



COVID19 and older persons: ‘Never again’ means to step up the fight against ageism!

Maciej Kucharczyk, Secretary-General of AGE Platform Europe

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CHECK AGAINST DELIVERY!

Dear members of the European Parliament,

Exactly three years ago, we saw the nightmare of many virologists come true, with the outbreak of the deadliest and most widespread pandemic in nearly a century. Courageous, yet unpopular measures were to preserve lives. **Our members, organisations of and for older persons, are very conscious and grateful that older persons have received an overwhelming wave of solidarity during this pandemic.** However, there is an important ‘but’ to consider.

1. The first question addressed to us is about the specific challenges faced by older people throughout the pandemic and the good practices to address them

The response to the outbreak of the Covid-19 pandemic has led to **a violation of the human rights of older people**. The justification that older people were at specific health risks was used as an excuse to limit and deny our rights. Older people have seen measures against their rights to health, social inclusion and independence taken in their name and only in terms of their vulnerability. Let me remind you that **older people are not vulnerable per se**. Rather, they are made vulnerable by the lack of action, by structural ageism, **when they are an immense resource for our communities and societies.**

The World Health Organization (WHO) made it clear that people of all ages can be infected by the new coronavirus. Picturing older persons as the only group at serious risk tends to put in the shadow all other groups (younger persons with disabilities, heart disease, lung



AGE Platform Europe | A society for ALL ages
Avenue de Tervueren/Tervurenlaan 168, box 2, 1150 Brussels, Belgium
www.age-platform.eu | info@age-platform.eu | +32 2 280 14 70
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disease, diabetes, high blood pressure or cancer, among others), who might need specific support measures, such as priority testing.

First, the right to health was violated due to a lack of preparation and foresight. By neglecting the pre-existing guidelines and warnings about what would happen if older people were infected in residential settings, the virus was allowed to enter facilities such as long-term care centres, where vulnerabilities accumulate. **Secondly**, ageism was evident in decisions not to send ambulances to care homes, in triage protocols and in practice. Older persons in need were denied treatment. We were also affected by the reduction in the availability of care services, the shift to telemedicine and the deprogramming of ‘non-urgent’ medical care, although older people rely on these services to a greater extent than others. A care worker in France said to Médecins Sans Frontières in 2020: ***‘We went to war without armour, we were asked to do things that we use to treat animals, not humans’¹.***

Ageism has also manifested itself in a climate of hate towards older people. Although rather rare, it was still shocking to see older people being blamed for the restrictions on freedoms that we all faced. These reactions had affected older people by creating a sense of fear and reducing **their right to social inclusion.**

Physical distancing was particularly harsh and long-lasting especially in long-term care and residential settings. Older persons were cut off from their families and fellow residents. Our Slovenian member reported in 2021: ***‘It was loneliness has proven to be the most severe hardship that is still difficult to overcome today.’*** We will never know how many passed away because of loneliness and isolation.

Digitalisation was often proposed as a remedy to alleviate social isolation and loneliness, yet the reality is more complex: a study in Germany shows that more than 40% of care homes have no personal connections for residents, despite public support and legal obligations. Older persons with low basic digital skills could not benefit from IT technologies; and those living in remote areas with weak or no internet connections felt even more excluded during the long months of the Covid.²

Fortunately, we could see positive examples of addressing the challenges of the pandemic, they should be highlighted as well! At EU level and globally, the guidance by the EU Commission, the European Centre for Disease Prevention and Control and the United Nations called for respecting the rights of older persons. The EU funds allowed massive roll-out of testing campaigns, purchases of protective equipment and the fast development of

¹ <https://www.msf.fr/actualites/france-une-annee-d-intervention-face-a-la-covid-19-chapitre-2-le-vecu-du-personnel-d-ehpad-c-est-un-temps-de-guerre>

² <https://www.biva.de/presse/viele-pflegeheime-immer-noch-ohne-internetzugang-fuer-bewohner/>

effective vaccines. EU guidance did rightly prioritise older persons and those with vulnerable conditions in vaccination strategies, and now the ongoing recovery programmes have strong priorities in health and long-term care resilience.

