ageist attitudes. (Fraser *et al.* 2020) [own emphasis]

Ann Leahy wonders whether during COVID-19 active aging has revealed itself as a “flimsy” construct, “easily cast off if another narrative serves overarching purposes more expeditiously” (2020). Our analysis of voices in the FCE newsletters, however, indicates that the opposite is equally likely, and that the imaginary of the Third Age is not “cast off” but reinvigorated in reaction to a large scale accusation of frailty. In both cases, dichotomization persists. The dynamics of fighting age discrimination with other traits of ageism – patronizing behavior, stereotyping, claiming agelessness – we diagnosed here, only affirm that ageism is internalized, by both younger and older adults. As Margaret Morganroth Gullette argues:

Perhaps what unifies a generationally-divided society now (where age is concerned) is that younger age groups fear aging-past-youth because of the ageism they unconsciously anticipate and which they too often damagingly internalize and sometimes hurtfully express. (2018, 261-262)

Discussion

First, mainstream socio-political and media responses to COVID-19 have cultivated an overgeneralized representation of everyone over 60 as vulnerable. Second, the ageism in these representations has been contested, through calls for intergenerational solidarity and by older adults stating their social validity and productivity. The underlying message of both discourses is the same: “Defy ageing for as long as possible and avoid becoming socially superfluous” (Shimoni 2020). Whereas a homogenizing public discourse and policy during COVID-19 has indeed openly devalued old age experience (Fraser *et al.* 2020), the counternarratives to ageism have not yet been particularly helpful in revaluing the lives of those unproductive, dependent and alive, or in overcoming the dichotomization of healthy versus frail aging.

What we see here is a catch-22 of contesting the vulnerability of ‘the elderly’ by stating that a large part is productive, while, in doing so, relegating a large ‘residue’ of vulnerable older adults to a social space where they are merely worthy of care and protection. This is a logical consequence of the social location of all older bodies. Gilleard and Higgs argue that, as the aging body is interpellated by imaginaries of both Third and Fourth Age, “real vulnerability” is relegated to ever darker spheres of social existence (2011, 137). The increased capacity to overcome the social and bodily signifiers of old age has resulted in “an intensification of ‘real’ old age with even less capacity to transgress the abjection that is associated with frailty and the loss of agency and symbolized by the fourth age” (2011, 137). This abjection, they remind us, is not limited to public policy or media coverage, nor to “the individual dilemma of being yet not feeling old” (2011, 138). The Fourth Age by default, describes a place close to death, indexed more strongly during the pandemic and concomitant discourses. This has only fueled the dismay of ‘deep’ old age, “denying the necessity of having to be embodied within the ‘excluded’ community of a fourth age” (2011, 138). There is always a residual other. “Agentic transgression” of aging is not possible for every older adult – or might not even be desirable. The consequence is social – if not physical – death, as “in the absence of signs of socialized intent and individual purpose, no opportunity exists to challenge or escape what Bataille has called this ‘exclusion from the moral community’” (Gilleard and Higgs 2011, 141).

It has become clear that neither ‘we’ nor ‘the elderly’ are together in this crisis and that both benevolent ageism and proving indispensability are necessary tools for older adults to prevent falling into Fourth

Age. It is also clear that patronizing behavior or positive images of resilient, healthy, caring older adults densify the space of the Fourth Age, and that academics, news media, advocacy, and older adults, are not always fully aware of the negative effects of these 'counternarratives' on the social value of the 'really old,' and hence of what dichotomies ageism consists of. What remains pertinently unclear is how an older adult can claim value, desire, and agency *with*, or 'not against,' vulnerability (Lamb, this issue). Is there any claim that can be made that is not introduced by "older adults are a heterogeneous group that continue to make valuable contributions to society" (Previtali, Allen, and Vadamova 2020, 509)?

Gilleard and Higgs point to the potential of caring relationships to remoralize frail old age, and of embracing the frailty of the Fourth Age as a daily reminder of the existential vulnerability of common humanity on the other (2011, 141). Focusing more on narrative representations of aging lives, Ayalon *et al.* (2020, 4) recommend relying on a "personalized rather than generalized message," while O'Neil and Haydon (2015, 5) stress avoiding incomplete narratives as they tend to only further reaffirm stereotypes. Gullette proposes an "aging as process narrative" to overcome the binary between "progress narrative" and "decline narrative" (2018, 262).

