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The Political Economy of Age Apartheid

When did society start segregating people by age, thereby creating divisions and devaluation of older people that had not previously been apparent?

Prior to the 19th century age cohorts were not as segregated from each other as they are now. It can be argued that we have now become an “intensely age segregated society” to the point where we have reached a stage of “age apartheid”.

What this means is that it has now become acceptable to put old people away in institutions. In fact, institutionalization of older adults has now become so prevalent that it is considered part of the fabric of everyday life. But this phenomenon of mass institutionalization and age segregation is actually only about fifty years old. Yet it has become so entrenched in the social psyche that no one even questions it. Old people have now become disposable when they are considered to have outlived their usefulness. They live as throwaway people in their own families and society at large.

Close to 80,000 older adults and people with disabilities are segregated by age and disability in 627 long-term care facilities in Ontario, the majority operated for profit. The Ontario government plans to segregate at least 30,000 more. An investment of \$2.68 billion and a warp speed approach to bringing on new institutional beds has already brought Ontario to 60% of its goal.

This plan to institutionalize even more people who are vulnerable to infection and death in congregate care has continued unabated in spite of 14,960 confirmed cases of COVID-19 between January 15, 2020 and February 28, 2021. Death rates were highest for those over 70 and female, while hospitalization rates were low, primarily because those who were sick were not transported to hospitals. Except for press reports decrying this tragedy while it was happening, the public response to the high infection and death rates in Ontario’s long-term care institutions has been silence.

Have old people now become so dispensable that even their suffering and preventable deaths no longer matter?

Exploitation of Devalued People and Capitalism: A Hand in Glove Relationship

Examining this rather dark picture through a political economy lens, the long-term care system in Ontario provides a perfect portrait of the relationship between a capitalist-dominated system and the government that funds and regulates it. It also demonstrates its significant influence on public policy. Only 16% of Ontario’s long-term care institutions are publicly owned, 57% are owned by largely private, for-profit corporations, and 27% are owned by non-profits. And even the non-profit percentage composition is questionable with some hospitals and other non-profits contracting out management of their facilities to for-profits with questionable track records.

Much has been made of the influence of long-term care industry political lobbyists, many of whom have very close ties to the government whose largesse has so benefited this sector in Ontario in spite of its track record.

As people lay dying in long-term care facilities the government indemnified them against liability from lawsuits launched by families of the dead. It continued to fully fund the empty beds left by the dead. Meanwhile the Federal government provided subsidies to the long-term care sector to help make up for their lost revenues, in part because of those who had died in their facilities, while they were continuing to pay their shareholders.

It is arguable that most of the corporate players in long-term care will actually have done better financially because of the pandemic and the government's generosity in providing funding to refurbish their outdated beds and to help them to build new ones. Some long-term care companies with the highest death rates in the province are being rewarded with more beds and funding for refurbishment of old beds.

Could this industry have actually profited from even the horrendous death toll in its facilities with tax dollars supplied by the Ontario and Federal governments?

Have the government's funding policies driven older adults and people with disabilities into these institutions where companies profit from their suffering and death?

When governments fund institutions in the billions while giving in-home support and residential community-care alternatives short shrift, it is a reasonable question - especially when older adults have made it abundantly clear that they want home care.

The facts are in. The facilities with the highest profit margins had the lowest level of quality in part because [“the pension funds, private-equity firms, public companies, and other instruments \[are\] treating long-term care as an asset class”](#).

Yet the government has, so far, refused to even consider funding municipalities and non-profits to deliver non-institutional residential services in local neighborhoods, or to greatly boost in-home assistance to keep people out of these institutions.

Has age apartheid and the devaluation of old people now reached the point where society is able to simply look the other way and avoid even the evidence of mass deaths as a demonstration of a cruel, dehumanizing approach to “care”?

Is society itself unwilling to hold accountable a government that is aiding and abetting these companies as they profit from human suffering?

The Disability Rights Community Weighs In

Younger disability activists have referred to long-term care institutions as [prisons by another name](#) – a very accurate analysis of a system that causes people to forfeit control over even their most basic personal routines and surrender their rights.

Like older adults [thousands of younger people with disabilities](#) are also being forced into long-term care institutions for lack of community-based alternatives. No wonder they are also speaking up and challenging the almost total reliance on institutions to also segregate and exclude them from society. They are calling for [long-term care institutions to be abolished](#) and rightly so.

Profit has obviously driven much of the push to segregate individuals by age and disability and exclude them from the rest of society.

But what has driven the ageist attitudes now prevalent throughout society where aging individuals are now mocked with epithets like “okay boomer”, and referred to by derogatory terms like “geezer”, “codger”, and “bidder”. Where once age was seen as contributing wisdom, and as being of value to younger generations who had respect for elder members of their families and the community, today the wisdom of age is silenced, denigrated, ignored, and mocked. Has the impact of age apartheid now caused older people to be seen as “other” by the rest of society, replete with all the stereotypes and stigmas associated with being seen as different? And is this justification enough to shut older people out and force them into institutions – out of sight out of mind?

Institutionalization in long-term care facilities epitomizes the denigration of age that creates age apartheid.

Older adults have, for decades, been asking to age in place in their own homes and communities. They have made fervent pleas not to be segregated, but society has turned its back and covered its ears. Instead it has focused on putting them away in institutions and ignored their heartrending cries of “I want to go home” once there. Much of society has so bought into age segregation that any objection by an older person to being institutionalized is ignored or attributed to dementia.

None of this will change until people of all ages recognize that age apartheid is just as wrong as race apartheid or disability apartheid. It is just as much a serious issue as the maltreatment of other stereotyped groups in society.

It will take full scale introspection by the larger society about how we treat older people before governments will begin listening to them and put in place those more respectful and humane alternatives to institutions – fully funded, accessible home-care; direct funding to allow older people to purchase the services they need; staffed residential services in people’s own neighborhoods instead of institutions.

It will take a major reorientation to, once again, see older adults as having the wisdom of lived experience, and to recognize their many contributions to society and to their families over their lifetimes before governments are forced to take a different approach.

Old age should not mean a sentence in a long-term care gulag. It should mean continued inclusion in society as a valued member, and that will take all age groups standing together with older people to demand better of their governments.

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