Research by our Belgian member organisation showed that residential care centres with small living groups witnessed one third less infections, hospitalisations and fatalities than large ones.³ The plans in France to fund adaptations of housing for persons 70+ from a social security branch are being made. These examples are promising steps **toward a care system that enables everyone to live fully, rather than alienates and patronises people**. This is fully in line with **AGE vision for a new empowering model of long-term care**.

Looking at digitalisation, more initiatives focus on digital skills in old age, such as the DigitalPakt Alter in Germany, which provided training to 10,000 older persons, more than half of them over 70, within its first year. Such initiatives should be upscaled and inspire similar initiatives across the EU.

2. Still today, there are people speaking about applying restrictions according to one's age. Is this ethical?

An idea to prolong lock-down measures only for persons over 65, mentioned by the European Commission President at some point after the second wave of the pandemic, although well intended, was questionable. Everyone has the right to fully participate in society and to be supported in doing so. Applying restrictions based on certain characteristics, be it age, gender, race or age is contrary to the principle of equality on which the EU is built. By the way, not all older persons have underlying health conditions that make them more vulnerable than others. We believe that an inclusive society protects the rights of all, rather than othering and excluding those who are perceived to be a burden on society. As the UN Secretary-General put it during the pandemic: *No life is dispensable!*

Looking forward...

3. We were asked to provide recommendations that can avoid the mistakes made during the pandemic.

None of us wants to see similar human rights violations happening again. Therefore, we very much welcome the work of this Special Committee and hope that its recommendations will be thoroughly implemented.

³ <https://www.vlaamse--ouderenraad-be.translate.google.com/onderzoek/welzijn-gezondheid-en-zorg/onderzoek-toont-aan-minder-covid-19-besmettingen-en>

We recognise that the root causes of this tragedy lie in pre-existing issues: health and care services are under-resourced but also, let's face it, **ageism is socially accepted**, as witnessed during the pandemic, and not fought with the same level of rigor as other forms of discriminations.

What comprehensive solutions we could envisage? We proposed, during the consultation on the Green Paper on Ageing, **an EU Age Equality Strategy**. Such strategy would help fight against ageism on EU level. It would seek to complete the legal framework on equal treatment, raise awareness and promote age equality. Unlike most discrimination grounds (with the exception of religion) age is not currently covered by any specific EU policy initiative. Age equality strategy would bring together policies as different as employment, education, social protection, health, food, urbanism, housing, transportation behind a common goal: that people of all ages have the same rights and share the same expectation that their rights are fulfilled.

In conclusion...

3b. we were asked which rights of older people would most need to be guaranteed if there were another pandemic?

Human rights are interdependent and indivisible. Older persons have the same rights as others, and these must be equally protected during the pandemic and beyond. Measures taken as a response to COVID-19 must be necessary, limited in time, proportionate and non-discriminatory. Chronological age should not be used for the allocation of goods and services and should not be a criterion for determining people's vulnerabilities, prognosis, or treatment options.

To conclude, ageism hampers the enjoyment of our human rights at every age. It prevents older persons from contributing to and participating in society. We need to enable the growing number of older people to live full, healthy, informed, and independent lives, even in old age—in short, to enable everyone to be treated equally as they age.

Thank you for your attention.

Our work linked to the pandemic and beyond

- [May 2020: COVID-19 and the human rights of older persons](#)
- April 2021: [Our proposal for an equality strategy](#)
- [December 2021: Care must empower us throughout our lives](#)
- [June 2022: Time for a comprehensive framework on the human rights of older persons – contribution to UNECE Ministerial Conference A Sustainable World for All Ages](#)



AGE Platform Europe is a European network of organisations of and for people aged 50+ aiming to voice and promote the interests of the 200 million citizens aged 50+ in the European Union and to raise awareness of the issues that concern them most. www.age-platform.eu

In our fight against prevailing age stigma and ageism, we promote a more realistic image of older age. Read our short [guide to avoid stereotypical communication](#) when talking about ageing and older people.



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