As we have illuminated in the analysis of the newsletters of the Flemish Council for the Elderly, overcoming this binary *making up* ageism, is a hurdle many older adults face. Considering future perspectives for narrative gerontology, Kate de Medeiros reminds us that counter-narratives, in this case of vulnerability, are always limited by a master narrative (2016, 66-67), that here again reveals itself as already a bifurcated phenomenon. More importantly, de Medeiros goes on to argue counter-stories to the grand narratives are not necessarily counter-narratives, but small stories as they "may provide the means for people to express important thoughts, reactions, and other experiences of aging that are outside of the grand master narratives of age" (2016, 79).

Following along these lines, we see an important task for anthropologists, in the co-creation of stories of aging, as they need a care-ful audience (Puig de la Bellacasa 2017) to do justice to the radical emics of particular lives, and to the ways the "seemingly unsayable" (Titchkosky 2003, 220), the in between – the neither vulnerable nor productive, the neither old nor young, the neither past nor present, the not-even-about-aging – permeates all narratives with aging. How older people talk during a global pandemic matters.

During the lockdown, the staff of the Belgian nursing home where the first author (Verbruggen) is conducting fieldwork for her doctoral research invited residents to send messages to 'the outside world.' On 21 March 2020, a letter by Juliette is posted under the "corona-updates" of the nursing home. Juliette lives with dementia in unit 11, together with 7 co-residents, and writes,

I would like to tell you what I observe here in unit 11.
 Pleasant, but also other things, when I look around.
 Touching and sometimes even funny.
 Today was the birthday of one of the other residents
 His daughter used her smartphone so they could see and hear each other.
 Oh! What fun they had together!
 Also the ordinary things suddenly become emotional.
 How people here in the unit help each other now: Shall I pour you some coffee? Do you
 want another biscuit? Adorable!
 This week, I saw a man who has been having difficulty walking for quite some time.
 All of a sudden, he swiftly crossed the living room,
 because he didn't know I was looking.

All too human, yeah, but still a little funny.
 Sometimes people are very tired here, and they sleep a lot.
 Well, that's cool right!?
 If I think about it now, I think that caregiving would be just the right job for me.
 If I would be 20 or 30 years younger ...
 There is so much friendship around here.
 If I would be working here now, I'd also still enjoy it!

Juliette

Acknowledgements

We are grateful to Sarah Lamb for her generous and valuable comments on earlier drafts of this article, and to Juliette and the staff members of her care unit for sharing her voice. We also wish to thank Janis Woodward for her excellent and meticulous editorial work.

Notes

¹ Notable exceptions in this regard are Leahy 2020 and Shimoni 2020.

² The dichotomous at/as risk is taken from work in the Anthropology of Children and Youth by Filip De Boeck on the ambivalent nature of witchcraft accusations against children and younger adults in Kinshasa (De Boeck 2009). For the concept of 'fallacies of solidarity' we are indebted to the Special Issue of the Journal of Aging Studies, edited by Natashe Lemos Dekker and Annette Leibing, "Fallacies of Care" (2019).

³ As of this writing, the US has experienced 8.7 million positive cases with 225,000 deaths (2.5% death rate), while Belgium reports only 321,00 positive cases and 11,000 deaths, for a death rate of 3.4% (Our World in Data, 2020).

⁴ The Flemish Council for the Elderly (*Vlaamse Ouderenraad*) is the official advisory body for the Flemish elderly policy of the Flemish Government, one of the three regional governmental institutions of Belgium. The FCE advocates for the political participation of elderly on a regional, provincial and local level, voices their concerns and informs older adults about social, economic, political, cultural and scientific matters that concern them. They also provide a platform for local elderly associations, organize trainings and study events, and publish a weekly Newsletter, which this paper draws its ethnographic material from (Vlaamse Ouderenraad 2020a).

⁵ "Dear neighbor! The coronavirus is dangerous for vulnerable people and elderly. If you belong to this high-risk category, it is best to avoid large groups of people: public transport, but also warehouses and other crowded spaces. Stay at home as much as possible: if you need help with grocery shopping, food or if you just want to have a talk, this is my phone number: You can call me, then we can see what I can do for you" [translation by author Verbruggen].

