

What does it mean to be made vulnerable in the era of COVID-19?

We read with interest the Editorial¹ about redefining vulnerability in the era of coronavirus disease 2019 (COVID-19). The Editors recognise underserved and marginalised populations enduring the COVID-19 pandemic, and that the category of vulnerable individuals or groups is not fixed but evolves in response to policies that might create or reinforce vulnerability. When we ask what being vulnerable means, are we also creating the spaces needed to question what it means to be made vulnerable?

The Editors' opening question, "What does it mean to be vulnerable?"¹ strongly suggests that more ground-work is needed to shift the landscape from an individual pathologising of capacity, autonomy, and agency to the identification of divisions that define vulnerability within cultures, communities, and particular social groups.

Although the particular needs of vulnerable groups must be accounted for in health policy, guidance, and practice at the frontline of crises, these needs reflect existing contextual, rather than individual, injustices and thus require reparation.

The lived experiences of vulnerable groups are defined by a form of epistemic injustice²—the dismissal of the knowledge of their own lives and needs that socially marginalised groups experience. Such knowledge should have a vital role in pandemic response, such as triage protocols to prevent further health disparities

and discrimination.³ Vulnerability occurs in the gap in global health between those with the power to define and dismiss knowledge and needs, and those who are being defined and dismissed. A pandemic can be a call for recognition and repairing of the sociocultural, sociopolitical, and sociohistorical ruptures that generate vulnerability within specific categories of marginalised groups. As we continue to leap forward into the pandemic response, we risk missing the opportunity to avoid the “pervasive failure to consult members of vulnerable groups and/or their representative organisations during crisis response”.⁴ We can prevent the epistemic injustices of not listening and of silencing, and avoid delineating moral agency in ways that perpetuate vulnerability in a global pandemic.

We declare no competing interests.

**Ayesha Ahmad, Ryoa Chung,
Lisa Eckenwiler,
Agomoni Ganguli-Mitra,
Matthew Hunt, Rebecca Richards,
Yashar Saghai, Lisa Schwartz,
Jackie Leach Scully, Verina Wild
aahmad@sgul.ac.uk*

Institute for Medical and Biomedical Education, St George’s University of London, London SW17 0RE, UK (AA); Department of Philosophy, Université de Montréal, Montréal, QC, Canada (RC); Department of Philosophy, George Mason University, Washington, DC, USA (LE); Mason Institute for Medicine, Life Science and the Law, University of Edinburgh, Edinburgh, UK (AMG, RR); School of Physical and Occupational Therapy, McGill University, Montréal, QC, Canada (MH); Department of Philosophy, Universiteit Twente, Enschede, Netherlands (YS); Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, ON, Canada (LS); Disability Innovation Institute, UNSW, Sydney, NSW, Australia (JLS); and Institute of Ethics, History and Theory of Medicine, Ludwig-Maximilians-Universität München, Munich, Germany (VW)

- 1 The Lancet. Redefining vulnerability in the era of COVID-19. *Lancet* 2020; **395**: 1089.
- 2 Fricker M. Evolving concepts of epistemic injustice. In: Kidd IJ, Medina J, Polhaus G Jr, eds. *The Routledge handbook of epistemic injustice*. London: Routledge, 2017: 53–60.
- 3 Savin K, Guidry-Grimes L. Confronting disability discrimination during the pandemic. *The Hastings Center*, April 2, 2020. <https://www.thehastingscenter.org/confronting-disability-discrimination-during-the-pandemic/> (accessed April 22, 2020).

- 4 Eckenwiler L, Hunt M, Leach Scully J, Wild V. 4.11-P16 Understanding and operationalizing vulnerability in International Humanitarian Health Organisations. *Eur J Public Health* 2018; **28** (suppl 1): cky048.181.