

Margaret Morganroth Gullette (2024).
*American Eldercide: How It Happened, How
to Prevent It*. Chicago: The University of
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(paperback)

*Reviewed by ROYA LIU**

Building on her January 2021 *Dissent* article, cultural critic and anti-ageism pioneer Margaret Morganroth Gullette argues in her October 2024 book, *American Eldercide* that the deaths of over 150,000 nursing home residents who died of COVID-19 since 2020 were preventable. Through incisive research and unflinching detail, Gullette explains how and why this Eldercide happened, advocates for policies to prevent such public health catastrophe, and promotes a more inclusive future for elders under the rallying call, “Older Lives Matter.”

Major concepts that stood out: Gullette reframes COVID-19 deaths in care facilities as “eldercide” – rejecting the notion that these deaths were natural and inevitable. The pandemic exposed how deep-seated, though often invisible, ageism led to such devastating losses. She also proposes the concept of “compound ageism” to show how ageism intersects with other forms of discrimination, such as sexism, ableism, racism, and homophobia.

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Despite 50 years of scholarship since Robert Butler coined “ageism” in 1968, including Gullette’s own half-dozen books on age and aging, public hostility toward older adults persists. As Gullette observed in *Ending Ageism*, even gerontology avoided serious study of ageism until 2015, and the term has yet to enter everyday discourse as a reproachable form of prejudice. Will the COVID-19 “eldercide” finally compel public action against age-related injustice? With Gullette’s work leading the way toward combating ageism, a growing coalition of scholars, activists, and academics suggests that change is possible.

The book is structured in three parts: “Part 1: Inside” is dedicated to those we lost in care facilities; “Part 2: Instead” analyzes the causes of eldercide, including governmental failures and intersecting biases in the media; “Part 3: Ahead” calls for future efforts such as a National Eldercide Memorial to remember the victims.

Part 1 honors those who died of COVID-19 in nursing homes and their grieving loved ones. It contrasts with eldercide – the act of forgetting or discarding these residents as if they were expendable. Gullette challenges the ageist belief that “the Old will die anyway,” which has led to a sense of futility and discouraged better care and protection for those residents. She emphasizes that every resident could have been protected, and urges a timely reflection on pandemic losses and systemic ageism before they are forgotten.

In Part 2, Gullette indicts governments indifference, a failed health-care system, and media reinforcement of ageism. She criticizes former president Trump for downplaying the urgency of saving nursing home residents. With his ageist and youth-obsessed mindset, Trump framed COVID-19 as a threat only to seniors, and his administration preferred to leave many deaths unreported. Media portrayals reduced the 1.4 million residents to a hypervisible group of uniformly frail individuals, which reinforced the futility of rescuing them. Older lives were devalued in favor of idolizing youth. Preexisting age discrimination in healthcare intensified the issue when combined with “dementism,” that is, resentment against those with cognitive impairments. They conveyed ageist and ableist beliefs that older adults, especially those with cognitive differences, had lives less worth living or even a duty to die.

The final part advances three key arguments. Firstly, age must be treated as a central analytical category, not a marginal one (an issue she raised 20 years ago in *Aged by Culture*). She argues that understanding ageism provides crucial insights for combating multiple forms of discrimination. This requires developing new language and conducting interdisciplinary research to expose how ageist, ableist, and classist beliefs shape official policies. Secondly, she challenges the persistent biomedical framing of aging as inevitable decline, showing how this narrative enabled widespread indifference to nursing home deaths, particularly in media coverage. Rather than seeing these deaths as a systemic failure demanding accountability, they were often portrayed as unavoidable. Thirdly, Gullette critiques gerontology's individualistic focus, arguing that improving outcomes for older adults requires intergenerational solidarity and structural change. She insists that ageism must be understood within broader economic and political systems, not just as individual prejudice. Her call for a national monument to eldercide victims serves both as memorial and warning, urging future generations to prevent similar tragedies. With one-fifth of Americans projected to be over 65 by 2030, Gullette argues that confronting collective fear of aging, rooted in ageism, demands a deeper societal reckoning with how we value and protect older lives.

Gullette outspokenly addresses "eldercide" – the systemic failure to protect older adults – to confront ageism. Using the term "compound ageism," she shows how COVID-19 both exposed the brutal harm of ageism and created opportunities to align anti-ageism efforts with broader social justice movements. While focusing primarily on the American context, she highlights the racial and ethnic diversity of nursing home residents, suggesting the need for comparative studies of eldercide across cultures and nations.

Drawing on her dual perspective as scholar and activist, Gullette synthesizes multidisciplinary research to dissect how ageism manifests in healthcare systems and media coverage. Her approach engages with Friedman and Jones' reflection in the *Routledge Handbook of Health and Media* that COVID-19 is "the first 'multimedia disease'" (Friedman & Jones 2023). By analyzing the interconnection of media materials, ageist political ideologies, and healthcare systems, Gullette's work contributes to the ongoing scholarly discussion on health-media intersections while

positioning age studies perspectives as crucial for understanding health communication.

Gullette's healthcare analysis through an age-focused lens addresses a critical gap between age studies and health humanities, one that Erin Lamb identifies in her 2023 article "A Home for Age Studies?." While health humanities tends to reform from within rather than critique from without, Gullette demonstrates how age studies can provide that external critical perspective. Will this work help more age studies scholars find a home in health humanities, like Lamb? As Lamb noticed, age studies lacks a visible disciplinary home, forcing scholars to "pitch a tent" across different fields (echoing Andrea Charise's 2014 call). Although this disciplinary nomadism can foster valuable multidisciplinary perspectives, Gullette's work reveals how the absence of a defined institutional space for age studies reflects and perpetuates society's failure to treat age as a serious category of analysis.

Gullette's book will appeal to scholars in age studies, medical and health humanities, public health advocates, and anyone concerned with dignified aging, government accountability, and learning from the pandemic's devastating lessons about care.

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