References

- AARP. 2020. "Supermarkets Offer Special Hours for Older Shoppers." Accessed April 28, 2020. <https://www.aarp.org/home-family/your-home/info-2020/coronavirus-supermarkets.html>.
- ACL. 2020. "Coronavirus Disease 2019 (COVID-19)." Retrieved April 21, 2020. <https://acl.gov/COVID-19>.
- Ayalon, Liat, Alison L. Chasteen, Manfred Diehl, Becca R. Levy, Shevaun D. Neupert, Klaus Rothermund, Clemens Tesch-Romer, and Hans-Werner Wahl. 2020. "Aging in Times of the COVID-19 Pandemic: Avoiding Ageism and Fostering Intergenerational Solidarity." *Journals of Gerontology: Psychological Science*. Advance Access 16 April 2020. <https://doi.org/10.1093/geronb/gbaa051>.
- Beel, Veerle. 2020a. "Rusthuizen Dicht, Ouderenverenigingen op Non-actief." [Nursing Homes Closed, Elderly Associations Inactive] *De Standaard Online* March 12, 2020. https://www.standaard.be/cnt/dmf20200311_04886111.

- . 2020b. "Intensieve Zorg Sluit Selectie op Basis van Leeftijd niet uit." [Intensive Care Doesn't Exclude Age-based Triage] *De Standaard Online* March 19, 2020. https://www.standaard.be/cnt/dmf20200318_04894480.
- . 2020c. "Meer Bewoners in Woonzorgcentra krijgen Coronatest." [More Nursing Home Residents Will Receive a Coronatest] *De Standaard Online* March 26, 2020. https://www.standaard.be/cnt/dmf20200325_04902487.
- Berridge, Clara and Nancy Hooyman. 2020. "The Consequences of Ageist Language are Upon Us." *Journal of Gerontological Social Work*. <https://doi.org/10.1080/01634372.2020.1764688>.
- Beweging.net MZWVL. 2020. "Coronaverhaal Deel 3: Het Verhaal van Jan Denil van OKRA." [Corona Stories Part 3: The Story of Jean Denil from OKRA] *Beweging.net* June 16, 2020. <https://www.beweging.net/west-vlaanderen/regionieuws/75-nieuwsberichten/4079-coronaverhaal-deel-3-het-verhaal-van-jan-denil-van-okra>.
- Brettell, Caroline. 1993. *When They Read What We Write: The Politics of Ethnography*. Bergin and Garvey.
- Cary, Lindsay A., Alison L. Chasteen and Jessica Remedios. 2017. "The Ambivalent Ageism Scale: Developing and Validating a Scale to Measure Benevolent and Hostile Ageism." *The Gerontologist* 57(2): e27-e36. <https://doi.org/10.1093/geront/gnw118>.
- CDC. 2020. "COVID-19 Guidance for Older Adults." Accessed April 21, 2020. <https://www.cdc.gov/aging/covid19-guidance.html>.
- Clotworthy, Amy and Rudi G.J. Westendorp. 2020. "Risky Business: How Older 'At Risk' People in Denmark Evaluated their Situated Risk during the COVID-19 Pandemic." *Journal of Anthropology and Aging* 41 (2).
- Cochez, Tom and Steven Vanden Bussche. 2020. "Woonzorgcentra Worden in Volle Oorlogstijd Verwaarloosd." *Apache* April 8, 2020. <https://www.apache.be/2020/04/08/woonzorgcentra-werden-in-volle-oorlogstijd-verwaarloosd/?sh=cd0ed78de82a84f71ef30-1875097403>.
- Crampton, Alexandra. 2013. "Population Aging as the Social Body in Representation and Real Life." *Anthropology & Aging* 34(3): 100-113.
- De Boeck, Filip. 2009. "At Risk, As Risk: Abandonment and Care in a World of Spiritual Insecurity." In *The Devil's Children: From Spirit Possession to Witchcraft: New Allegations that Affect Children*. Edited by Jean La Fontaine, 129-150. Farnham: Ashgate.
- De Medeiros, Kate. 2016. "Narrative Gerontology: Countering the Master Narratives of Aging." *Narrative Works* 6 (1): 63-81.
- Ellison, Katherine. 2020. "With the Novel Coronavirus, Suddenly at 60 We're Now 'Old'" *The Washington Post* 27 June 2020. https://www.washingtonpost.com/health/with-the-novel-coronavirus-suddenly-at-60-were-now-old/2020/06/26/16b1406c-afea-11ea-8f56-63f38c990077_story.html.
- Fassin, Didier. 2005. "Compassion and Repression: The Moral Economy of Immigration Policies in France." *Cultural Anthropology* 20(3): 362-387.
- Fraser, Sarah, Martine Lagacé, Bienvenue Bongué, Ndatte Ndeye, Jessica Guyot, Lauren Bechard, Linda Garcia, Vanessa Taler, CCNA Social Inclusion and Stigma Working Group, Stéphane Adam, Marie Beaulieu, Caroline D. Bergeron, Valérian Boudjemadi, Donatienne Desmette, Anna Rosa Donizetti, Sophie Ethier, Suzanne Garon, Margaret Gilus, Mélanie Levasseur, Monique Lortie-Lussier, Patrik Marier, Anne Robitaille, Kim Sawchuk, Constance Lafontaine, and Francine Tougas. 2020. "Ageism and COVID-19: What Does our Society's Response Say About Us?" *Age and Ageing*. <https://doi.org/10.1093/ageing/afaa097>.
- Gilleard, Chris and Paul Higgs. 2002. "The Third Age: Class, Cohort or Generation?" *Ageing and Society* 22(3): 369-82.
- Gilleard, Chris and Paul Higgs. 2010. "Aging without Agency: Theorizing the Fourth Age." *Aging & Mental Health* 14(2): 121-28.
- Gilleard, Chris and Paul Higgs. 2011. "Aging Abjection and Embodiment in the Fourth Age." *Journal of Aging Studies* 25: 135-142.

