

Lockdowns and Discrimination

Risk for COVID-19 Infection, Hospitalization, and Death By Age Group, CDC, July 19, 2021

<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html>

	0-4	5-17	18-29	30-39	40-49	50-59	60-69	70-79	85+
Cases	<1X	1X	Reference group	1X	1X	1X	1X	1X	1X
Hospitalization	<1X	<1X	Reference group	2X	2X	4X	6X	9X	15X
Death	<1X	<1X	Reference group	4X	10X	35X	95X	230X	600X

Argument for locking down the elderly

Savulescu and Cameron, “Why lockdown of the elderly is not ageist and why levelling down equality is wrong”

- People are harmed if they lose access to intensive care resources
- If we do not maintain lockdown for the elderly, they will get sick and use all available intensive care resources
- If the elderly use all available intensive care resources, other groups will no longer have access to intensive care resources.
- **Therefore**, people (both other groups and the elderly themselves) will be harmed if we do not maintain lock down for the elderly.

In order to prevent harm to everyone (both elderly persons and the non-elderly), we should maintain lockdown for the elderly.

Objection from Equality

Objection:

- While the elderly do threaten harm to others, anyone could potentially take up an ICU bed and so harm others.
- If we need to lock people down to preserve intensive care resources, then we should lock everyone down, not just the elderly. This preserves the equal freedom of the elderly.

Savulescu and Cameron's Response:

- This is “leveling down equality”: it is similar to making everyone blind in order to achieve equality for the blind.

Objection from other groups

- Objection:
- The same argument could justify locking down other groups at greater risk from COVID, including some minority ethnic groups, the obese, the disabled, and men. But in these cases discrimination is obviously unjust.

Savulescu and Cameron's Response:

- The risks faced by the elderly are based on their biological vulnerability to COVID. For these other groups, group membership is a “proxy” for other poorly understood risk factors.
- The risks for which membership in an ethnic minority are a proxy seem to be determined by social disadvantage.

What do you think?

- If the omicron variant poses a risk of crowding out intensive care resources, should we lockdown the elderly (alone)?
- If so, why? If not, why not?