Abstract

In most Western societies, age is an important dimension of personal identity and social status. Although we often refer to persons over 65 as elderly, or senior citizens, age designators do not stand alone. Age intersects with other demographic indicators. What is contested is the significance of these indicators. It is now commonplace to observe that elderly people, because they have long personal as well as social biographies, are very diverse. Yet this acknowledged fact gets lost in policies and programs that refer to the “Care of the Aged” or “Senior Citizens” or “The Elderly.” Indeed, age might be considered a minor commonality as one views this group within the context of a society where income, gender, racial–ethnic origins, sexuality, geographical location, and ability are major definers of the quality of life that one can expect in old age. The category of old age reflects within it the full range of privilege and oppression existent in the broader society. Some groups of elderly persons do quite well, whereas others fair poorly. Thus, any analysis of aging is necessarily partial.

In this chapter, I focus on the situation of a particular group of women, and some men, as they age. This subgroup has the following markers: It is, of course, primarily female, many live with chronic health problems, have low incomes, and often live alone, albeit usually with some support from family and friends. Although much of this chapter assumes a North American context, the policy and ethical questions of an aging population are even more pressing in non-Organization for Economic Cooperation and Development (OECD) countries, where policy possibilities are far more limited. I make the argument that it is social poli-
cies, as operationalized through access, funding, allocation, and program components that result in certain elderly citizens being put at risk or, in the language of World Health Organization (WHO), vulnerable. It is not the demographic markers. Alternative explanations are considered in the form of a feminist ethics of care. The final section of the chapter outlines an alternative basis for long-term care policies that would be less oppressive to women.