- Gilleard, Chris and Paul Higgs. 2013. "The Fourth Age and the Concept of a 'Social Imaginary': A Theoretical Excursus." *Journal of Aging Studies* 27(4): 368-76.
- Gilleard, Chris and Paul Higgs. 2020. "COVID-19 Amplifies, but Doesn't Alter the Chronology of Life and Death." *Transforming Society*. Published 20 May 2020. <http://www.transformingsociety.co.uk/2020/05/20/covid-19-amplifies-but-doesnt-alter-the-chronology-of-life-and-death/>.
- Grenier, Amanda and Christopher Phillipson. 2018. "Precarious Aging: Insecurity and Risk in Late Life." *Hastings Center Report* 48: S15-18.
- Gullette, Margaret Morganroth. 2018. "Against 'Aging' - How to Talk about Growing Older." *Theory, Culture & Society* 35(7-8): 251-270.
- Gullette, Margaret Morganroth. 2020. "Ageist 'Triage is a Crime Against Humanity.'" *Los Angeles Review of Books*. Published 21 March 2020. <https://lareviewofbooks.org/short-takes/ageist-triage-covid-19/>.
- Healthline. 2020. "Here's What Older At-Risk People Should Know About the Coronavirus." Accessed April 28, 2020. <https://www.healthline.com/health-news/what-older-people-with-chronic-conditions-need-to-know-about-covid-19>.
- Higgs, Paul and Chris Gilleard. 2015. *Rethinking Old Age: Theorising The Fourth Age*. New York: Palgrave Macmillian.
- Janssen, Peter. 2020. "Brief van de Dag: Maatregelen Mogen niet Strenger Zijn voor Ouderen." *De Standaard Online* 26th March 2020.
- Kaufman, Sharon R. 1994. "The Social Construction of Frailty: An Anthropological Perspective." *Journal of Aging Studies* 8(1): 45-58.
- Katz, Stephen and Toni Calasanti. 2015. "Critical Perspectives on Successful Aging: Does it Appeal More Than It Illuminates?" *The Gerontologist* 55(1): 26-33.
- Laceulle, Hanne. 2017. "Virtuous Aging and Existential Vulnerability." *Journal of Aging Studies* 43: 1-8.
- Lamb, Sarah. 2014. "Permanent Personhood or Meaningful Decline? Toward a Critical Anthropology of Successful Aging." *Journal of Aging Studies* 29: 41-52.
- Lamb, Sarah. 2017. *Successful Aging as a Contemporary Obsession: Global Perspectives*. Rutgers University Press.
- Lamb, Sarah. 2018. "On Being (Not) Old: Agency, Self-care and Life-course Aspirations in the United States." *Medical Anthropology Quarterly* 33(2): 263-281.
- Laslett, Peter. 1989. *A Fresh Map of Life: The Emergence of the Third Age*. London: Weidenfeld and Nicolson.
- Leahy, Ann. 2020. "Time to Confront the Portrait in the Attic? Reflections on Theory and Discourses of Aging Sparked by the COVID Crisis." *Aging Issues: British Society of Gerontology*. Published April 9 2020. <https://ageingissues.wordpress.com/2020/04/09/time-to-confront-the-portrait-in-the-attic-reflections-on-theories-and-discourses-of-ageing-sparked-by-covid-19/>.
- Leibing, Annette and Natashe Lemos Dekker. 2019. "Fallacies of Care: An Introduction." *Journal of Aging Studies* 51. <https://doi.org/10.1016/j.jaging.2019.100795>.
- Morrow-Howell, Nancy, Emma Swinford, Natalie Galucia, and Brian Carpenter. 2020. "The Coronavirus: What Age Has to Do with it." *Washington University "COVID-19 and Age: Risks and Opportunities" Webinar Series*. Retrieved April 20, 2020. <https://www.youtube.com/watch?v=zqgz0BLV-40>.
- Morrow-Howell, Nancy, and Ernest Gonzales. 2020. "Recovering From Coronavirus Disease 2019 (COVID-19): Resisting Ageism and Recommitting to a Productive Aging Perspective." *Public Policy & Aging Report* 30(4): 133-137. <https://doi.org/10.1093/ppar/praa021>.
- NCoA. 2020. "COVID-19 Resources for Older Adults and Caregivers." Accessed April 25, 2020. <https://www.ncoa.org/covid-19/covid-19-resources-for-older-adults/>.

- New York Times. 2020. "About 38% of U.S. Coronavirus Deaths are Linked to Nursing Homes." October 30, 2020. Accessed on October 30, 2020. <https://www.nytimes.com/interactive/2020/us/coronavirus-nursing-homes.html>.
- O'Neil, Moira and Abigail Haydon. 2015. *Aging, Agency and Attribution of Responsibility: Shifting Public Discourse about Older Adults*. Washington, DC: FrameWorks Institute.
- Previtali, Federica, Laura D. Allen and Maria Varlamova. 2020. "Not Only Virus Spread: The Diffusion of Ageism During the Outbreak of COVID-19." *Journal of Aging & Social Policy* 32(4-5): 506-514. <https://doi.org/10.1080/08959420.2020.1772002>.
- Puig de la Bellacasa, Maria. 2017. *Matters of Care: Speculative Ethics in more than Human Worlds*. Minneapolis/London: University of Minnesota Press.
- Rowe, John. W., and Robert L. Kahn. 1987. "Human Aging: Usual and Successful." *Science* 237(4811): 143-149.
- Schultz, Teri. 2020. "Why Belgium's Death Rate Is So High: It Counts Lots of Suspected COVID-19 Cases." *NPR* April 8, 2020. <https://www.npr.org/sections/coronavirus-live-updates/2020/04/22/841005901/why-belgiums-death-rate-is-so-high-it-counts-lots-of-suspected-covid-19-cases>.
- Shimoni, Shir. 2020. "How Coronaviruses Exposes the Way we Look at Ageing and Older People." *The Conversation* March 31, 2020. <https://theconversation.com/how-coronavirus-exposes-the-way-we-regard-ageing-and-old-people-135134>.
- Stone, Will. 2020. "When Young People get COVID-19, Infections Soon Rise Among Older Adults." *NPR* September 29, 2020. <https://www.npr.org/sections/health-shots/2020/09/29/916634414/when-young-people-get-covid-19-infections-soon-rise-among-older-adults?t=1602677287750>.
- Titchkosky, Tania. 2003. *Disability, Self and Society*. Toronto: University of Toronto Press.
- Twigg, Julia. 2004. "The Body, Gender, and Age: Feminist Insights in Social Gerontology." *Journal of Aging Studies* 18(1): 59-73.
- Vervaecke, Deanna and Brad A. Meisner. 2020. "Caremongering and Assumptions of Need: The Spread of Compassionate Ageism During COVID-19." *The Gerontologist*, gnaa131. <https://doi.org/10.1093/geront/gnaa131>.
- Vlaamse Ouderenraad. 2020a. "Who Are We?" *Vlaamse Ouderenraad*. Accessed September 15, 2020. <https://www.vlaamse-ouderenraad.be/vlaamse-ouderenraad-uk>.
- .2020b. "Vlaamse Ouderenverenigingen Nemen Coronamaatregelen." [Flemish Elderly Associations Take Corona Measures] *Vlaamse Ouderenraad*. Published March 11, 2020. <https://www.vlaamse-ouderenraad.be/actualiteit/welzijn-zorg/vlaamse-ouderenverenigingen-nemen-coronamaatregelen>.
- .2020c. "65+? Let Niet op Je Kleinkinderen." [65+? Don't Watch Your Grandchildren] *Vlaamse Ouderenraad*. Published March 20, 2020. <https://www.vlaamse-ouderenraad.be/actualiteit/welzijn-zorg/65-plus-let-niet-op-je-kleinkinderen>.
- .2020d. "Welke Vragen en Zorgen Hebben Ouderen Tijdens de coronacrisis?" [Which Questions and Worries Do Older Adults Have During the Coronacrisis?] *Vlaamse Ouderenraad*. Published April 17, 2020. <https://www.vlaamse-ouderenraad.be/actualiteit/oproep/welke-vragen-en-zorgen-hebben-ouderen-tijdens-de-coronacrisis>.
- .2020e. "Geen Belet! Ouderenverenigingen Belden Al Meer Dan 100 000 Ouderen op." [We're Available! Elderly Associations Called More Than 100 000 Elderly Already] *Vlaamse Ouderenraad* Published April 27, 2020. <https://www.vlaamse-ouderenraad.be/actualiteit/vrijwilligerswerk-verenigingsleven/geen-belet-ouderenverenigingen-belden-al-meer-dan>.
- .2020f. "Welk Perspectief voor Ouderen Tijdens de Exit-strategie? Concrete Insteken voor de Veiligheidsraad." [Which Perspective for the Elderly During an Exit Strategy? Concrete Recommendations for the Security Council] *Vlaamse Ouderenraad*. Published May 10, 2020. <https://www.vlaamse-ouderenraad.be/wat-denken-we/welzijn-zorg/welk-perspectief-voor-ouderen-binnen-de-exit-strategie-concrete-insteken>.

- .2020g. "Opinie: Waarom een Coronataks op Ouderen een Onzinnig Idee is." [Why a Corona Tax is a Nonsensical Idea] *Vlaamse Ouderenraad*. Published May 15, 2020. <https://www.vlaamse-ouderenraad.be/actualiteit/opinie-waarom-een-coronataks-op-ouderen-een-onzinnig-idee>.
- .2020h. "Vlaamse Ouderenraad Vraagt 5 Garanties voor Ouderen in Coronatijden." [The Flemish Council for the Elderly Asks 5 Warranties for the Elderly in Corona Times] *Vlaamse Ouderenraad*. Published September 7, 2020. <https://www.vlaamse-ouderenraad.be/actualiteit/welzijn-zorg/vlaamse-ouderenraad-vraagt-5-garanties-voor-ouderen-coronatiiden>.
- Walker, Alan. 2012. "The New Ageism." *The Political Quarterly* 23(4): 812–819. <https://doi.org/10.1111/j.1467-923X.2012.02360.x>
- Yang, Jing, Ya Zheng, Xi Gou, Ke Pu, Zhaofeng Chen, Qinghong Guo, Rui Ji, Haojia Wang, Yuping Wang, and Yongning Zhou. 2020. "Prevalence of Comorbidities in the Novel Wuhan Coronavirus (COVID-19) Infection: A Systematic Review and Meta-Analysis." *International Journal of Infectious Diseases* <https://doi.org/10.1016/j.ijid.2020.03.017>.
- Ysebaert, Tom. 2020. "Sommigen Willen Geen Levensrekkend Verblijf in het Ziekenhuis." [Some Don't Want a Life-sustaining Stay in the Hospital] *De Standaard Avond Online* March 24, 2020. https://www.standaard.be/cnt/dmf20200324_04900687.